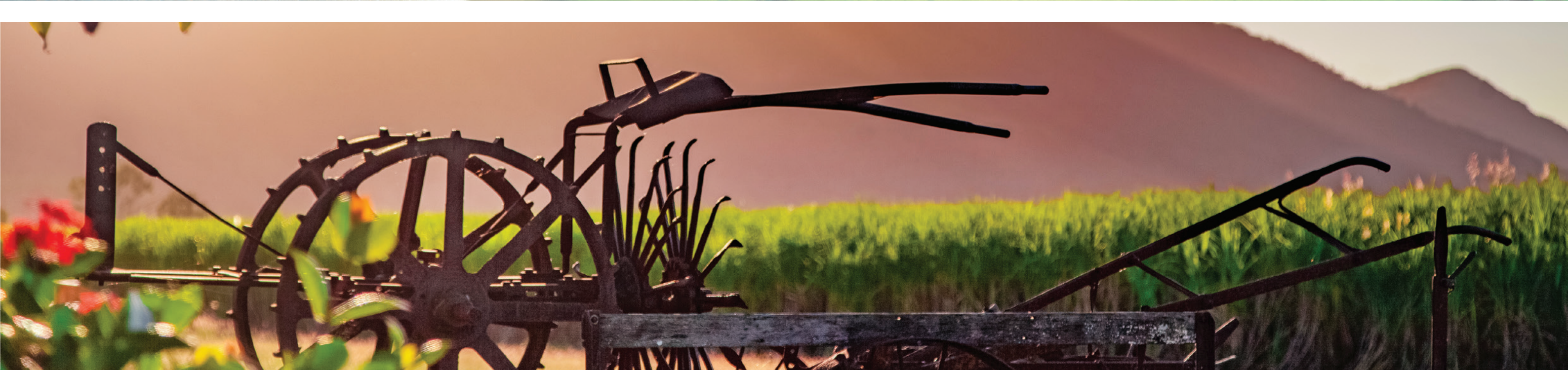
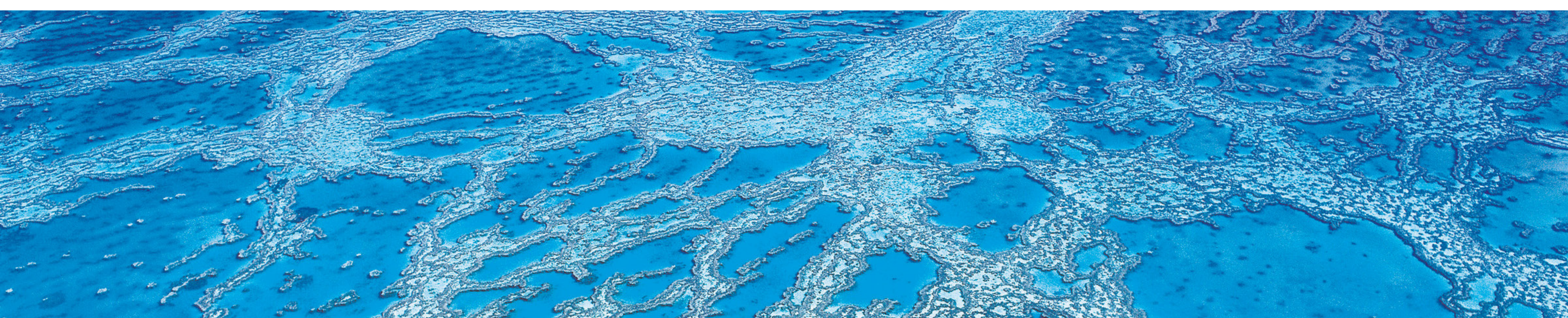


Joint Regional Wellbeing Plan for Northern Queensland

Mental health, suicide prevention, and alcohol and other drugs

December 2020 – Version 1



Acknowledgements

Acknowledgement of Country

We acknowledge the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community.

We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

We acknowledge the Aboriginal and Torres Strait Islander communities, consumers, carers, and organisations who have participated in developing this plan and thank them for their time and contribution in developing our understanding of the specific needs of Aboriginal and Torres Strait Islander peoples.

Lived experience acknowledgement

We acknowledge the lived experience of those with mental illness, those impacted by suicide or substance use, and those in crisis and the contribution support persons and staff make to their recovery. The strength, resilience, and compassion they demonstrate is at the heart of the work we do and a constant inspiration.

Acknowledgement of contributors

We thank the many consumers, carers, community members, service providers, agency representatives, and other individuals and organisations who participated in developing this plan and acknowledge their time and contribution through meetings, workshops, phone calls, emails, and surveys. Thank you all for your unique and valued contributions to the development of this foundational plan for northern Queensland.

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Foreword

The release of the Joint Regional Wellbeing Plan in Northern Queensland (the Plan/the Joint Regional Plan), marks a significant opportunity to shift focus to collaboratively supporting the system that provides services for mental health, suicide prevention, and alcohol and other drugs.

As a foundation level plan, it considers utilising resources already in the system to develop new ways of working together to achieve better outcomes for people in the northern Queensland region. In some ways, this is easier to describe in terms of what it is not—it is not about coming up with new ways to prevent suicide for example, there are no new funds or resources available for implementing the Plan. Instead, it is about looking at existing and established resources and exploring new and innovative approaches to improve the system to better work for our communities, including our providers and workforce.

In developing this plan, the steering committee comprising Northern Queensland Primary Health Network (NQPHN), Torres and Cape Hospital and Health Service (TCHHS), Cairns and Hinterland Hospital and Health Service (CHHHS), Townsville Hospital and Health Service (THHS), and Mackay Hospital and Health Service (MHHS), arranged consultation with individuals with lived experience, service providers, and the broader community. As a result, we learnt what is working well and what can be improved, with a decision to focus on how to create improvements at a system level without significant new funding. Some of the feedback received can't be implemented using existing resources due to time restraints and would take a long time to achieve and some are outside the remit of health services. We've listened to the feedback and focussed on what can be done at the foundation level and identified dozens of actions to be undertaken over five priority areas.

As a Joint Regional Plan, these actions are the responsibility of the four Hospital and Health Services and the Primary Health Network of the region. Northern Queensland as a region in terms of health services is approximately a third of the state, with significant diversity in our people, industries, geography, and even weather. This is the first time that these agencies have come together to develop a joint plan for mental health, alcohol and other drugs, and suicide prevention.

To be successful, this plan requires the collaboration of government health agencies plus the hundreds of networks, providers, alliances, and peak bodies who plan and deliver services and support consumers, carers, and workers. This is why governance for the Plan is proposed to build on arrangements that are already in place, from grass roots consultative groups to executive level alliances. A key activity for the operational groups responsible for implementing the Plan is ensuring local relevance, the guiding involvement of people with lived experience, and engagement across our large and diverse region. This local relevance and regional collaboration will be reflected in the development of the next level of Joint Regional Plan, which will be for fully integrated service development.

This document, as a foundation plan, includes outcomes, strategies and actions for implementation, plus performance indicators to measure progress and a governance structure to ensure accountability and collaboration in implementation. To place all of this in context, this document also sets out a vision for wellbeing in northern Queensland, outlines the policy and planning context and describes current service provision in the region. It also sets out the process that was undertaken to develop the Plan including the community and stakeholder engagement that resulted in much of the content and direction of the Plan.

For some readers, much of this will be familiar, for others it may all be new. Regardless of your interest in reading this plan, we encourage you to focus on the sections that are most relevant and of most interest to you and invite you to stay connected with the joint regional planning process as we develop the next level plan and implement and report on this one.

One last thing, we've included comments made by participants who engaged in the process of developing the Plan—you'll see them throughout the document.

Thank you

Terry Mehan
Interim Chief Executive Officer
NQPHN

Beverley Hamerton
Chief Executive
TCHHS

Tina Chinery
Chief Executive
CHHHS

Kieran Keyes
Chief Executive
THHS

Lisa Davies Jones
Chief Executive
MHHS

A partnership between

Glossary of terms

Aboriginal Medical Service (AMS): A health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals, which can be either be community controlled or operated by the Queensland Government.[1]

Carer or Support Person: A person who cares for or otherwise supports a consumer. A carer has a close relationship with the consumer and may be a family member, friend, neighbour, or member of a broader community.

Client or consumer: A person who uses, has used, or may use a mental health, suicide prevention, and/or alcohol or other drug health service.

Hospital and Health Services (HHSs): Independent statutory bodies, funded by the Queensland Department of Health and each governed by a board. There are 16 HHSs, including Children's Health Queensland, in the state of Queensland. HHSs provide public health services, including mental health and alcohol and other drug services, for individuals with severe and complex conditions.

Mental health: The World Health Organization defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.

Mental health problem: Impairment causing diminished cognitive, emotional, or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.

Mental illness: A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional, or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia.

Lived experience (mental illness, alcohol and other drugs (AOD)): Individuals who identify either as someone who is living with (or has lived with) mental illness or substance use or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness or substance use. Individuals with lived experience are sometimes referred to as a consumer and/or carer/support person.

Lived experience (suicide): Individuals who think about suicide, have attempted suicide, care for someone with suicidal behaviour, are bereaved by suicide, or are impacted by suicide in some other way, such as a workplace incident.

