

Shifting minds

Queensland Mental Health,
Alcohol and Other Drugs Strategic Plan
2018–2023



Queensland
Mental Health
Commission



Queensland
Government



I acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of this country.

I pay my respect to Elders past, present and emerging.

Outline of the forum

- The Queensland Mental Health Commission
- *Shifting minds* and *Every life* and the renewal process
- What we heard and the proposed new directions and priorities for the next plans
- Next steps

Queensland Mental Health Commission

- Develop the whole of government Strategic Plans for mental health, AOD and suicide prevention
- Drive reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug service system.

We drive and support mental health improvement, illness prevention and early intervention

We identify barriers, issues & gaps across the MH, AOD, SP and related systems

We collaborate to co-design systemic solutions and advocate for reform

We enable, build capacity for and pilot system change

We monitor, review, research & evaluate

Renewing our policy directions

- *Shifting minds* provides the direction to improve mental health and reduce the impact of mental ill-health, problematic alcohol and other drugs use and suicidality.
- Relevant to all government agencies, as well as across all sectors.



Every life

- *Every life* is Queensland's 10-year whole-of-government approach to suicide prevention
- Designed to be implemented across three phases
- *Every life* Phase One was released in 2019 and was for three years
- *Every life* Phase Two will build on phase one and consider and reflect the evolved suicide prevention landscape

Every life

The Queensland Suicide Prevention Plan
2019–2029



Purpose of renewing *Shifting minds* and developing Phase Two *Every life*

- **Refresh** strategic directions and priorities
- Build on what has been achieved and progress the **next stage** of reform
- Respond to what has changed or **new drivers**
- Address ongoing challenges, **barriers and needs**

What informs the renewal?

- Evidence and insights from recent state and national inquiries and reports
- Contemporary evidence and research
- Purposeful and targeted consultation
- The experiences and views of people with lived experience
- Outcomes of the evaluation of *Shifting minds* and review of Phase One of *Every life*
- Input and advice from peak agencies and sector representatives

Consultation and engagement

PART ONE

Shifting Minds
Reference Group
(cross-sector)

Shifting Minds
Strategic Leadership
Group
(cross-government)

Suicide Prevention
Strategic Oversight
Group (cross-sector)

PART TWO

Facilitated
workshops with
stakeholders

Targeted network
meetings (including
Suicide Prevention
Network)

Targeted
one-on-one
conversations

Online consultation
paper and survey

PART THREE

Community forums

Government agencies
consultation

Queensland Mental
Health and Drug
Advisory Council

Stakeholder
conversations on
emerging topics

Consultation approach

What did we ask?

- What would an ideal future mental health and wellbeing system look like?
- How could it be achieved?
- What would make the biggest impact?

Consultation findings – *Shifting minds*

Individual

Availability and accessibility of services and supports

Approaches to service provision

Social and economic participation

Population

Prevent ill-health, promote wellbeing and intervene early

Equity and inclusivity

Environments for mental wellbeing

System

Lived experience voice and influence

Data, monitoring and evaluation

Leadership and governance

Workforce

What we heard (at the individual-level)

- Available and accessible range of supports and services across all levels of need – no wrong door, or thresholds and eligibility criteria
- Non-stigmatising service options, close to where they live and meets their holistic needs (housing, employment, social)
- Considerate and responsive of diversity, whole-of-person needs, trauma-informed, person-centred
- Specialised and tailored responses to meet needs of people at greater risk
- Early responses and access to services to prevent suicide
- Support for families, carers, and kin

What we are proposing

Focus area 1: individual

Accessible, coordinated and integrated support, care, and treatment

Person-led, trauma-informed and responsive care

Active social and economic participation

Integrated community-based system that facilitates access through no wrong door or threshold for eligibility, and is led and underpinned by lived experience

Increase the capacity of services and supports to provide safe, trauma-informed and culturally responsive care, that upholds human rights.

