Shifting minds

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







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

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Queensland Mental Health Commission

- Develop the whole of government Strategic Plans for mental health, AOD and suicide prevention
- Drive reform towards a more integrated, evidencebased, 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

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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.

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Every life

- Every life is Queensland's 10year 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





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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

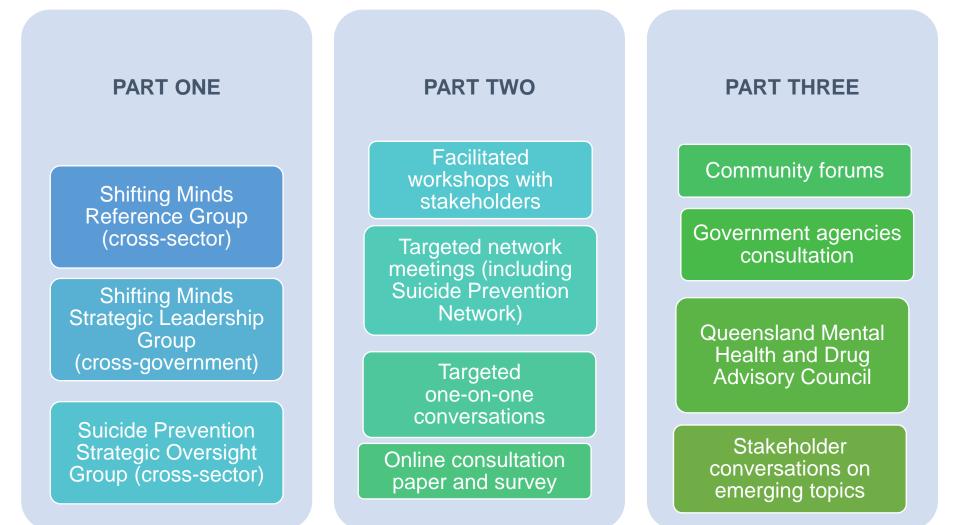
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What informs the renewal?

- 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

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Consultation and engagement



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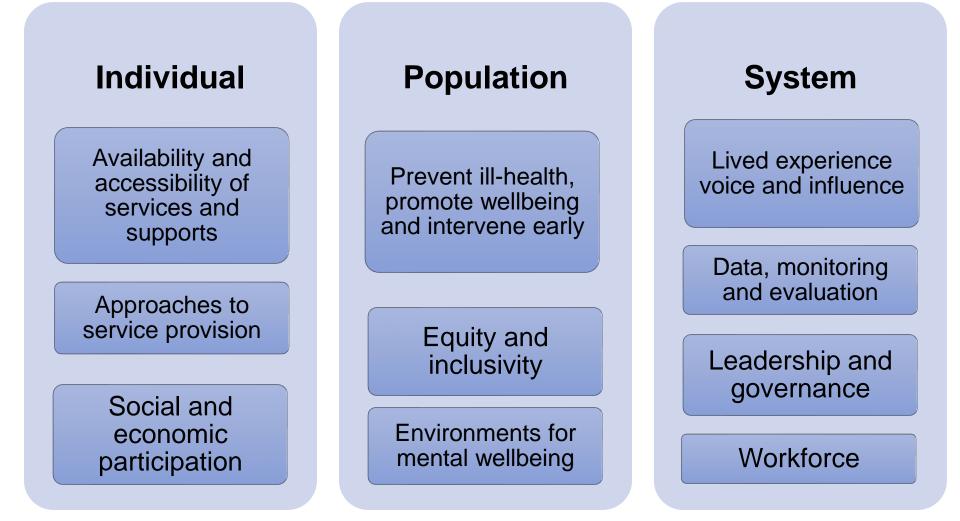
Consultation approach

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?

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Consultation findings – *Shifting minds*



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-ofperson 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

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What we are proposing

Focus area 1: individual

Accessible, coordinated and integrated support, care, and treatment

Person-led, traumainformed 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

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What we are proposing

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, cocommissioning and co-delivery
- Skilled, diversified and compassionate workforce
- Shaped through timely and linked data and information
- Commitment to innovation, knowledge translation and evaluation

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Every life pillars for Phase Two



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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

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Reducing vulnerability

Make men's suicide prevention a priority

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

Improve the systemwide response to people who have experienced adversity and trauma Targeted interventions, responses and supports for people at key life stages and transition points

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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

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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

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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?

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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

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Stay in touch!

Queensland Mental Health Commission

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Shifting minds survey



Every life survey

