



Planning for Wellbeing

A Regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention, and alcohol and other drug treatment services 2018–2023.

IMPLEMENTATION REPORT: YEAR ONE

ABOUT THIS REPORT

This report can be downloaded from the Brisbane North My Mental Health website:

<https://www.mymentalhealth.org.au/page/resources/regional-plan/>



This report is the first in a series of implementation reports, reporting on progress of Planning for Wellbeing – A Regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drugs treatment services 2018–2023.

Development of this report has been sponsored through a partnership between Brisbane North PHN and Metro North Hospital and Health Service. This activity has been supported by funding from the Australian Government under the PHN Program.



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- The many people and organisations that comprise the range of Partnership and Stakeholder Groups that support implementation of the plan – without their valuable time, guidance and expertise, implementation would not have been possible.
- People with a lived experience, and those who care for them – whose insights and ongoing commitment to making a difference has enriched implementation of the plan.
- Staff from the Brisbane North PHN and Metro North Hospital and Health Service – who are consistently progressing actions within the plan, and contributed significant data used to compile this report.

Forward



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The Fifth National Mental Health and Suicide Prevention Plan¹ was endorsed by the Australian Government and State and Territory health ministers in August 2017, and together with the National Drug Strategy², established the context for development and implementation of regional plans by Primary Health Networks (PHNs) and Hospital and Health Services (HHSs).

Supported by this policy context, Brisbane North PHN and Metro North HHS worked with numerous stakeholders, including consumers and carers, to develop Planning for Wellbeing – A Regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018–2023. This plan was endorsed by the North Brisbane Strategic Coordination Group and launched in October 2018.

The plan was developed as a five-year plan, with a commitment to identifying opportunities to monitor and report on progress implementing the shared objectives. This implementation report presents a summary of the first year’s implementation.

We are proud to share that considerable progress has been made, with many examples of how the current system has changed to improve the quality of services provided to people, as well as improving the level of coordination and integration across and within services. We are also extremely proud of our commitment to ensuring the voice of lived experience continues to grow and underpin the design, delivery and evaluation of services.

Of course, there is still much to do. In addition to continuing the work to achieve the shared objectives, the following areas will be a focus over the coming year:

- preparation of a regional resourcing plan
- a mid-term review and refresh of the plan
- development of a Planning for Wellbeing website.

It is with great pleasure that we present our first year’s implementation report against Planning for Wellbeing – sharing stories of the progress that has occurred against so many of the shared objectives.

1 <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>
2 https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf

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Executive summary

This implementation report presents a summary of progress and key achievements against objectives and actions in Planning for Wellbeing – A Regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018–2023.

This includes:

- Continued growth in authentic collaboration with the Peer Participation in Mental Health Services (PPIMS) Network to ensure all activity – from design and planning, through to implementation and review – is informed and lead by people with lived experience.
- The establishment of a carer stakeholder group, lead by Carers Queensland, to guide and drive implementation of specific actions related to families and carers.
- The promotion and unprecedented uptake of New Access in the region, ensuring more people can access timely, high-quality support earlier, to keep them well.
- Changed commissioning approaches, ensuring authentic engagement with consumers, carers and service providers, and genuinely using these learnings to inform decisions about future activity.
- Establishing three new integrated mental health service hubs in the region, providing both clinical and psychosocial support to adults with severe mental illness.
- Engaging organisations to guide and drive activities for some of our most vulnerable populations – Ethnic Communities Council of Queensland to support implementation of activities for people from Culturally and Linguistically Diverse communities; Queensland AIDS Council to support implementation of activities for LGBTIQ communities; and Council on the Ageing to support implementation of activities for older people with mental illness, suicidality and/or substance use issues.
- Establishing a holistic suicide prevention service to support Aboriginal and Torres Strait Islander individuals and families following a suicide attempt.
- Establishing two role-focused communities of practice to bring the drug and alcohol treatment services workforce together to facilitate learning, share practice wisdom, and allow opportunities to coordinate responses to address issues as they arise.
- Establishing an expanded headspace model to support young people who require more specialised, intensive and extended care than is typically available at headspace centres.
- Expanding the scope of psychological therapy providers to support more integrated care by resourcing the necessary work of building relationships and connections and supporting stronger referral pathways.
- Expanding the Hospital to Home program to over 30 FTE, providing community-based psychosocial supports for people following discharge from hospital.
- The creation and implementation of three targeted suicide prevention campaigns designed by and for vulnerable populations – Yarns Heal³, Talking Heals⁴ and Reasons to Stay⁵.

3. <https://www.yarnsheal.com.au/>
4. <https://www.talkingheals.org.au/>
5. <https://www.reasonstostay.com.au/>

Introduction

Background

Planning for Wellbeing – A Regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018 – 2023 (the plan) was endorsed by the North Brisbane Strategic Coordination Group and launched in October 2018.

The plan identifies significant opportunities for service and system improvement across three discrete and complementary areas of work – mental health, suicide prevention and alcohol and other drug treatment services.

Development and implementation of the Regional Plan is a requirement under The Fifth National Mental Health and Suicide Prevention Plan⁶, and aligns with the intent of the National Drug Strategy⁷:

- The Fifth National Mental Health and Suicide Prevention Plan specifically tasks PHNs and HHSs with 'developing joint, single regional mental health and suicide prevention plans and commissioning services according to those plans'.
- The National Drug Strategy provides a guide for jurisdictions in developing their individual responses to local alcohol and other drug issues, with the expectation that each jurisdiction will develop their own action plan detailing local priorities and activities to be progressed.

Together, Brisbane North PHN (the PHN) and Metro North Hospital and Health Service (the HHS), as co-sponsors of the Regional Plan, worked with an extensive group of stakeholders to develop a shared vision, priorities, objectives and actions, and collectively, these form Planning for Wellbeing – a joint regional plan for mental health, suicide prevention and alcohol and other drug services.



Overview of the Plan

The Regional Plan endorses the vision statement articulated by the Queensland Mental Health Commission's Strategic Plan – Shifting Minds⁸:

A fair and inclusive Queensland where all people can achieve positive mental health and wellbeing and live lives with meaning and purpose.

Guided by the vision, the Regional Plan sets out ten long-term outcomes, as well as five key principles that have underpinned its development and continue to guide its implementation.

Planning for Wellbeing – Long-term outcomes

Together we seek to build a community in Brisbane North where people:

1. have the resources and supports to create and maintain healthy meaningful lives
2. are free from stigma and discrimination
3. are in charge of their own recovery, and services and supports respond to what they need
4. achieve their desired outcomes, assisted by services and supports when needed
5. know about and are connected to the right services and supports at the right time, and in the right place
6. seamlessly access different services and supports as their needs change
7. are understood holistically so that they can be connected to broader health and community services that address social determinants of health
8. with a lived experience are actively involved in all levels of policy, planning, delivery and evaluation
9. with a lived experience contribute their experience to inform services and supports and drive service innovation and quality improvement, as part of an evidence-informed approach
10. have confidence in services and supports that are appropriately resourced, work collaboratively, and maintain a stable, skilled workforce, including peers and carers.

Planning for Wellbeing – Principles

1. Authentic participation by people with a lived experience will underpin our work.
2. A holistic approach based on social determinants of health will shape our services.
3. Frameworks that support matching people to the intervention level that best meets their needs will direct our service delivery:
 - i. stepped care⁹ for mental health services
 - ii. Lifespan¹⁰ for suicide prevention services
 - iii. Queensland Alcohol and Other Drug Treatment Service Delivery Framework¹¹ for alcohol and other drug treatment services.
4. Effective communication and strong collaboration will strengthen all we do.
5. We value equity, respond effectively to diversity and work towards social justice.

The plan articulates a suite of shared objectives that have been developed in partnership and via significant consultation with stakeholders. The shared objectives reflect the commitment to action of healthcare practitioners and organisations across the region, as well as the contribution that will be made by people with a lived experience, and carers who are engaged in work to shape and improve mental health, suicide prevention and alcohol and other drug treatment services.

6 <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>
7 https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf
8 https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf

9 <https://www.brisbanenorthphn.org.au/page/health-professionals/mental-health-services/our-approach-to-stepped-care/>
10 <https://www.blackdoginstitute.org.au/research/lifespan>
11 <https://insight.qld.edu.au/file/235/download>

The shared objectives and associated actions are split across 12 focus areas:

Planning for Wellbeing – Focus areas

- 1. people with a lived experience leading change
- 2. supporting families and carers
- 3. sustaining good mental health
- 4. commissioning services
- 5. delivering integrated services
- 6. responding to diversity
- 7. Aboriginal and Torres Strait Islander social and emotional wellbeing
- 8. alcohol and other drug treatment services
- 9. infants, children, young people and families
- 10. psychological therapies
- 11. severe and complex mental illness
- 12. suicide prevention.

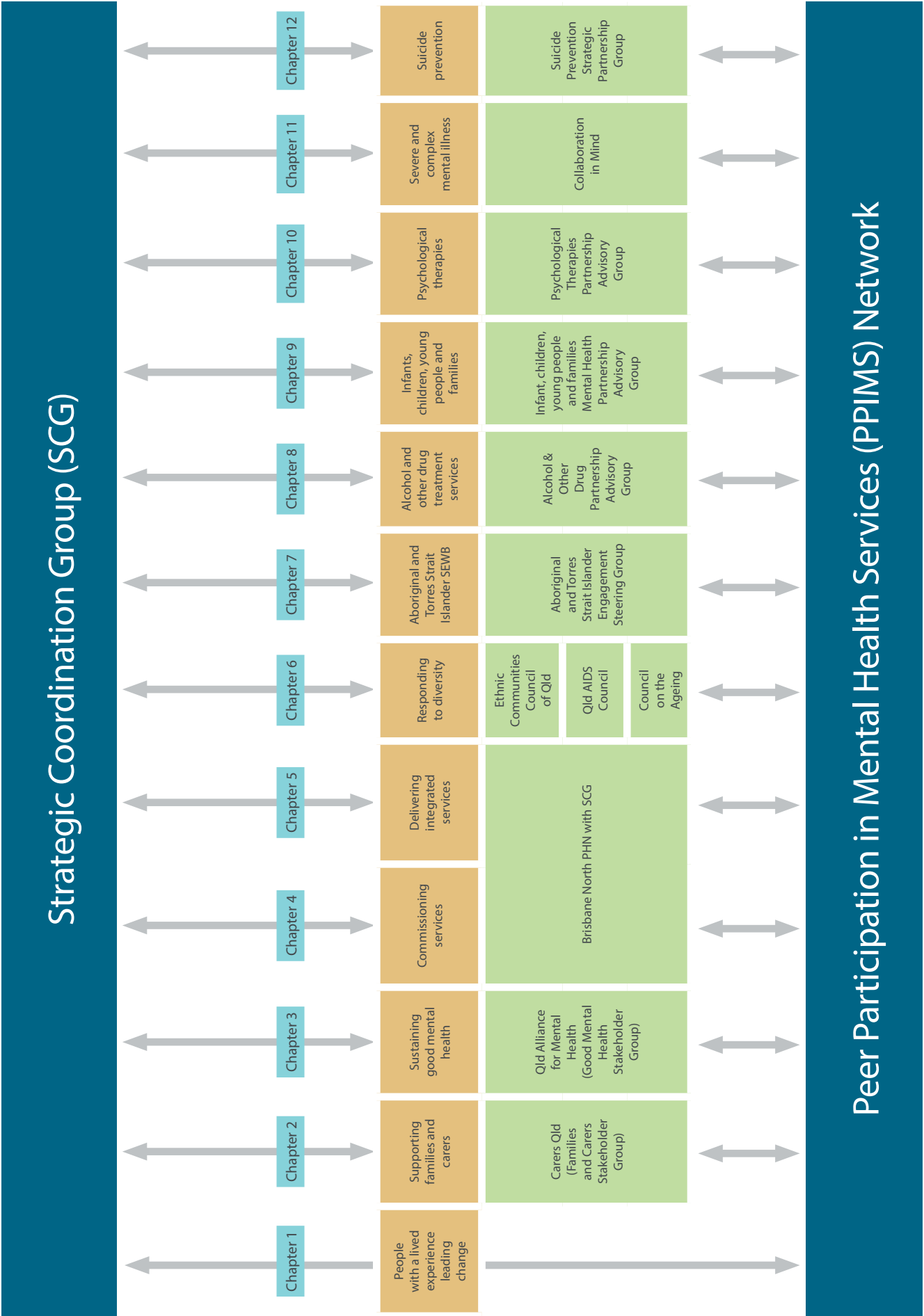
Governance

The various governance mechanisms supporting implementation of Planning for Wellbeing are depicted on page 6.

The overarching governance mechanism is the Strategic Coordination Group, comprised of people with a lived experience, as well as senior representatives from the PHN, the HHS, Queensland Health, Queensland Network of Alcohol and other Drug Agencies, Queensland Alliance for Mental Health and the Institute for Urban Indigenous Health. This group provides oversight and guidance across the whole plan, including implementation, monitoring, review and evaluation.

A number of Partnership Advisory Groups (or equivalent), as well as key organisations, are providing focused guidance and oversight for their respective chapter. In addition to people with lived experience, these groups are comprised of chapter-relevant stakeholders who can support implementation via their respective sectors, including representatives from community organisations, relevant Government agencies (e.g. Queensland Police Service, Queensland Ambulance Service, Queensland Health, Education Queensland) and peak bodies where relevant. Membership details of the various groups are included at Appendix A.

Underpinning and informing all implementation activity is the voice of lived experience. Relevant lived experience stakeholders are drawn from the broader Peer Participation in Mental Health Services (PPIMS) Network, and are supported to actively engage and contribute at each level of governance activity. The PPIMS Network itself is driving forward the first chapter of Planning for Wellbeing – people with a lived experience leading change.



Reporting on progress

This report constitutes the first annual report against Planning for Wellbeing. It presents the progress achieved against all 227 actions as at 30 September 2019, following a full 12-months of implementation, and also highlights some of the key successes realised during this time.

Key stakeholders were consulted to inform development of this report. In general, this involved liaison with the relevant partnership or stakeholder group, usually via the chair or secretariat. Stakeholders were asked to report on progress against the respective actions in each chapter using four categories (see below), and also noted key achievements against these actions. This Report presents a summary of the key achievements.

Not started
No planned activity against action. This may be due to the activity being scheduled for a future date, or it may indicate activity is behind schedule.
On hold
Activity against action has stalled. This may be due to some complication, or may indicate a changed priority or policy decision.
On track
Activity is progressing as planned for action and is on track for completion by the scheduled date.
Completed
Activity against action is complete and no further activity is required. Other actions may progress this activity further.

It is important for readers to note that Planning for Wellbeing is a Regional Plan – not simply a plan for the two sponsoring organisations (the PHN and the HHS). As such, progress against

many of the actions has been achieved by a range of organisations and structures that exist within the region – some of which sit outside the usual mental health sector sphere. This also means that it is very likely the progress reported in this implementation report is an underestimate of the activity that is occurring against the 227 actions. The structure and intent of a regional plan – as distinct from a single organisation’s plan – is new activity for the region, and ongoing work is required to increase awareness of, and bring together, the various actors who are playing an active role in achieving the shared objectives.

Structure of report

The following 12 chapters in this implementation report mirror the 12 chapters in the plan. Each chapter includes:

- a high-level summary of key achievements against the shared objectives
- a table presenting a progress update of all the actions within the chapter
- brief summaries highlighting a few key achievements.

As with any implementation report, there are always activities, outputs, outcomes and learnings that don’t get included. The same is true of this report. The report has been designed as an update on progress toward achievement of shared objectives – keeping us accountable; however it has also been designed to be accessible – to encourage people to read and use it. Where possible, links to additional information have been included for those who are interested in further details.

Balancing the breadth and depth of content, whilst keeping it digestible, will continue to be a challenge. It is the intent of the co-sponsors to strengthen and expand relationships with stakeholders over the life of the plan, to ensure that each annual implementation report improves so that it accurately and honestly reflects implementation in the region.

Refreshing the plan

Lastly, it’s worth noting that the process of reporting against actions has highlighted the need to review and edit some actions, to ensure they continue to reflect the current needs and changed policy intent. This need has arisen for two key reasons:

Firstly, the consultation process that generated the actions included in Planning for Wellbeing was inclusive and extensive, but given that more than two years has lapsed since this occurred, it is understandable that some needs have changed, and therefore the action to address them needs to be updated.

Secondly, given the regional nature of the Plan, and that this was a new way of working collaboratively for the sector, a number of the actions were a ‘first step’, and as such took the form of identifying... or exploring.... The identification or exploration type activity has occurred for many of these actions, and as such, and where relevant, these actions are noted as completed; however these actions can now be extended to reflect the ‘next steps’.

A separate process will be undertaken to consult and inform these changes, and a Refreshed plan will be created and disseminated by mid-2020.



1 People with a lived experience leading change

1.1 Summary of progress

Authentic collaboration with people with lived experience, both service users and their families or carers, is the flagship driver of progress toward the shared objectives of Chapter one – People with a lived experience leading change. This work has been lead principally by the Peer Participation in Mental Health Services (PPIMS) Network – a network of people with a lived experience of mental health issues who share a desire to actively participate in the development, implementation and review of mental health services in the region.

The establishment of the PPIMS Network has been a flagship initiative of the PHN, nurturing and growing the collective voice of people with a lived experience who want to be actively involved in mental health reform. The network also serves as an inspiration for others, locally, nationally and internationally, looking to embed lived experience engagement in their services and system. The work has been recognised internationally with the inclusion of the PPIMS Network in 'Patient Engagement – How Patient-Provider Partnerships Transform Healthcare Organisations'¹².

A summary of the key achievements against the five shared objectives is included below.

Strengthen and diversify the collective voice of people with a lived experience in order to drive service improvements.

The PPIMS Network has seen continued growth since it was established in 2016, with close to 300 people on the mailing list at September 2019. Members have been engaged to participate in co-design workshops, tender assessment panels, recruitment panels, as well as informing the content and design of Chapter one of Planning for Wellbeing; and have representation on a range of stakeholder groups, including those recently established by Carers Queensland, Queensland Alliance for Mental Health, and Queensland AIDS Council. Members sit alongside practitioners, service providers and policy makers, actively advocating and representing the collective voice of people with lived experience.

Make available training and capacity building for people with a lived experience.

The PPIMS Network have worked to secure subsidies to support people with lived experience to undertake a range of capacity building initiatives, including supporting:

- 30 people to undertake Certificate IV in Mental Health Peer Work
- 50 people to complete Mental Health First Aid Training
- 25 young people, youth workers and parents to complete Mental Health First Aid for Young People
- 30 people to complete Voices for Change – Speakers Training.

Other initiatives have included the establishment of a Community of Practice for peer workers, and other scholarships to attend a range of local, state, national and international conferences.

Training and support has also been provided to PPIMS representatives to actively participate in the PHN's commissioning cycle across all program areas, recruitment panels, tender assessment panels and broader advocacy work.

Establish more authentic opportunities for people with a lived experience to participate in planning, delivery and evaluation of mental health, suicide prevention and alcohol and other drug treatment services.

The diversity of the PPIMS Network has proven extremely valuable in bringing appropriate lived experience representation to all levels of governance supporting implementation of Planning for Wellbeing. This includes people with a lived experience of either mental illness, suicide and/or alcohol or other drug (AOD) use, actively engaged and contributing to the Strategic Coordination Group, the AOD Partnership Group, the Infant, Child, Youth and Families Partnership Group, the Collaboration in Mind Group, and the Suicide Prevention Partnership Group.

Network members have also been appointed to a range of state and national committees, including the National mental health consumer and carer forum; the Queensland lived experience workforce

framework as well as a number of hospital and health service committees.

The successful coordination of the PPIMS Network has been recognised by the Commonwealth Department of Health, resulting in the PHN being funded to establish and coordinate the National PHN Mental Health Lived Experience Engagement Network (MHLEEN). It is expected that MHLEEN will create and nurture further opportunities for people with a lived experience to participate in the planning, delivery and evaluation of mental health, suicide prevention and AOD services nationally.

Establish and sustain a consistent region-wide approach to participation by people with a lived experience in mental health, suicide prevention and alcohol and other drug treatment services.

The PPIMS Network use a variety of mechanisms to establish and sustain a region-wide approach to participation, including:

- sharing resources and promoting opportunities at regular PPIMS Network meetings
- maintaining regular communications to all PPIMS members via email
- updating the My Mental Health website¹³
- maintaining the lived experience PHN Sharepoint page.

The PPIMS Network also regularly invites organisations and other guest speakers to present and consult with members on a range of topics. Of note, this has included the Productivity Commissioner, the Queensland Government Independent Patient Rights Advisor Coordinator, the National Disability Insurance Scheme (NDIS) Local Area Coordinators, the Queensland Mental Health Commission and the Queensland Alliance for Mental Health.

The network has established itself as a central point of contact for engagement for practitioners and service providers, whether private, NGO or HHS, to consult to ensure authentic participation – and the sector is responding accordingly with growing requests to secure an audience with the network. The establishment of MHLEEN will

serve to strengthen this collaborative approach, by sharing learnings across Australia.

Advocate for an expanded and more diverse regional lived experience workforce, across all levels of employment.

In partnership with Brook RED, Brisbane North PHN, and Metro North HHS, members of the PPIMS Network have actively contributed to the development of the Queensland Lived Experience Workforce Network (QLEWN) – further expanding the reach of lived experience expertise through-out Queensland.

Table 1 presents an overview of all 20 actions that were considered necessary to achieve the five shared objectives in this chapter, noting their expected year of completion, and progress to date.



¹² Pomey, M. P., Denis, J. L. & Dumez, V. (2019). Patient Engagement: How Patient-provider Partnerships Transform Healthcare Organizations. Springer Nature.

¹³ Pomey, M. P., Denis, J. L. & Dumez, V. (2019). Patient Engagement: How Patient-provider Partnerships Transform Healthcare Organizations. Springer Nature.

Table 1: Planning for Wellbeing Chapter one actions – status report

Shared Objectives	Actions	Year	Progress
1.1 Strengthen and diversify the collective voice of people with a lived experience in order to drive service improvements.	1.1.1 Continue to support the PPIMS Network to expand and build an independent and diverse voice.	Ongoing	On track
	1.1.2 Contribute to building a state-wide and national network of people with a lived experience through peak body and advocacy work.	Ongoing	On track
	1.1.3 Actively recruit a diverse group of people with a lived experience to participate in planning, delivery and evaluation of services, including Indigenous people, young people, older people, LGBTIQ+ people and people experiencing problems related to the use of alcohol and other drugs.	2019/2020	On track
1.2 Make available training and capacity building for people with a lived experience.	1.2.1 Explore subsidies, funding and co-contributions to enable capacity-building initiatives for people with a lived experience.	Ongoing	On track
	1.2.2 Investigate availability of Information, Liaison and Capacity Building (ILC) funding for peer support groups.	2019/2020	On track
1.3 Establish more authentic opportunities for people with a lived experience to participate in planning, delivery and evaluation of mental health, suicide prevention and alcohol and other drug treatment services.	1.3.1 Develop a consumer and carer engagement strategy as part of the commissioning cycle.	2019/2020	Completed
	1.3.2 Develop an online communications strategy to link a wider audience of people with a lived experience and services to promote participation and co-design opportunities.	2019/2020	On track
	1.3.3 Develop a register of people with a lived experience available as speakers, educators and trainers to support the service system and build the capacity of the broader workforce.	2019/2020	On track
	1.3.4 Ensure active participation by people with a lived experience in the NDIS readiness and implementation work.	2019/2020	On track
	1.3.5 Facilitate education and training led by people with a lived experience for the entire mental health, suicide prevention and alcohol and other drug treatment services workforce, including for frontline, managerial and executive staff.	Ongoing	On track
	1.3.5 Facilitate education and training led by people with a lived experience for the entire mental health, suicide prevention and alcohol and other drug treatment services workforce, including for frontline, managerial and executive staff.	Ongoing	On track

Shared Objectives	Actions	Year	Progress
1.4 Establish and sustain a consistent region-wide approach to participation by people with a lived experience in mental health, suicide prevention and alcohol and other drug treatment services.	1.4.1 Research and develop a regional policy and engagement framework.	2019/2020	On track
	1.4.2 Develop a clearinghouse of best practice resources on engagement of people with a lived experience, service consumers and carers in the service system.	2018/2019	On track
	1.4.3 Sustain and strengthen existing peer participation and collaboration mechanisms through mentoring, supervision, peer reflection and self-care initiatives.	Ongoing	On track
	1.4.4 Continue involvement of people with a lived experience in PHN and HHS service planning, delivery and governance structures and extend this approach to other providers.	Ongoing	On track
1.5 Advocate for an expanded and more diverse regional lived experience workforce, across all levels of employment.	1.5.1 Undertake local research to better understand the existing profile of peer work and the peer workforce in the region.	2018/2019	On track
	1.5.2 Contribute to national and state-wide initiatives to build the peer workforce.	2019/2020	On track
	1.5.3 Co-design and implement a Peer Workforce Development Strategy with relevant stakeholders and employers as part of the region's wider workforce needs assessment and development strategies (see chapter five).	2021/2022	On track
	1.5.4 Identify and promote a comprehensive range of workplace roles for people with a lived experience in the mental health, suicide prevention and alcohol and other drug treatment services sectors.	Ongoing	On track
	1.5.5 Explore collaborative models for offering mentoring, supervision, peer reflection and self-care activities for the workforce of people with a lived experience.	2021/2022	On track
	1.5.6 Identify opportunities for peer workers to become service providers through the NDIS.	Ongoing	On track

Objective 1.1

Strengthen and diversify the collective voice of people with a lived experience in order to drive service improvements

Action 1.1.1

Continue to support the PPIMS Network to expand and build an independent and diverse voice

1.2 Key achievements

1.2.1 Continued growth and expansion of PPIMS Network

The Peer Participation in Mental Health Services (PPIMS) Network originated in April 2016 and has continue to grow and mature as an independent central point for the Brisbane North mental health services and systems. It has recently celebrated three years of having an active voice and leading change.