National Disability Insurance Scheme (NDIS): Provides eligible participants with a permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life. The NDIS also connect people with a disability and their carers, including people who are not NDIS participants and their carers, to supports in their community.[2]

Peer worker: Workers with **lived experience** who provide valuable contributions by sharing their experience of illness and recovery. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching, and running groups and activities.

Primary care: Generally, the first point of contact for people living with mental health problems or mental illness and their carers. Primary care providers include general practitioners, nurses, allied health professionals, pharmacists, and Aboriginal and Torres Strait Islander health workers.

[1] Adapted from definitions provided by the National Aboriginal Community Controlled Health Organisation, www.naccho.org.au All other definitions are from the joint regional plan Planning Guide.
[2] Definition as per the Australian Fifth National Mental Health and Suicide Prevention Plan.

Primary Health Networks (PHNs): Independent primary health care organisations largely funded by the Australian Government in 31 locations around the country. The role of PHNs is to commission health care services, rather than provide the services.

Social and Emotional Wellbeing (SEWB): Refers to the Aboriginal and Torres Strait Islander view of health. This view is holistic and includes mental health and other factors such as the social, spiritual, and cultural wellbeing of people and the broader community.

Stepped care: An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, which can be matched to an individual's needs. A stepped care approach promotes person-centred care which targets the needs of the individual. The levels of Stepped Care are defined on page 15.

Acronyms and abbreviations

Acronym/abbreviation	Definition
ADIS	Alcohol and Drug Information Service
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
ACCHO	Aboriginal Community Controlled Health Organisation
AMS	Aboriginal Medical Service
CALD	Culturally and linguistically diverse
CMO	Community Managed Organisation
DATSIP	Department of Aboriginal and Torres Strait Islander Partnerships
GP	General Practitioner (doctor)
HCQ	Health Consumers Queensland
HHS	Hospital and Health Service
MH	Mental Health
MHAOD	Mental Health, Alcohol and Other Drugs
MHCCS	Mental Health Community Support Services
MHICC	Mental Health Integrated Community Care
NATSIHA	Northern Aboriginal and Torres Strait Islander Health Alliance
NDIS	National Disability Insurance Scheme
NMHSPF	National Mental Health Service Planning Framework
NQ	Northern Queensland, *the geographical region aligned with the PHN and HHS partners for this plan*
NQPHN	Northern Queensland Primary Health Network
PC	Primary Care
PHN	Primary Health Network
QAIHC	Queensland Aboriginal and Islander Health Council
QAMH	Queensland Alliance for Mental Health
QMHC	Queensland Mental Health Commission
QNADA	Queensland Network of Alcohol and Other Drug Agencies
RACF	Residential Aged Care Facility
SEWB	Social and Emotional Wellbeing
SP	Suicide Prevention
WQPHN	Western Queensland Primary Health Network

Introduction

As part of a commitment to deliver on actions within the Fifth National Mental Health and Suicide Prevention Plan (Fifth National Plan), all regions across Australia are preparing joint regional mental health and suicide prevention plans to support integrated regional planning and service delivery. The Joint Regional Plan mobilises resources throughout the region and provides the blueprint to further improve the mental health, suicide prevention, and alcohol and other drug service sectors.

While the development of the Plan is a requirement of the Fifth National Plan, a partnership approach to mental health, suicide prevention, and alcohol and other drug treatment is also good practice. The Fifth National Plan established two levels of Joint Regional Plan; foundation and fully integrated. The Joint Regional Plan for Northern Queensland will initially be designed at the foundation level.

Through working together, the Joint Regional Plan aims to improve the outcomes and experiences of consumers and carers by improving coordination between the organisations that fund, plan, and deliver mental health, suicide prevention, and alcohol and other drug services. These organisations include primary health networks, hospital and health services, and non-government organisations, including private health providers and not-for-profit providers.

The vision of the Joint Regional Plan

Improved mental health and wellbeing of all northern Queenslanders.

The purpose of the Joint Regional Plan

To improve the outcomes and experiences of consumers and carers by enhancing coordination between the organisations that fund, plan, and deliver mental health, suicide prevention, and alcohol and other drug services.

Principles for the Joint Regional Plan

Person-centred

The Plan addresses the system as being for and about consumers: where tools are included, they will be made accessible, simple, and empowering to consumers. We are working for communities of real people; they are more than statistics; they have strengths and needs; they are experts in their own lives.

Collaborative and diverse

We recognise the strength of collaboration - sharing a vision, pooling resources, celebrating identity and diversity. We respect our differences and actively accommodate diversity. Across the region, communities will have different strengths and different needs.

Accessible

While the system is complex, we will strive to make the experience of it straightforward for consumers and carers. We will be transparent, integrated, and accessible. We don't expect it to be easy, but we'll do our best to make it easier.

Aspirational

We want the absolute best for our region and we're aiming high. Our thinking needs to be big while our actions need be local, targeted, and achievable. We will adapt our plans in response to what we hear from our communities.

“ **Participant comment:** *Need simple supportive and collaborative processes that support a collective partnership.* ”

A foundation level plan

The Fifth National Plan provides for two levels of joint regional planning.

The Joint Regional Wellbeing Plan for Northern Queensland is a foundation plan. The objective is largely about Hospital and Health Services (HHSs) and the Primary Health Network (PHN) looking at what can be done in the short-term to better use existing resources to develop new ways of working together to improve outcomes for people in their regions. While implementing the foundation plan, an important activity will be developing a comprehensive service development plan for the region, informed by evidence-based service planning tools and detailed service and workforce mapping.

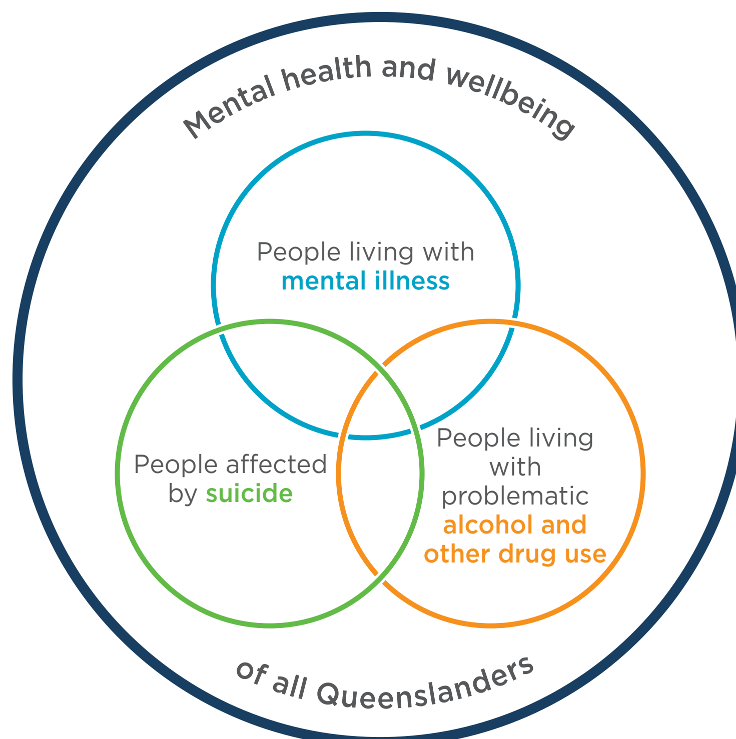
The overall aim of Joint Regional Plan is to improve the mental health, physical health, and wellbeing of individuals with or at risk of mental illness or at risk of suicide.

From the Fifth National Plan
Objective 1 (foundation level) This is the level of this plan for Northern Queensland: Embed integration of mental health and suicide prevention services and pathways for people with or at risk of mental illness or suicide through a whole of system approach. **Objective 2** (fully integrated) Drive and inform evidence-based service development to address identified gaps and deliver on regional priorities.

A plan for mental health, suicide prevention, and alcohol and other drugs services

The Plan recognises that northern Queenslanders may experience mental health difficulties, be affected by suicide, or have problems with substance use to different degrees at different stages of their lives. We understand these experiences may be separate or may coincide and so have included alcohol and other drugs (AOD) in this plan. This inclusion also recognises that service providers may also cross over these three categories. This personal and service system context is illustrated in Figure 1 below.

