

## A PROPOSED FUTURE MENTAL HEALTH, ALCOHOL AND OTHER DRUGS, SUICIDE PREVENTION SYSTEM

### Individual outcomes

#### What we see

- Services and supports are affordable and accessible (including digital treatment options) across the continuum of need.
- Access to community-based, integrated services when and where it is needed. This includes early in life, vulnerability, and illness or episode, and across the age range, continuum of need and key settings.
- Access to safe, appropriate, and affordable housing options as an enabler of embedded healthcare, culture, child and family and community services. This includes no discharge or exit into homelessness and the development of a supported housing growth plan for Queensland.
- The whole-of-person needs of families, carers, kin, and support people are met. Physical health, mental health, and multiple morbidities are equally addressed.
- People with lived experience have equitable access to participation in education, employment, vocational, and social and recreational activities.
- Services consider and respond to the unique and diverse needs of people with lived experience, their families or kin, and carers, or support people.
- The mental health and wellbeing outcomes for people in contact with, at-risk of coming into contact with the criminal justice system or who are exiting custodial settings are improved through access to treatment, psychosocial support, housing, and employment.

#### Patterns and structures

- A community-based mental health and wellbeing service system is underpinned by accessible and affordable pathways across public, private, primary health, and non-government sectors across the continuum of need.
- Regional, rural, and remote models of service are co-designed and produced with and by local communities to meet local need.
- A strong focus on alcohol and other drug harm minimisation and harm reduction.

#### Mental models

- Communities capable and should be supported to lead their own solutions to social issues that affect them.
- Early intervention approaches (early in life course, early in vulnerability and early in illness/episode) will have longer term benefits for all.
- Mental ill-health, suicide and problematic alcohol and other drugs use seen as a response to environmental context or history.

### Population outcomes

#### What we see

- Individuals and communities:
  - have the knowledge, skills, and confidence to support and maintain positive mental health and wellbeing, and empathetic support is readily available
  - are equipped to identify and appropriately respond early to vulnerability and adversity, mental ill-health, problematic alcohol and other drug use, and suicidality, across the life course and in key settings, and
  - can access and receive the right type of support as early as possible, to start well, learn well, live, play well, work well and age well.
- Children and youth have the best social, cultural, educational, economic, environmental conditions to support their development. Priority placed on reducing the incidence and impact of all types of childhood adversity.
- Older Queenslanders are supported and enabled to age well through social connectedness, social and economic participation, and physical health and wellbeing.
- Individuals, groups, and communities who may be at greater risk of mental ill-health, problematic alcohol and other drugs use, and suicidality are supported through tailored promotion, prevention, and early intervention strategies.

#### Patterns and structures

- Human rights and dignity of risk is upheld and promoted across settings, sectors, and human services. Quality and safety and human rights underpin service delivery and responses.
- Services and supports targeted to people at greater risk.
- Social, cultural, educational, economic, environmental foundations are built for mental wellbeing, tailored across the life course, stages, and settings.
- Schools, workplaces, and other community settings and institutions are supported in their critical role in creating mentally healthy environments.
- Shift towards a wellbeing economy.
- Equity of access to opportunities, services and supports regardless of location or background.

#### Mental models

- Everyone should have the opportunity to belong to a community and connect with others.
- Diversity and inclusion strengthen and add to the richness of communities.
- Inclusive and resilient communities is an investment rather than a cost.
- Tailored engagement with specific cohorts within communities create better outcomes for all.

### Whole-of-system outcomes

#### What we see

##### Workforce

- Workforces have the right attitude, skills, and knowledge to provide culturally responsive and trauma-informed responses or supports.
- Compassionate response to people experiencing suicidality across human service settings.
- Workforces consider and respond to the unique and diverse needs of people with lived experience, their families or kin, and carers, or support people.
- Workforces across the continuum of need, sectors, settings are well-resourced, skilled, supported and enabled.
- Expanded and strengthened consumer and carer, peer and lived experience workforces and multidisciplinary workforces across sectors.
- Workforce wellbeing is prioritised and embedded across all government agencies and human service organisations.

##### Policy and planning

- Legislative instruments are explored to formalise and support expanded diversionary approaches to illicit drug use.
- Cross-sectoral planning and policy approaches to address reform in specific areas including:
  - Social and emotional wellbeing of First Nations
  - Alcohol and other drugs harm minimisation
  - Suicide prevention
- Social determinants of mental ill-health, problematic alcohol and other drugs use, and suicide is prioritised through cross-agency policy, planning and funding and evaluation.
- Contemporary wellbeing approach to policy, planning and funding that prioritises prevention and early intervention.

##### Patterns and structures

##### Leadership and governance

- Leadership and voices of people with lived experience are embedded in governance, planning, policy, funding, and service delivery.
- Localised place-based co-planning, co-commissioning, and co-evaluation of service delivery.
- Accountability, monitoring, evaluation mechanisms are embedded throughout all levels of policy, planning, delivery, and evaluation. Strengthened whole-of-system accountability.

##### Data, information, and evidence

- Innovation to improve the knowledge base and inform decision making and practice is business as usual.
- Access to robust information, evaluation, research, and evidence to inform decision making.
- Feedback loops drive change and innovation.
- Fully interoperable digital health ecosystem.

##### Funding and investment

- Mechanisms and funding streams to scale up and enhance services to meet demand.
- Systems are incentivised to support the reform agenda.
- Fit-for-purpose funding and commissioning approaches.
- Expand and integrate initiatives to address the determinants of mental wellbeing.
- Wellbeing economy including wellbeing indicators to monitor and report on impact of reforms.

##### Mental models

##### Shared language and collective commitment

- Addressed societal norms and assumptions about mental health, alcohol and other drugs and suicidality.
- Shared language, vision, and approach to support wellbeing across the continuum of care.
- Local decision-making, strong community and lived experience input.
- Governments at all levels and across all agencies prioritise mental health and wellbeing.
- Relevant cross-sector agencies and organisations have the capacity, and are enabled to lead and implement system reform.