The network has worked to identify and subsequently address the capacity-building needs of people with a lived experience of mental illness, including supporting people to access training or other supports, or acquire recognised skills, such as:

- Certificate IV in Mental Health Peer Work
- Mental Health First Aid, and Mental Health First Aid Young People
- Voices for Change (Public Speaking – sharing your story with purpose) training and establishing a speaker's bureau
- Communities of Practice established for peer workers
- launching pad training to build capacity for involvement in committees and other representative roles
- regular communications, emails and updates for PPIMS network members to stay up to date.

Key achievements

Engaging in training and acquiring recognised skills has facilitated the growth of people with lived experience holding representative roles, or being employed in identified roles. A number of PPIMS Network members now hold representative positions on Governance groups responsible for supporting implementation of Planning for Wellbeing. Some network members have since been employed as peer workers, and others have committed to undertaking further study. A small number of network members now sit on state and/or national strategic committees.

Key learnings

Many people with a lived experience of mental illness feel strongly about the need for people with lived experience to be involved in all aspects of the mental health system – from the design of services, implementation, review, as well as planning for future services. Having a central place, such as the PPIMS Network, not only supports people to understand the mental health system, but also assists people to identify ways to authentically engage and get involved, with some instances leading to employed positions. This requires a strong commitment and culture at all levels of an organisation to effectively engage people with a lived experience, and support and build the capacity of both people with a lived experience, as well as staff within organisations.

What's next?

Continuing to grow and build the independence of the PPIMS Network through developing governance and engagement strategies remains a priority. Sharing learnings with and between other regions about what works and what doesn't will assist in building future models for authentic engagement, as well as researching and further developing the capacity of organisations to have the necessary systems and culture in place to embed people with lived experience in all that they do.



Objective 1.1

Strengthen and diversify the collective voice of people with a lived experience in order to drive service improvements

Action 1.1.2 & 1.5.3

Contribute to building a state-wide and national network of people with a lived experience through peak body and advocacy work

Co-design and implement a peer workforce development strategy with relevant stakeholders and employers as part of the region's wider workforce needs assessment and development strategies.

1.2.2 Development of lived experience workforce

With no peak body advocating for the lived experience workforce, representatives from the PPIMS Network alongside a number of other key mental health organisations worked together to host a one-day workshop for lived experience leaders across Queensland to discuss research findings regarding lived experience workforce development and consider implications for the State.

Following this event, the lived experience leaders prepared a position paper for the Queensland Mental Health Commission, outlining recommendations for lived experience workforce development. Further negotiations lead to the commitment to development a Framework to support implementation of the recommendations.

Key achievements

The Queensland Mental Health Commission engaged researchers at RMIT University to develop the Queensland Framework for the Development of the Mental Health Lived Experience Workforce¹⁴. The framework and associated documents serve as a toolkit for embedding people with lived experience of mental illness into public, private and NGO workplaces.

The framework builds on evidence that suggests employing people who have experienced mental health issues – as peer workers, or lived experience workers – can contribute to positive outcomes for people with mental illness and potentially reduces costs for mental health services.

Key learnings

Defining the lived experience workforce, and determining the guidelines and frameworks that are needed to support it, must be informed by people with a lived experience.

Strategic partnerships with key agencies, such as Queensland Mental Health Commission and Queensland Health, have assisted with development of the Lived Experience Framework, and also support improved awareness, culture and commitment.

What's next?

Now that the Queensland Framework for the Development of the Mental Health Lived Experience Workforce exists, promotion and implementation are the priority. The newly formed Queensland Lived Experience Workforce Network (QLEWN) requires resourcing to undertake this work.



14 <https://www.qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce>

Objective 1.2

Make available training and capacity building for people with a lived experience

Action 1.2.1

Explore subsidies, funding and co-contributions to enable capacity building initiatives for people with a lived experience

1.2.3 Establishment of MHLEEN

In June 2018, the Commonwealth Department of Health engaged Brisbane North PHN to chair and project manage the newly formed National PHN Mental Health Lived Experience Engagement Network – and MHLEEN was born.

MHLEEN has provided the opportunity for sharing approaches to co-design and lived experience engagement and consultation – which form a key part of the Commonwealth's mental health reform policy. MHLEEN's activities were consistent with the Department's guidelines and framework for consumer and carer participation within PHNs and further support the implementation of key actions around lived experience representation under the Fifth National Mental Health and Suicide Prevention Plan.

During 2018/2019 MHLEEN undertook a stocktake of engagement and participation opportunities occurring around Australia with PHNs along with developing case studies of good practice examples both with co-design in the commissioning space and the use of the lived experience workforce.

Given the success of MHLEEN in increasing the participation of people with lived experience in the development of new programs by PHNs since its inception, the Department have committed to an additional three years' funding for the network to continue funding existing MHLEEN activities and provide additional funding to expand the capacity of MHLEEN to meet its goal of improving lived experience representation in PHN catchments.

Key achievements

- MHLEEN was initially only funded for 12 months – but the Department of Health has committed further funding for an additional three years
- increased number of PHNs employing and/or engaging consultants with a lived experience
- PHN Case studies demonstrating embedding engagement
- stocktake providing benchmark for longitudinal research into meeting PHN Guidelines.

Key learnings

- PHNs across Australia are functioning at different levels of engagement with people with a lived experience of mental illness, and different levels of collaboration with their local Hospital and Health Services.
- The need for regular communication and sharing of information, resources and strategies for embedding a lived experience workforce, along with the opportunity to discuss issues and barriers is key to ongoing development of the collective lived experience voice.
- Without a national peak body, there will continue to be fragmentation and challenges in implementing a coordinated and collaborative approach to meeting the Fifth National Mental Health and Suicide Prevention Plan's objectives for lived experience engagement and lived experience workforce development.
- If your organisation has a culture and commitment to authentic community engagement and development – not just in the mental health space – then you are on your way!



2 Supporting families and carers

2.1 Summary of progress

Planning for Wellbeing acknowledges the integral role that families and carers play in our community. Families, carers and other local community supports are typically the first responders to people with mental illness, alcohol and drug use and/or suicide risk; and much of the ongoing care that is provided to people is provided by families and carers. Although many carers don't formally acknowledge this role, Planning for Wellbeing acknowledges that for those that do – there are ongoing challenges experienced by carers in being included in the more formalised care being provided to their loved one.

Chapter Two of Planning for Wellbeing is dedicated to supporting families and carers, and proposes four shared objectives to improve the way families and carers are included in more formalised care, as well as improving outcomes for families and carers themselves. A summary of some key work against the shared objectives is included below.

Provide information, resources and skills building to support families and carers.

The Carer Gateway¹⁵ launched their new digital and phone services in July 2019 and have been providing practical information and advice for carers, assisting connection to services as appropriate, and providing free counselling services over the phone. Local carer support services are working with carers and new Carer Gateway partners to provide information on the transition of face-to-face and emergency respite services that will be launched in April 2020.

Better care for families and carers.

The actions to achieve this objective are focused on the health and wellbeing of families and carers, acknowledging the ongoing demands of the caring role, and the impact this has on the carers' own wellbeing. A specific HealthPathway¹⁶ on 'Carer Stress' has been developed, highlighting the impact the caring role can have on carers, and encouraging health practitioners to enquire about the physical and emotional wellbeing of carers. Active management of the stress is advised, along with suggestions for carer supports available in the region.

Families and carers are listened to and involved in services.

The actions to achieve this objective are focused on activities that highlight the valuable insights that carers have, and integral role they can play in supporting their loved one. The PHN proudly asserts that all partnership groups that are supporting implementation of Planning for Wellbeing have lived experience representatives as core members, and where possible, the insights and input from people with lived experience as a carer, along with people with lived experience as a service user, are obtained. The perspectives of carers are acknowledged, valued and sought whenever possible.

Services are more responsive to the needs of people and carers.

The actions to achieve this objective are focused on ensuring providers have the requisite knowledge, training and skills to seek out and effectively engage carers appropriately. As an indicator of progress towards this, contractually, all PHN commissioned providers, are expected to ensure that practitioners engaged to deliver services have the requisite training in family-inclusive practice – whether that be for mental health services, alcohol and other drug services, or suicide prevention services.

Table 2 presents an overview of the 14 actions that were considered necessary to achieve the four shared objectives in this chapter, noting their expected year of completion, and progress to date.

¹⁵ <https://www.carergateway.gov.au/>

¹⁶ <https://www.brisbanenorthphn.org.au/page/health-professionals/pathways-program/>



Table 2: Planning for Wellbeing Chapter two actions – status report

Shared Objectives	Actions	Year	Progress
2.1 Provide information, resources and skills building to support families and carers.	2.1.1 Promote the Carer Gateway and regional Integrated Carer Support Service to carers locally.	2019/2020	On track
	2.1.2 Strengthen consumer and carer-centred practice, particularly at time of diagnosis, intake or admission to a service, by actively referring carers to support options and providing information for carers.	2019/2020	On track
	2.1.3 Ensure early involvement of carers in discharge and transition planning, working within privacy policies and procedures.	2019/2020	On track
2.2 Better care for families and carers.	2.2.1 Encourage providers to incorporate approaches such as the six partnership standards for working with carers and to undertake any associated self-assessment processes.	2019/2020	On track
	2.2.2 Develop a generic carer pathway for carers and review inclusion of carer information and supports in HealthPathways.	2019/2020	On track
	2.2.3 Encourage providers to nominate a named contact person for carers, such as a peer worker or carer liaison role.	2019/2020	On track
	2.2.4 Promote services and supports providing income and employment support to carers.	2019/2020	Not started
2.3 Families and carers are listened to and involved in services.	2.3.1 Encourage providers to incorporate approaches such as the 'Triangle of Care' model where consumers, carers and providers work together as partners.	2019/2020	On track
	2.3.2 Inform the local development and roll out of the Integrated Carer Support Service, to ensure it meets the needs of carers of people experiencing mental illness, suicide risk and people experiencing problems related to the use of alcohol and other drugs.	2019/2020	On track
	2.3.3 Advocate for the full and effective involvement of carers in the National Disability Insurance Scheme (NDIS), both at an individual and policy level.	Ongoing	On track
	2.3.4 Continue carer involvement in PHN and HHS service planning, delivery and governance structures and extend this approach to other providers.	2019/2020	On track

Shared Objectives	Actions	Year	Progress
2.4 Services are more responsive to the needs of people and carers.	2.4.1 Provide education and training to providers on the perspectives of carers and on family-inclusive practice.	2019/2020	On track
	2.4.2 Improve service delivery so that practitioners have the requisite qualifications for their role and are matched to the level of need of the service consumer.	2019/2020	On track
	2.4.3 Facilitate improved access to mental health, suicide prevention and alcohol and other drug treatment services when and where service consumers need it.	Ongoing	Not started

2.2 Key achievements

2.2.1 Engaging Carers Queensland to progress activity

In July 2019, the PHN engaged Carers Queensland – the peak body advocating for enhanced outcomes for families and carers – to establish and lead a stakeholder group to work towards the achievement of the shared objectives in Chapter two of Planning for Wellbeing.

Carers Queensland have engaged a number of carers with a lived experience of caring for someone with mental illness to form the backbone of their stakeholder group, and will look to engage relevant organisations once the specific actions and tasks have been prioritised.

The stakeholder group have developed an implementation plan, prioritising a number of the actions included in Planning for Wellbeing. This includes:

- ongoing promotion of the Carer Gateway
- connecting with General Practice Training Queensland to work with GP registrars, promoting and instilling the value of carer-centred practice
- updating relevant HealthPathways to ensure the promotion of carer-centred practice
- strategies to build the capacity of carers.

The value of having a core group of relevant carers driving this work is that the voices of those most impacted by this work are being prioritised.

Carers Queensland will continue to lead and support the Family and Carer stakeholder group over 2019/2020, supporting implementation of the plan, and providing advice and guidance to the PHN on how to better support families and carers in other areas of the plan.

Objective 2.2

Better care for families and carers

Action 2.2.1

Encourage providers to incorporate approaches such as the six partnership standards for working with carers and to undertake any associated self-assessment processes

2.2.2 Building the resilience of carers

As part of the regular support members of the PPIMS Network provide to each other, the need to support and build the resilience of PPIMS members who were carers was identified.

Neami National was invited to work with carers within the PPIMS Network to adapt their Optimal Health Program¹⁷ to focus on the needs of carers. The Optimal Health Program was born out of research to develop a self-management program promoting hope, growth and collaboration. It uses a collaborative therapy approach that supports the exploration of an individual’s wellbeing through reflection, setting of goals, self-managed strategies and health plans. The program is designed to support participants to manage stresses and vulnerabilities, and to address health behaviours that contribute to poor quality of life.

Following consultation with the PPIMS Network, the program was tweaked and tailored to a ‘carer’ audience, and a small pilot of the ‘Optimal Health Program for Carers’ was trialled. The program covered:

- strategies to optimise and maintain health and wellbeing
- an understanding of stress, vulnerabilities, strengths and strategies
- the identification of collaborative partners and a support network
- a plan to maintain mental health, manage stress and periods of being unwell
- tools to manage effective change.

Feedback from the program was extremely positive, and investigations to continue delivery are ongoing.

Objective 2.3

Families and carers are listened to and involved in services

Action 2.3.3

Advocate for the full and effective involvement of carers in the NDIS, both at an individual and policy level

2.2.3 Promoting the role of carers in the NDIS

The valuable insights of carers in supporting people to access the National Disability Insurance Scheme (NDIS) have been promoted in the ‘General Practice Toolkit’¹⁸ a practical guide for general practices in the North Brisbane region to support awareness of, and access to, the NDIS.

The PHN engaged Queenslanders with a Disability Network (QDN) to develop the toolkit following considerable feedback obtained gained from the Partners in Recovery (PiR) Initiative providers in the region, who identified the need for resources for general practice, to better equip them to support their patients who were looking to gain access to the NDIS.

The toolkit has useful information about the NDIS, as well as practical guidance and tips for supporting access to the NDIS for their patients – such as guidance on the evidence that should be included on an Access Request Form, or a Supporting Evidence Form. Through-out the document, GPs and practice staff are encouraged to seek out and engage carers and family members, acknowledging they are most appropriate to provide information about the person’s day-to-day functions, and can complete an appropriate impact statement.

The toolkit was very well received locally, which prompted the sharing of the resource with all 31 PHNs across Australia for them to adapt and use in their local context. Although designed for a general practice audience, the practical guidance within the toolkit was considered extremely useful, and so was also disseminated broadly amongst the Hospital and Health Services within Queensland. The extensive reach of the toolkit was realised when the PHN received copies of the toolkit from the Australian Government who were disseminating it to all PHNs as a useful resource.

17 <https://www.neaminational.org.au/our-services/community-based-mental-health/community-programs/ohp/>

18 http://www.brisbanenorthphn.org.au/content/Document/BNPHN_Understanding_Your_Role_NDIS_GP_Toolkit_May2018_FINAL_WEB.pdf

3 Sustaining good mental health

3.1 Summary of progress

Planning for Wellbeing utilises Everymind's Prevention First¹⁹ Framework to shape the approaches to promotion and prevention outlined in the Plan. These include strategies that:

- build health public policy
- create supportive environments
- strengthen communities to take action
- promote mental health and wellbeing
- develop personal skills
- reorient services.

The shared objectives for sustaining good mental health are focused on building people's resilience so that they are better equipped to face, and bounce back from, distressing life events; as well as addressing stigma. A summary of some key achievements against the shared objectives is included below.

Build the resilience of individuals, families and communities.

The actions to achieve this objective are focused on resilience building. Various organisations across the region offer programs, workshops and sessions aimed at building resilience – such as mental health information sessions, peer support groups, health and wellness workshops, relaxation workshops, healthy eating workshops etc. The My Mental Health website²⁰ consolidates the various programs and sessions in one location, allowing people to search via region, the type of event, when the event is scheduled, and who the event is targeting, as well as download any relevant registration details. The My Mental Health website also now incorporates all the workshops and courses that were previously included in the Mental Health Recovery and Clinical Programs Prospectus, facilitating access to a broader range of resilience-building activities.

Prevent stigma.

Preventing stigma is ongoing work. One major stigma reduction strategy that brings the region together every year is the Brisbane Mental Health Expo. Now in its 9th year, the expo brings people together for a fun event with food, music, arts, interactive workshops... whilst promoting a vast range of health and wellbeing programs and services. Over 60 local organisations actively participate. The event is free, and aims to combat the stigma experienced by people with mental illness or problematic drug or alcohol use, as well as increase mental health literacy for the wider population.

Make better use of existing resources to promote mental health and prevent illness.

The actions to achieve this objective are centred on enhancing and leveraging off existing activities and resources to promote mental health and prevent illness. An obvious achievement is the annual promotion and active engagement in local events to celebrate Mental Health Week. Most, if not all mental health services in the Brisbane North region take advantage of the opportunity to reach out and connect with people during Mental Health Week, either formally by hosting an event, or more informally by engaging in other local activities.

Improve the physical health of people experiencing mental illness.

The PHN, along with a large number of other local, regional and national organisations, has committed to the Equally Well Consensus Statement²¹ – with a vision to improve the quality of life of people living with mental illness by providing equity of access to quality health care. This commitment shapes all our work, and is evidenced by the PHN's preferred models of service delivery which promote the central role of general practice in ongoing mental health care.

Support families and carers more effectively.

The actions to achieve this objective are focused on encouraging family-inclusive practice and promoting support services to families and carers to keep people well.

¹⁹ <http://s3-ap-southeast-2.amazonaws.com/everymind/assets/Uploads/EM-0026-Prevention-First-Framework.pdf>

²⁰ <https://www.mymentalhealth.org.au/events/>

²¹ <https://www.equallywell.org.au/>



As an indicator of progress towards this, contractually, all PHN commissioned providers, are expected to ensure that practitioners engaged to deliver services have the requisite training in family-inclusive practice – whether that be for mental health services, alcohol and other drug services, or suicide prevention services.

Table 3 presents an overview of the 13 actions that were considered necessary to achieve the five shared objectives in this chapter, noting their expected year of completion, and progress to date.

Table 3: Planning for Wellbeing Chapter three actions – status report

Shared Objectives	Actions	Year	Progress
3.1 Build the resilience of individuals, families and communities.	3.1.1 Support delivery of school-based programs that help young people to become more resilient.	2019/2020	On track
	3.1.2 Review evidence-informed resilience building interventions and promote effective options.	2019/2020	On track
	3.1.3 Promote beyondblue's www.headsup.org.au resource for workplaces.	2019/2020	On track
	3.1.4 Promote participation and collaboration in activities in the Prospectus: Mental Health Recovery and Clinical Programs.	Not specified	Not started
	3.1.5 Link people impacted by domestic and family violence to mental health support as needed.	2019/2020	On track
3.2 Prevent stigma.	3.2.1 Work with state-wide and national mental health organisations to implement their anti-stigma campaigns in Brisbane North.	2019/2020	On track
3.3 Make better use of existing resources to promote mental health and prevent illness.	3.3.1 Establish a regional mental health promotion and prevention action group.	Ongoing	Not started
	3.3.2 Add value to implementation of state-wide and national campaigns, through complementary regional work.	Ongoing	Not started
	3.3.3 Organise and coordinate regional events for Mental Health Week.	2019/2020	Not started
3.4 Improve the physical health of people experiencing mental illness.	3.4.1 Work with My Health for Life to enhance accessibility and suitability for people experiencing mental illness.	Not specified	Not started
	3.4.2 Encourage mental health services to develop a health promotion and prevention action plan, utilising the Equally Well Consensus Statement.	2019/2020	On track
3.5 Support families and carers more effectively.	3.5.1 Encourage family-inclusive practice in mental health, suicide prevention and alcohol and other drug treatment services.	Ongoing	Not started
	3.5.2 Promote support services for families and carers widely, including via people with a lived experience.	Not specified	Not started

3.2 Key achievements

3.2.1 Engaging Queensland Alliance for Mental Health to progress activity

In July 2019, the PHN engaged Queensland Alliance for Mental Health – as the peak body advocating for community-based and socially-inclusive mental health care – to establish and lead a stakeholder group to work towards the achievement of the shared objectives in Chapter three. The objectives focus on promotion and prevention strategies:

- promotion – enhancing social and emotional wellbeing, and quality of life
- prevention – reducing risk factors and enhancing protective factors.

Queensland Alliance for Mental Health have engaged a diverse group of stakeholders, including people with lived experience, who worked collaboratively to develop an implementation plan for 2019/2020. The prioritised activities include:

- mapping, reviewing and promoting school-based programs that focus on building resilience of young people
- actively promoting the uptake of the Equally Well Consensus Statement – advocating for improved physical health for people with mental illness
- link people impacted by domestic and family violence to mental health support as needed
- reviewing and promoting relevant anti-stigma campaigns in the Brisbane North community.

Queensland Alliance for Mental Health will continue to lead and support the Sustaining Good Mental Health stakeholder group over 2019/2020, supporting implementation of the plan, and providing advice and guidance to the PHN on how to incorporate the promotion and sustainability of good mental health across other areas of the Plan.



Objective 3.4

Improve the physical health of people experiencing mental illness

Action 3.4.2

Encourage mental health services to develop a health promotion and prevention action plan, utilising the Equally Well Consensus Statement

3.2.2 Smoking cessation support

People living with severe mental illness are estimated to live around 25 years less than other Australians, secondary to poor physical health – of which nicotine dependence is a factor. Furthermore, people living with a severe mental illness tend to experience greater difficulty in trying to quit smoking when compared with other population groups, with some studies noting greater challenges in managing nicotine withdrawal. People living with severe mental illness are often motivated to quit, but their attempts are less successful due to these challenges.

In response, Metro North Mental Health have set targets for smoking cessation in a bid to support consumers toward quitting. Metro North Mental Health has appointed a Smoking Cessation Project Officer, whose role it is to monitor and support mental health clinicians to engage consumers around their use of tobacco and/or tobacco-related products. The Project Officer supports clinicians to note the consumer's smoking status and completion of the smoking cessation clinical pathway in the clinical record.

The Project Officer also works alongside the Dual Diagnosis Coordinators to provide training and support to clinicians on smoking cessation interventions along with consultation on smoking cessation policies and procedures. Both the Smoking Cessation Project Officer and the Dual Diagnosis Coordinators provide education and interventions to consumers wanting to quit – via both group and one-on-one consultation inpatient and community settings. The Smoking Cessation Project Officer chairs the monthly smoking cessation champions meeting and represents Metro North Mental Health at other relevant forums. These resources also facilitate smoking cessation promotion at community events, such as hosting stalls across Metro North Mental Health for World No Tobacco Day.

Key achievements

- Metro North Mental Health continues to meet all smoking cessation targets.
- The establishment of a smoking cessation (team and ward-based) champions network and a weekly smoking information group on every inpatient ward.
- Metro North Mental Health has purchased additional smokerlyzers and supports a variety of nicotine-replacement-therapy (NRT) options available on inpatient wards (gum, patches, mist, inhalators and lozenges).
- NRT lozenges are now also available to the community mental health teams and a community-based Kick Butts group program is routinely run every six months in each catchment area, which also includes the provision of NRT for participants.

- In late 2019, a consumer experience video was produced in which three Kick Butts participants were interviewed regarding their experience in the group and were able to provide overwhelmingly positive feedback about their experience.

Key learnings

Collaboration across the Smoking Cessation Project Officer, the Dual Diagnosis Coordinators and the team-based champions has been identified as a key strength in supporting and maintaining Metro North Mental Health's commitment to smoking cessation and the physical health outcomes on consumers.

What's next?

Future planning is paramount in ensuring services respond to need and allow for continual quality improvement. The Smoking Cessation Project Officer and Dual Diagnosis Coordinators have identified key goals to further smoking cessation promotion including environmental improvements, educational efforts and NRT maximisation. The following plans are under consideration:

- reclaiming the outdoor spaces at Redcliffe, Caboolture and The Prince Charles Hospitals (TPCH) (e.g. the sensory verandas at RBWH)
- introducing Smokerlyzers on the wards
- inhalators as a permanent option for fast acting NRT
- further education to doctors for prescribing and management of NRT
- continued awareness of targets – standing agenda item at appropriate meetings
- new/easy to use NRT charts at RBWH and TPCH
- research on contingency management in Kick Butts Groups.