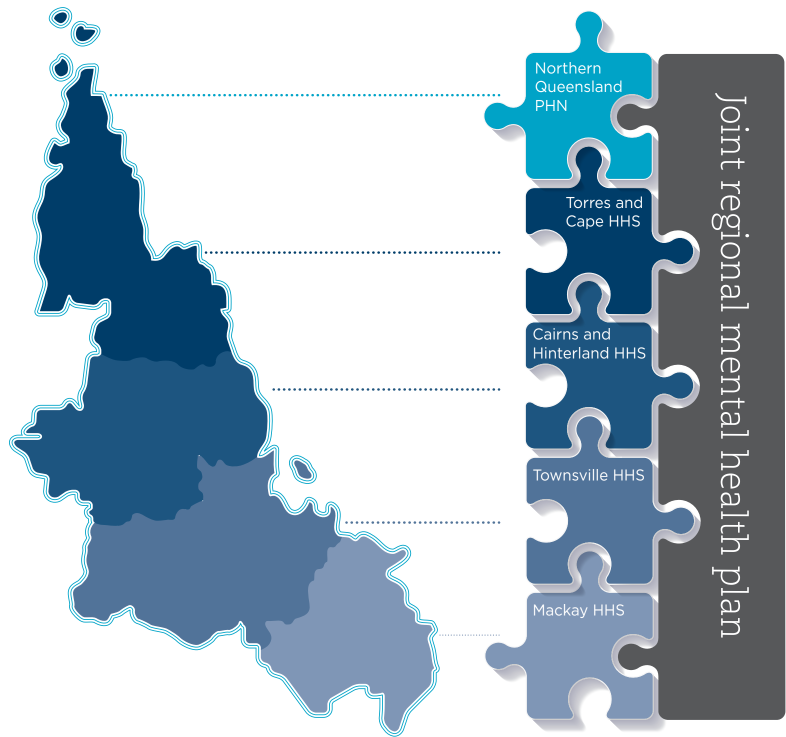
Figure 1: We recognise that these experiences can occur together or separately (*based on an image from QMHC*)



Context

Regional context

The Joint Regional Plan applies to an area of 510,000 square kilometres, home to approximately 700,000 people, from Sarina up to the northernmost point of the Torres Strait Islands—a distance of approximately 1,500 kilometres south to north. To the west, the area extends to Kowanyama, Croydon, Richmond, and Clermont.



Within the plan area, approximately 80,000 (11.0 per cent) of people identify as Aboriginal and/or Torres Strait Islander (compared to 4.0 per cent in Queensland). About 52,072 (7.7 per cent) of people were born to non-English speaking backgrounds.

The region has a slightly higher proportion of young people compared to the state of Queensland (0-14 years old: 20.4 per cent; 15-24 years old: 12.8 per cent), a similar proportion of working age people (25-64 years old: 52.6 per cent) and a slightly lower proportion of elderly people (65 plus years old: 14.2 per cent). Around 12.0 per cent of the population live in an inner regional area, 81.0 per cent live in an outer regional area, and about 8.0 per cent live in a remote or very remote area.

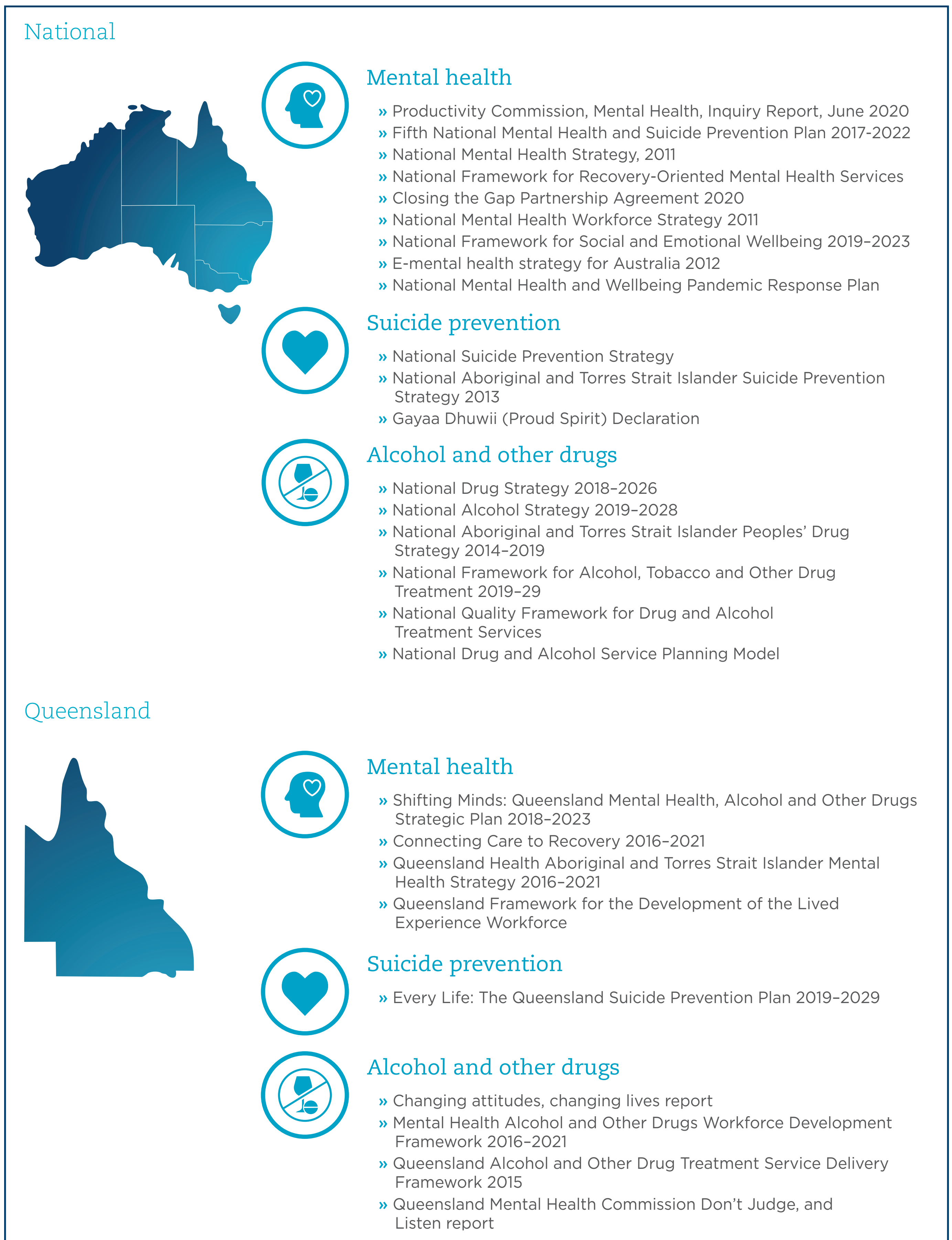
There are four HHSs, three private mental health inpatient clinics, and 12 Aboriginal Medical Services (AMSs) in the northern Queensland (NQ) region.

> “ **Participant comment:** *People in community, particularly those with a lived experience, are beneficial —need more of this.* ”

Policy and planning context

There is strong commitment to integrated planning and service delivery, and recognition of the broader social context in which services are commissioned and delivered, at both state and national levels. In addition to the Fifth National Plan, there are several key policy and planning documents that relate to mental health, suicide prevention, and alcohol and other drugs. The Joint Regional Plan is informed by and will be implemented within this broader context. Refer to Figure 2 on the next page for an overview of the relevant documents (full details of these documents are available in the references section).

Figure 2: Overview of state and national policy context for this Joint Regional Plan



Roles and responsibilities in health care

The Commonwealth and State Governments both have responsibilities for health care. Public sector services include specialised mental health care delivered in state acute and psychiatric hospital settings, specialised state community mental health care services, and specialised state residential mental healthcare services.

The private and non-government sectors also have key roles in providing health care. The non-government sector provides a range of mental health, alcohol and other drugs services, and suicide prevention services. These include individual and group support programs in mental health, peer support programs, psychosocial programs, and alcohol and other drugs treatment, counselling, rehabilitation, and withdrawal services. The non-government sector also supports a range of suicide prevention and postvention services. Private sector services include care in private psychiatric hospitals, and private services provided by GPs, nurses, psychiatrists, psychologists, and other allied health professionals, including primary care, acute management, rehabilitation, and psychological interventions.

Aboriginal Community Controlled Health Services are primary health care services initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.

Service provision in northern Queensland

Mental health services

Mental health and wellbeing services in northern Queensland include:

- primary health care services, including services funded through Medicare rebates, and those commissioned by the Northern Queensland Primary Health Network
- Social and Emotional Wellbeing services provided through Aboriginal Community Controlled Health Organisations
- Community Managed Organisations (CMOs)/Non-Government Organisations (NGOs) providing individual and group programs, and psychosocial support programs, funded by Queensland Health and other government departments
- the National Disability Insurance Scheme (NDIS)
- Hospital and Health Service's mental health and alcohol and other drug services
- private mental health service providers.

> "**Participant comment:** *People in community, particularly those with a lived experience, are beneficial —need more of this.*"

Mental health stepped care

PHNs and HHSs focus on different parts of the system. HHSs primarily focus on delivering services to people who have severe and complex mental health and/or alcohol and other drugs issues, in acute inpatient settings or in the community. PHNs commission health care services for people with a mild and moderate mental illness that can receive care within the community setting. The transition of clients from one part of the system to another is critically important, particularly for a person's recovery and continuity of care.

The application of matching resources to the level of consumer need is called "stepped care" and is illustrated in Figure 3 below.

An overview of stepped care services available for each level of need and specific population groups is represented in Table 2, however, not all services are available in all areas of northern Queensland.