Responsive and enhanced and tailored support for people in distress, crisis or who have been impacted or bereaved by suicide and suicidality

Enhance support for families and kin, carers and support people

Continue to shift and balance toward alcohol and other drug and gambling related harm and demand reduction

Enhance support for people engaged or at risk of engaging with the youth and criminal justice system

Enhance access to safe, secure, affordable and supported housing

Enhance education, training and employment outcomes

What we heard (at the population-level)

- Early responses across the life span (especially for young and older people)
- Focus on keeping people well
- Create healthy environments (families, work, school, communities)
- Address the needs of priority cohorts who experience vulnerabilities
- Build community capability to recognise and respond
- Build capability of human and social services to recognise and respond early to distress
- Increase awareness and reduce stigma and discrimination

What we are proposing

Focus area 2: population

Promote, prevent and intervene early

Equity and inclusivity

Strengthen the environments for mental wellbeing

Strengthen individual and community awareness and understanding of mental ill-health, problematic alcohol and other drugs and suicidality

Promote, prevent and intervene early from the optimal start to life and across the life-course, in adversity, trauma and vulnerability, in illness and episode, across settings

Strengthen cross-sectoral, whole-of-community response to trauma and enhancing our approach to healing

Strengthen the environments for mental wellbeing, in the home, early childhood and schools, workplaces including small businesses, and community including through neighbourhood infrastructures

Enhance, support and build community capacity and resilience, including community-based approaches to address social isolation and loneliness

Address stigma and discrimination

What we heard (at the system-level)

- Greater investment in areas of need
- Lived experience participation and leadership
- Workforce supply, distribution, development and retention
- Governance, leadership and accountability
- Data integration and using evidence to inform
- Integrated, collaborative and coordinated effort
- Systems innovating, collaborating, sharing and responding
- Embrace technology to improve quality of services and enable better reach
- Drug policy reform options

What we are proposing

Whole-of system

- Person-led and community-led
- Lived experience leadership, co-production, engagement and participation
- Cross-sectoral leadership, governance, and accountability
- Integrated and cross-sectoral policy, planning and coordination
- Prioritised and balanced focus upstream towards community and towards harm minimisation
- Integrated and embedded localised planning, co-commissioning and co-delivery
- Skilled, diversified and compassionate workforce
- Shaped through timely and linked data and information
- Commitment to innovation, knowledge translation and evaluation

Every life pillars for Phase Two



Building resilience

Enable Queensland children and families to thrive

Strengthen wellbeing and suicide prevention supports in places of learning

Build supportive environments across workplaces that are equipped to respond to distress

Build inclusive, resilient, socially connected and mentally healthy communities

Support Queenslanders to achieve economic, employment and housing security that will contribute to reduction and prevention of distress

Reduce stigma

Reducing vulnerability

Make men's suicide prevention a priority

Targeted interventions, responses and supports for populations disproportionately impacted by suicide

Improve the system-wide response to people who have experienced adversity and trauma

Targeted interventions, responses and supports for people at key life stages and transition points

Enhancing responsiveness

Ensure all government agencies have the capability to provide timely and appropriate intervention at the point of distress

Expand options and improve service models for better accessibility and appropriateness

Proactively implement suicide prevention initiatives earlier in distress

Enhance community capability to respond to people in distress

Enhance responsiveness in regional, rural and remote communities

Improve accessibility, coordination and integration of the crisis response service system

Timely and accessible support to people following a suicide

Enabling reform

Create a more coordinated approach to suicide prevention

Strengthen Aboriginal and Torres Strait Islander leadership in suicide prevention

Improve the way data, evidence and evaluation is collected and used to drive and improve suicide prevention

Reducing access to lethal means and creating safer public spaces

Strengthen lived experience leadership in suicide prevention

Strengthen governance and accountability mechanisms

Pursue excellence in care of suicidal people across the health system

Develop the capacity and capability of the workforce, including beyond the clinical workforce

Questions

- Does this reflect your local needs and priorities?
- Are there any gaps and opportunities we need to include?
- How well do you think we have addressed the issues in our proposed directions and priorities?

Next steps

- Once we finish these community forums we will be incorporating your feedback
- Drafting and finalising the plans
- Finalising the consultation reports
- Submitting for Government consideration in the middle of the year

Stay in touch!

Queensland Mental Health Commission

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Shifting minds survey



Every life survey