Objective 3.1

Build the resilience of individuals, families and communities

Action 3.1.1

Review evidence-informed resilience building interventions and promote effective options

3.2.3 Building resilience to help with everyday concerns

The New Access program delivered by Richmond Fellowship Queensland is helping people to better understand their distress, and supporting them to implement practical and accessible strategies to address it.

The New Access²² program is evidence-based, following 10+ years of research, including a three-year trial in Australia. New Access coaches use low-intensity cognitive behavioural therapy to support people to gain an understanding of what is causing their distress, and guide the use of tools and strategies that can be used to address the distress.

“I am stressing less, I have learnt how to laugh again, and have more confidence with ‘me’. I have learnt what are the worries I need to be concerned about and throw the rest away.” (New Access Participant).

Key achievements

The New Access program has been accessed by close to 300 people across North Brisbane during the 2018/2019 financial year, with the vast majority of people demonstrating an improvement in their wellbeing following completion of the program. In addition to improvements in wellbeing and reduced distress, Richmond Fellowship Queensland proudly assert that 100% of New Access participants who completed the Satisfaction Survey in 2018/2019 responded all the time or most of the time to the following questions:

- did staff listen to you and treat your concerns seriously?
- do you feel that the service has helped you to better understand and address your difficulties?
- did you feel involved in making choices about your treatment and care?
- on reflection, did you get the help that mattered to you?
- did you have confidence in your coach and their skills and techniques?

What’s next?

Demand for the New Access Program continues to grow in the region – due largely to the connection with beyondblue, and their considerable social media reach, but also due to the quality service that is provided, and people sharing their experiences with others. Conversations between Richmond Fellowship Queensland, and the other agencies who are delivering low intensity services in the region are ongoing, in an attempt to ensure all people who are seeking low intensity services can access services in a timely fashion.



²² <https://www.beyondblue.org.au/get-support/newaccess>

4 Commissioning services

4.1 Summary of progress

Planning for Wellbeing acknowledges the complex mix of service systems and funding mechanisms that operate within the mental health, suicide prevention and alcohol and other drug treatment services in the region, and highlights the need to achieve greater alignment between these systems and approaches to ensure stronger outcomes for those who use the system.

Chapter four of Planning for Wellbeing is focused on achieving this alignment – specifically across commissioning approaches. A summary of the key achievements against the two shared objectives towards the alignment of commissioning approaches is included below.

Align commissioning approaches between funding bodies.

The actions to achieve this objective are focused on implementing practical strategies to improve alignment in commissioning approaches. Some work is already underway, including joint use of the National Mental Health Service Planning Framework (NMHSPF) as a shared resource to guide future commissioning, and improved coordination between funders to try to minimise duplication of services, minimise burden on providers, and maximise optimal outcomes for the community. Given commissioning timeframes are not short, it is expected that greater alignment of commissioning approaches will be possible in the outer years of implementation of the plan.

Improve commissioning approaches.

The actions to achieve this objective are focused on improving and strengthening approaches to commissioning to ensure consumer outcomes are prioritised – through revised funding mechanisms, innovative co-design processes, flexible procurement approaches, and strategies to ensure high quality service provision.

The PHN has engaged in a number of innovative review and co-design processes during 2018/2019, with strong engagement by people with lived experience. These have informed the development of revised service models – to better meet the identified needs of consumers, and have necessitated new funding models – to support the full cost of providing a holistic service which supports connection to other parts of the system. New procurement processes have enhanced the opportunities for collaboration, supporting providers to partner and deliver services in a more coordinated way.

Table 4 presents an overview of the 10 actions that were considered necessary to achieve the two shared objectives in this chapter, noting their expected year of completion, and progress to date.



Table 4: Planning for Wellbeing Chapter four actions – status report

Shared Objectives	Actions	Year	Progress
4.1 Align commissioning approaches between funding bodies.	4.1.1 Utilise the NMHSPF tools consistently across Brisbane North to help project demand for mental health services and required service configuration.	2019/2020	On track
	4.1.2 Utilise national and jurisdictional datasets for primary mental health care and alcohol and other drug treatment services, joint PHN and HHS needs assessments and other data, to collaboratively plan and co-design mental health, suicide prevention and alcohol and other drug treatment services.	Ongoing	Completed
	4.1.3 Develop a joint regional resourcing plan between commissioning agencies that underpins and aligns commissioning.	2020/2021	On track
	4.1.4 Align funding approaches by key funding agencies, including scope, timing, service types, contract timeframes and reporting.	2019/2020	On track
	4.1.5 Explore the potential for coordinating commissioning between funding agencies.	2022/2023	On track
4.2 Improve commissioning approaches	4.2.1 Develop funding approaches that focus on strengthening consumer outcomes.	2018/2019	Completed
	4.2.2 Identify commissioning approaches that facilitate innovation and partner with people with a lived experience.	2018/2019	Completed
	4.2.3 Explore options for providing funding for the full cost of service, including resources required for engagement and warm referral of all consumers accessing services.	2018/2019	Completed
	4.2.4 Explore more flexible commissioning approaches that better fit the nature of services required, maximise collaboration and mitigate challenges associated with competitive tendering, including for Indigenous services.	Ongoing	Completed
	4.2.5 Utilise funding agreements with providers to promote service improvements in the areas of lived experience participation, social determinants of health, recovery framework, family-inclusive practice, trauma-informed care, engagement, warm referral, service accessibility and evaluation.	2019/2020	Completed

Objective 4.2

Improve commissioning approaches

Action 4.2.1 & 4.2.3

Develop funding approaches that focus on strengthening consumer outcomes

Explore options for funding the full cost of service, including resources required for engagement and warm referral of all consumers accessing services

4.2 Key achievements

4.2.1 Using feedback to improve commissioning approaches

With the intent of reviewing current service models and commissioning approaches to ensure consumer outcomes were prioritised, the PHN undertook a review of its Brisbane MIND program in late 2018 – to better understand which elements were working well, and what could be improved. The review involved conversations with a range of stakeholders, including current service users, a number of allied health professionals delivering the services, a number of GPs who referred people to the program, and internal PHN staff who administered the program.

The messages from people were clear – there were some strong and positive aspects to the service model and the way services were commissioned, but there were some elements that needed changing:

- some stakeholders shared that whilst access to the program was reasonable for most people, some vulnerable populations struggled to gain access, and if they did, they often didn't receive the specialised service they needed
- some stakeholders noted that the existing funding model meant that consumers who gained access to the program were unlikely to be connected to other complementary support services, and that incentivising or systematising this would be beneficial
- some stakeholders noted that referrals were often made to the program without careful consideration of other more appropriate options, and that remedying this could assist with managing demand on the program.

Key achievements

Guided by the valuable feedback, the PHN implemented a number of changes to the service model and the way it engaged providers – which included:

- engaging a smaller number of specialist providers to better reach and meet the needs of people from vulnerable populations
- implementing block-funding arrangements to allow more meaningful and comprehensive engagement with people, which would then facilitate connections with other services as appropriate
- designing and implementing strategies to promote the full range of services available in the region.

These changes were planned and implemented by 1 July 2019.

Objective 4.1

Align commissioning approaches between funding bodies

Action 4.1.1

Utilise the NMHSPF tools consistently across Brisbane North to help project demand for mental health services and required service configuration

What's next?

One of the PHN's key goals moving forward is to ensure all commissioning approaches lead to better outcomes for people. The willingness to trial new funding models, given the potential for more comprehensive care and improved outcomes, is an area the PHN will continue to explore – including monitoring the uptake and implementation of the new Brisbane MIND service model to see if outcomes are improved.

4.2.2 Using the NMHSPF to plan for services

As key funders of mental health services in the Brisbane North region, both Qld Health and the PHN are using the National Mental Health Service Planning Framework²³ (MHNSPF) Planning Support Tool (PST) to estimate the need for services into the future.

The NMHSPF allows users to estimate need and expected demand for mental health care, as well as the level and mix of mental health services required for a given population. The model draws on evidence and expert opinion to:

- estimate the prevalence of mental illness across all disorders within the Australian population, by severity
- assign expected service demand rates to each severity level
- split the population with demand for services into particular need groups based on age group, severity of disorder and complexity
- for each need group, specify care profiles – which outline the average types and quantities of services required over a 12-month period to provide adequate mental health care across bed-based, community clinical and psychosocial support services
- describe the staffing, salary and operational parameters associated with different service types.

Key achievements

Both Qld Health and the PHN used the NMHSPF to assist with planning new services for people with severe and complex mental illness in the region. The PST was used to estimate the prevalence of severe mental illness within the region, gain an understanding of the care profiles that would need to be delivered to achieve the best outcomes, and project the workforce necessary to deliver these care profiles. Following this, both funders determined which MHNSPF care profiles would be most appropriately funded by which entity – to try and reduce duplication of services, and make best use of the resources available to provide services in the region.

23 <https://nmhspf.org.au/>

Key learnings

Using the NMHSPF allows funders and service providers to have a shared understanding of the need in the region, and supports decisions regarding what services to fund to be based on data. Of course, considerable limitations still exist – including resources being available to action what the NMHSPF projects, and the availability of the workforce to deliver the services – but using a common tool to guide decision-making is a valuable improvement.



What’s next?

Queensland Health, the HHS and the PHN are committed to working collaboratively to deliver a Regional Resourcing Plan. Work is currently being undertaken to map existing services against the NMHSPF. Once complete, a gap analysis will provide guidance for resource allocation decisions. This Plan is expected to be finalised by 2021.

Objective 4.1

Align commissioning approaches between funding bodies

Action 4.1.4 & 4.1.5

Align funding approaches by key funding agencies, including scope, timing, service types, contract timeframes and reporting

Explore the potential for coordinated commissioning between funding agencies

4.2.3 Exploring the potential for coordinated commissioning

In late 2018, the PHN, HHS and Queensland Health worked collaboratively to ensure their respective planned commissioning for new services was coordinated and complementary.

Key achievements

Queensland Health involved representatives from both PHNs and HHSs to be part of regional tender assessment panels, to review applications and make recommendations to Queensland Health about upcoming psychosocial support services in the community. The PHN engaged representatives from both Queensland Health and the HHS in their co-design processes to inform their procurement of services for people with severe and complex mental illness. Following the co-design phase, representatives from the HHS, as well as people with lived experience, were actively engaged to be part of the tender assessment panels to select the successful tenderers for the establishment of the three Integrated Mental Health Service Hubs for the region.

Key learnings

Whilst circumstances did not allow for joint commissioning to occur, the shift to more coordinated commissioning, where local funders such as Queensland Health and the PHN are more aware and involved in what the other funder is planning, is a positive step to ensuring optimal use of the resources that are available in the region.

What’s next?

Queensland Health and the PHN are committed to reviewing their respective commissioning approaches, gaining feedback from those involved to ensure that future commissioning approaches continue to improve.

5 Delivering integrated services

5.1 Summary of progress

Planning for Wellbeing highlights the imperative to shift towards a more coherent service system with integrated services – to facilitate effective responses to the diverse range of healthcare needs that people experience. This shift towards integration is a key driver in both the Fifth National Mental Health and Suicide Prevention Plan²⁴ and National Drug Strategy²⁵, as well in Queensland Mental Health Commission's Strategic Plan – Shifting Minds²⁶.

Chapter five of Planning for Wellbeing is focused on objectives that will lead to greater integration of services. A summary of the key achievements against the four shared objectives is included below.

Expand, diversify and better target services.

The actions to achieve this objective are focused on activity to better target services to vulnerable populations. The last 12 months has seen the establishment of a number of new services in the region, including:

- specialised Brisbane MIND services targeting hard-to-reach populations
- integrated mental health service hubs providing clinical and psychosocial support to people with severe mental illness
- hospital to home services providing community-based psychosocial support services to people who have accessed HHS services.

Each of these new services represents a shift to services that are better targeted, and embedded within community organisations that can support integration by facilitating connections to complementary services as needed.

Improve our service delivery.

The actions to achieve this objective are focused on improvements in service delivery that result from more collaborative and integrated working.

Key achievements include the establishment of integrated mental health hubs in the region; and the development and implementation of an electronic triage and referral tool to facilitate both initial and ongoing connection to appropriate services that exist in the region.

Align and integrate services.

The actions to better align and integrate services are a mix of strategic activities – such as advocating for national alignment of all reporting regimes across mental health, suicide prevention and alcohol and other drug treatment services; and more localised activities – such as review and alignment of the content on various platforms, such as the My Mental Health²⁷ website, HealthPathways²⁸ and the national Head to Health²⁹ website.

Some localised work is already underway, including reviewing and redesigning the My Mental Health website to ensure alignment of content across various platforms and the consistent promotion of available services; as well as creating opportunities for the range of agencies who are funded to deliver services to people to come together – to get to know each other, share information about what they deliver, strengthen referral pathways, and collaboratively address issues as they arise. This includes agencies who deliver mental health, suicide prevention and alcohol and other drug treatment services – irrespective of funder.

Skill up and diversify our workforce.

The actions to achieve this objective are focused on growing and strengthening the workforce in the region. Of notable achievement has been the development of the Queensland framework for the development of the mental health lived experience workforce³⁰, as well as the Queensland Health mental health framework peer workforce support and development 2019³¹.

²⁷ <https://www.mymentalhealth.org.au/>

²⁸ <https://www.brisbanenorthphn.org.au/page/health-professionals/pathways-program/>

²⁹ <https://headtohealth.gov.au/>

³⁰ https://www.qmhc.qld.gov.au/sites/default/files/qmhc_lived_experience_workforce_framework_web.pdf

³¹ https://www.health.qld.gov.au/_data/assets/pdf_file/0039/929667/peer-workforce-support-framework.pdf

²⁴ <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

²⁵ https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf

²⁶ https://www.qmhc.qld.gov.au/sites/default/files/qmhc_2018_strategic_plan.pdf



These frameworks provide guidance to support the development and expansion of the lived experience workforce across the State.

Table 5 presents an overview of the 20 actions that were considered necessary to achieve the four shared objectives in this chapter, noting their expected year of completion, and progress to date.

Table 5: Planning for Wellbeing Chapter five actions – status report

Shared Objectives	Actions	Year	Progress
5.1 Expand, diversify and better target services.	5.1.1 Explore opportunities for expanding provision of community-managed mental health and alcohol and other drug treatment services.	2018/2019	Completed
	5.1.2 Focus funding investment and service delivery on those groups in most need, including specific population groups, geographic communities and diagnosis groups.	Ongoing	Completed
5.2 Improve our service delivery.	5.2.1 Identify options for establishing virtual and/or physical 'hubs' for people seeking mental health support and referral, including options incorporating peer service navigators.	2019/2020	Completed
	5.2.2 Roll out a new electronic triage and referral tool for mental health called 'rediCASE' that will support GPs and service providers to connect people to the services that are right for them.	Ongoing	Completed
	5.2.3 Using our stepped care framework, ensure regular review of needs of consumers accessing mental health services and connect consumers to services that best meet their changing needs and circumstances.	Ongoing	On track
	5.2.4 Strengthen our approaches to service delivery in the areas of recovery, harm minimisation and trauma-informed practice.	Ongoing	On track
	5.2.5 Explore approaches to shared clinical governance mechanisms to allow for agreed care pathways, referral mechanisms, quality processes and review of adverse events.	2020/2021	On track

Shared Objectives	Actions	Year	Progress
5.3 Align and integrate services.	5.3.1 Review and align My Mental Health, and HealthPathways, in the context of Head to Health, to ensure services are well promoted and readily accessible.	2019/2020	On track
	5.3.2 Explore the development of an electronic shared record that can be accessed by service consumers, the HHS, primary healthcare practitioners and NGOs.	2021/2022	Not started
	5.3.3 Review and further develop a clinical care pathway for people experiencing both mental illness and substance use issues.	2020/2021	Not started
	5.3.4 Explore the need for establishing a care pathway for people experiencing mental illness and intellectual disability or autism.	2021/2022	Not started
	5.3.5 Establish a mechanism for the mental health, suicide prevention and alcohol and other drug treatment sectors to effectively and efficiently engage with broader health and human service sectors.	Ongoing	On track
	5.3.6 Advocate for an integrated, streamlined national approach to reporting regimes both across mental health, suicide prevention and alcohol and other drug treatment services and between regions.	2021/2022	Not started
	5.3.7 Explore options for working with organisations delivering responses to eating disorders to inform and further develop regional service delivery models	2021/2022	Not started
5.4 Skill up and diversify our workforce.	5.4.1 Conduct a Brisbane North workforce needs assessment for the mental health, suicide prevention and alcohol and other drug treatment services sectors, including for the peer workforce.	2020/2021	Not started
	5.4.2 Develop and implement a strategy addressing the above workforce's identified needs.	2021/2022	Not started
	5.4.3 Facilitate access by the above workforce to discipline-specific, evidence-informed training, including on trauma-informed care, recovery-oriented practice, harm minimisation and family-inclusive practice.	2021/2022	Not started
	5.4.4 Create opportunities for the above workforce to network, build relationships, improve referral approaches and work in partnership.	Ongoing	On track
	5.4.5 Expand and develop the Indigenous workforce and peer workforce in mental health, suicide prevention and alcohol and other drug treatment services.	2022/2023	Not started
	5.4.6 Facilitate access to training for generalist health, social services, justice and education workers in specific skills relating to mental health and alcohol and other drug use (e.g. Certificate IV in Mental Health, Certificate IV in Mental Health Peer Work or Mental Health First Aid).	2021/2022	Not started

Objective 5.2

Improve our service delivery

Action 5.2.1

Identify options for establishing virtual and/or physical hubs for people seeking mental health support and referral, including options incorporating peer service navigators

5.2 Key achievements

5.2.1 Establishment of integrated mental health service hubs

Brisbane North PHN led a consumer-centred co-design process to inform the development of a new service model to support people with severe and complex mental illness in the region. The process included the review of over 300 personal accounts from people with severe mental illness, which were used as a guide to shape the new model. Stakeholders, including consumers, carers, NGOs, Metro North HHS, private providers and Queensland Government, participated in two half-day workshops – to design the model, and then test and validate the model with relevant personas.

The result was a proposal to commission three integrated mental health service hubs – offering no-cost, holistic, community-based health and wellbeing services across the region, co-locating a range of clinical and psychosocial services, as well as providing navigation support to the broader range of services that exist in the community.

Key achievements

Three integrated mental health service hubs have been established – with services commencing July 2019. The hubs provide clinical and psychosocial supports, both onsite and via outreach, increasing integration of the range of supports needed for people with severe mental illness. The Hub’s multi-disciplinary team includes clinical staff as well as peer support staff.

Key learnings

Engaging people with a lived experience was a critical first step in the service design process. For the PHN, this involved:

- Using routinely collected service usage data and experience of service data to facilitate understanding of which parts of a service are working well, and which parts need improvement.
- Developing a solid understanding of the way people engage with, and flow through the system.
- Involving people with a lived experience in all steps of the design process – from designing the service model to address pain points, through to commissioning providers.

What’s next?

Establishment, implementation and ongoing evaluation of the integrated mental health service hubs over the next three years.

Objective 5.4

Skill up and diversify our workforce

Action 5.4.5

Expand and develop the Indigenous workforce and peer workforce in mental health, suicide prevention and alcohol and other drug treatment services

5.2.2 Growing and strengthening the mental health peer workforce

Queensland Health developed the Queensland Health Mental Health Framework Peer Workforce Support and Development 2019 (the framework). This framework was a key deliverable under Connecting care to recovery 2016-2021: a plan for Queen land’s state-funded mental health alcohol and other drug services and has been designed to improve state-wide support and consistency for the mental health peer workforce. The framework includes parameters relating to the scope of practice and core competencies for peer workers, and is aligned to the Queensland Mental Health Commission’s Queensland Framework for the Development of the Mental Health Lived Experience Workforce.

The framework was developed in partnership between Hospital and Health Services and the Mental Health Alcohol and Other Drugs Branch, Department of Health, with a reference group established from the Queensland Health mental health peer workforce engaged to guide the development of the document. The framework outlines lived experience and carer roles and recognises the importance of both in a peer workforce in mental health. The framework also outlines peer work values, employment principles, peer worker support and development and a full set of role descriptions to assist the Hospital and Health Services in their recruitment and retention processes.

Key achievements

Development of the state-wide Queensland Health Mental Health Framework Peer Workforce Support and Development 2019

Key learnings

The framework involved a co-design process ensuring that the peer workforce from each Hospital and Health Service contributed their expert advice and experience.

What’s next?

In 2020 further work will be undertaken to develop peer workforce supervision guidelines and a training plan to support the workforce.

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Objective 5.2

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Improve our service delivery

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Action 5.2.1 & 5.2.2

.....

Identify options for establishing virtual and/or physical hubs for people seeking mental health support and referral, including options incorporating peer service navigators

.....

Roll out a new electronic triage and referral tool that will support GPs and service providers to connect people to the services that are right for them

.....

5.2.3 Support to navigate the service system

The mental health service system is complex – and the need to support people to navigate through it, to find the service that is right for them, is paramount. Informed by ongoing feedback – from people trying to find services for themselves or their loved ones, as well as GPs and service providers – the PHN established a pool of service navigators in July 2019. The My Mental Health Service Navigators³² are freely available to anyone – consumers, carers, GPs, and service providers – and provide phone-based information about mental health services, suicide prevention services and alcohol and other drug treatment services available in the region. The Service Navigators also offer phone-based assessment and referral into any of the PHN-commissioned services, using the rediCASE electronic triage and referral system.

Key achievements

With a solid knowledge of the service system in the region, the Service Navigators have improved access to a range of services by connecting people to the most appropriate service sooner. They ensure services are matched to people’s need.

The team of Service Navigators have supported the effective transition of people from the ceasing Partners in Recovery (PiR), Support for Day to Day Living (D2DL) and Personal Helpers and Mentors (PHaMs) Programs – into ongoing programs and services. The team have also supported people to understand any changes to the service system, by responding to queries about programs that are changing.

The Service Navigators are not a crisis support service, but will respond to enquiries left after-hours, calling people back to offer connections to appropriate services.

What’s next?

Early conversations with the HHS regarding connections between the My Mental Health Service Navigators and the 1300 MH CALL³³ Mental Health Access Line have identified potential benefits to people seeking support using either of these services. 1300 MH CALL is the primary connection into all Queensland Public Mental Health Services, and can also provide information and support navigating to other services. Further exploration regarding how these two navigation services might work together is continuing.

32 <https://www.brisbanenorthphn.org.au/page/health-professionals/mental-health-services/>
33 <https://www.qld.gov.au/health/mental-health/help-lines/1300-mh-call>



6 Responding to diversity

6.1 Summary of progress

Chapter Six of Planning for Wellbeing is dedicated to responding to diversity, with a focus on three priority populations:

- people from Culturally and Linguistically Diverse backgrounds
- people from Lesbian, Gay, Bisexual, Transgender, Intersex, Queer + (LGBTIQ+) Communities
- older people.

In July 2019, the PHN engaged three key organisations to actively progress activity towards the ten shared objectives within this chapter – including the Ethnic Communities Council of Queensland³⁴ to support the Culturally and Linguistically Diverse focused objectives; the Queensland AIDS Council³⁵ to support the LGBTIQ+ focused objectives; and Council on the Ageing Queensland³⁶ to support the older people focused objectives.

6.1.1 People from Culturally and Linguistically Diverse backgrounds

In July 2019, the PHN engaged the Ethnic Communities Council of Queensland (ECCQ) – the peak body raising awareness of the benefits of cultural diversity and advocating for social and economic participating for all Queenslanders, including those from culturally diverse communities. ECCQ have been tasked with establishing and leading a stakeholder group to work towards the achievement of the relevant shared objectives supporting people from culturally and linguistically diverse communities.

ECCQ has engaged a diverse group of stakeholders (see Appendix A), including people with lived experience, who have agreed to form the stakeholder group that will guide, direct and recommend activities moving forward, in line with the shared objectives.

The stakeholder group have developed an implementation plan, to guide activity over 2019/2020, prioritising a number of the actions.

These include:

- Identifying, or where needed develop, Culturally and Linguistically Diverse appropriate training and resources to raise community awareness of mental health, suicide prevention and AOD knowledge and available services
- Empowering and equipping community leaders to support Culturally and Linguistically Diverse communities including new arrivals, to increase their knowledge and skills in mental health and improve their confidence to work with interpreter services
- Improving access to interpreter services by sourcing and providing training to providers.
- Promotion of the new EMBRACE multicultural mental health framework, including promoting a workshop to train providers in late 2019.
- Identifying, collating and promoting culturally appropriate and easily-accessible services for people ineligible for Medicare-based services.

Whilst the engagement of ECCQ will help to accelerate the achievement of a number of actions over 2019/2020, it is important to recognise the valuable work that has and will continue to occur, including (but not limited to):

- The information sessions hosted by Queensland Council of Social Services³⁷ (QCOSS) to support the effective engagement and working with interpreters in Queensland (Action 6.1.3).
- The Problem Management Plus (PM+) program delivered by Culture in Mind³⁸ – a free program to support people manage stress and adverse situations (Action 6.3.1).
- ECCQ's sector development work to empower communities and develop community leaders who will act as an important connection point for the broader community (Action 6.2.1).