Figure 3: Stepped care refers to application of resources in line with intensity of need
(*Reference: Department of Health 2019 National Initial Assessment and Referral Guidance for Mental Health Care*)

Table 1: Levels of care—definitions

Level of care	Levels of severity most commonly associated with the level of care	Description of clinical services	Broader non-health support services likely to be needed
Level 5 Acute and specialist community mental health services	Severe and persistent, often with complex multiagency needs or other severe conditions that include high level of risk, disability, or complexity.	Intensive team-based specialist assessment and intervention (typically state/territory mental health services) with involvement from a range of different mental health professionals, including case managers, psychiatrists, allied health workers, and GPs	Psychosocial disability support services and community supports, such as peer support, daily living support, social participation, or lifestyle interventions.
Level 4 High intensity services	Severe mental illness (persistent or episodic).	High intensity services, including periods of intensive intervention that may involve multi-disciplinary support.	Psychosocial support and community support, such as peer support, social participation, or lifestyle interventions.
Level 3 Moderate intensity services	Mild to moderate mental illness.	Structured, reasonably frequent, and intensive interventions.	Community supports, such as peer support or social participation and/or lifestyle interventions.
Level 2 Low intensity services	Mild to moderate mental illness.	Services designed to be accessed quickly, without need for formal referral, easily through a range of modalities and involve few short sessions.	Routine social supports (family and friends) and supports targeting situational stressors (e.g. financial issues).
Level 1 Self-management	Subsyndromal or mild mental illness or no mental illness relapse prevention.	Services designed to prevent the onset of illness, or prevent further escalation, and focused on supporting symptom self-management.	Routine social supports (family and friends) and supports targeting situational stressors (e.g. financial issues).

Table 2: Overview of stepped care services available for each level of need

Group	Services
Well population	» Self-help resources and mental health promotion/prevention information.
People with early/mild symptoms or at risk of becoming unwell	» Digital services. (e.g. Head to Health, Beyond Blue, SANE Australia, PANDA). » Short-term telephone psychological support. » Online apps and courses.
Children and Youth	» headspace services. » Community and school-based youth programs, including resilience programs. » School support, including guidance officers and youth health workers. » Child and Youth Mental Health services. » Evolve services (for young people in the Child Safety system). » Psychological Therapies (under 12 and 12-24 years old). » Residential services. » Step-up step-down services.
Aboriginal and Torres Strait Islander people	Culturally appropriate services, including: » ACCHOs » HHS Mental Health and alcohol and other drugs services » place-based mental health services.
Groups with special needs (e.g. CALD, LGBTIQ)	» MBS funded GP and allied health. » Psychological Therapies services. » Community-based support programs. » Resettlement programs for recent arrivals. » Multicultural support services.
Adults with moderate mental health conditions	» MBS funded GP and Allied Health support (Better Access). » Psychological Therapies (NQPHN funded). » Telephone and digital support. » Range of specialised community providers (e.g. Domestic Violence services, family counselling services).
Adults with severe, or severe and complex mental health issues	» Mental Health Community Support Services (MHCSS). » Mental Health Integrated Community Care (MHICC). » Psychosocial Support Measure and Transition programs. » National Disability Insurance Scheme (NDIS). » HHS Mental Health Services, including community-based teams and inpatient services. » Community Care Units and Step-up, Step-down facilities. » MBS funded GP and allied health support (Better Access).
People living in rural or remote areas	» Outreach youth services. » Remote area HHS MHAOD services (via outreach and virtual health technologies). » Place-based Psychological Therapies services. » Telephone and digital support services.
Older people with mental health issues	» Psychological Therapies in Residential Aged Care Facilities (RACFs). » Older persons' Mental Health Services (HHSs). » GP and allied health MBS services. » Carer support services.

Social and Emotional Wellbeing

Aboriginal and Torres Strait Islander peoples' interpretation and application of Social and Emotional Wellbeing (SEWB) varies between different groups and individuals. In consultation to develop this Joint Regional Plan, ACCHO stakeholders recommended referencing the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023:

"*In broad terms, SEWB is the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. It is a holistic concept which results from a network of relationships between individuals, family, kin, and community. It also recognises the importance of connections to land, culture, spirituality and ancestry, and how these affect the individual.*"[3]

Included in this understanding of SEWB is a model of social and emotional wellbeing that proposes seven overlapping domains which are optimally sources of wellbeing and connection, as show in Figure 4.

SEWB problems are distinct from mental illness. For example, there may be differences in severity, duration, and whether the presenting problems meet the criteria and threshold for a diagnosable condition. An Aboriginal and/or Torres Strait Islander person may require either SEWB or mental health services or at times have need of both.

SEWB services in northern Queensland are delivered by AMSs and, in the Torres Strait, by the HHS.

" **Participant comment:** *Clients will go places where they feel loved and respected.* "

Figure 4: A model of Social and Emotional Wellbeing
((c) Gee, Dudgeon, Schultz, Hart, Kelly 2013)

[3] National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023

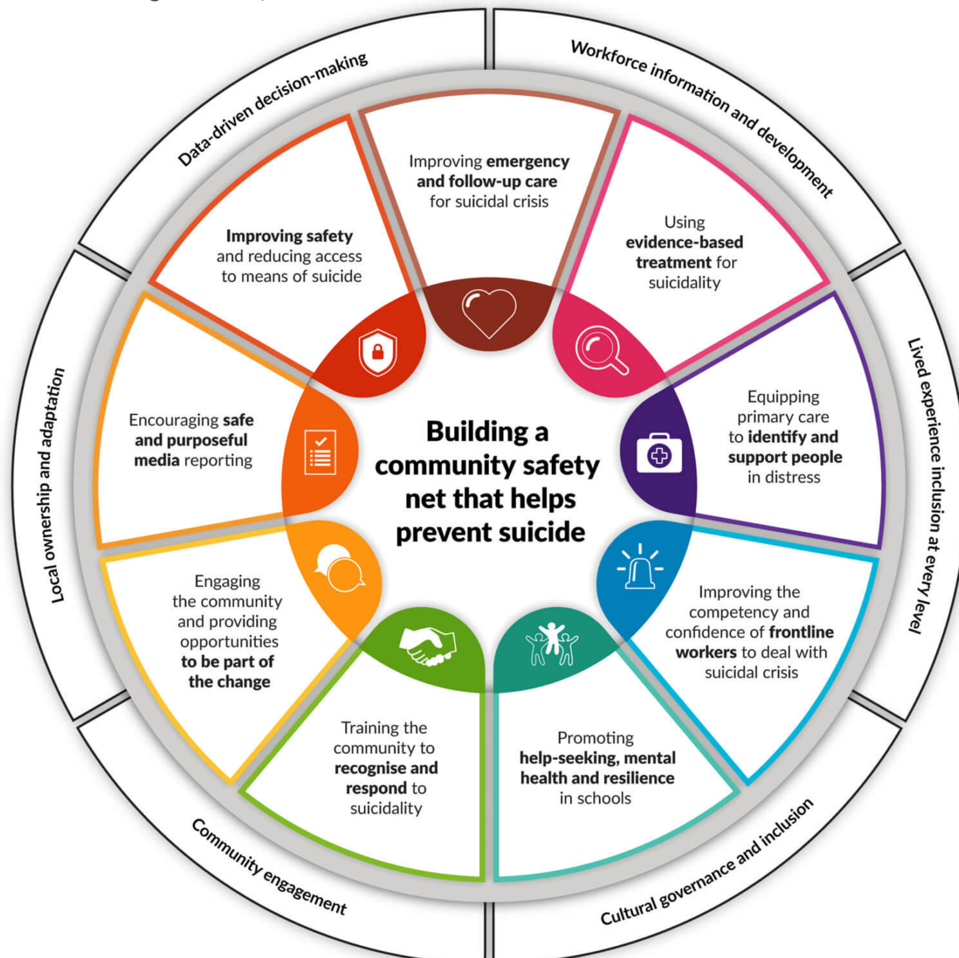
Suicide prevention

Suicidal and other self-harm behaviours do not necessarily indicate mental illness, although some disorders—such as major depression, bipolar disorder, and schizophrenia—do present significant risk of suicide. This risk can be increased by associated use of alcohol and other drugs. However, 49.2 per cent of Queenslanders who died by suicide between 2013 and 2015 had no known mental health condition, while 97.8 per cent of people who died by suicide in that period reportedly experienced at least one recent adverse life event that may have contributed to their death.[4] Concern regarding change in life factors—relating, for example to relationships, employment, or finances—was also reported in consultation undertaken for developing this Joint Regional Wellbeing Plan for Northern Queensland.

There are several suicide prevention groups in northern Queensland, including two funded by the PHN—the Townsville Suicide Network and the Whitsunday, Isaac, and Mackay Suicide Prevention Community Action Plan (SPCAP). Networks are also developing or being planned in the Cairns area and the Western Cape.

The shared framework for integrated suicide prevention is LifeSpan, the evidence-based approach developed by the Black Dog Institute.[5] Lifespan is a comprehensive systems approach to suicide prevention, comprising nine strategies and integrating the perspectives, needs, and contexts of multiple sectors, communities, organisations. This community-led implementation and service delivery approach is illustrated in Figure 6.

Figure 5: The LifeSpan Wheel
(Developed by the Black Dog Institute)



“ **Participant comment:** *Provide suicide prevention training. Provide mental health first aid training to community members not just stakeholders.* ”

[4] Suicide in Queensland Annual Report 2019
[5] blackdoginstitute.org.au

Alcohol and other drugs

While many people are able to use substances—alcohol, tobacco, and other drugs—without experiencing any significant harm, there is a proportion of the population who require specialist support ranging from brief, one-off assistance to complex, long-term treatment. Providing the right support, at the right time, for the right duration, can help avoid or reduce a range of physical, psychological, and social harms from occurring for these individuals, their families, and their communities.[6]

Alcohol and other drugs (AOD) services in northern Queensland include residential treatment, withdrawal management (detox), individual and family counselling, pharmacotherapy, outreach, case management, intoxication management, continuing care, and harm reduction. Services aim to provide evidence informed responses to address prevention, early intervention, treatment, and rehabilitation and target a range of drugs, including alcohol, tobacco, cannabis, amphetamine-type stimulants, and volatile substances.

AOD services in northern Queensland are provided by:

- HHSs through mental health and alcohol, tobacco, and other drug services (MH-ATODS) and public hospitals
- Non-government organisations, including AMSs
- general practitioners and other private healthcare providers.

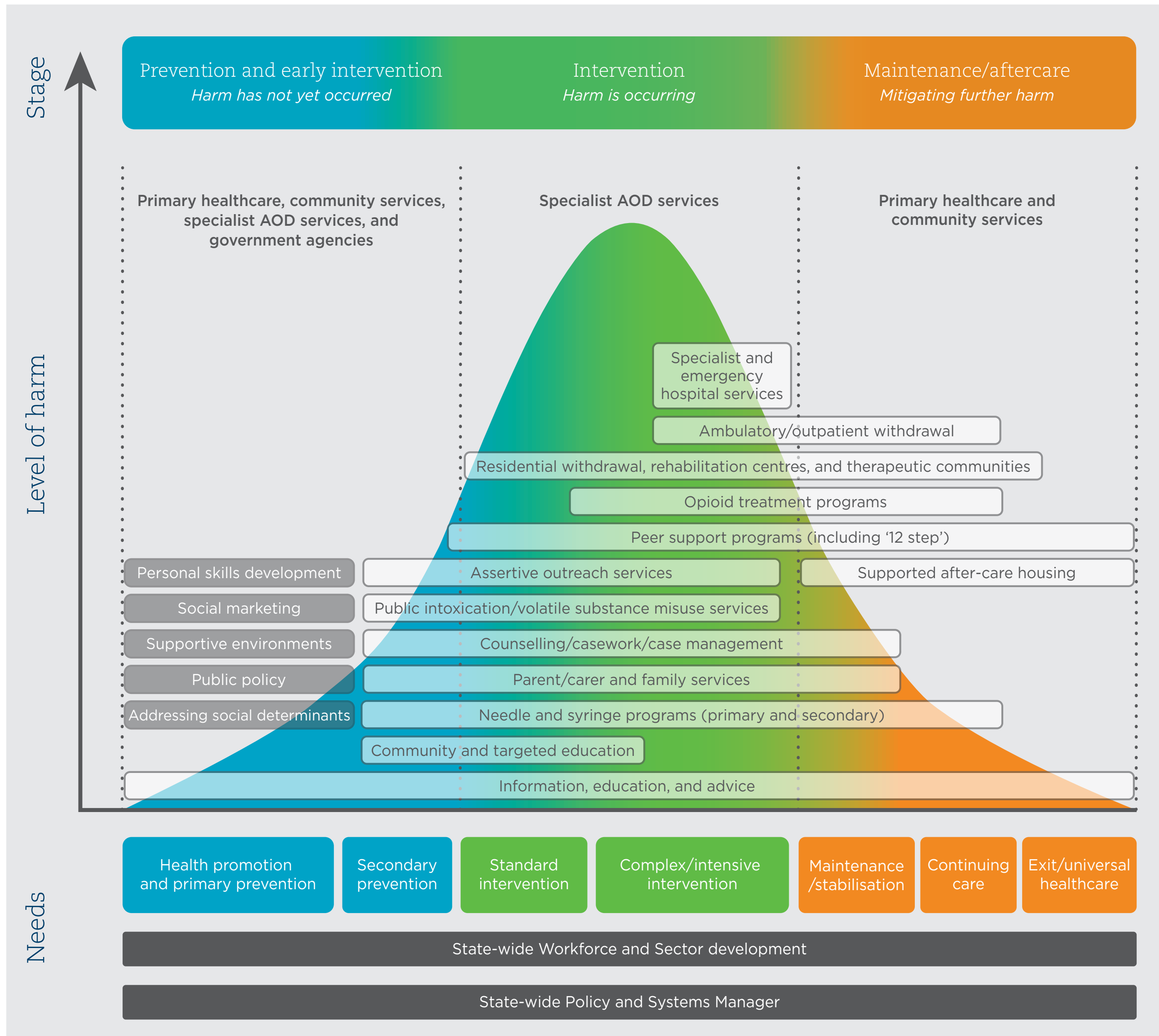
AOD treatment takes many forms, occurs in a variety of settings, has varying levels of intensity, and takes varying lengths of time, as shown in the AOD Spectrum in Figure 6.

> “ **Participant comment:** *Develop a role for advocacy workers. These would be long-term, trusted people who would act as interpreters (cultural, linguistic, and system navigators). They could help get clients to appointments, go out of town with them (for treatment if required).* ”

[6] Queensland Alcohol and Other Drug Treatment Service Delivery Framework 2015

Figure 6: Spectrum of AOD responses

(From the Queensland Alcohol and Other Drugs Treatment Service Delivery Framework—A State-wide framework for comprehensive care (QNADA)



Development of the Plan

The Northern Queensland Regional Planning Partnership—the Torres and Cape, Cairns and Hinterland, Townsville, and Mackay Hospital and Health Services and Northern Queensland Primary Health Network—commenced in 2019 to develop this plan. A steering committee comprising members of the planning partner organisations, together with Queensland Health representatives, oversaw the planning process.

Research and engagement was conducted over three stages in development of the Joint Regional Plan. These stages, undertaken in the period October 2019 to March 2020, were:

- Stage 1: Literature review
- Stage 2: Preliminary interviews with key stakeholders
- Stage 3: Community and sector engagement.

The focus for the research and engagement was "*How to provide a better consumer and carer experience through better integration of planning, funding and delivery?*"

Interviews with key stakeholders

Representatives of the following agencies and organisations were interviewed:

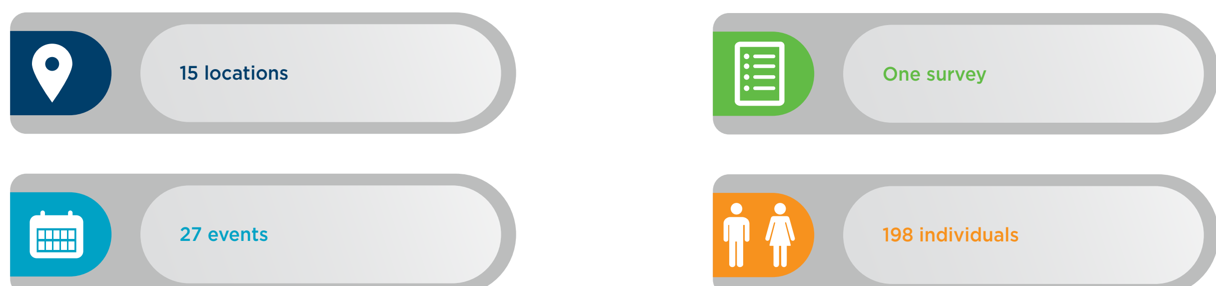
- Queensland Mental Health Commission (QMHC)
- Queensland Network of Alcohol and Other Drug Agencies (QNADA)
- Queensland Alliance for Mental Health (QAMH)
- Health Consumers Queensland (HCQ)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA)
- Western Queensland Primary Health Network (WQPHN)
- Brisbane North Health Alliance (BNHA)
- Queensland Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP).

Representatives of each HHS, NQPHN, Queensland Health, and some service providers and networks were also interviewed.

Community and sector engagement

Face-to-face engagement was planned over 34 events in 15 locations. The last stage of the engagement activities was curtailed by the implementation of COVID-19 restrictions, resulting in 27 events in those 15 locations. Telephone, videoconference, and email/survey opportunities were offered to individuals who had registered for events that were cancelled, resulting in two telephone interviews. An online survey was initially open for two weeks which resulted in three responses—it was then opened again at the request of Mackay participants and received a further two responses. Through these activities, 198 individuals participated in engagement. This activity is summarised in Figure 7. A further written submission was received from the Townsville Suicide Prevention Network and a meeting was held with Operation Compass in Townsville.

Figure 7: Summary of community and sector consultation to date



In some cases, participants were single stakeholder cohorts (e.g. service providers, people with lived experience, HHS staff) or a mixture, depending on what was appropriate for each location. For example, in Indigenous communities, the term “community” was used for open invitations as community members frequently identify as carers, consumers, and service providers. The term stakeholder was used to designate interested persons who were representing concerned agencies (such as DATSIP) but not directly involved in providing services for mental health, suicide prevention, or alcohol and other drugs.

In addition to inclusion in all engagement activities, Aboriginal and Torres Strait Islander peoples were engaged through meetings on one Torres Strait Island and in four Aboriginal communities, with carers, consumers, wider community members, and ACCHO service providers participating.