Table 6a presents an overview of the eight actions that were considered necessary to achieve the four shared objectives for people from Culturally and Linguistically Diverse backgrounds, noting their expected year of completion, and progress to date.

6.1.2 LGBTIQ+ communities

In July 2019, the PHN engaged the Queensland AIDS Council (QuAC) – the peak body advocating for the best possible health and wellbeing of lesbian, gay, bisexual, transgender and intersex people. QuAC have been tasked with establishing and leading a stakeholder group to work towards the achievement of the relevant shared objectives supporting people from LGBTIQ+ communities.

QuAC has engaged a diverse group of stakeholders (see Appendix A), including people with lived experience, who have agreed to form the stakeholder group that will guide, direct and recommend activities moving forward, in line with the shared objectives.

The stakeholder group have developed an implementation plan, to guide activity over 2019/2020, prioritising a number of the actions. These include:

- Identify, review and promote appropriate training to healthcare practitioners to support inclusive non-discriminatory approaches to working with people from LGBTIQ+ communities.
- Educate healthcare practitioners about issues experienced by people from LGBTIQ+ communities, including via review and editing HealthPathways as appropriate, and creating and implementing a communications strategy regarding treatment guidelines and standards of care.
- Strengthen relationships between LGBTIQ+ focused services and peer-based supports and the mainstream health sector.

Whilst the engagement of QuAC will help to accelerate the achievement of a number of actions over 2019/2020, it is important to recognise the valuable work that has and will continue to occur, including (but not limited to):

- The widespread roll-out of training by Diverse Voices (as part of the National Suicide Prevention Trial) to frontline community members to support better recognition and response to suicidality within the LGBTIQ+ community (Action 6.7.2).
- The growth and expansion of both clinical and non-clinical suicide prevention services and pathways, delivered by the Centre for Human Potential, QuAC and Open Doors, to the LGBTIQ+ community (Action 6.7.1).
- Mapping and promoting LGBTIQ+ focused support services³⁹ (in particular, suicide prevention support services) to GPs and other healthcare providers (Action 6.5.3).

Table 6b presents an overview of the eight actions that were considered necessary to achieve the three shared objectives for people from LGBTIQ+ communities, noting their expected year of completion, and progress to date.

6.1.3 Older people

In July 2019, the PHN engaged Council on the Ageing (COTA) Queensland – the seniors peak body advancing the rights, interests and futures of Queenslanders as we age. COTA Queensland was tasked with establishing and leading a stakeholder group to work towards the achievement of the relevant shared objectives supporting older people in the region.

COTA Queensland has engaged a diverse group of stakeholders (see Appendix A), including older people with lived experience, who have agreed to form the stakeholder group that will guide, direct and recommend activities moving forward, in line with the shared objectives.

It is important to note that the majority of the actions focused on improving outcomes for older people experiencing mental illness or suicidal ideation have been informed by 'A Five Year Health Care Plan for Older People who live in Brisbane North 2017-22'⁴⁰. This 'Older Person's Plan' is a partnership between the PHN and the HHS, and recognises the value of working together across primary care, community and hospital settings. Rather than duplicating processes, the team who developed Planning for Wellbeing leveraged

34 <http://www.eccq.com.au/>

35 <https://quac.org.au/>

36 <https://cotaql.org.au/>

37 <https://www.qcoss.org.au/>

38 <http://www.cultureinmind.org.au/>

39 <https://www.mymentalhealth.org.au/page/services/community-services/sp-care-pathways/>

40 <http://www.brisbanenorthphn.org.au/content/Document/Aged%20and%20community%20care/Older%20Persons%20Plan%202017-2022.pdf>

off the extensive consultations that informed the ‘Older Person’s Plan’, and used this to inform the shared objectives and associated actions.

The stakeholder group have developed an implementation plan, to guide activity over 2019/2020, prioritising a number of the actions. These include:

- Improving access to integrated geriatric and psychiatric support for older people with mental illness, including scoping options for a specialised psycho-geriatric service and/or hotline.
- Exploring the opportunity to expand the nurse navigator model to include specialist navigation for older people’s mental health in the community setting.
- Implementing strategies to better support people caring for older people, including exploring options for ‘holidays for health’, peer support ‘buddy’ systems, and support for carers and families experiencing distress following a family member moving into a residential aged care facility.

41 <https://www.changeutures.org.au/>

Whilst the engagement of COTA Queensland will help to accelerate the achievement of a number of actions over 2019/2020, it is important to recognise the valuable work that has and will continue to occur, including (but not limited to):

- The in-reach delivery of mental health services by Change Futures⁴¹ to people living in over 30 residential aged care facilities across the region (Action 6.8.3).
- Palliative Care Queensland⁴² have been commissioned to undertake a situation analysis to explore and better understand the palliative care issues being experienced by the Brisbane North community (Action 6.10.1).
- The Residential Aged Care Assessment and Referral (RADAR)⁴³ service facilitating access to specialised services for people living in residential aged care facilities (Action 6.8.2).

Table 6c presents an overview of the 10 actions that were considered necessary to achieve the three shared objectives for older people, noting their expected year of completion, and progress to date.

42 <https://palliativecareqld.org.au/>

43 <https://www.brisbanenorthphn.org.au/page/news-and-events/latest-news/metro-north-radar-service-now-available/>



Table 6a: Planning for Wellbeing Chapter six actions (Culturally & Linguistically Diverse communities) – status report

Shared Objectives	Actions	Year	Progress
6.1 Improve access to mental health services for people from culturally and linguistically diverse backgrounds.	6.1.1 Develop and implement a strategy to address poor access to mental health services by people from culturally and linguistically diverse backgrounds.	2019/2020	On track
	6.1.2 Encourage providers across Brisbane North to adopt approaches such as the Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.	2019/2020	On track
	6.1.3 Improve access to interpreter services by people from culturally and linguistically diverse backgrounds and their families and carers.	2019/2020	On track
6.2 Facilitate better connections to healthcare for new arrivals.	6.2.1 Empower culturally and linguistically diverse communities to develop community leaders who will support new arrivals to connect with mental health services.	2019/2020	On track
	6.2.2 Explore options for improving responses to mental health issues for new arrivals who have experienced trauma and/or torture.	2019/2020	On track
6.3 Address affordability issues for those ineligible for healthcare through Medicare.	6.3.1 Identify and promote mental health services that do not charge a fee for people from culturally and linguistically diverse backgrounds who are ineligible for Medicare.	2019/2020	On track
6.4 Improve the physical health of people from culturally and linguistically diverse backgrounds experiencing poor mental health.	6.4.1 Encourage culturally and linguistically diverse service providers to promote physical health-related activities in the Prospectus: Mental Health Recovery and Clinical Programs.	2019/2020	Not started
	6.4.2 Increase the knowledge of GPs and mental health services about the physical healthcare needs of people from culturally and linguistically diverse backgrounds and services responding to these needs.	2019/2020	Not started

Table 6b: Planning for Wellbeing Chapter six actions (LGBTIQ+ communities) – status report

Shared Objectives	Actions	Year	Progress
6.5 Ensure mental health and suicide prevention services are inclusive of LGBTIQ+ people and respond effectively to their needs.	6.5.1 Develop web-based information that improves LGBTIQ+ people's access to mental health services.	2019/2020	Not started
	6.5.2 Educate mental health services and healthcare practitioners about appropriate, inclusive, non-discriminatory approaches to working with LGBTIQ+ people.	2019/2020	On track
	6.5.3 Map LGBTIQ+ focused mental health and suicide prevention services and promote to GPs, psychologists and other healthcare providers.	2019/2020	On track
	6.5.4 Educate service providers and healthcare practitioners about mental health issues experienced by older HIV positive people who have been impacted on by early drug treatment regimes.	2019/2020	On track
6.6 Build capacity of LGBTIQ+ services to adequately respond to needs.	6.6.1 Assist LGBTIQ+ groups to enhance the quality and sustainability of supports they provide through improved linkages with mainstream services and GPs.	Ongoing	Not started
6.7 Prevent suicide amongst LGBTIQ+ people.	6.7.1 Create timely, seamless referral pathways and warm referral processes between services for LGBTIQ+ people at risk of suicide and their carers.	2019/2020	Not started
	6.7.2 Provide training on recognising and responding to suicidality to LGBTIQ+ people.	Ongoing	On track
	6.7.3 As part of hospital admission and discharge planning, discuss connections to culturally appropriate services in the community, including community advocates.	Ongoing	On track

Table 6c: Planning for Wellbeing Chapter six actions (Older people) – status report

Shared Objectives	Actions	Year	Progress
6.8 Expand and diversify mental health services for older people.	6.8.1 Obtain funding for and develop an evidence-based model of care to meet the sub-acute needs of psycho-geriatric consumers and clients as well as consumers and clients with challenging behaviours.	Not specified	Not started
	6.8.2 Improve access to integrated specialist geriatric and psychiatric input for older people with mental illness.	2019/2020	On track
	6.8.3 Support the provision of mental health care services to older people with mental illness, including depression, living in residential aged care facilities.	2019/2020	On track
	6.8.4 Investigate development of ambulatory mental health services for older people that are co-located in the community setting and integrate medical, diagnostics and allied health together with providing support to navigate housing, social and finance matters.	Not specified	Not started
6.9 Deliver high quality mental health and suicide prevention services for older people.	6.9.1 Develop a risk management approach for the detection of older people at risk of suicide.	Not specified	Not started
	6.9.2 Educate GPs, service providers and carers on the relationship between mental health and physical health for older people and the need for more integrated services and responses across these two areas.	2019/2020	On track
	6.9.3 Implement an education strategy for GPs on: factors that improve older peoples' mental health and prevent suicide; and referral pathways into mental health and suicide prevention services for older people.	Not specified	Not started
	6.9.4 Investigate establishment of a forum where organisations with an interest in, and commitment to, improving care for older people with mental illness and/or cognitive impairment can meet to share information and ideas to improve service delivery and community support.	2019/2020	On track
6.10 Support those caring for older people to sustain good mental health.	6.10.1 Implement strategies to better support carers, particularly ageing carers, using psychological services, peer support and other social supports.	2019/2020	On track
	6.10.2 Develop carers' skills in mental health and suicide prevention through targeted training.	2019/2020	On track

7 Aboriginal and Torres Strait Islander social and emotional wellbeing

7.1 Summary of progress

Planning for Wellbeing acknowledges the strong and well-established commitment to a holistic and whole-of-life focus to social and emotional wellbeing held by Aboriginal and Torres Strait Islander peoples. This holistic perspective recognises the strength of relationships between individuals, family and community, and also the impact on the individual of connection to land, culture, spirituality and ancestry. The shared objectives within chapter seven of Planning for Wellbeing reflect this understanding of social and emotional wellbeing, and are focused on strategies to achieve it.

A summary of the key achievements against the eight shared objectives is included below.

Foster Indigenous leadership and engagement in planning, delivery and evaluation of services and programs.

The actions to achieve this objective are focused on ensuring appropriate avenues for the Indigenous voice to actively contribute to all facets of program design and delivery. In support of this, the PHN has actively engaged Aboriginal and Torres Strait Islander representatives to sit on a number of the partnership and stakeholder groups that supporting implementation of Planning for Wellbeing.

Increase cultural responsiveness amongst services and healthcare practitioners.

The actions to achieve this objective include strategies to ensure that people working with Aboriginal and Torres Strait Islander people are working in culturally responsive ways. The broader sector has benefited from the valuable insights and guidance included within the Cultural Respect Framework 2016–2016 for Aboriginal and Torres Strait Islander Health⁴⁴, and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental health and Social and Emotional Wellbeing 2017–2023⁴⁵. All Queensland Health and PHN commissioned services are contractually required to ensure their practitioners are appropriately skilled and experienced, and engage in ongoing professional development regarding culturally responsive practices.

44 http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf

45 <https://healthinonet.ecu.edu.au/healthinonet/getContent>.

Improve accessibility of mental health services for Indigenous people.

The actions to achieve this objective are focused on addressing barriers to access for Indigenous people, including access to the National Disability Insurance Scheme (NDIS). In support of addressing these barriers, the Queensland Government funded the Institute for Urban Indigenous Health (IUIH) to prepare Aboriginal and Torres Strait communities in the region for the NDIS rollout. This work included the development and implementation of readiness strategies; assisting Aboriginal and Torres Strait Islander people with a disability to apply for the NDIS; and developing a culturally appropriate service model for the provision of disability services to Aboriginal and Torres Strait Islander people.

Strengthen integration between services working with Indigenous people.

Work in this area has focused on improving relationships between Aboriginal and Torres Strait islander services, and other mainstream services within the region, including general practice, mental health and alcohol and other drug services. Examples of improvements in integration include:

- Within the National Suicide Prevention Trial (NSPT) – where a large mainstream psychology practice partnered with a network of Aboriginal and Torres Strait Islander organisations to ensure culturally appropriate suicide prevention services would be provided.
- Integrated Team Care (ITC) – where IUIH provides outreach support to mainstream healthcare organisations to improve cultural responsiveness of services.
- Increasingly, other mainstream mental health and alcohol and other drug services are connecting with IUIH to establish more collaborative approaches to care.

Invest in an evidence based for Indigenous mental health, social and emotional wellbeing services and programs.

Work in this area has included the active involvement and contribution of local Aboriginal and Torres Strait Islander organisations and community stakeholders in local and national evaluation activities. For example, to support evaluation of the Aboriginal and Torres Strait Islander activities within the NSPT, the Commonwealth Government appointed Thirrili⁴⁶ – an Aboriginal organisation committed to addressing social disadvantage. The PHN supported and encouraged all local Aboriginal and Torres Strait Islander organisations involved in delivering the NSPT to meet with representatives from Thirrili, to ensure their experiences and contributions were included in the evaluation.

Reconciliation between Indigenous and non-Indigenous Australians and recognise that racism and discrimination are key social determinants of health for Indigenous people.

Actions to achieve these two objectives are largely being driven by the Reconciliation Action Plans of the Queensland Government, the HHS and the PHN:

- Queensland Government Reconciliation Action Plan (Stretch) – 2018–2021⁴⁷;
- Metro North Hospital and Health Service Reconciliation Action Plan (Innovate) – May 2018–May 2020⁴⁸; and
- Brisbane North PHN Reconciliation Action Plan (Reflect) – June 2019–June 2020⁴⁹.

Respond to service gaps for Indigenous people.

Work in this area has focused on identifying and exploring ways to address service gaps, as well as ensuring service options better meet the needs of Indigenous people. Within the area of suicide prevention, the PHN convened a Brisbane North Aboriginal and Torres Strait Islander community implementation team to provide oversight and guidance to support effective implementation of the NSPT. This community implementation team has provided considerable insight into the needs of the Aboriginal and Torres Strait Islander communities in the region, and has lead trials of innovative activities to respond to service gaps within the region.



Table 7 presents an overview of the 29 actions that were considered necessary to achieve the eight shared objectives in this chapter, noting their expected year of completion, and progress to date.

46 <https://thirrili.com.au/>

47 <https://www.datsip.qld.gov.au/resources/datsima/publications/policy/qgov-rap.pdf>

48 <https://metronorth.health.qld.gov.au/ciss/wp-content/uploads/sites/7/2018/06/reconciliation-action-plan.pdf>

49 <https://www.brisbanenorthphn.org.au/page/about/our-reconciliation-action-plan/>

Table 7: Planning for Wellbeing Chapter seven actions – status report

Shared Objectives	Actions	Year	Progress
7.1 Foster Indigenous leadership and engagement in planning, delivery and evaluation of services and programs.	7.1.1 Ensure appropriate Indigenous representation on Brisbane North PHN's partnership and governance groups.	Ongoing	On track
	7.1.2 Establish additional avenues for input to services by Indigenous consumers and carers.	2018/2019	On track
	7.1.3 Review consumer satisfaction survey processes within PHN-commissioned mental health services to make them more culturally responsive and encourage other organisations to improve the cultural responsiveness of their consumer satisfaction surveys.	2021/2022	On track
7.2 Increase cultural responsiveness amongst services and healthcare practitioners.	7.2.1 Support the further development of social and emotional wellbeing teams within Aboriginal Community Controlled Health Services (ACCHSs), the HHS and NGOs.	Ongoing	Completed
	7.2.2 Require PHN-commissioned services working with Indigenous people to embed the Cultural Respect framework and Social and Emotional Wellbeing framework into their organisational systems and processes and encourage providers across the region to adopt these or similar approaches.	2019/2020	On track
	7.2.3 Provide cultural responsiveness training to GPs, other medical practitioners, mainstream service providers and healthcare practitioners working in forensic settings.	Ongoing	Completed
	7.2.4 Identify and promote best practice case studies of cultural responsiveness.	2019/2020	On track
	7.2.5 Continue to develop Indigenous-specific mental health, suicide prevention and alcohol and other drug care pathways in HealthPathways and ensure they are culturally responsive.	2020/2021	On track

Shared Objectives	Actions	Year	Progress
7.3 Improve accessibility of mental health services for Indigenous people.	7.3.1 Work with relevant organisations and services to review and improve the National Disability Insurance Scheme (NDIS) processes for Indigenous people.	Ongoing	On track
	7.3.2 Explore options for making 'soft entry' available through a greater number of mainstream mental health services, including through use of an Indigenous worker as first point of contact for Indigenous consumers.	2021/2022	Not started
	7.3.3 Strengthen partnerships between ACCHSs and general practices offering after hours care.	Ongoing	On track
	7.3.4 Review eligibility criteria for PHN-commissioned mental health services to identify and resolve any access barriers for Indigenous people.	2019/2020	Completed
7.4 Strengthen integration between services working with Indigenous people.	7.4.1 Strengthen work across services and sectors and between clinical and non-clinical services, including through referral, assessment and joint case management, to ensure holistic, person-centred care that takes into account issues such as transport, housing and income.	2019/2020	On track
	7.4.2 Establish linkages between ACCHSs and mainstream mental health services, including community mental health, alcohol and other drug treatment services, primary healthcare practitioners and psychiatrists.	Ongoing	On track
	7.4.3 Increase the range of primary healthcare services readily accessible by Indigenous people by improving provider partnerships.	Ongoing	On track
7.5 Invest in an evidence base for Indigenous mental health, social and emotional wellbeing services and programs.	7.5.1 Review the methodology for the regional population health survey to explore opportunities for culturally responsive data collection on mental health and wellbeing of Indigenous peoples.	Ongoing	On hold
	7.5.2 Strengthen the focus on services delivered to Indigenous people by better harnessing available data on Indigenous health, including from the HHS's integrated health information system.	Ongoing	On track
	7.5.3 Ensure investments in new or existing Indigenous mental health, social and emotional wellbeing services are appropriately evaluated and enable community-led research; use of culturally responsive measurement methods; and participatory action research methods.	Ongoing	On track

Shared Objectives	Actions	Year	Progress
7.6 Reconciliation between Indigenous and non-Indigenous Australians.	7.6.1 Require all PHN and Queensland Health funded mental health services to demonstrate effective strategies for improving cultural responsiveness and accessibility to services by Indigenous people.	2019/2020	Completed
	7.6.2 Hold regular networking and best practice forums for Indigenous and non-Indigenous healthcare staff.	Ongoing	Completed
	7.6.3 Establish an interchange program between mainstream and Indigenous health services.	2020/2021	On track
7.7 Recognise that racism and discrimination are key social determinants of health for Indigenous people.	7.7.1 Promote implementation of appropriate organisational processes within mental health services to identify, report and act on racism and discrimination and educate consumers and staff about these processes.	2022/2023	On track
	7.7.2 Use regional publications and newsletters to educate people about the effects of racism on healthcare for Indigenous people.	Ongoing	On track
7.8 Respond to service gaps for Indigenous people.	7.8.1 Identify options for culturally responsive residential rehabilitation services for Indigenous people experiencing substance abuse and for support to successfully transition people exiting these facilities into the community.	2018/2019	Completed
	7.8.2 Explore the potential to extend existing outreach models delivered by mental health services to provide Indigenous people with support about living skills.	Ongoing	Completed
	7.8.3 Investigate options for safe places for those living with people with alcohol and other drug dependence and/or mental health issues.	2022/2023	Not started
	7.8.4 Assess national models for patient transport services and available existing local resources that assist with transport to improve access to healthcare.	2021/2022	On track
	7.8.5 Explore options for services that better respond to the needs of Indigenous children and young people experiencing mental health issues, and to their families.	2019/2020	Completed
	7.8.6 Advocate for increased funding to improve and expand safe accommodation for homeless Indigenous people living with mental health and alcohol and other drug issues.	2019/2020	Completed

Objective 7.2

Increase cultural responsiveness amongst services and healthcare practitioners

Action 7.2.3

Provide cultural responsiveness training to GPs, other medical practitioners, mainstream service providers and healthcare practitioners working in forensic settings

7.2 Key achievements

7.2.1 Supporting GPs to be more culturally responsive

As part of the Integrated Team Care Program⁵⁰, the Institute for Urban Indigenous Health (IUIH) implements a number of strategies to improve the cultural responsiveness of mainstream primary care – including:

- Delivering cultural awareness training to primary care staff.
- Consulting with and providing advice to general practices to support them to create a more welcoming environment to Aboriginal and Torres Strait islander people.
- Providing in-reach services into mainstream general practices, to support appropriate usage of Indigenous-focused MBS items, ensuring follow-up services are also provided.

Key achievements

Following the implementation of the strategies above, IUIH have noted:

- an increased number of PIP IHI-endorsed⁵¹ general practices in the region
- an increased number of PIP IHI-endorsed⁵² patients in the region
- improved access to primary care for Aboriginal and Torres Strait Islander people
- improved relationships between IUIH and the mainstream practice that engaged in the training.

As relationships with mainstream general practices grow, the interest in cultural awareness training also grows – with approximately 100 health practitioners attending training in the past year. Similarly, following engagement in cultural awareness training, IUIH note increases in referrals to the Integrated Team Care Program⁵³ for care coordination services. During 2018/2019, the Integrated Team Care Program provided support to 687 Aboriginal and Torres Strait Islander people.

Key learnings

Completion of the cultural awareness training has led to a greater awareness of Aboriginal and Torres Strait Islander culture and an increased interest in providing better care to Aboriginal and Torres Strait Islander communities.

What's next?

The PHN plan to continue funding the Integrated Team Care program in its current form.

⁵⁰ <http://www.iuih.org.au/Services/Clinical-Service-Delivery#carecoordination>

⁵¹ Practice Incentives Program Indigenous Health Incentive: <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/how-apply/guidelines#a5>

⁵² Practice Incentives Program Indigenous Health Incentive: <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/how-apply/guidelines#a5>

⁵³ <http://www.iuih.org.au/Services/Clinical-Service-Delivery#carecoordination>

Objective 7.4

Strengthen integration between services working with Indigenous people

Action 7.4.1

Strengthen work across services and sectors and between clinical and non-clinical services, including through referral, assessment and joint case management, to ensure holistic, person-centred care that takes into account issues such as transport, housing and income

Note: This activity also aligns with a number of actions in Chapter 12 – related to Suicide Prevention

7.2.2 Expanded suicide prevention services for Aboriginal and Torres Strait Islander families

As part of the National Suicide Prevention Trial (NSPT), Kurbingui Youth Development Association have been able to extend and expand their services to offer a holistic suicide prevention service to individuals and families. The service builds upon existing services, and incorporates:

- an emergency response service
- a follow-up care service
- a community wraparound service.

Key achievements

The development of an appropriate model of care for the suicide prevention service involved considerable liaison with community members and elders, as well as a range of external providers, given that people would be connected with other services.

Over the past 12 months, close to 50 individuals have been supported following a recent suicide attempt. In the initial instance, individuals are provided an emergency response, assessing their immediate needs, and either providing direct support, or connecting them with other supports. Following this, Kurbingui provides extensive follow up and wrap-around support to the individual and their broader family – acknowledging the impact a suicide attempt has on family and community, and also recognising the protective and beneficial effects that strong connection to family and community have for Aboriginal and Torres Strait Islander peoples.

The program has seen positive results, with people re-engaging with family, re-connecting with services, re-engaging with schools, and re-connecting with community.

Key learnings

The NSPT is being evaluated nationally by the University of Melbourne, who have partnered with Thirrili⁵⁴ for evaluation of Aboriginal and Torres Strait Islander suicide prevention activities. Kurbingui have contributed to the evaluation design, via early consultation with the evaluation partners, and are routinely collecting data for the evaluation.

What’s next?

The NSPT is funded nationally until June 2020. All stakeholders have advocated to the Department of Health for the continuation of the trial beyond that date – however official advice has not yet been received.

Objective 7.4

Strengthen integration between services working with Indigenous people

Action 7.4.1

Strengthen work across services and sectors and between clinical and non-clinical services, including through referral, assessment and joint case management, to ensure holistic, person-centred care that takes into account issues such as transport, housing and income

7.2.3 Integrating social health and wellbeing into a system of care

As part of the PHN’s Primary Mental Health Care and Drug and Alcohol programs, funding has been provided to the Institute for Urban Indigenous Health (IUIH) to support expansion and enhancement of existing services with a focus on integrating social health services into IUIH’s System of Care⁵⁵. IUIH’s System of Care is informed by a strong Cultural Integrity Framework – known as The Ways⁵⁶.