What we've learned so far

Outputs from the literature review, preliminary stakeholder engagement and community engagement, were analysed with consideration for strengths, challenges, and opportunities for service provision from perspectives of people with lived experience, service providers, peak bodies, and funding and planning agencies.

As expected, consultation across this geographically extensive and culturally diverse region has resulted in broad, regionally applicable issues and opportunities, as well as more localised challenges requiring specific solutions. Particularly local issues were provided to NQPHN and relevant HHSs to progress.

Key common themes identified in research and engagement:

- Health literacy, education, and training: This theme refers to formal education and training of the workforce as well as education of the public, with calls for more training of local community members to enter the workforce, more in-service mental health, suicide prevention, and alcohol and other drugs training for generalists, and a strong focus on increasing community awareness, understanding, and knowledge of mental health, suicide prevention, and alcohol and other drugs issues and where to go for help.
- Funding and procurement: Funding and resourcing issues included contractual issues, contract terms, transparency of funding, and issues with procurement models as well as lack of funding. There was significant demand for localisation of decision-making around funding priorities and better visibility of procurement outcomes and funding decisions.
- Collaboration, networks, and alliances: This theme includes formal networks that are formed for professional and interagency coordination and support as well as collective decision-making and integrated service delivery. The drive here was to provide continuity of care for consumers, including integration of roles and considered communication, consistency and collective service delivery, involvement of community, honouring community-based knowledge, supports and activities, and the requirement for services to be culturally safe and competent.

Strengths aligned with these themes and included instances of shared services and service provision, creative alternative offerings of services, and the expertise and experience of many general practitioners and other clinicians. In many cases, where the system was seen to be working well it was attributed to the practices of individuals within the system and the strengths of community and family supports rather than structures inherent in the system itself.

Common challenges, and opportunities to address them, also followed the key themes described above. Referral pathways were often found to be confusing, resulting in difficulty for consumers and carers in finding their way to the right services. It was acknowledged that turnover of organisations and staff was a complication in keeping service information up to date—changes to funding and procurement were offered as some opportunities to address this.

A lack of 24-hour access to emergency care was identified as a gap in most locations with many audiences also identifying service duplication as an issue with a proliferation of short-lived service providers creating confusion as well as duplication. Actions addressing procurement models were identified as an opportunity to address some of these issues, along with collective service delivery. The NDIS was widely nominated as a recent but very significant complication in many contexts.

The context of social determinants was presented as a significant root cause for mental health, suicide prevention, and alcohol and other drugs issues with housing most commonly raised: unavailable or unaffordable housing and consequent overcrowding having many resulting negative impacts on personal and community wellbeing. Improved interagency collaboration at a local level, including collective service delivery, was identified as an opportunity to address some of these issues.

While the abovementioned key themes were consistent across all areas, distinctions were evident in different contexts. A key difference in alcohol and other drugs consultation was the understanding that this sector is well networked while discussions with service providers in other sectors identified a lack of service knowledge. Harm minimisation was identified as a necessary focus for this sector, one that should not be diluted through integration at a system level.

> “**Participant comment:** *People with mental illness should have access to secure housing, meaningful employment, opportunities to contribute to the community and be accepted and respected members of society.*”

In Aboriginal and Torres Strait Islander contexts, it was identified as essential that issues of mental health, suicide, and alcohol and other drugs be responded to within a holistic, personal, and social wellbeing framework. There was a clearly stated preference for taking a wellbeing and even healing approach, with trauma-centred care required in many cases.

Estimate of need (mental health)

The National Mental Health Service Planning Framework (NMHSPF) provides a model of the ideal service system required to meet the mental health needs of a given population, across all settings and providers, based on epidemiological data from Australia and international sources, contemporary best practice recommendations, and expert opinion, including consumer and carers. The NMHSPF model allows age specific modelling across five age groups with separated modelling for 65 plus years old, 0–4 years old, 5–11 years old, 12–17 years old, 18–64 years old, 65 plus years old, and 65 plus years old Behavioural and Psychological Symptoms of Dementia (BPSD).

The NMHSPF does not include specific modelling for components of the service system that are not mental health specific. It also does not include modelling for mental health services for specific populations, including Aboriginal and/or Torres Strait Islander people, culturally diverse populations, rural and remote communities, and forensic populations.

The NMHSPF estimates that as of 2020, almost 130,000 people (over a 12-month period) in northern Queensland have either a mild, moderate, or severe mental illness. A further 91,000 people in northern Queensland are at risk of developing a mental illness (early intervention). This is illustrated in Table 3.

Table 3: Estimated need

(Source: National Mental Health Service Planning Framework, April 2020)

Intervention type	Early Intervention (29% need services)	Mild (50% need services)	Moderate (80% need services)	Severe (100% need services)
Estimated prevalence and need	91,741 of whom 26,324 need services	69,953 of whom 34,976 need services	35,468 of whom 28,374 need services	23,738 of whom 23,738 need services

Joint Regional Plan in detail

Process for developing the details

Determination of priority areas for the Joint Regional Plan was based on consideration of:

- outcomes of research and engagement
- vision, purpose, and principles of this plan for northern Queensland
- priorities of context-setting planning documents illustrated in Table 1.

These considerations also influenced the development of outcomes, strategies, and actions for the Joint Regional Plan, where the scope of a foundation level plan was also critical.

Additionally, strategies, and actions were developed with consideration for:

- needs of specific populations
- the challenges distance in the geographically extensive regions and the particular needs of rural and remote communities
- recognition of community capital and opportunities for capacity building
- Aboriginal and Torres Strait Islander peoples' ownership of solutions
- the benefits of strong networks and alliances, including links with broader human services landscape to consider social determinants
- avoidance of duplication in service provision
- diversity within the region and the desirability for local ownership of decisions and actions.

> **Participant comment:** *There are preventable deaths due to lack of understanding and information in the community; that is, from chronic disease.*

The priorities

This deliberation has resulted in the following six priority focus areas:

These are detailed in the following tables, each with draft with outcomes, strategies, and actions.

Outcomes, strategies, and actions for priority areas

Outcomes	Strategies	Actions
A: Workforce, including peer workers		
1. Increased numbers of trained peer workforce	a) Training and employment, including models of workforce development and support, of more peer workers who can then share their knowledge and experience	i. Identify skilling needs and training opportunities, across all sectors (HHSs, NGO, PHNs) for people with lived experience ii. Advocate to training providers to provide more regionally accessible formal training, including access to qualifications, such as the Certificate IV in Mental Health Peer Work, for people with lived experience to become peer workers
2. Appropriately trained and supported current and emerging mental health, suicide prevention, and alcohol and other drugs workforce	b) Identify gaps in rural and remote workforce and develop relevant strategies specific to these communities c) Address ageing of workforce and recruitment pipeline d) Build primary care capacity	iii. Establish governance of funding arrangements to enable pooling of resources, including workforce to enable more flexible and locally appropriate service provision iv. Advocate to training providers and state department to provide training opportunities and funded places for candidates, including peer and non-clinical workforce, in regional and remote areas v. Explore opportunities for cadetships to provide local support for students who are studying remotely vi. Develop opportunities for GPs and practice nurses to undertake training in early intervention and prevention vii. Collaborate with universities and other tertiary institutions to support regional training and clinical placements in the region

Outcomes	Strategies	Actions
3. Number and proportion of Aboriginal and Torres Strait Islander people in the workforce	e) Access and leverage career pathways for Aboriginal and Torres Strait Islander peoples f) Identify, promote, and develop opportunities to improve retention of Aboriginal and Torres Strait Islander peoples in the workforce	viii. Establish governance of funding arrangements to enable pooling of resources, including workforce to enable more flexible and locally appropriate service provision ix. Advocate to training providers and state department to provide training opportunities and funded places for candidates in regional and remote areas x. Explore opportunities for cadetships to provide local support for students who are studying remotely.
B: Aboriginal and Torres Strait Islander partnership in healing		
4. Culturally appropriate mental health, suicide prevention, and alcohol and other drugs service delivery across Northern Queensland	a) Implement social and emotional wellbeing framework across services b) Work with Aboriginal and Torres Strait Islander peoples and relevant agencies to understand need for and availability of extended and alternative modes of care c) Enable enhanced access to culturally appropriate care that recognises the role of cultural practitioners, family, and community	i. Advocate to trainer providers to develop and offer SEWB training in the region ii. Advocate to employers/service providers to mandate SEWB training for workforce iii. Amend procurement and contract management processes to include cultural governance aspects iv. Advocate to remote and rural employers/service providers for cultural mentoring by Elders for providers and practitioners v. Support Aboriginal and Torres Strait Islander peoples to review current availability and modes of care and work with relevant agencies to codesign services to improve access to culturally appropriate care
5. Community has ownership of strategies, actions, and solutions to support providers across the service system	d) Develop capacity of community e) Increase local participatory processes in identifying issues and developing and implementing solutions	vi. Work with communities to build capacity in the active engagement and ownership of strategies and solutions within the MHSPAOD system vii. Develop better connections and networking between HHSs and other service providers with local councils viii. Develop community and workforce connections and relationships