Key achievements

The expansion of social health services has seen ten additional FTE⁵⁷ added to the social health team, comprised of a mix of psychologists, counsellors and social health care coordinators. These health practitioners work across six Aboriginal and Torres Strait Islander Community Controlled Health Services in the region – in Caboolture, Deception Bay, Margate, Morayfield, Northgate and Strathpine.

The expanded social health team build on the culturally responsive system of care, supporting integration with the range of holistic primary health care services provided – including general practice, dentistry, optometry, podiatry, dietetics and more.

During 2018/2019, the Social Health team provided outreach support to over 500 Aboriginal and Torres Strait Islander people.

Key learnings

The Social Health team take a relationship-based approach to health and wellbeing...

“Everything we do is based on warm relationships and strong referrals. We spend time with people, making connections with them and getting to know them. We make sure that no one walks away without establishing a connection. Without this strong relationship, we can’t begin to address people’s wellbeing.” (IUIH Social Health team member).

What’s next?

IUIH’s Social Health team continue to look for innovative ways to reach Aboriginal and Torres Strait Islander people who cannot connect with an Aboriginal and Torres Strait Islander Community Controlled Health Service – including by connecting people to other culturally appropriate practitioners in the community.

54 <https://thirrili.com.au/>

55 http://www.iuih.org.au/About/A_New_Model

56 <https://www.youtube.com/watch?v=voyx1CAAa6c&t=127s>

57 FTE – Full Time Equivalent roles

8 Alcohol and other drug treatment services

8.1 Summary of progress

Planning for Wellbeing acknowledges that the strategic setting for alcohol and other drug treatment services is different from the mental health and suicide prevention setting – and is drawn from the National Drug Strategy 2017–2026⁵⁸. These services are guided by a harm minimisation framework.

The shared objectives that have been articulated reflect the work that is required to ensure a region-wide commitment to the strategy, as well as ensuring that particular at-risk groups are appropriately supported.

A summary of the key achievements against the five shared objectives is included below.

Improve collaboration between alcohol and other drug treatment services.

Activities to improve collaboration amongst alcohol and other drug (AOD) treatment services have largely been driven by the establishment of two separate, but connected, communities of practice – one for practitioners working in AOD services, and a second for supervisors working in the AOD sector. These communities of practice have supported regular connection within the sector, facilitating increased awareness of service information, and allowing the sharing of practice wisdom.

In addition, specific clinical and service pathways related to AOD interventions, withdrawal services and other AOD support services have been developed in HealthPathways⁵⁹, and actively promoted to GPs.

Build a region-wide commitment to challenging, stigmatising and discriminatory practices.

The actions to achieve this objective are focused on promoting best practice related to language and behaviours when supporting people who use drugs and/or alcohol, and working towards the commitment of all healthcare organisations and practitioners to best practice and high standards of care in an attempt to address stigma.

A couple of key activities that have occurred in support of these actions include:

- The active promotion of Language Matters⁶⁰, created and disseminated by the Network of Alcohol and Other Drugs Agencies⁶¹ (NADA). This simple but effective resource provides workers with best practice guidelines on how to use language to empower clients and reinforce a person-centred approach.
- Implementation of Putting Together the Puzzle: Stigma Discrimination and Injecting Drug Use workshop. With funding from the Queensland Mental Health Commission, the Queensland Injectors Health Network (QIHN) have delivered state-wide training. The workshop was originally developed by the Australian Injecting and Illicit Drug Users League.

Skill up our workforce.

Work to achieve this objective has been largely informed by a workforce survey to determine the explicit training needs of the AOD workforce. Key activities have included:

- Frontline AOD agencies, such as Brisbane Youth Service⁶², offering fully supervised university student placements to youth work, social work and psychology students interested in working with vulnerable populations.;
- The Queensland Network of Alcohol and Other Drug Agencies (QNADA) partnered with the Queensland AIDS Council (QuAC) to develop and deliver the e-learning module on Chemsex⁶³.
- QNADA developing and conducting a half-day forum on managing privacy, consent and confidentiality contextualised for specific populations who use alcohol and/or other drugs.
- Both Dovetail⁶⁴ and Insight⁶⁵ have continued to expand the extensive suite of workshops, e-learning modules, toolkits and resources they have available – particularly targeting the AOD workforce. The resources are freely available.

⁶⁰ https://www.nada.org.au/wp-content/uploads/2018/03/language_matters_-_online_-_final.pdf

⁶¹ <https://www.nada.org.au/>

⁶² <https://brisyouth.org/student-placements/>

⁶³ https://qnada.org.au/wp-content/uploads/eLearning/Chemsex/story_html5.html

⁶⁴ <https://www.dovetail.org.au/training/>

⁶⁵ <https://insight.qld.edu.au/>



Support effective alcohol and other drug service delivery responses.

Work to achieve this objective has included reviewing and using routinely collected data from the Alcohol and other Drugs Treatment Services – National Minimum Dataset (AODTS-NMDS) to inform and reshape service responses as required, as well as developing and promoting the AOD Service Finder⁶⁶ to support effective matching of service delivery responses to need.

Improve services for at risk groups.

The actions to achieve this objective are focused on improving access to, and services to, vulnerable populations, including:

- Aboriginal and Torres Strait Islander people
- people exiting prison or youth detention
- young people
- people from culturally and linguistically diverse communities
- people from Lesbian, Gay, Bisexual, Transgender, Intersex and Queer + (LGBTIQ+) communities.

Insight promotes an extensive list of workshops, guidelines and resources available to support the AOD sector to practice according to best practice principles and in culturally safe and appropriate ways – including:

⁶⁶ <https://qnada.org.au/service-finder/>

⁶⁷ <https://insight.qld.edu.au/training/trauma-informed-care-for-aboriginal-and-torres-strait-islander-clients/detail>

⁶⁸ <https://insight.qld.edu.au/toolkits/aboriginal-and-torres-strait-islander/detail>

- the recent addition of a webinar focused on Trauma Informed Care for Aboriginal and Torres Strait Islander clients⁶⁷
- the resource Meth Check – Ways to Stay Safe (Aboriginal and Torres Strait Islander version)⁶⁸
- Helping Asylum Seeker and Refugee Background People with Problematic Alcohol and Other Drug Use – A guide for community support and AOD workers⁶⁹
- a webinar on Alcohol and other Drug Treatment within a prison setting for Aboriginal men⁷⁰.

A range of other resources are available on the Insight website: <https://insight.qld.edu.au/>.

Dovetail is specifically focused on providing clinical advice and professional support to workers, services and communities across Queensland who engage with young people affected by alcohol and other drug use. A range of resources are available on the Dovetail website: <https://www.dovetail.org.au/>.

Table 8 presents an overview of the 21 actions that were considered necessary to achieve the five shared objectives in this chapter, noting their expected year of completion, and progress to date.

⁶⁹ <https://insight.qld.edu.au/shop/helping-asylum-seeker-and-refugee-background-people-with-problematic-alcohol-and-other-drug-use>

⁷⁰ <https://insight.qld.edu.au/training/alcohol-and-other-drug-treatment-within-a-prison-setting-for-aboriginal-men/detail>

⁵⁸ <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026>

⁵⁹ <https://brisbanenorth.communityhealthpathways.org>

Table 8: Planning for Wellbeing Chapter eight actions – status report

Shared Objectives	Actions	Year	Progress
8.1 Improve collaboration between alcohol and other drug treatment services.	8.1.1 Coordinate planning across Brisbane North to improve referral pathways and facilitate seamless access and transitions across the alcohol and other drug treatment services spectrum of care.	Ongoing	Completed
	8.1.2 Deliver an education campaign for GPs on the use of Health Pathways, and the Alcohol and Drug Information Service, in assisting them to support patients experiencing problems related to the use of alcohol and other drugs.	2020/2021	On track
8.2 Build a region-wide commitment to challenging stigmatising and discriminatory practices.	8.2.1 Develop and promote a best practice guide that educates service providers and the media on appropriate language when referring to people with alcohol and other drug issues.	2019/2020	Completed
	8.2.1 Engage with media on use of inappropriate language in media coverage.	Ongoing	Completed
	8.2.3 Build commitment of healthcare organisations and practitioners to delivery of a high standard of care for people using alcohol and other drugs and to addressing the stigma attached to people impacted by problematic use of alcohol and other drugs.	Ongoing	Completed
8.3 Skill up our workforce.	8.3.1 Improve the skills base of undergraduate and postgraduate professionals in delivery of alcohol and other drug treatment services, including in mental health issues experienced by people with alcohol and other drug issues.	Ongoing	Completed
	8.3.2 Revive communities of practice for front-line alcohol and other drug treatment services' workers.	Ongoing	Completed
	8.3.3 Increase investment in professional development that builds capability to respond to complexity in alcohol and other drugs and co-occurring issues.	2019/2020	On track
	8.3.4 Build capability of school staff to recognise and respond to alcohol and other drug issues for students and colleagues.	2022/2023	Not started

Shared Objectives	Actions	Year	Progress
8.4 Support effective alcohol and other drugs service delivery responses.	8.4.1 Use service delivery data to increase understanding of client needs and improve service delivery.	Ongoing	On track
	8.4.2 Identify regional research priorities relating to problematic use of alcohol and other drugs.	2021/2022	Not started
	8.4.3 Undertake a population survey profiling alcohol and other drug treatment services and assessing demand for services, service accessibility and treatment options responsive to specific population groups.	2022/2023	On track
	8.4.4 Support family inclusive approaches to delivery of alcohol and other drug treatment services.	Ongoing	On track
	8.4.5 Advocate for inclusion of gender identity and sexuality data in the Alcohol and Other Drug Treatment Services National Minimum Data Set.	2022/2023	Not started
8.5 Improve services for at risk groups.	8.5.1 Support integrated, culturally responsive alcohol and other drug services.	2019/2020	On track
	8.5.2 Support collaboration and referrals between the community controlled sector and mainstream alcohol and other drugs treatment services.	2021/2022	On track
	8.5.3 Identify current system responses, barriers and gaps for people with alcohol and other drug issues when they are in, or exiting prison or youth detention.	2018/2019	Completed
	8.5.4 Promote use of 'throughcare' that links pre- and post-release programs for people leaving prison or youth detention, including for Indigenous people.	2022/2023	On track
	8.5.5 Work with key government and non-government stakeholders to improve referral of young people and families experiencing problems related to the use of alcohol and other drugs.	Ongoing	On track
	8.6.5 Link youth and alcohol and other drug treatment services to build capability in providing services to young people experiencing problems related to the use of alcohol and other drugs.	2020/2021	Not started
	8.5.7 Provide LGBTIQ inclusion training to mainstream treatment providers and explore opportunities for LGBTIQ peer services.	2018/2019	Completed

Objective 8.3

Skill up our workforce

Action 8.3.3

Increase investment in professional development that builds capability to respond to complex alcohol and other drug use and mental health issues

8.2 Key achievements

8.2.1 Addiction medicine specialist event – GP education session

Brisbane North PHN provided project support to assist Lives Lived Well (LLW) in conducting an addiction medicine specialist workshop in Caboolture. The free event aimed to upskill General Practitioners and Allied Health professionals around best practice for managing people with problematic substance use, and to increase the number of registered prescribers of opioid replacement in the Moreton Bay region.

Spurred on by the decline in skilled opioid replacement therapy providers in the Brisbane North region, Lives Lived Well initiated the workshop which was facilitated by an addiction medicine specialist.

A secondary impetus for the workshop was to assist developing practitioner competency in addressing presentations of people using crystal methamphetamine (ICE) and other ongoing problems around legal and prescription drugs, and reduce stigma surrounding ambulatory detoxification.

Key achievements

As a direct result of the workshop, two more GPs are in the process of becoming registered prescribers in the Caboolture GP health hub. The relationship between the hub and Lives Lived Well has further been enhanced, with the LLW detox team and manager collaborating to support a holistic approach and providing a seamless referral pathway for people accessing support for their substance use.

Key learnings

Demonstrating support for vital initiatives like this means that the PHN builds stronger relationships into the AOD sector, and provides opportunities, through our partnering agencies, to enhance the skills of GPs and Allied Health professionals in the region. In creating a skill sharing space, access to a highly skilled addiction medicine specialist means that peer to peer exchange at the practitioner level is reinforced.

What’s next?

The collaboration between Lives Lived Well and the Caboolture GP health hub has been so effective that LLW and their detox team have been invited to co-locate, meaning service users will have access to onsite detox, counselling, case management and primary care, with a prescriber friendly pharmacist and pharmacy also co-located.



Objective 8.1

Improve collaboration between alcohol and other drug treatment services

Action 8.1.1

Coordinate planning across Brisbane North to improve referral pathways and facilitate seamless access and transitions across the alcohol and other drug treatment services spectrum of care

8.2.2 Improving referrals to AOD services

AOD service finder

The Queensland Network of Alcohol and Other Drug Agencies (QNADA) worked with specialist AOD services across Queensland to map current service availability, program information, and entry requirements. This information was used to create a publicly accessible, user friendly AOD service finder that is relevant to both the general community and health professionals. The service finder currently provides information on 167 AOD service sites across Queensland including 35 sites in the Brisbane North region.

Key achievements

Since its release, AOD services have been viewed 78,563 times on the service finder, with an average length of just over three minutes spent viewing each page. The service finder has contributed to increased knowledge and awareness of AOD treatment options in Brisbane North and across Queensland more broadly.

Key learnings

A shifting and changing service landscape means the service finder requires planned and frequent updates with communication on changes shared with relevant partners.

What’s next?

QNADA will continue to maintain the service finder by conducting twice yearly updates and sharing the information with the state-wide AOD information and support service, Adis, to ensure consistency of information across platforms.

Adis-Link direct referral service

Adis⁷¹ – the Alcohol and Drug Information Service – provides 24/7 confidential support for people with alcohol and other drug concerns, their loved ones and health professionals.

After completing a successful 3-month trial to establish Adis-Link – a direct referral pathway into an alcohol and drug counselling service in the Brisbane North region – Adis partnered with QNADA to facilitate expansion of the system to other interested service providers.

Adis-Link enables better referrals and continuity of care for people who contact Adis by strengthening its link to specialist AOD treatment services.

Key achievements

The Adis-Link team recently won the Metro North Staff Excellence Award in the field of Integrated Care⁷².

Objective 8.3

Skill up our workforce

Action 8.3.2

Revive communities of practice for front-line alcohol and other drug treatment services’ workers

What’s next?

Adis will continue to evaluate and implement Adis-Link with interested AOD services in the Brisbane North region. QNADA will continue support the expansion of Adis-Link by facilitating engagement and consultation with AOD services in the Brisbane North region.

8.2.3 Establishing communities of practice

The Queensland Network of Alcohol and Other Drug Agencies (QNADA) devised supervisor and practitioner communities of practice (CoP) to facilitate learning, sharing of practice wisdom, tools and resources, and coordinated responses to solve issues identified by the AOD sector. Supported by PHN funding to enhance the skills of the alcohol and other drugs workforce, these CoPs also aim to support transitions of care and create smooth referral pathways between AOD service providers along with providing a shared understanding of service processes.

These bi-monthly meetings afford attendees the opportunity for a feedback loop into QNADA projects and resource development, and a space to share current developments in the sector. Between meetings, engagement occurs for consultation, information sharing and follow-up on shared tasks, such as feedback on resources in development. To date, participants have been drawn from over a dozen different AOD service providers in the region.

Key achievements

The development of several core resources for the sector was the culmination of consultation with the CoPs. In addition to significant input and feedback into the development of a Supervisor/Supervisee training package to enhance capacity within the sector to provide appropriate support to workers, the publication of an AOD treatment factsheet targeted at non-AOD services is noteworthy.

This factsheet aims to support better communication and referral pathways across the AOD and affiliated sectors (e.g. housing and homelessness, mental health), and provides information that addresses misconceptions about alcohol and other drug use and treatment. It offers insights into patterns of drug use, responding to client needs, destigmatising language and what to prepare for when referring a client into an AOD treatment service. Distribution was via digital and hard copy format through AOD and non-AOD services in the Brisbane North region.

Key learnings

Feedback from evaluation of the CoPs indicate that they are considered useful and purposeful as forums for sharing information, developing practice, connecting with other services and consolidating networks.

71 Adis is funded by Queensland Health and proudly delivered by Metro North HHS
72 <https://metronorth.health.qld.gov.au/news/2019-staff-excellence-awards>

Offering the space for practitioners and supervisors to meet separately, and being able to feed that information through to the Alcohol and Other Drugs Partnership Group, ensures a greater connectivity between treatment providers, with subsequent enhancement of communication more broadly in the sector.

What’s next?

The CoPs will be involved in developing a model to support inter-service shadowing, collating induction processes across AOD services (including an exploration of minimum competencies) and developing consensus on key competencies to be assessed during induction. CoPs will be called on to support the review, follow up and evaluation of training activities to ascertain whether the training resulted in new skills being acquired and implemented.

8.2.4 Addressing stigma and discrimination around AOD issues

The Queensland Injectors Health Network (QIHN) was funded by the Queensland Mental Health Commission (QMHC) to conduct “Putting Together the Puzzle – Stigma, Discrimination and Injecting Drug Use” training, a training workshop for health professionals on stigma, discrimination and injecting drug use which aims to support improved health outcomes for people who inject drugs, and increase the quality of engagement between people and health care service providers.

Stigmatising and discriminatory attitudes of service providers may lead to a range of negative impacts including low uptake of medical assistance for future/ongoing treatment of health conditions arising from substance use, reluctance to source therapeutic care and treatment, and poor motivation to disclose their substance use.

The training was in response to a recommendation within the QMHC’s options for reform paper Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use report that called for workforce capacity-building to recognise and reduce stigma and discrimination by providing ongoing training and professional development opportunities.

Participants were provided with insights and interactive discussions around attitudes and behaviours toward people who inject drugs, whilst learning about the detrimental impact of stigmatising behaviours in a health service setting and how this contributes to diminished health outcomes for this highly marginalised group.

Key achievements

Participants attending the Brisbane workshop represented training organisations, health services, youth, and family and carer agencies. Central to the efficacy of the sessions was the inclusion of trained peer educators – the lived experience aspects were rated highly in evaluation. Upskilling the lived experience workforce with initial training, familiarising with workshop content, acquiring facilitation skills and how to use personal stories to best effect, provided the peer co-facilitators with a sound basis for their involvement. Support leading up to the workshops and debriefing post workshops was provided.

What’s next?

The development of anti-stigma awareness training in collaboration with alcohol and other drugs subject matter experts is factored in to our implementation plan for AOD. Training content is already being adapted for use in the justice sector, and the QMHC is liaising with the Queensland Police Service regarding involvement in the training.

QNADA has responded by producing a position paper on ‘Stigma and Discrimination’, and others regarding ‘Systemic Responses’ (examining links between problematic substance use and contact with the criminal justice and child safety systems) and ‘Decriminalisation’.

Objective 8.2

Build a region-wide commitment to challenging stigmatising and discriminatory practices

Action 8.2.3

Build commitment of healthcare organisations and practitioners to delivery of a high standard of care for people using alcohol and other drugs and to addressing the stigma attached to people impacted by problematic use of alcohol and other drugs



9 Infants, children, young people and families

9.1 Summary of progress

Planning for Wellbeing acknowledges a healthy early childhood is fundamentally linked to wellbeing and positive long-term health outcomes – and this is reflected in the shared objectives, with a strong focus on perinatal, infant and school-based activities.

As co-sponsors of the regional plan however, the PHN and HHS acknowledge that the original consultation to develop these objectives and associated actions lacked the breadth of stakeholders necessary to comprehensively develop objectives spanning infants, children, young people and families. To address this, the PHN, guided by the Infant, Child and Youth Mental Health Partnership Group, has undertaken further consultation over the past 12 months, and has revised the objectives and associated actions. For the purpose of this report, progress toward the original four objectives is included – however the revised material will be included in the refreshed regional plan – due for release by mid 2020.

A summary of the key achievements against the four original shared objectives, as published in Planning for Wellbeing, is included below.

Deliver better infant and perinatal support

The PHN HealthPathways team have worked collaboratively with key stakeholders to develop three new perinatal pathways focused on the emotional health and wellbeing of mothers pre-pregnancy, during pregnancy and post-pregnancy. Stakeholders included Metro North Perinatal Mental Health Service, the Queensland Centre for Perinatal and Infant Mental Health, Peach Tree Perinatal wellness and the White Cloud Foundation. Alongside the perinatal pathways, a HealthPathway for Infant Mental Health has also been developed – ensuring pathways to care are available for very young children, and their families, who require mental health support. The new pathways provide health practitioners with clear step-by-step guidance for referring parents, infants and young children to specialised services.

2018 also saw expansion of the state-based perinatal mental health service, resulting in greater reach across the region.

Deliver more effective services to infants, children, young people and their families

To support achievement of this objective, the PHN and HHS committed to a broader and deeper consultation and co-design process to develop key insights which would determine future areas of work. This process was completed in early 2019, and has informed the revised objectives and actions for this chapter of the I plan.

Informed by the co-design process, the PHN has procured a specialised psychological therapy service tailored to children and young people, with more flexible funding arrangements to allow for more holistic and connected support. This revised Brisbane MIND service began 1 July 2019.

Improve outcomes for vulnerable young people

To date, work to achieve this objective has focused on two key activities:

- Additional funding has been provided to all four headspace⁷³ centres in the region to support the expansion of services to better support young people with more complex needs, as well as providing outreach support to Bribie Island and Kilcoy regions. The four headspace sites have provided support to more than 7,500 young people.
- asha⁷⁴ – a service based in the Moreton Bay North sub-region which combines a clinical model with an existing drop-in youth service, has continued to support young people with high needs, complex problems and suicidal ideation. Early feedback from an external evaluation suggests that asha is filling a recognised need in the region.

Make more school-based services available

Work to achieve this objective has included the promotion of beyondblue's Be You⁷⁵ resources as appropriate. Be You promotes mental health and wellbeing, from the early years to 18, and offers educators and learning communities evidence-based online professional learning, complemented by a range of tools and resources to turn learning into action.

⁷³ <https://headspace.org.au/>

⁷⁴ <https://www.brisbanenorthphn.org.au/page/health-professionals/mental-health-services/youth-mental-health-services/>

⁷⁵ <https://beyou.edu.au/>



Work has also begun to explore opportunities for external providers to in-reach into schools – offering much needed specialist support by local providers. This work will continue into 2019/2020.

Table 9 presents an overview of the 14 actions that were considered necessary to achieve the four shared objectives in this chapter, noting their expected year of completion, and progress to date.

Table 9: Planning for Wellbeing Chapter nine actions – status report

Shared Objectives	Actions	Year	Progress
9.1 Deliver better infant and perinatal support.	9.1.1 Identify service and workforce gaps and develop responses to them.	2020/2021	On track
	9.1.2 Strengthen assessment of infants and young children, including in Moreton Bay and for children in out of home care.	2019/2020	On track
	9.1.3 Identify and promote best practice approaches to perinatal mental health in primary health care.	2021/2022	Not started
9.2 Deliver more effective services to infants, children, young people and their families.	9.2.1 Review configuration of child and young mental health services and respond to findings.	2018/2019	Completed
	9.2.2 Strengthen referral pathways between GPs and Intensive Family Support and Family and Child Connect Services.	2019/2020	On track
	9.2.3 Improve services for vulnerable infants, children and families, including Indigenous families and families from culturally and linguistically diverse backgrounds.	Ongoing	On track
	9.2.4 Coordinate existing services more effectively.	Ongoing	On track
	9.2.5 Enhance planning and collaboration mechanisms.	2018/2019	Completed
9.3 Improve outcomes for vulnerable young people.	9.3.1 Establish better suicide prevention responses for young people.	2019/2020	On track
	9.3.2 Enhance delivery of existing youth services.	2019/2020	On track
	9.3.3 Improve service responses for diverse groups of vulnerable young people including those young people who identify as Indigenous, come from culturally and linguistically diverse backgrounds and are LGBTQ+.	Ongoing	On track
9.4 Make more school-based services available.	9.4.1 Develop protocols enabling service delivery of services in schools by private healthcare practitioners and NGOs.	2019/2020	On track
	9.4.2 Identify existing private healthcare practitioners and NGOs able to deliver services in schools.	2019/2020	On track
	9.4.3 Support the Australian Government funded National Education Initiative and reconfigure services and activities in the context of the Initiative.	Ongoing	On track

Objective 9.2

Deliver more effective services to infants, children, young people and their families

Action 9.2.1

Review configuration of child and youth mental health services and respond to findings

9.2 Key achievements

9.2.1 Reviewing the child and youth mental health system

The PHN, guided by the Infant, Child and Youth Mental Health Partnership group, led a review of child and youth mental health system in the region. Using a systems approach, the review intended to help deepen the understanding of the child and youth mental health services landscape; the gaps in service delivery; and the challenges to a more coordinated and integrated response; as well as to help inform commissioning decisions moving forward.