Outcomes	Strategies	Actions
C: Service access and coordination		
6. Improved integration and effectiveness of MHSPAOD services	a) Review existing networks and consider opportunities to strengthen governance and planning and to improve service delivery	i. Engage with existing networks, including government and non-government agencies, health professionals, service providers, peer workers and people with lived experience, and consult them about their roles and experience ii. Explore opportunities to provide support to key networks to support their function and continuity, including investigating best practice governance and operational processes for networks, with consideration for local relevance iii. Engage with the NDIS to determine opportunities to improve integration with MHSPAOD system iv. Develop service integration and enhanced coordination at the local level between HHSs, community groups, community organisations, local government, and community-controlled health providers
7. Increased consumer ability to access MHSPAOD services	b) Reinforce health literacy and self-management for mental health, suicide prevention, alcohol and other drugs c) Reinforce MHAODSP health promotion approaches d) Explore and understand barriers to help-seeking and consider localised opportunities to address those barriers	v. Advocate to training providers to provide more training (in prevention and response) for community members across the region, including culturally appropriate training in Aboriginal and Torres Strait Islander communities vi. Optimise telehealth, virtual care, and other digital solutions including for centre-based, community-based, and self-managed care vii. Review options for 24-hour crisis response.
8. Enhancement of GP and primary care mental health capacity	e) Enhance GP/primary care capacity in mental health f) Improve visibility of mental health system to GP/ primary care and enhance capacity to access and navigate mental health system	i. Investigate accessibility of bulk billing GPs across the region ii. Improve GP capacity to undertake mental health and awareness programs to support early intervention and prevention iii. Improve GP capacity to facilitate referrals and early access to mental health services

Outcomes	Strategies	Actions
9. Established pathways to care	g) Review use and effectiveness of Health Pathways tool in the MHSPAOD field h) Identify opportunities to improve all parties' understanding of services and service capacity i) Explore opportunities to improve community awareness and knowledge of pathways to care	iv. Advocate for connecting national information sites and localised, up-to-date, service information as a source of truth for the community v. Undertake shared service mapping/system mapping to inform and facilitate carers and consumers finding their way to services; and service viability and access, and improve provider knowledge of available services, including outreach and visiting services
10.Optimal transitions of care	j) Improve coordination and communication around consumer care to support continuity of care k) Explore opportunities to provide home-based care.	vi. Explore shared care functions between HHSs, GPs, and other providers vii. Facilitate clinical information sharing (transition of patient care), including HHS viewer access, My Health Record, and Electronic Discharge summaries.
D: Alcohol and other drugs harm reduction		
11. Reduced adverse health consequences for people using alcohol and other drugs	a) Ensure comprehensive models of care for alcohol and other drugs across the continuum (public to private, mild to severe) b) Strengthen collaboration between mental health and alcohol and other drugs services to improve continuity of care for clients requiring both services c) Address impacts of stigma and discrimination in service provision	i. Review the current models of alcohol and other drugs care across the continuum with reference to health, safety and social, and physical wellbeing of those consuming alcohol and other drugs and those around them to identify and address gaps in these models ii. Investigate models (nationally and internationally) of good practice integrated care to consider trialling in northern Queensland iii. Educate non-ADO health and social services workforce to reduce stigma and discrimination

Outcomes	Strategies	Actions
12. Reduced uptake and delayed first-use and reduced alcohol, tobacco, and other drug problems	d) Review and improve system knowledge of alcohol and other drugs Harm Reduction model e) Improve community understanding and awareness of AOD-related harms f) Review evidence-based prevention initiatives in other areas and adapt to local context as required	i. Identify and advocate for opportunities for appropriate training to upskill health service workforce (particularly in remote and rural areas without specialised alcohol and other drugs services) ii. Work with local community services and leaders to identify strategies to improve community approaches to harm reduction iii. Identify and support AOD first aid train the trainer options for community leaders iv. Support and localise state and national campaigns v. Work through networks and other services to learn of effective initiatives and consider these in commissioning
13. AOD services match need of local communities	g) Undertake gap analysis to support advocacy	vi. Consider opportunities for people with lived experience to become peer workers vii. Collaboratively identify gaps in current services across the region.
E. Physical health of people living with mental illness		
14. Better physical health for people living with mental illness especially the health needs of people with severe, complex, or dual diagnoses	a) Develop specific pathways for physical health care (e.g. similar to addictions pathways) b) Work to understand roles and responsibilities of services addressing physical health issues and identify gaps and barriers to consumer access	i. Review current pathways for physical health care ii. Identify opportunities to improve health literacy of consumers and providers' knowledge of pathways iii. Identify opportunities for NQPHN and HHSs to work more closely with GPs and allied health providers

Outcomes	Strategies	
15. Integration of physical and MHSPAOD plans for consumers	c) Identify priority physical health needs of people living with mental illness in northern Queensland and gaps and barriers in addressing these d) Improve mental health treatment plans and reviews undertaken by GPs.	iv. Review of existing data on physical health needs and service provision v. Reduce service stigma to better facilitate improved engagement of MHAODSP consumers with physical health services vi. Explore MBS mental health and health assessments for MHAODSP consumers to maximise uptake in primary care.
F: Suicide prevention		
16. Coordinated regional community action plans are in place	a) Provide appropriate resources to support development of or continuing effectiveness of suicide prevention community action networks and activities	i. Map the developmental needs of local suicide prevention community action networks across northern Queensland ii. Connect local suicide prevention networks with each other and support them in mentoring each other
17. Coordinated access to services across primary to tertiary level care	b) Raise GP and other provider awareness of suicide prevention services and pathways c) Collaborate with providers and agencies to facilitate collective case management of complex cases and improve coordination between acute and ongoing care d) Improve community awareness of and access to services.	iii. Work with GPs and other providers to encourage use of Health Pathways iv. Identify and advocate for alternative admission options (e.g. other than emergency departments) for persons considering suicide or self-harm v. Raise emergency services (police and ambulance) awareness of culturally appropriate crisis responses and alternatives to emergency departments vi. Support local network actions that promote community awareness, including service mapping and promotion of services vii. Investigate additional options for an on-call psychiatry support for GPs.

Outcomes	Strategies	Actions
18. Appropriate responses in place following suicide attempts and suicides	e) Investigate models nationally and internationally and address gaps in existing responses in suicide field f) Support community-integrated actions to improve emergency and follow up care g) Identify and contribute to opportunities for collaborative support of the individual's family h) Work to understand and improve current processes and gaps in care and follow up particularly following discharge and transition back to GP i) Improve culturally appropriate responses to suicide attempts and suicides j) Develop and enhance electronic systems to enable effective and efficient referrals between tertiary and primary care	i. Review evidence base and gap analyses; advocate for involvement in trial models based on identified gaps ii. Support development and promotion of community designed resources, such as family packs, apps, care plans, etc iii. Identify appropriate roles/agencies including local government for collaboration and appropriate degree and mechanism of information sharing iv. Participate in working groups addressing transfer of care processes to identify opportunities to address gaps v. Consider issues with transfer of care regionally (e.g. emergency and follow up care may be geographically distant) vi. Strengthen understanding within the system of cultural protocols in Aboriginal and Torres Strait Islander and CALD communities to codesign and implement local protocols for crisis response vii. Identify requirements and advocate for training of workforce who may be required to liaise with families viii. Work with schools and local networks to contribute to appropriate responses for immediate circles of youth who have attempted or died by suicide

Outcomes	Strategies	Actions
19. Suicide rates are reduced within the northern Queensland community	k) Develop community knowledge and awareness to recognise and respond to potential to self-harm l) Improve early identification and intervention in response to suicide risk m) Increase evidence-based community literacy in suicide prevention n) Work to understand and reduce vulnerability in specific population groups o) Identify, implement, and promote strategies that increase protective factors for suicide.	xvi. Identify and advocate for suicide prevention and response training for health professionals and the broader community xvii. Support local network actions that encourage early intervention and promote community literacy xviii. Identify and support strategies to address gaps in engaging significant others in safety planning xix. Develop understanding across the sector of what increases suicide risk (e.g. impulsivity, life transitions) and how this appears in different population groups (e.g. youth and Aboriginal and Torres Strait Islander peoples) through supporting access to culturally appropriate education across the sector xx. Investigate a range of mechanisms to ensure people have access to the right information and support options at the right time xxi. Advocate for system investment in protective factors that are culturally relevant and appropriate to the Northern Queensland population.

Measuring our progress

The following set of indicators have been established to determine the effectiveness of our strategies and actions towards our intended outcomes. Measurement and reporting for the Joint Regional Plan is designed to complement and leverage—rather than duplicate, replace, or conflict with—existing reporting obligations of PHN, the HHSs, and service providers.

Evaluation and reporting will be undertaken annually in-line with current reporting regimes and evaluation outcomes will inform forward planning of work programs, including amendments to this plan where evaluation indicates this is required. This process will be overseen as per governance arrangements outlined in the following section.