The review utilised design as a tool and approach to understand people's needs, envision solutions and facilitate co-operation to make change happen.

Forty-six service providers and stakeholders and 32 consumers engaged in the co-design process, sharing their experiences and journeys in the child and youth mental health service system. Two co-design workshops were held with the partnership group that shaped the development of system insights.

Key achievements

Seven core system insights emerged during the discovery phase that reflect the conflict between the drivers and constraints of the child and youth mental health system, as well as the needs of service providers, children, young people and their families.

Key learnings

Stakeholders in the region were clearly invested in achieving good outcomes – openly sharing their views about what is and is not working, with a real passion to do things better. There was a genuine interest in taking a deeper dive into the issues service providers and consumers experience across the region and a readiness for change. However, there was also a sense of facing significant systemic barriers based with structures and funding arrangements beyond their control.

A highlight of the process was the strong and meaningful engagement of young people in telling their story – this was noted as critical for developing a deeper understanding of system challenges and opportunities.

What's next?

The outcomes and insights from the review will continue to guide regional planning work led by the partnership group and inform commissioning decisions moving forward, and will feature in the revised chapter of the refreshed regional plan (due for release mid 2020).

Objective 9.3:

Improve outcomes for vulnerable young people

Action 9.3.2:

Enhance delivery of existing youth services

9.2.2 Expansion of headspace

The Infant, Child and Youth Mental Health Partnership group identified the need to ensure young people are serviced across the stepped care continuum, recognising that there was a group of young people seeking support – but they typically fell in the gap between mild/moderate services that headspace could provide, and service/complex services that were provided by the state-based Child and Youth Mental Health Services (CYMHS).

This group often required more specialised, intensive and extended care than is currently available from headspace, however they were not yet acutely or severely unwell enough to reach the threshold to access CYMHS. For 18+ young people, this gap in service provision is even bigger, with greater severity of mental illness required in order to be eligible for support from Adult Mental Health Services. The experience of the young person is that of being ‘bumped around’ services without receiving appropriate support.

The existence of asha in the Moreton Bay North area provided a level of support for that part of the region – but the remainder of the region did not have access to this service.

Key achievements

Following advice from the partnership group, the PHN committed to increasing the capacity of headspace centres in the southern part of our region (Nundah and Taringa) to provide more intensive support to young people with, or at risk of, severe mental illness. A service model has been co-designed with both service providers and the expanded program will be piloted at both sites until 30 June 2020.

Key learnings

There is a significant gap in service delivery for many young people, including those who do not meet eligibility criteria and those who are disengaged from services and supports. Consideration of service models to reach these groups, as well as how current services can be adapted to reach these groups is important as limited resources are available.

What’s next?

The expanded program will be implemented in 2019/2020 and the experience will help inform future investment post July 2020.

Objective 9.1

Deliver better infant and perinatal support

Action 9.1.2

Strengthen assessment of infants and young children, including in Moreton Bay and for children in out-of-home care

9.2.3 Improving health assessments for children in out-of-home care

Whilst there is a National Clinical Assessment Framework for Children and Young People in Out-Of-Home Care⁷⁶, many health assessments were not being conducted in accordance with the framework.

In response to this, the Department of Child Safety, Youth and Women has funded a project led by Brisbane South PHN and delivered in partnership with PHNs across the state. To deliver this project, Brisbane North PHN is working with a number of key stakeholders in the Caboolture region to better understand the issues that are preventing these assessments, and subsequent follow-up care, from occurring.

Stakeholders include Child Safety Caboolture, Queensland Health, Children’s Health Queensland, Primary healthcare providers; and young people in care.

Key achievements

- A stakeholder report has been prepared which highlights what is working well within the region and where there are opportunities for improvement.
- An information session for health professionals was held, to increase awareness of the scope of the work that will be occurring within the region over the coming years.
- A Community of Practice has been commenced, with professionals from within the sector.
- A ‘Children and Young People in Care’ HealthPathway has been developed in consultation with Children’s Health Queensland, supporting GPs to practice in accordance with the Framework.

Key learnings

There was very little awareness amongst health professionals of the National Clinical Assessment Framework for Children and Young People in Out-Of-Home Care, which had led to assessments not being conducted appropriately.

The newly formed Community of Practice is committed to better understanding the framework, and there is widespread agreement that practices and processes need to change.

What’s next?

Ongoing promotion of the framework will continue to occur.

76 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cyp-oohc-framework>

10 Psychological therapies

10.1 Summary of progress

Planning for Wellbeing recognises the breadth of providers of psychological therapies across the region, including the huge numbers of allied health professionals delivering Better Access services through Medicare, but acknowledges that little is known about genuine consumer preference for what, how and who delivers these services. Importantly, research to inform Planning for Wellbeing also highlighted the lack of empirical evidence on the performance of these services – noting that routinely collected data tracks activities rather than outcomes. The shared objectives within the psychological therapies chapter seeks to address these concerns.

A summary of key achievements against the five shared objectives is included below.

Better align psychological therapies with consumer preferences and needs, including for specific population groups that cannot access appropriate options

Work to achieve this objective is progressing well – with the PHN undertaking a review of consumer needs and preferences in late 2018, and using this information to inform a revised service model for the Brisbane MIND program. The new service model was launched in July 2019.

Align with our stepped care framework through improved integration between psychological therapies and community services

The actions to achieve this objective include a range of strategies to promote and advocate for service delivery to occur in the context of the PHN's approach to stepped care. Work progressed to date includes a suite of educational materials to inform referrers of the range of referral options that exist within the stepped care framework – including the:

- Stepped Care Factsheet⁷⁷ and Video⁷⁸
- Brisbane MIND Plus Services Map⁷⁹
- PHN Commissioned Services Magazine.

As well as other resources which support connection between services as needed – including the My Mental Health Service Navigators, and rediCASE – the online assessment, triage and referral tool available to referrers and service providers, which supports stepping up/down as required.

Develop, diversify and geographically redistribute the workforce delivering psychological therapies

Work to achieve this objective has been assisted by two region-wide e-based services delivering psychological therapies – namely the phone-based New Access Program⁸⁰ delivered by Richmond Fellowship Queensland, and the app-based Daybreak Program⁸¹ delivered by Hello Sunday Morning. Both programs have attracted high numbers, operating at capacity for much of the year.

Further work to diversify the workforce is also progressing, including a number of programs purposely engaging and upskilling peers to provide services, including the Sunshine Parenting program⁸² delivered by Peach Tree Perinatal Wellness, and the Problem Management Plus⁸³ program delivered by Culture in Mind.

Improve evidence base for effective psychological therapies

Work in this area will follow the implementation of the revised Brisbane MIND service model – analysing uptake of services and monitoring wellbeing outcomes to better understand the effectiveness of different psychological therapies.

Facilitate promotion and use of evidence-informed approaches addressing stigma associated with accessing psychological therapies

To achieve this objective, the PHN has purposely engaged a range of service modalities for psychological therapies available in the region.

For those who do not wish to access services face-to-face, phone and app-based services are available. In addition to locally delivered services, a broader suite of e-based services listed on the national Head to Health⁸⁴ website are routinely promoted.

Table 10 presents an overview of the 13 actions that were considered necessary to achieve the five shared objectives in this chapter, noting their expected year of completion, and progress to date.

Table 10: Planning for Wellbeing Chapter 10 actions – status report

Shared Objectives	Actions	Year	Progress
10.1 Better align psychological therapies with consumer preferences and needs, including for specific population groups that cannot access appropriate options.	10.1.1 Research consumer preferences and needs and promote findings of this research.	2018/2019	Completed
	10.1.2 Align existing and newly-commissioned services with: consumer preferences and needs on modality of delivery, access hours and type of practitioner the needs of specific population groups that cannot access appropriate options.	2018/2019	Completed
	10.1.3 Develop, trial and evaluate an incentivised community-based service delivery model for specific population groups in Moreton Bay North.	2019/2020	On track
10.2 Align with our stepped care framework through improved integration between psychological therapies and community services.	10.2.1 Develop an education strategy for GPs, other healthcare practitioners and NGOs on psychological therapies, including low intensity psychological therapies.	2018/2019	Completed
	10.2.1 Identify options for improving integration between community services and psychological services.	2018/2019	Completed
	10.2.3 Promote examples enhancing integration between community services and psychological services.	2020/2021	Not started
	10.2.4 Commission outcomes-focused practice models that achieve greater integration between psychological and community support services.	2019/2020	On track
10.3 Develop, diversify and geographically redistribute the workforce delivering psychological therapies.	10.3.1 Increase delivery of psychological therapies in high need geographic areas by improving workforce distribution.	2018/2019	Completed
	10.3.2 Improve use of e- and tele-mental health services in high need areas.	2018/2019	Completed
	10.3.3 Increase the number of skilled peers and students delivering low intensity psychological services for hard to reach population groups.	2018/2019	Completed

77 <http://www.brisbanenorthphn.org.au/content/Document/Fact%20sheet%20-%20stepped%20care.pdf>

78 https://www.youtube.com/watch?v=UBHdaQ6epEg&feature=emb_title

79 http://www.brisbanenorthphn.org.au/content/Document/Mental%20health/Brisbane%20MIND%20Plus%20service%20map_2019_PRINT.pdf

80 <https://www.rfq.com.au/newaccess/>

81 <https://www.hellosundaymorning.org/daybreak/>

82 <https://peachtree.org.au/what-we-do/the-sunshine-parenting-program-spp/>

83 <https://worldwellnessgroup.org.au/culture-in-mind/our-services/problem-management-plus-pm/>

84 <https://headtohealth.gov.au/>

Shared Objectives	Actions	Year	Progress
10.4 Improve evidence based for effective psychological therapies.	10.4.1 Analyse service uptake and outcomes data to better understand the effectiveness of different service delivery options as a response for different population groups.	2020/2021	On track
	10.4.2 Publish and share findings about effective use of psychological therapies as part of the stepped care framework.	2020/2021	Not started
10.5 Facilitate promotion and use of evidence-informed approaches addressing stigma associated with accessing psychological therapies.	10.5.1 Identify low cost methods of effectively promoting evidence-informed approaches to reducing stigma across the community, including to different population groups.	2021/2022	Not started



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Objective 10.2

Align with our stepped care framework through improved integration between psychological therapies and community services

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Action 10.2.2

Identify options for improving integration between community services and psychological therapies

10.2 Key achievements

10.2.1 Changed service models to enhance integration

Guided by insights gained from the 2018 psychological therapies (Brisbane MIND) review process, the PHN revised the Brisbane MIND service model to embed integrated and wraparound support. This differed significantly from the widespread fee-for-service model that had been operational in the region for some time.

The fee-for-service arrangements were considered a barrier to providers reaching out, and connecting to other parts of the system.

The subsequent procurement strategy required potential service providers to demonstrate their commitment and capability to delivering integrated care, including demonstrating how they would connect with other organisations providing psychosocial supports. Examples included consortium and partnership approaches to delivering services, as well as co-location of services.

Key achievements

The new Brisbane MIND service model is still very new, but early indications suggest that people who access the service can more easily connect to other supports whilst receiving Brisbane MIND services. Also, service providers report that the new service model, with block funding instead of fee-for-service arrangements, mean that they are supported to spend the important and necessary time establishing relationships with other service providers – which facilitates connections for people needing to access complimentary services. Building strong referral pathways based on knowledge, respect and trust takes time – and the new service model allows for this.

Key learnings

The value of integrated support is difficult to quantify, and is not picked up by the routine administration of mandatory outcome tools. The PHN is committed to understanding the value of improvements in integration, and once known, will use these learnings to guide future commissioning approaches.

What’s next?

The PHN will work alongside service providers to increase awareness of the factors that support improvements in integration between community-based services and psychological therapies.



Objective 10.3

Develop, diversify and geographically redistribute the workforce delivering psychological therapies

Action 10.3.3

Increase the number of skilled peers and students delivering low intensity psychological services for hard to reach population groups

10.2.2 Growing the use of peers in low intensity services

The PHN has commissioned three services that specifically support and grow skilled peers and students to deliver low intensity services for hard to reach population groups.

- The Problem Management Plus⁸⁵ Program delivered by Culture in Mind is a peer led program for people from culturally and linguistically diverse communities, including refugees and asylum seekers. Peer workers support people to manage stress and adverse situations.
- The Sunshine Parenting Program⁸⁶ delivered by Peach Tree Perinatal Wellness is a peer led program for mothers (with infants between 0–12 months) experiencing mild postnatal depression and/or anxiety symptoms.
- The Psychology in Aged Care Wellbeing Program⁸⁷ delivered by Change Futures engages provisionally registered psychologists to deliver services to residents living in aged care facilities – supporting people to transition and adjust into the communal living environment, and well as providing treatment for mild anxiety and depression.

All three programs offer their workers comprehensive training and supervision to support their work.

Key achievements

- Problem Management Plus Program – demonstrated consistent improvements in wellbeing, evident in people’s K10+ pre and post scores.
- Sunshine Parenting Program – demonstrated clinically significant improvements in wellbeing, evident in K10+⁸⁸ and Edinburgh Postnatal Depression Scale⁸⁹ (EPDS) pre and post scores.
- Psychology in Aged Care Wellbeing Program – demonstrated clinically significant improvements for residents evident in K10+ and Geriatric Anxiety Scale⁹⁰ (GAS) pre and post scores.

Key learnings

Peer workers and provisionally registered psychologists can:

- act as a welcoming and warm entry point into the mental health care system that people might not ordinarily access
- support people’s improved mental health outcomes
- contribute to more efficient use of system resources.

What’s next?

The PHN is committed to continuing to expand the evidence base that demonstrates peer workers and students play a critical role in supporting people’s mental health and wellbeing and have a positive impact on system resources.

85 <https://worldwellnessgroup.org.au/culture-in-mind/our-services/problem-management-plus-pm/>

86 <https://peachtree.org.au/what-we-do/the-sunshine-parenting-program-spp/>

87 <https://www.changeutures.org.au/our-services/specialist-services/aged-care-residents/>

88 The Kessler 10+ (K10+) is the mandatory outcome tool required by all PHN commissioned agencies delivering mental health services

89 <https://healthyfamilies.beyondblue.org.au/pregnancy-and-new-parents/maternal-mental-health-and-wellbeing/mental-health-checklist-for-mums>

90 [https://www.uccs.edu/agingandmentalhealthlab/scale#:~:targetText=The%20Geriatric%20Anxiety%20Scale%20\(GAS,anxiety%20symptoms%20among%20older%20adults.&targetText=GAS%20items%20were%20derived%20from,the%20DSM%20DIV%2DTR.](https://www.uccs.edu/agingandmentalhealthlab/scale#:~:targetText=The%20Geriatric%20Anxiety%20Scale%20(GAS,anxiety%20symptoms%20among%20older%20adults.&targetText=GAS%20items%20were%20derived%20from,the%20DSM%20DIV%2DTR.)

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Objective 10.1

Better align psychological therapies with consumer preferences and needs, including for specific population groups that cannot access appropriate options

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Action 10.1.2

Align existing and newly-commissioned services with:

- Consumer preferences and needs on modality of delivery, access hours and type of practitioner; and
- The needs of specific population groups that cannot access appropriate options

10.2.3 Designing services based on identified consumer needs

Guided by insights gained from the 2018 Psychological Therapies (Brisbane MIND) Review process, the PHN revised the Brisbane MIND service model to directly reflect consumer preferences and needs, as well as ensuring the needs of vulnerable groups were better met.

The review suggested:

- Restructuring the service model to better manage demand for services throughout the year.
- Enhancing service accessibility for vulnerable population groups by engaging specialist providers for hard-to-reach groups.
- Improving coordination between service providers – particularly at key transition points, and particularly for people with complex needs.
- Designing systems and processes that support better matching of services to consumer need, and allowing consumers to be re-referred to more appropriate services if necessary.
- Reviewing availability of services to ensure the duration and modality of services match consumer need.

Key achievements

The Brisbane MIND program was restructured – engaging a smaller number of specialist providers to provide more holistic support which is better connected to complementary services in the community. Providers have been block-funded, to facilitate operating within a stepped care environment, where connections to other services are supported.

The following specific population groups have been targeted:

- people who have experienced trauma and/or abuse
- people from culturally and linguistically diverse communities
- people from lesbian, gay, bisexual, transgender, Intersex and queer + communities
- people at risk of suicide
- children (0–11 years).

In addition to these particular populations, two additional providers have been engaged to better meet the needs of specific communities in the Moreton Bay North region – including Bribie Island and Kilcoy.

All consumers who were connected to providers under the old fee-for-service arrangement were supported to continue seeing their existing provider until the end of their current referral – so as to not disrupt effective services.



What's next?

The PHN will closely monitor uptake of any outcomes from the new Brisbane MIND service model, to ensure the new services is achieving the desired outcomes.

11 Severe and complex mental illness

11.1 Summary of progress

Planning for Wellbeing recognises that effective responses to the needs of people experiencing severe and complex mental illness often involve multiple agencies – and that the range of providers sit across multiple sectors. These include clinical services delivered by the HHS, primary care services delivered by GPs and private allied health professionals in the community, as well as both clinical and psychosocial services delivered by non-Government Organisations (NGOs) funded by both Queensland Health and the PHN. The introduction of the National Disability Insurance Scheme (NDIS) adds further complexity to this mix of services, particularly for those people experiencing psychosocial disability as a result of their mental illness.

The shared objectives targeting severe and complex mental illness acknowledge this complexity, and seek to address issues of integration between different parts of the system.

A summary of the key achievements against the seven shared objectives is included below.

Improve the physical health of people experiencing severe mental illness

The actions to progress this objective are ongoing. Collaboration in Mind (CiM), the partnership group working to improve outcomes for people with severe mental illness, has collated relevant research and frameworks to guide this work, including the Equally Well Consensus Statement⁹¹.

Various awareness-raising activities to promote the value of My Health Record⁹² in improving the physical health of people with severe mental illness have occurred. These included activities to target both health practitioners, as well as consumers and carers.

Assist people experiencing severe and complex mental illness to access and sustain safe, secure and affordable housing

The housing and homelessness sector in the region is well-established, and work to connect the NDIS into these networks has been successful.

Whilst still relatively early days, this will facilitate broader awareness of the ongoing systemic barriers for people with mental illness in accessing safe and sustainable housing.

Support successful transition to the NDIS in Brisbane North

CiM convened and NDIS Info Exchange in November 2018 for local mental health services to learn about NDIS transition challenges and how to overcome them. Key topics included organisational change management strategies, workforce development, sector capacity building, and the role of the then new Local Area Coordinators.

A working group was developed via expression of interest from NDIS Info Exchange attendees that undertook mapping of transition across the sector including identifying gaps and issues.

This work is now being progressed under the National Psychosocial Support Transition Program and the Queensland Alliance for Mental Health's Queensland Transition network.

Foster community connections for people experiencing severe and complex mental illness and assist them to lead a 'contributing life'

Actions to achieve this objective include reviewing relevant research regarding social and economic inclusion for people with severe and complex mental illness, and developing an action plan to address the relevant needs in the region. This work is scheduled for 2020 onwards.

Establish alternatives to hospital Emergency Departments for people experiencing severe and complex mental illness who are distressed

CiM established a Safe Spaces working group in 2017 to further the work undertaken by the Safe Spaces project. A collaboration from this group successfully tendered for Link Seed funding to run a Safe Spaces pilot at two sites in 2017/2018. A safety planning tool was trialled and future Federal funding for Safe Spaces in North Brisbane secured. A model for a network of Safe Spaces within a three-tiered model has been developed. CiM are currently advocating for the earlier release of Federal funding to rollout the Safe Spaces in the region, which is currently scheduled for a 2022 start.

Improve the experience of people transitioning between hospital and the community

Metro North HHS Complex Care Coordinators and lead staff from mental health NGOs across the region developed and implemented Hospital In-reach Kiosks at the three hospitals across Brisbane North. The kiosks served multiple purposes; to connect patients with NGO services in hospital prior to discharge; to support patients to gain skills for community living while in hospital by offering social activities and connection and to assist with referral pathways to other services such as housing, Centrelink, and NDIS supports.

The kiosks also served to build capacity and support between Hospital and NGO staff to assist patients to transition smoothly from hospital to community.

The kiosks continue on a regular basis at each hospital site.

Improve services for people experiencing borderline personality disorder

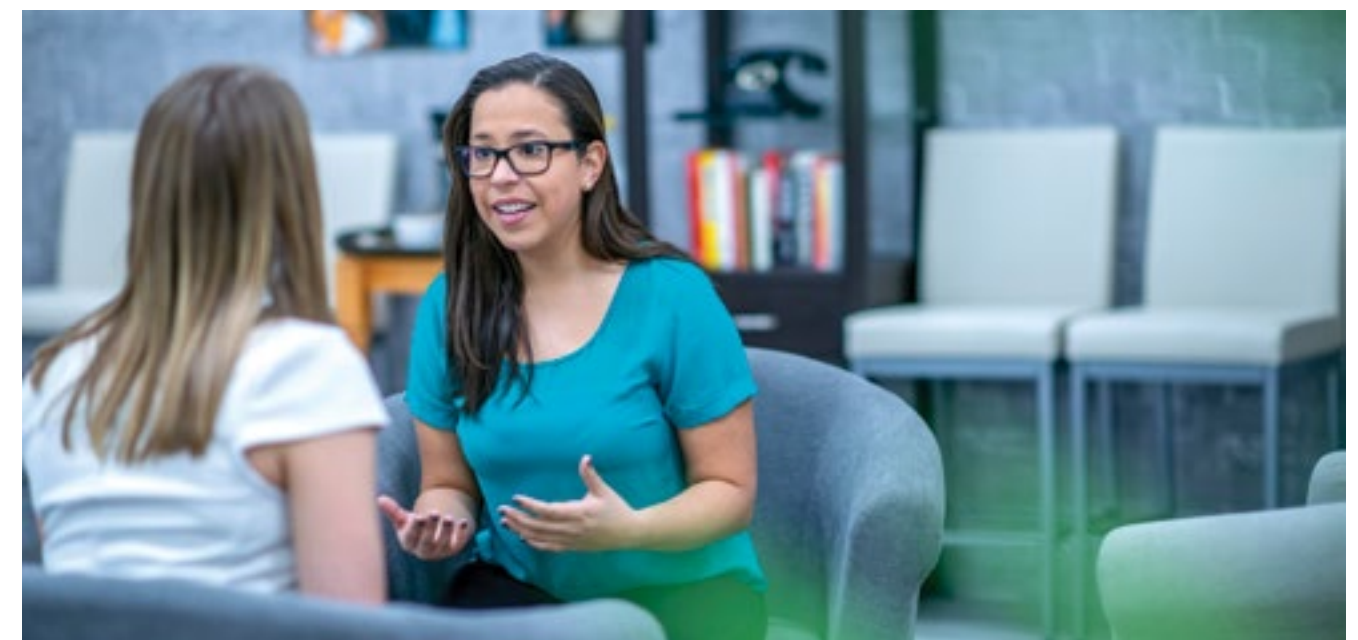
A Borderline Personality Disorder (BPD) working group was established to develop a best practice model of care in the Brisbane North Region. The working group had the following objectives:

- investigate and develop a model for a specialist BPD centre in Brisbane
- integrate current systems and existing services to address the specific needs of people with BPD
- improve accessibility of treatment for people with BPD
- ensure training and support for workforce to deliver best practice care to people with BPD.

Concurrently, the Australian BPD Foundation identified its intention to establish a Queensland branch of the BPD Foundation. Members of the working group attended establishment meetings and it was identified that the first three objectives would best be progressed strategically by the newly forming Queensland branch of the BPD Foundation.

In addition, a Brisbane North BPD Mental Health Professionals network was established to achieve the fourth objective.

Table 11 presents an overview of the 17 actions that were considered necessary to achieve the seven shared objectives in this chapter, noting their expected year of completion, and progress to date.



⁹¹ <https://www.equallywell.org.au/>

⁹² <https://www.myhealthrecord.gov.au/>

Table 11: Planning for Wellbeing Chapter 11 actions – status report

Shared Objectives	Actions	Year	Progress
11.1 Improve the physical health of people experiencing severe mental illness.	11.1.1 Develop an action plan to meet the physical health needs of people with severe mental illness in our region.	2019/2020	On track
	11.1.2 Promote the use of My Health Record to people with severe and complex mental illness, and to service providers, to improve information sharing between services and healthcare practitioners on physical health.	Ongoing	On hold
	11.1.3 Promote physical health related activities on My Mental Health and through other avenues.	Ongoing	Completed
	11.1.4 Revise HealthPathways tool for mental illness to include information about physical health.	2020/2021	Not started
11.2 Assist people experiencing severe mental illness to access and sustain safe, secure and affordable housing.	11.2.1 Establish linkages with housing and homeless sectors, and the NDIS, either through existing housing networks or establishment of a Housing Working Group.	2018/2019	Completed
11.3 Support successful transition to NDIS in Brisbane North.	11.3.1 Develop a Brisbane North action plan that addresses issues relating to transition to NDIS, including service and workforce needs.	2018/2019	Completed
	11.3.2 Ensure ongoing support for people with psychosocial disability who are not eligible for the NDIS, including referrals to existing community mental health support programs.	2019/2020	Completed
11.4 Foster community connections by people experiencing severe and complex mental illness and assist them to lead a contributing life.	11.4.1 Review existing qualitative and quantitative research into the needs of people experiencing severe mental illness for social and economic inclusion and identify need for any further local research.	2021/2022	Not started
	11.4.2 Develop an action plan to meet the social and economic needs of people with severe mental illness as identified from the research's findings.	2022/2023	Not started
	11.4.3 Encourage all services to use My Mental Health to advertise social and economic inclusion activities.	Ongoing	Completed

Shared Objectives	Actions	Year	Progress
11.5 Establish alternatives to hospital EDs for people experiencing severe mental illness who are distressed.	11.5.1 Promote the use of safety planning tool for people who experience high levels of distress.	2018/2019	Completed
	11.5.2 Establish a network of Safe Spaces, initially in the Moreton Bay region.	2021/2022	On track
	11.5.3 Secure further funding to design and establish Safe Space initiatives in our region.	2019/2020	Completed
11.6 Improve the experience of people transitioning between hospital and the community.	11.6.1 Implement recommendations on improving admissions, hospital stays and discharge planning.	2018/2019	Completed
	11.6.2 Connect patients with appropriate NGO services while in hospital.	Ongoing	Completed
	11.6.3 Promote shared responsibility for supporting clients to gain skills for community living while inpatients are preparing for discharge (e.g. the HHS's clinical services, funded NGOs, NDIS supports).	2018/2019	Completed
11.7 Improve services for people experiencing borderline personality disorders.	11.7.1 Develop a best practice model to provide a full range of services across the continuum of care.	2021/2022	On track

Objective 11.5

Establish alternatives to hospital EDs for people experiencing severe and complex mental illness who are distressed

Action 11.5.1, 11.5.2 & 11.5.3

Promote the use of a safety planning tool for people who experience high levels of distress

Establish a network of safe spaces, initially in the Moreton Bay region

Secure further funding to design and establish Safe Space Initiatives in our region

11.2 Key achievements

11.2.1 Establishing a Safe Spaces model for North Brisbane

The Collaboration in Mind Safe Spaces working group was established in 2017 to work towards developing a network of safe space alternatives to hospital emergency departments, for people in psychological distress. The working group have developed a three-tier Safe Space model, inclusion and exclusion criteria for each tier, and identification of appropriate service types to deliver a Safe Space at each tier, across the region. Development of an evaluation framework was also agreed and created.

Key achievements

Members of the working group collaborated to successfully secure a LINK Innovations Grant from Metro North Hospital Health Service, to undertake a trial of two three-tier Safe Space sites in the region – one in Redcliffe, and one in Caboolture. Aftercare, Richmond Fellowship Queensland, Wesley Mission Queensland and Encircle partnered to develop and implement the trial sites during 2018/2019, with each site implementing a safety planning tool.

Key achievements of the trial include the significant impact the Safe Spaces had on decreasing distress levels for visitors, with 96 per cent of visitors reporting that they found their visits to the Safe Space useful and over 72 per cent reporting that they used tools and strategies to learn to self-manage distress levels. Also of note, was the collaborative nature of the project that enabled a community-based rather than a single service response, incorporating connection with Queensland Police and Ambulance services, enhanced communication between Metro North HHS and the community agencies involved in a person's care, and expanded referral pathways.

Building on the learnings from this activity, the PHN, together with the Safe Spaces working group, submitted a funding proposal to the Commonwealth Department of Health for ongoing funding of Safe Spaces in the region. This proposal was successful, with a \$10.5M investment in new Safe Spaces for the region, as alternatives to hospital EDs to support people in distress. This funding is expected from 2021 onwards.

Key learnings

Whilst the Safe Spaces trial project was highly successful in delivering on key outcomes, and providing substantial groundwork for future expansion of the model, there were some key learnings gained from the evaluation of the trial that are useful to note for future implementation of the Safe Space model. These include:

- limitations of a short time frame and small cohort of available data to deliver evidence based outcomes in areas such as reducing hospital admissions

- limited accessibility of the sites across the region (only two sites)
- limited capacity to implement the second and third tiers, electing to support a greater spread of community response
- challenges to extension of opening hours and remaining open past the trial period.

Ongoing funding for three-tier Safe Spaces is essential for future development of the model. The trial of two sites was welcomed, but needing to close them down at the end of the trial has resulted in the already existing gap in safe spaces for people in the community, again widening.

Securing potential future funding for Safe Spaces resulted in the working group adapting the model to align with a suicide prevention approach, attracting interest from the Commonwealth Department of Health, to secure funding.

Future funded models need to be clear about the target audience for the Safe Spaces and what they set out to achieve if they are to demonstrate effectiveness.

Connection between the Suicide Prevention Strategic Partnership Group and the Collaboration in Mind Safe Spaces working group to progress key actions is critical to ensure consistency.

What's next?

The Collaboration in Mind Safe Spaces working group are currently advocating to attempt to have the announced investment in Safe Spaces available sooner.

The working group are also looking at how the new Integrated Mental Health Service Hubs may become suitable three-tier Safe Spaces in the meantime.



Objective 11.6

Improve the experience of people transitioning between hospital and the community

Actions 11.6.2 & 11.6.3

Connect patients with appropriate non-Government services while in hospital

Promote shared responsibility for supporting clients to gain skills for community living while inpatients are preparing for discharge

11.2.2 Connecting people with care before leaving hospital

Hospital-based in-reach supports by NGOs, in the form of kiosks and discharge information groups, are in place at each of the Metro North Mental Health inpatient facilities (TPCH, RBWH and Red/Cab).

The purpose of the in-reach support is to facilitate admitted consumers’ access to ongoing community-based supports prior to their discharge. Having services come to the hospital cuts down on the need for consumers/families to navigate the broader community mental health sector without support.

Key achievements

Initially established and coordinated by North Brisbane Partners in Recovery (PiR) staff from 2016 to 2018, this project facilitated the successful capacity-building of hospital staff to coordinate this work into the future.

The project has had a significant impact in developing ongoing collaborative responses between the HHS and community organisations. The hospital staff now have a very good understanding of what services are in the community and how to engage them to facilitate positive transition outcomes for mental health consumers.

The in-reach support creates a regular NGO presence on mental health inpatient wards which allow opportunities for consumers and their families to access information, referral pathways, and social activities to support their preparation for transition back into the community.

The in-reach support has promoted ongoing collaborative responses between the HHS and community organisations. The hospital staff continue to maintain an active awareness of available community-based services and how to access them to facilitate positive transition outcomes for consumers.

Key learnings

Relationships between Hospital and NGO staff are key to successful delivery of collaborative initiatives. The interest from NGOs seeking access to the kiosks has been very pleasing.

Each of the inpatient facilities across Metro North Mental Health are geographically separate and service different communities with different needs. Accordingly, while the aim of the kiosks is to promote cross-sector integration, each inpatient facility may not consistently host the same NGOs across the region.

What’s next?

The in-reach support will continue to offer this valuable service and create opportunities for consumers/families to access information and services to support their smooth transition back to the community.

Objective 11.6

Improve the experience of people transitioning between hospital and the community

Action 11.6.2

Connect patients with appropriate non-Government services while in hospital

11.2.3 Hospital to Home – expansion of psychosocial supports for people leaving hospital

The Hospital to Home (H2H) program commenced at the Prince Charles Hospital in 2016 in partnership with Richmond Fellowship Queensland. In 2019 Richmond Fellowship Queensland was contracted by Queensland Health to deliver the Individual Recovery Support Program in Metro North, which enabled the program to be expanded across all of Metro North Mental Health. The H2H program supports consumers/ families through active engagement during an acute inpatient admission and the provision of ongoing higher intensity non-clinical support for up to three months after discharge. This is then followed by lower intensity support period for up to an additional nine months.

An independent evaluation of H2H conducted in 2016/2017 found consumers engaged with H2H usually experience a reduction in the need for acute mental health admissions; are less likely to be readmitted within 28 days of their last hospital admission; and are more likely to feel they have moved forward in their recovery, with a greater proportion of reported needs met. Over the first six months of operation in 2019, H2H supported 114 consumers. One of the key areas seen as important to Metro North Mental Health and Richmond Fellowship Queensland is promoting cross-sector service integration. Accordingly, H2H staff can base themselves from any of the Metro North mental health inpatient or community facilities to maximise consumer engagement as well as providing opportunities for collaboration with the clinical team, to ensure integrated care is planned and delivered.

H2H is overseen by local committees at each of the facilities, who manage referrals and problem-solve operational issues. H2H also maintains a broader Metro North mental health steering committee to ensure consistency across each of the facilities and fidelity of the model.

Key achievements

- consumers and their families have access to an enhanced post-discharge support service not previously available across the Metro North mental health catchment
- development of cross-sector partnerships and multi service integration is woven into the model.

Key learnings

The importance of an integrated approach to mental health care involving key partners prior to discharge to ensure appropriate supports are in place.

What’s next?

H2H will continue to be implemented across the region, with ongoing monitoring via the local steering committees.

12 Suicide prevention

12.1 Summary of progress

Planning for Wellbeing acknowledges that suicide and mental health are not always co-represented and emphasises the importance of dedicated strategies to prevent suicide through appropriate and targeted prevention, follow up and after care, and postvention strategies. Suicide prevention initiatives across the region are implemented in line with Black Dog Institute's LifeSpan model which combines nine evidence-based strategies for suicide prevention into one community led approach incorporating health, education, frontline services, business and the community. The LifeSpan model recognises that multiple strategies implemented at the same time are likely to generate greater effects than if implemented individually.

A summary of the key achievements against the eight shared objectives is included below.

Improve and integrate suicide prevention responses on a systems-wide basis in Brisbane North

Actions to achieve this objective focus on the improved integration of system-based responses to people at risk of suicide across the region. The implementation of the National Suicide Prevention Trial for the target populations of Aboriginal and Torres Strait Islander Australians and the LGBTIQ+ community is central to efforts to improve the system-based response. In addition, strategies focusing on improving responses in public spaces, workplaces and in general practice have all commenced.

Improve care and follow-up provided on presentation to HHS EDs, and on hospital discharge, to people experiencing a suicidal crisis, or who have attempted suicide

People in suicidal crisis report that the noise and pace of a hospital Emergency Department is not always the best place for them to visit in crisis. Initiatives within this objective have involved exploring alternatives to Emergency Departments for people who do not require hospitalisation and examining the potential for people with a lived experience of suicide to contribute to the care received by people in Emergency Departments. The rollout of training to support Emergency Department staff complements this broader

work, with approximately 400 HHS staff in the region completing Suicide Risk Assessment and Management in Emergency Department Settings (SRAM-ED) training to date.

Establish innovative, assertive follow-up suicide prevention services delivery models that utilise lived experience

Actions within this objective focus on delivering high-quality follow-up support after a suicide attempt, with clear evidence that access to high quality after care reduces the risk of future suicide attempts. Initiatives include the commissioning of The Way Back Support Service⁹³ in Redcliffe and dedicated suicide prevention psychological service providers through the Brisbane MIND⁹⁴ program.

Increase accessibility of care after a suicide attempt for vulnerable population groups

The development of strategies focusing on the support of vulnerable population groups including veterans, homeless and disadvantaged young people and those experiencing relationship difficulties form the basis of this objective. Actions related to this objective aim to address the specific issues and challenges faced by vulnerable populations through enhancing accessibility and appropriateness of services to specifically meet their individual needs.

Improve access to high quality local suicide prevention services, information and resources

This objective acknowledges the importance of providing flexible access to suicide prevention services, information and resources and is being achieved through several means including the funding of The Way Back Support Service⁹⁵ to enable initial patient contact within 24 hours of referral. To support this, the development and delivery of the Reasons to Stay⁹⁶ campaign supported consumers by providing links to high quality online materials and facilitating access to support services across the region through its dedicated website. In addition, the Suicide

⁹³ <https://www.beyondblue.org.au/the-facts/suicide-prevention/after-a-suicide-attempt/support-after-a-suicide-attempt>

⁹⁴ <https://www.brisbanenorthphn.org.au/page/health-professionals/mental-health-services/brisbane-mind-services/>

⁹⁵ <https://www.beyondblue.org.au/the-facts/suicide-prevention/after-a-suicide-attempt/support-after-a-suicide-attempt>

⁹⁶ <https://www.reasonstostay.com.au/>

Care Pathway hosted on the My Mental Health website enables consumers and carers to access information on crisis and non-crisis services across the region.

Increase community knowledge about, and skills in, recognising and responding to suicidality

The role of the community, including those with a lived experience, in identifying and appropriately supporting people at risk of suicide is the principle of this objective. The delivery of community education, including ASIST⁹⁷ and Safe Talk⁹⁸ training programs as a component of the National Suicide Prevention Trial is a key achievement within this objective. In addition, the funding and establishment of a Lived Experience Community of Practice that enables community members to contribute to suicide prevention efforts by safely sharing their lived experience has been a highlight with plans for the expansion of this Community of Practice currently in discussion.

Better equip GPs and other professionals to identify and support people at risk of suicide

This objective acknowledges the pivotal role of General Practice in identifying and appropriately responding to people at risk of suicide. Supported by Wesley Lifeforce⁹⁹, almost 90 GPs, practice nurses and practice staff were upskilled in identifying and responding to suicidality. The finalisation of the Suicide Risk pathway in HealthPathways has provided GPs with assistance to better match people at risk of suicide with the right services.

Ensure delivery of school-based suicide prevention programs for young people

With research indicating over half a million young Australians experience a mental health condition each year and particularly alarming statistics related to self-harm and suicide in school-aged children, school-based suicide prevention programs are a priority in the Brisbane North region. November 2018 saw the launch of the first national framework to support Australian schools to enhance mental health literacy. Be You¹⁰⁰ is an

⁹⁷ <http://www.livingworks.com.au/programs/asist/>

⁹⁸ <http://www.livingworks.com.au/programs/safetalk/>

⁹⁹ <https://www.wesleymission.org.au/find-a-service/mental-health-and-hospitals/suicide-prevention/wesley-lifeforce/>

¹⁰⁰ <https://beyou.edu.au/>

initiative of headspace, Beyond Blue and Early Childhood Australia and has been implemented in 67 per cent of secondary schools across the Brisbane North region.

Table 12 presents an overview of the 30 actions that were considered necessary to achieve the eight shared objectives in this chapter, noting their expected year of completion, and progress to date.



Table 12: Planning for Wellbeing Chapter 12 actions – status report

Shared Objectives	Actions	Year	Progress
12.1 Improve and integrate suicide prevention responses on a systems-wide basis in Brisbane North.	12.1.1 Continue implementation, delivery, monitoring and evaluation of initiatives and services funded through the Australian Government's National Suicide Prevention Trial 2017-2020.	2019/2020	On track
	12.1.2 Identify suicide hotspots and high risk suburbs and explore opportunities for strategic placement of help-seeking information.	2019/2020	On track
	12.1.3 Finalise a suicide prevention pathway in HealthPathways.	2018/2019	Completed
	12.1.4 Develop and promote to all Brisbane North organisations, a template for a suicide prevention and postvention plan inclusive of workplace wellness strategies.	2021/2022	On track
12.2 Improve care and follow-up provided on presentation at HHS EDs, and on hospital discharge, to people experiencing a suicidal crisis, or who have attempted suicide.	12.2.1 Implement the Zero Suicide in Healthcare Multi-site Collaborative.	2019/2020	On track
	12.2.2 Promote the new Clinical practice guidelines for engaging with and responding to the needs of the suicidal person amongst ED staff.	Ongoing	On hold
	12.2.3 Continue the roll out of the Suicide Risk Assessment and Management in an Emergency Department Setting (SRAM-ED) training for ED staff across the region; continue current data collection; and improve local data collection methods.	Ongoing	Completed
	12.2.4 Seek funding to test and evaluate evidence-informed approaches for involving people with a lived experience of suicide as a resource in EDs, including those approaches locating peer support workers in EDs.	2021/2022	On track
	12.2.5 Explore options to improve care pathways for people experiencing a suicidal crisis and who are currently arriving at ED by ambulance.	2019/2020	On track
	12.2.6 Trial 24/7 Safe Spaces or other alternatives to EDs for people experiencing a suicidal crisis who do not require hospitalisation.	2021/2022	On track

Shared Objectives	Actions	Year	Progress
12.3 Establish innovative, assertive follow-up suicide prevention service delivery models that utilise lived experience.	12.3.1 Identify and prioritise funding for additional assertive follow-up services and for services providing holistic support.	2018/2019	On track
	12.3.2 Expand capacity of existing providers of specialist suicide prevention services to provide, and make referrals to, person-centred, comprehensive and coordinated support.	2019/2020	On track
	12.3.3 Develop suicide prevention service delivery models utilising peer service navigators.	2022/2023	Not started
12.4 Increase accessibility of care after a suicide attempt for vulnerable population groups.	12.4.1 Develop and deliver accessible services to vulnerable populations, such as homeless people and disadvantaged young people, through mobile suicide prevention outreach services.	Ongoing	On track
	12.4.2 Improve integration of, and connection between, existing services focusing holistically on social determinants of health and suicide prevention services.	2019/2020	On track
	12.4.3 Undertake service mapping to identify current suicide prevention support services and service gaps for veterans and their families.	2019/2020	On track
	12.4.4 Develop and fund specialised bereavement support groups for different cohorts, including for veterans and/or their families.	2020/2021	On track
	12.4.5 Explore strategies for how people experiencing relationship difficulties (i.e. the life event most frequently reported as associated with suicide) can be proactively supported.	2021/2022	Not started
12.5 Improve access to high quality local suicide prevention services, information and resources.	12.5.1 Enhance, and make more accessible, support for families and carers of people who are suicidal, and others bereaved by suicide.	2019/2020	On track
	12.5.2 Adjust service models to enable suicide prevention services to provide after hours and weekend services.	2019/2020	On track
	12.5.3 Develop a register of professionals who have successfully completed advanced suicide prevention training.	2019/2020	On track
12.6 Increase community knowledge about, and skills in, recognising and responding to suicidality.	12.6.1 Explore and develop a strategy to better support people who are engaged with the Family Court and have child custody issues.	2020/2021	Not started
	12.6.2 Explore opportunities to deliver community education on recognising, and responding to, people who may be at risk of suicide.	2019/2020	On track

Objective 12.1

Improve and integrate suicide prevention responses on a systems-wide basis in Brisbane North

Action 12.1.1

Continue implementation, delivery, monitoring and evaluation of initiatives and services funded through the National Suicide Prevention Trial

12.2 Key achievements

12.2.1 Implementation of the National Suicide Prevention Trial

The National Suicide Prevention Trial aims to contribute to evidence of how a systems-based approach to suicide prevention is best undertaken at a regional level, enabling greater and more targeted response to local needs and at-risk populations. The Brisbane North trial site identified the priority populations of Aboriginal and Torres Strait Islander Australians, the LGBTIQ+ community and young to middle aged men for targeted intervention, in addition to the funding of a whole of population approach where this is the most efficient and effective way of reaching the priority population groups. Co-design of trial initiatives has been a key highlight of trial activity and has occurred through the establishment of two community implementation teams comprised of stakeholders from two of the priority population groups – the Aboriginal and Torres Strait Islander community and the LGBTIQ+ community.

Key achievements

Delivery of emergency and follow-up care

Kurbingui Youth Development Association has delivered holistic, culturally safe, wrap-around care to more than 50 Aboriginal and Torres Strait Islander families impacted by suicide.

Centre for Human Potential, in conjunction with Queensland AIDS Council and Open Doors Youth Service has delivered a combination of clinical and non-clinical support to people from LGBTIQ+ communities impacted by suicide. The care has been tailored to meet the needs of the individual and has been integrated alongside a range of other services to support the person’s recovery.

Most clients transition from receiving both clinical and non-clinical support at the outset, to actively engaging in group work in an ongoing capacity. This has a profound impact in reducing isolation and thoughts of suicide particularly for young people who have also been impacted by stigma and discrimination.

Development and delivery of communication campaigns

Social media communications campaigns are a focus of suicide prevention strategies globally. With the potential for social media campaigns to reach a wide audience, it is incumbent upon developers to ensure messaging is produced in a safe and appropriate manner and this has been the priority for each of the three campaigns produced as part of the trial.

- Yarns Heal¹⁰¹, developed by Indigilez and gar’ban’djee’lum aims to support Aboriginal and Torres Strait Islander peoples and the LGBTIQ+ Sistergirl and Brotherboy community to better support one another and strengthen peer support systems so help can be sought in a culturally safe way that nurtures cultural healing, love and hope.
- Talking Heals¹⁰², developed by Queensland AIDS Council, encourages conversation in the LGBTIQ+ Sistergirl and Brotherboy community.
- Reasons to Stay¹⁰³, developed by New Word Order in conjunction with the Brisbane North Suicide Prevention Network, aims to reach the entire community and encourages a person at risk to reach out and seek help, or to reach out and help someone in need.

Delivery of advanced suicide prevention training

Targeting practitioners who work regularly in a therapeutic or counselling context with people who are experiencing suicidality, this training aimed to increase the knowledge and skills of professionals to improve the quality of treatment services they provide for people at risk of suicide. Eighty-nine health professionals completed training in use of the Screening Tool for Assessing Risk of Suicide (STARS)¹⁰⁴, delivered by the Australian Institute for Suicide Research and Prevention (AISRAP). The training sessions yielded positive and significant changes in knowledge and perceived capability regarding suicide risk assessment.

Delivery of frontline worker and connector training

Frontline workers can play an important role in supporting a person at risk of suicide to safety and make them more likely to access the care they need. In support of this, Diverse Voices coordinated the delivery of ASIST¹⁰⁵ training to 140 frontline workers and connectors in the LGTBIQ+ community.

In addition, a further 14 young people and 12 LGBTIQ+ identified people were trained in ASIST Training for Trainers, ensuring they are appropriately skilled to conduct ASIST training and share the message of suicide prevention more widely in the community.

In addition to this, Kurbingui Youth Development Associated coordinated the delivery of Aboriginal and Torres Strait Islander Mental Health First Aid – Talking About Suicide¹⁰⁶ to over 80 community members, and supported a number of local Elders to receive Voices of Insight¹⁰⁷ Training, delivered by Roses in the Ocean.

Promoting resilience in schools

Schools are aware that their young people can be particularly vulnerable to mental health problems or suicide and are keen to support their students. However, navigating their way through the options available to support schools can be challenging. To address the increased need in the Brisbane North Aboriginal and Torres Strait Islander population and the LGBTIQ+ Sistergirl and Brotherboy community, culturally appropriate suicide prevention programs have been rolled out in schools with the additional aim of building capacity for LGBTIQ+, Sistergirl and Brotherboy awareness.

Key learnings

Authentic co-design has been a key factor in the success of the National Suicide Prevention Trial in Brisbane North. Allowing sufficient time for the development of cultural safety and processes was crucial to ensure ownership and commitment to the trial initiatives by the Aboriginal and Torres Strait Islander and LGBTIQ+ communities. Ensuring a whole-of-population approach that has enabled the reaching of the target populations through alternative strategies has been surprisingly effective, particularly in maximising reach achieved via the social media campaign. The popularity and success of the variety of training opportunities offered also highlights the need for continued education, across all sectors of the community, to raise awareness of and provide strategies to encourage and enable prevention of suicide.

101 <https://www.yarnsheal.com.au/>

102 <https://www.talkingheals.org.au/>

103 <https://www.reasonstostay.com.au/>

104 <https://www.griffith.edu.au/griffith-health/australian-institute-suicide-research-prevention/screening-tool-for-assessing-risk-of-suicide>

105 <http://www.livingworks.com.au/programs/asist/>

106 <https://mhfa.com.au/courses/public/types/amhfa-talking-about-suicide>

107 <https://rosesintheocean.com.au/voices-of-in-sight/>

Objective 12.2

Improve care and follow-up provided on presentation at MNHHS EDs, and on hospital discharge, to people experiencing a suicidal crisis, or who have attempted suicide.

Action 12.2.1

Implement the Zero Suicide in Healthcare Multi-site Collaborative

What's next?

With the anticipated cessation of funding for the National Suicide Prevention Trial in June 2020, representatives of the trial have commenced working in collaboration with the Suicide Prevention Strategic Partnership Group to ensure the learnings from the trial are incorporated into broader suicide prevention initiatives across the region. In addition, dedicated activity focusing on young-middle aged men will occur through the Mateship Matters program in the Caboolture region. This program will target men through the provision of training and wider support via sporting clubs.

12.2.2 Working towards zero suicide in Redcliffe-Caboolture

Zero Suicide in Redcliffe-Caboolture started with a pledge – a commitment to creating a culture of zero suicide because “even one suicide is one too many”. A review of systems and processes found that Redcliffe and Caboolture Hospitals had limited procedures specific to suicide prevention and care including no formal guidance around safety planning and a lack of mandatory, standardised training to ensure clinicians shared baseline knowledge.

In response, Zero Suicide commenced in July 2018 across Redcliffe and Caboolture Hospitals.

Key achievements

Tailored to the specific needs of the Redcliffe and Caboolture regions, Zero Suicide comprised the following components:

- the development and implementation of a clinical pathway incorporating assertive follow-up
- the formal introduction of safety planning as part of the clinical pathway
- the rollout of comprehensive training for clinicians.

Zero Suicide has shown a demonstrable improvement in the confidence and comfort of hospital staff in effectively responding to people at risk of suicide.

189 mental health professionals across the Redcliffe and Caboolture hospitals have completed suicide prevention training, representing almost three-quarters of the mental health clinical workforce, with 94.5 per cent recommending the training to their colleagues. A workforce survey implemented 15 months following training shows increases across all positive domains relating to staff confidence and comfort to respond to and work with people at risk of suicide.

Key learnings

With a strong commitment to monitoring implementation, a number of adaptations have been made during the first year of implementation:

Reshaping of clinical pathway to meet client and health professional need

- Feedback from consumers who were declining assertive follow up and safety planning, and feedback from hospital staff who reported difficulty in finding the time to assertively follow people up, indicated a perception that the pathway may not enhance existing practices in supporting people with chronic suicide risk. This feedback was used to modify the pathway and it was relaunched at the end of 2019.

Updating of safety plan to improve useability and appropriateness

- Feedback from both consumers and hospital staff suggested a number of barriers with the proposed safety plan, including its length, the time it takes to complete, and its accessibility for those with low levels of literacy. Guided by this feedback, the safety plan was refreshed with a greater focus on accessibility and enhancing functionality – for both the consumer and health professional.

What's next?

The Redcliffe and Caboolture Hospitals have displayed significant commitment to continuation of a dedicated focus on suicide prevention and care through several means:

- recruitment of a Nurse Navigator focused on suicide prevention, who will embed the learnings from Zero Suicide into the Redcliffe and Caboolture Hospital's normal processes
- recruitment of Suicide Prevention Champions
- expanding training to non-clinical and non-Mental Health Services staff
- Committing to a yearly training refresher for all staff.



Objective 12.6

Increase community knowledge about, and skills in, recognising and responding to suicidality

Action 12.6.4

Increase opportunities for community members to be involved in suicide prevention efforts by safely sharing their lived experience

12.2.3 Establishing a Suicide Prevention Community of Practice

Incorporating the voice of lived experience can provide the suicide prevention sector with a valuable opportunity to ensure the design and delivery of suicide prevention initiatives meets the needs of people affected by suicide. Committed to embedding the voice of lived experience in suicide prevention initiatives, Brisbane North PHN funded Roses in the Ocean to lead the development of a Suicide Prevention Lived Experience Community of Practice. Operating as the Community of Practice throughout 2018, the group officially renamed themselves as the Brisbane North Suicide Prevention Network in July 2019.

Key achievements

The network has successfully implemented governance and operational processes including recruitment and training of members; the establishment of internal support and mentoring networks; the drafting of Terms of Reference; and the development of a name, identity and branding as the Brisbane North Suicide Prevention Network. The network has participated in multiple public events including World Suicide Prevention Day and Mental Health Week Expo and has collaborated on the development and implementation of several related initiatives including Zero Suicide, the National Suicide Prevention Trial and a communications campaign targeting people at risk of suicide and those caring for them.

Key learnings

Recruitment of a diverse range of people into a community of practice can be challenging and specific recruitment strategies are needed to ensure diversity of representation. Similarly, retention of members requires a specific and dedicated focus. Gaining traction and maximising the role of the lived experience community of practice in the at-capacity health and suicide prevention sector has been challenging due to the commitments already faced by the workforce. Specialist strategies to increase engagement with the sector and establish the network as a credible voice of lived experience that can inform the design and delivery of suicide prevention initiatives are required.

What's next?

Priorities over the coming 12 months include a focus on expanding recruitment of a diverse range of people and provision of training and support to ensure capacity to fulfil their role; and the development of specific strategies to enhance member retention. In addition, opportunities to increase engagement with the health and suicide prevention sector will be nurtured with a view to raising awareness of the role of the community of practice and the value it can provide the sector.

Appendix A: Partnerships and stakeholder groups



Families and Carers Stakeholder Group

Purpose The Families and Carers Stakeholder Group has been convened by Carers Queensland, and is comprised of stakeholders with a vested interest in improving the active role that families and carers play in supporting people with mental illness in their lives. The Families and Carers Stakeholder Group has direct oversight over implementation of Chapter two – Supporting families and carers within Planning for Wellbeing.

Membership Membership of the Families and Carers Stakeholder Group is shown in table 14.

Table 14: Families and Carers Stakeholder Group Membership

Name	Role	Organisation
Friederke Robinson	Support Officer	Arafmi
Delfina Serantes Pena	Acting Operations Manager Aged Care & Mental Health	Centrecare
Gale Schwede	Lived Experience Representative (Carer)	n/a
Susan Law	Lived Experience Representative (Carer)	n/a
Stefanie Roth	Lived Experience Representative (Carer)	n/a
Paula Arro	Lived Experience Engagement Coordinator	Brisbane North PHN
Lesley McDonald	Lived Experience Representative (Carer)	n/a
Tina Pentland	Lived Experience Representative (Carer)	n/a
Michelle Stonebridge	Lived Experience Representative (Carer)	n/a
Christine Steinman	Lived Experience Representative (Carer)	n/a
Tricia Carter	Consumer Carer Consultant	Queensland Health
Kerri-Anne Dooley	Carer/Carer Services	Home Instead
7 Carers who have chosen not to be identified	Lived Experience Representatives (Carers)	n/a

Good Mental Health Stakeholder Group

Purpose The Good Mental Health Stakeholder Group has been convened by Queensland Alliance for Mental Health, and is comprised of stakeholders with a vested interest in the promotion of good mental health and the prevention of mental illness. The Good Mental Health Stakeholder Group has direct oversight over implementation of Chapter three – Sustaining good mental health within Planning for Wellbeing.

Membership Membership of the Good Mental Health Stakeholder Group is shown in table 15.

Table 15: Good Mental Health Stakeholder Group Membership

Name	Role	Organisation
Brooke Starr	Project Officer / Peer Leader – reiamgine.today	Queensland Alliance for Mental Health
Adam Weatherill	Regional Manager	Neami National
Karen Dare	CEO	Communify
John Edwards	General Manager	Wellways
James Hill	Peer Advocate / Spokesperson	Energy Qld / Beyond Blue
Christine Palmer	Lecturer in Nursing	USC Caboolture
Lisa Harvey	Peer Mentor	Peachtree
Callister Castles	Consumer Representative / Psychology researcher	N/A / University of Queensland
Natasha Malstrom	Lived Experience Representative (Mental illness)	n/a
Cathy Quinn	Lived Experience Representative (Mental illness)	n/a
Rise Faith Rosello	Lived Experience Representative (Mental illness)	n/a

Responding to Diversity Stakeholder Groups

A review of the diverse Brisbane North community highlighted three population groups that warranted focused attention – people from culturally and linguistically diverse backgrounds, people within the LBGTIQ+ communities, and older people. (This is in addition to Aboriginal and Torres Strait Islander people – which is the focus of a separate chapter). Given the different factors impacting on these groups, three stakeholder groups have been convened.

Culturally and Linguistically Diverse Stakeholder Group

Purpose The Culturally and Linguistically Diverse Stakeholder Group has been convened by the Ethnic Communities Council of Queensland, and is comprised of stakeholders and community members with a vested interest in improved outcomes for people from culturally and linguistically diverse backgrounds. The Culturally and Linguistically Diverse Stakeholder Group has direct oversight over implementation of the relevant actions in Chapter six – Responding to diversity within Planning for Wellbeing.

Membership Membership of the Culturally and Linguistically Diverse Stakeholder Group is shown in table 16.

Table 16: Culturally and Linguistically Diverse Stakeholder Group Membership

Name	Role	Organisation
Anna Voloschenko	Lived Experience Representative	n/a
Dan Nguyen	Capacity Building Officer	Queensland Program for Survivors of Torture and Trauma
Elvia Ramirez	Statewide Community Partnerships and Integration Leader	Queensland Transcultural Mental Health Centre
Hong Do	Program Manager, Chronic Disease Program	Ethnic Communities Council of Queensland
Jacqueline Bentley	Coordinator, Culture in Mind	World Wellness Group
Kiara Palmer	Senior Psychologist	Metro North Mental Health - Alcohol and Drug Service
Kristy Lekkas	Program Officer, Chronic Disease Program	Ethnic Communities Council of Queensland
Natalie Davis	Health Promotion & Prevention	Addiction Service Preventative Team, Metro South Addiction and Mental Health Services
Roy Tsang	Lived Experience Representative	n/a
Sonia Kumari	Multicultural Mental Health Coordinator	Metro North Mental Health Services
Trinh Ngo	Health Promotion & Prevention	Addiction Service Preventative Team, Metro South Addiction and Mental Health Services

LGBTIQ+ Stakeholder Group

Purpose The LGBTIQ+ Stakeholder Group has been convened by the Queensland AIDS Council, and is comprised of stakeholders and community members with a vested interest in improving outcomes for LGBTIQ+ communities. The LGBTIQ+ Stakeholder Group has direct oversight over implementation of the relevant actions in Chapter six – Responding to diversity within Planning for Wellbeing.

Membership Membership of the LGBTIQ+ Stakeholder Group is shown in table 17.

Table 17: LGBTIQ+ Stakeholder Group Membership

Name	Role	Organisation
Annette Orminston	Lived Experience Representative (Mental illness)	n/a
Bonnie Hart	Queensland Representative	Intersex Peer Support Australia
Chantel Keegan	Co-Founder	Wendybird
Don Secomb	Clinical Team Leader	Relationships Australia Qld
Heather Talbott	Rainbow Rep	Relationships Australia Qld
Louise Fitzgerald	Team Leader	Queensland Injectors Health Network (QulHN)
Martina McGrath	National Research and Evaluation Officer	Roses in the Ocean
Melissa Warner	Chief Executive Officer	Queensland Positive People (QPP)
Miff Pate	Mental Health Coordinator	Queensland AIDS Council (now known as The Queensland Council for LGBTI Health)
Nicola Bristed	Lived Experience Representative (Mental illness)	n/a
Nikki Whitmore	National Suicide Prevention Project Officer	Open Doors Youth Service
Olivia Donaghy	Psychologist	Queensland Health Children’s Gender Clinic
Phil Carswell	Lived Experience Representative (Carer)	n/a
Rebecca Cooley	Psychologist	Queensland Health Adult Gender Clinic
Rhodian Deetlefs	Lived Experience Representative (Mental illness)	n/a
Sally Morris	LGBTI Mental Health Coordinator	Queensland AIDS Council (now known as The Queensland Council for LGBTI Health)
Simone Leslie	Lived Experience Representative (Mental illness)	n/a
Yvonne O’Callaghan	QLife Program Manager	Diverse Voices

Older Person Stakeholder Group

A review of the diverse Brisbane North community highlighted three population groups that warranted focused attention – people from culturally and linguistically diverse backgrounds, people within the LGBTIQ+ communities, and older people. (This is in addition to Aboriginal and Torres Strait Islander people – which is the focus of a separate chapter). Given the different factors impacting on these groups, three stakeholder groups have been convened.

Culturally and Linguistically Diverse Stakeholder Group

Purpose The Older Person Stakeholder Group has been convened by the Council on the Ageing Queensland, and is comprised of stakeholders and community members with a vested interest in improving outcomes for older people. The Older Person Stakeholder Group has direct oversight over implementation of the relevant actions in Chapter six – Responding to diversity within Planning for Wellbeing.

Membership Membership of the Older Person Stakeholder Group is shown in table 18.

Table 18: Older Person Stakeholder Group Membership

Name	Role	Organisation
Anita Kopstad	Team Leader	Redcliffe Caboolture Older Persons' Mental Health Service
Bronwen Howell	Lived Experience Representative (Suicide)	n/a
Emma White	Sector Collaboration Lead Care Coordination	Brisbane North PHN
Georgina Carter	Clinical Nurse/Credentialed Mental Health Nurse	RBWH Older Persons' Mental Health Service
Julie Aganoff	Executive Director	Change Futures
Karen Dare	Chief Executive Officer	Communify
Karen Wilson	Project Officer	COTA Queensland
Mark Tucker-Evans	Chief Executive Officer	COTA Queensland
Mary Denver	Lived Experience Representative (Carer)	n/a
Paul Henderson	Lived Experience Representative (Mental illness)	n/a
Sandra Nugent	Regional Director (QLD/NSW)	Dementia Australia
Shele Liddle	Mental Health Services and Practice Manager	Wesley Mission Queensland

Aboriginal and Torres Strait Islander Engagement Steering Group

Purpose The Aboriginal and Torres Strait Islander Engagement Steering Group was established to provide the PHN with strategic guidance and local knowledge to assist with the planning, delivery and evaluation of the Aboriginal and Torres Strait Islander Engagement Project. The Group was comprised of high-level representation from Metro North HHS, the Institute of Urban Indigenous Health, and the PHN. The Group met regularly through 2017 and 2018 to oversee efforts to enhance Aboriginal and Torres Strait Islander engagement, including through the implementation of the Yarn It Up engagement activities to support Planning for Wellbeing chapter development.

The Aboriginal and Torres Strait Islander Engagement Steering Group is no longer active, following review and refinement of purpose. The focus has now shifted to developing an updated Statement of Intent across the organisations to progress joint priorities.

Membership Membership of the Aboriginal and Torres Strait Islander Engagement Steering Group is shown in table 19. New membership will be sought for a Steering Group under the new Statement of Intent.

Table 19: Aboriginal and Torres Strait Islander Engagement Steering Group Membership

Name	Role	Organisation
Ben Thompson	General Manager for MATSICHS	Institute for Urban Indigenous Health
Martin Milne	Executive Manager, Commissioning	Brisbane North PHN
Naomi Laauli	Manager, Engagement & Planning	Brisbane North PHN
Paul Drahm	A/Director, Aboriginal and Torres Strait Islander Health Unit	Metro North Hospital and Health Service

Alcohol and Drug Partnership Advisory Group

Purpose The Alcohol and Drug Partnership Advisory Group was originally established to support development of the Alcohol and Other Drug section of Planning for Wellbeing. Since the launch of Planning for Wellbeing, the group's focus has shifted to the provision of guidance and oversight. The group is comprised of stakeholders and community members with a vested interest in improving outcomes for people who use alcohol and other drugs in the Brisbane North community. The Alcohol and Drug Partnership Advisory Group has direct oversight over implementation of Chapter eight – Alcohol and other drug treatment services within Planning for Wellbeing.

Membership Membership of the Alcohol and Drug Partnership Advisory Group is shown in table 20.

Table 20: Alcohol and Drug Partnership Advisory Group Membership

Name	Role	Organisation
Bruce Collins	Principal Policy Officer	Queensland Government – Mental Health Alcohol and Other Drugs Branch
Cameron Francis	Principal Consultant/Social Worker	Dovetail
Cassandra Davis	Psychologist/Trainer	Dovetail
Chris Campbell	Pharmacist	Terry White Management
Clare Mason	Principal Project Officer	Queensland Mental Health Commission
Deborah Dowsett	Pre and Post Treatment Care Coordination Worker	Salvation Army Recovery Services, Brisbane
Gai Lemon	Program Development Officer	Brisbane North PHN
Gary Malone	Senior Counsellor/Project Officer	Queensland Aboriginal and Islander Corp. Alcohol and Drug Dependence Services
Geoff Davey	Assistant General Manager	Queensland Injectors Health Network
Jacqui de la Rue	Health Team Program Manager	Brisbane Youth Service
Jane Bowman	Program Manager - Therapeutic Services	QulHN Better Access Medical Clinic
Kim Sander	Director of Allied Health	Metro North Hospital and Health Service
Leah Tickner	Business Development and Innovation Manager	Lives Lived Well
Naomi Laauli	Manager	Brisbane North PHN
Natalie Scott	Team Leader	Institute for Urban Indigenous Health
Nicola Hayes	Head of Services	Queensland Injectors Health Network
Niki Parry	Client Engagement Officer	Queensland Injectors Health Network
Paul Vallance	Manager – Clinical Services	Lives Lived Well
Phil Smith	Health Team Program Manager	Brisbane Youth Service

Name	Role	Organisation
Rebecca Lang	Chief Executive Officer	Queensland Network of Alcohol and Other Drug Agencies
Sean Popovich	Treatment Services Support Manager	Queensland Network of Alcohol and Other Drug Agencies
Shane Garvey	Project Officer	Queensland AIDS Council
Tiana Gordon	Program Support Officer	Brisbane North PHN
Tina Pentland	Lived Experience Representative (Carer)	n/a
Trish Golledge	Acting Chief Executive Officer	Ethnic Communities Council of Queensland
Yigezu Ergetu	Chief Executive Officer	Queensland Aboriginal and Islander Corp. Alcohol and Drug Dependence Services

Infant, Child and Youth Mental Health Partnership Group

Purpose The Infant, Child and Youth Mental Health Partnership Group was originally established to support development of the infant, child and youth section of Planning for Wellbeing. Since the launch of Planning for Wellbeing, the Group's focus has shifted to the provision of guidance and oversight. The group is comprised of stakeholders and community members with a vested interest in improving outcomes for infants, children and young people in the Brisbane North community. The Infant, Child and Youth Mental Health Partnership Group has direct oversight over implementation of Chapter nine – Infants, children, young people and families within Planning for Wellbeing.

Membership Child and Youth Mental Health Partnership Group is shown in table 21.

Table 21: Infant, Child and Youth Mental Health Partnership Group Membership

Name	Role	Organisation
Amy Lee Mayes	Executive Manager	Redcliffe Area Youth Space
Anita Krug	Program Development Officer	Brisbane North PHN
Ash Simpson	Regional Manager - Youth Integrated Services	Aftercare
Brigitte Lewis	Caseworker	Caboolture Youth Justice Centre
Catherine Rawlinson	Service Development Leader	Queensland Centre for Perinatal and Infant Mental Health
Catherine White	Community Services Manager – Youth and Family	Lutheran Services
Chris Pickard	General Manager	Open Doors Youth Service
Debbie Spink	PHN Carer Representative	Queensland Mental Health Commission
Deon Bird	Momentim Facilitator	Moreton Aboriginal & Torres Strait Islander Community health Service ATSICHS
Dianne O'Malley	Director	Young Minds
Glenda Jones-Terare	Chief Executive Officer	Kurbingui Youth Development Association Inc
Gretel Gardner	Senior Program Manager	Mercy Community
Jacqui de la Rue	Coordinator – Dual Diagnosis Program	Brisbane Youth Service Inc
Jamie Thompson	Centre Manager	headspace - Taringa
Jolene Hutchings	Social Worker	Metro North Hospital and Health Service
Judi Krause	Divisional Director	Child and Youth Mental Health Service
Judith Piccone	Director, Child and Youth Team	QLD Government - Department of Health (Mental Health Branch)
Katharine McLean	Team Leader	The Benevolent Society

Name	Role	Organisation
Kathryn Kenny	Business Manager	Redcliffe Area Youth Space
Kathy Faulkner	Manager – Priority Communities	Brisbane North PHN
Lee-Anne Crossfield	Director	A T Psychology
Lucianne Palmquist	Acting Team Leader	Caboolture Child and Youth Mental Health Service
Mary Anne Collier	Moreton Region Services Manager	yourtown
Michelle Wallbank	Program Coordinator	yourtown
Rachael Donovan	State Coordinator	CREATE Foundation
Rebecca Lloyd-Jones	Acting Manager	QLD Government - Department of Youth Justice
Sam Whybrow	Clinical Team Leader	Aftercare
Sandra Tucker	Manager Strathpine CSSC	QLD Government – Department of Communities, Child Safety & Disability Services
Shane Rebgetz	Team Leader	Caboolture Child and Youth Mental Health Service
Thy Meddick	Principal Policy Officer, Child and Youth Team	QLD Government – Department of Health (Mental Health Branch)
Tom McIntyre	National Education Director	Act for Kids
Vani Naiker	Senior Guidance Officer	QLD Government – Department of Education
Vicky Jebson	Director	All About Kids

Collaboration in Mind

Purpose The Collaboration in Mind Group was born out of the North Brisbane Partners in Recovery (PiR) Initiative, as a mechanism to allow stakeholders with a vested interest in improving outcomes for people with severe and complex mental illness to meet and progress issues collaboratively. The group expanded its scope beyond the PiR initiative, and continues to meet since the transition of the PiR initiative into the National Disability Insurance Scheme (NDIS). In 2018, the Collaboration in Mind Group was reviewed, with the group supporting the transition to a new structure. The smaller, Collaboration in Mind Core Group was formed, and has direct oversight over implementation of Chapter eleven – Severe and complex mental illness within Planning for Wellbeing.

Membership Membership of the Collaboration in Mind – Core Group is shown in table 22.

Table 22: Collaboration in Mind – Core Group Membership

Name	Role	Organisation
Angela Taylor	Program Development Officer	Brisbane North PHN
Daniel Henderson	General Practitioner	Albany Hills Radius Medical Centre
Danielle Alchin	Team Leader, Metro North Mental Health Resource Team	Metro North Mental Health Service
Jacklyn Whybrow	Acting Chief Executive Officer	Queensland Alliance for Mental Health Ltd
Kathy Faulkner	Priority Communities Manager	Brisbane North PHN
Richelle Spence	Lived Experience Representative (Mental illness)	n/a

Suicide Prevention Strategic Partnership Group

Purpose The Suicide Prevention Strategic Partnership Group was originally established to support development of the suicide prevention section of Planning for Wellbeing. Since the launch of Planning for Wellbeing, the group's focus has shifted to the provision of guidance and oversight. The group is comprised of stakeholders and community members with a vested interest in improving outcomes for people who attempt suicide, or are at risk of suicide, as well as their families. The Suicide Prevention Strategic Partnership Group has direct oversight over implementation of Chapter twelve – Suicide prevention within Planning for Wellbeing.

Membership Membership of the Suicide Prevention Strategic Partnership Group is shown in table 23.

Table 23: Suicide Prevention Strategic Partnership Group Membership

Name	Role	Organisation
Belinda Ott	National Suicide Prevention Trial Manager	Kurbingui Youth Development Association Inc
Bronwen Edwards	Chief Executive Officer	Roses in the Ocean
David Wharton	Officer in Charge - Eatons Hill Station	Queensland Ambulance Service
Donna Bowman	Operations Manager, Inner North Brisbane Mental Health Service	Metro North Hospital and Health Service
James Lacey	Case Manager	MATES In Construction
Jean Smith	Director – Learning	QLD Government - Department of Education
Kate McGrath	Service Manager, The Way Back Support Service	Richmond Fellowship Queensland
Kenneth Farmer	Officer in Charge / Mental Health Intervention Coordinator	Queensland Police Service
Kim Litchfield	Project Officer (until June 2019)	yourtown
Kym Shelford	Zero Suicide Project Officer (until June 2019)	Metro North Mental Health – Redcliffe Caboolture
Leshay Chong	Regional Social Health Manager	Institute for Urban Indigenous Health
Lyndall Stafford	Psychologist	n/a
Martina McGrath	Lived experience representative (consumer)	n/a
Mary Anne Collier	Moreton Region Services Manager	yourtown
Melissa Cheras	Program Development Officer (until Dec 2018)	Brisbane North PHN
Michelle Wallbank	Program Coordinator	yourtown
Monique Broadbent	Service Leader	Standby – Support after Suicide

Notes

Name	Role	Organisation
Naomi Laauli	Manager Mental Health Reform	Brisbane North PHN
Natalie Scott	Team Leader – Moreton Aboriginal and Torres Strait Islander Community Health Service	Institute for Urban Indigenous Health
Nikki Bushell	Manager – Suicide Prevention in Health Services Initiative	QLD Government - Department of Health (Mental Health Branch)
Pauline Coffey	Suicide Prevention Services Manager	Wesley Mission Queensland
Shana Challenor	Director	Suicide Prevention Pathways
Shele Liddle	Mental Health Services and Practice Manager (until March 2019)	Wesley Mission Queensland
Susanne Logan	Lived experience representative (consumer and carer)	n/a
Tanya Raineri	Program Development Officer	Brisbane North PHN
Tiana Gordon	Program Support Officer	Brisbane North PHN
Tonita Taylor	Manager Mental Health Reform (until July 2019)	Brisbane North PHN
Victoria Ross	Research Fellow	Australian Institute of Suicide Research and Prevention

[illegible]

[illegible]

The map displays the following council areas and their locations:

- Moreton Bay North** (Dark Blue): Includes Jimna, Kilcoy, Woodford, Elimbah, Mt Mee, Caboolture, and Bribie Island.
- Redcliffe/North Lakes** (Teal): Includes Redcliffe.
- Brisbane North** (Green): Includes Sandgate and Chermiside.
- Pine Rivers** (Orange): Includes Dayboro, Strathpine, Mt Glorious, and Samford Village.
- Brisbane Inner City** (Light Blue): Includes Brisbane City and Kenmore.
- Brisbane West** (Grey): Includes Bellbowrie.



Metro North
Hospital and Health Service

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