Outcomes	Indicators	Performance criteria	Sources of data
A: Workforce including peer workers			
1. Increased numbers of trained peer workforce	» Availability of formal and informal peer workforce training opportunities. » Number and proportion of workforce with lived experience.	» Increase in numbers of lived experience workforce accessing training. » Increase in number and proportional representation of lived experience workforce.	» Statistics reported from funded mental health and alcohol and other drugs services, including those funded by NQPHN, Queensland Health, and HHS MHAOD services.
2. Appropriately trained and supported current and emerging mental health, alcohol and other drugs, and suicide prevention workforce	» Availability of advanced skills training in Mental Health for GPs, including upskilling through CPD programs. » Retention and career progression pathways. » Number of specialised Mental Health professionals providing services in remote and rural locations. » Reported confidence and satisfaction of regional mental health workforce.	» Increased funding and provision of advanced skills training for GPs. » Alignment of HHS and NGO training needs. » Improved retention of mental health, alcohol and other drugs, and suicide prevention staff. » Improved staffing of rural and remote areas.	» Annual survey of GPs. » Review of Better Access data of services provided by GPs. » Annual survey of CPD programs offered and uptake. » Review of staffing in non-government, and HHS services, including those working in remote areas.

Outcomes	Indicators	Performance criteria	Sources of data
3. Number and proportion of Aboriginal and Torres Strait Islander people in the workforce	» Number and proportion of workforce who are Aboriginal and/or Torres Strait Islander. » Level of support provided to Aboriginal and Torres Strait Islander identified health workforce.	» Increase in number of and proportion of total workforce who identify as Aboriginal and/or Torres Strait Islander. » Reported level of satisfaction with support by Aboriginal and Torres Strait Islander identified workforce.	» Workforce data from HHSs and NGO services. » Annual deidentified survey of workforce and satisfaction levels of Aboriginal and Torres Strait Islander workforce in mental health and alcohol and other drugs.
B: Aboriginal and Torres Strait Islander partnership in healing			
4. Culturally appropriate mental health, suicide prevention, and alcohol and other drugs service delivery across NQ	» Services funded by NQPHN are culturally appropriate. » Proportion of services that consider cultural appropriateness as part of service delivery. » Number of funded training positions for Aboriginal and Torres Strait Islander workforce. » Proportion of GP practices registered for Practice Incentives Program (PIP) Indigenous Health Incentive. » Rate of Aboriginal and Torres Strait Islander peoples who received an Aboriginal and Torres Strait Islander peoples' Health Assessment.	» 100% of NQPHN funded services consider cultural appropriateness as part of service delivery. » 100% of NQPHN and Department of Queensland Health funded services with Reconciliation Action Plans or documented health equity strategies. » Increased numbers of Mental health and AOD Professionals completing Cultural Competency Training. » Increased proportion of GP practices registered for Practice Incentives Program (PIP) Indigenous Health Incentive. » Increased rate of Aboriginal and Torres Strait Islander peoples who received an Aboriginal and Torres Strait Islander peoples' Health Assessment.	» Annual review of PHN and HHS data.

Outcomes	Indicators	Performance criteria	Sources of data
5. Community has ownership of strategies, actions, and solutions to support providers across the service system	» Delegation to working group (yet to be established) to develop an engagement strategy document for localities, including negotiation of indicators and performance criteria and identification of data sources/reporting requirements.	» Working group established to include each HHS region.	» Annual reporting on this plan.
C: Service access and coordination			
6. Improved integration and effectiveness of MHSPAOD services	» The proportion of consumers who report that their services are linked together. » Number of collaborative initiatives between key service providers that target physical and mental health of consumers.	» Consumers report satisfaction with service linking.	» Consumer Your Experiences of Service (YES) survey measures – both NGO and HHSs (where available).
7. Increased consumer ability to access MHSPAOD services	» Number of specialised Mental Health professionals providing services in remote and rural locations. » Proportion of service providers offering or promoting telehealth, virtual, and other digital solutions, including for centre-based, community-based and self-managed care.	» As per section 1. » Increased utilisation of telehealth and virtual/digital solutions.	» As per section 1. » Data from NQPHN, HHSs, and Queensland Health funded services.
8. Enhancement of GP/primary care mental health capacity	» As per section 1.		

Outcomes	Indicators	Performance criteria	Sources of data
9. Established pathways to care	» Number mental health pathways developed and localised. » Number mental health/physical health pathways localised. » Number mental health/physical health pathways utilisation.	» Increased availability and use of documented health pathways.	» Health Pathways information from each HHS region.
10. Optimal transitions of care	» Number electronic discharge summaries from HHS to primary care. » Rate of regional population receiving psychological therapies delivered by mental health professionals. » Rate of regional population receiving low intensity psychological interventions.	» Consumers report a satisfactory transition from HHS to primary care. » At least 5% growth on rate of previous year or where service capacity has been reached a maintenance of the previous year's rate. » At least 5% growth on rate of previous year or where service capacity has been reached a maintenance of the previous year's rate.	» Satisfaction survey data. » Limited use of PenCS data. » NQPHN 6 and 12-monthly reports to Department of Health.
D: Alcohol and other drugs harm reduction			
11. Reduced adverse health consequences for people using alcohol and other drugs 12. Reduced uptake and delayed first use and reduced alcohol, tobacco and other drug problems	» Delegation to working group (yet to be established) to develop an engagement strategy document for localities, including negotiation of indicators and performance criteria and identification of data sources/ reporting requirements.	» Working group established to include each HHS region.	» Annual reporting on this plan.

Outcomes	Indicators	Performance criteria	Sources of data
13. AOD services match demand of local communities	» Rate of drug and alcohol commissioned providers actively delivering services. » Rate of drug and alcohol treatment service providers with suitable accreditation. » Partnerships established with local key stakeholders for drug and alcohol treatment services. » Level of support provided to drug and alcohol health professionals. » Waiting times/delay presentation to treatment.	» Rate of drug and alcohol providers actively delivering services increases or remains the same. » All specialist drug and alcohol treatment services have or are working towards accreditation. » A range of organisations are involved in delivering drug and alcohol treatment services. » Reported level of satisfaction with support by Aboriginal and Torres Strait Islander identified workforce. » Reduced wait times and access to alternatives (e.g. telephone services).	» NQPHN and Queensland Health data from government and non-government service providers. » Number of agencies reporting wait lists or delayed treatment availability. » Number of referrals to/from Alcohol and Drug Information Service (ADIS). » Proportion of Northern Queensland population accessing ADIS.
E: Physical health of people living with mental illness			
14. Better physical health for people living with mental illness especially the health needs of people with severe, complex or dual diagnoses	» The proportion of people with severe and complex mental illness who receive regular physical health checks. » The number of people with a mental illness who have been hospitalised for an avoidable physical illness in the previous 12 months.	» Early intervention/prevention of physical health issues resulting from mental health diagnoses, particularly diabetes, overweight/obesity, and dental issues.	» Some availability of PenCS data from general practice. » Australian Institute of Health and Welfare (AIHW) data. » HHS data.

Outcomes	Indicators	Performance criteria	Sources of data
15. Integration of physical and MHSPAOD plans for consumers	» Rate of regional population receiving clinical care coordination services for people with severe and complex mental illness. » Increase in IP physical health assessment.	» At least 5% growth in number of people accessing Care Coordination episodes compared with previous year, or where service capacity has been reached, a maintenance of the previous year's rate. » Improvement in physical health of consumers whose mental health care is with HHS services. » Improved metabolic monitoring in HHS services.	» NQPHN—Clinical Care Coordination distributed more evenly across the region. » Community and HHS programs developed and funded to address the physical health needs of people with mental illness.
F: Suicide prevention			
16. Coordinated regional community action plans are in place	» Formalised partnerships with other regional service providers to support integrated regional planning and service delivery.	» Comprehensive regional mental health and suicide prevention plans to be jointly developed.	» Annual review of progress made by community action planning groups and regional plans.
17. Coordinated access to services across primary to tertiary level care	» Contact within 24–48 hours for referrals to suicide prevention services. » Clearly identified services for carers and families (resources/ referral pathways developed).	» Funded suicide prevention services meet the guidelines for first contact. » Suicide Community Action Plans clearly indicate support and referral pathways for carers and families.	» NQPHN data regarding suicide prevention follow-up. » HHSs data regarding contact responses.
18. Appropriate responses in-place following suicide attempts and suicides	» Proportion of people referred due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral.	» 100% of people referred are followed up within 7 days.	» NQPHN data regarding suicide prevention services.
19. Suicide rates are reduced within the northern Queensland community	» Number of suicides per 100,000 population.	» Suicide rates reduce in the Northern region.	» Suicide in Queensland Annual Report.

Governance for implementation

Governance arrangements for implementing this plan recognise the complexities of undertaking a project across a region as large and diverse as northern Queensland. This governance structure also recognises the critical role of people with lived experience and the essential contributions of a range of agencies and service providers, both specific to mental health, suicide prevention, and alcohol and other drugs as well as more broadly relevant to health and related social determinants. Governance processes for implementation seek to build on existing relationships and networks rather than replacing or duplicating them and also to continue to develop the relationships that have grown through engagement in producing this foundation plan.

Statutory requirements under the Fifth National Plan are minimal for reporting on the Joint Regional Plan. As such, the main level of strategic responsibility rests with the Steering Committee, which will evolve from that established for developing the Plan. However, a level of executive oversight is proposed to provide review, if required. This function will be undertaken through the Better Health North Queensland Alliance, an established collaborative body whose role is to improve the health outcomes of northern residents by undertaking a collective approach to planning, designing, alliancing, and commissioning of health services.

> “**Participant comment:** *It takes time to get local community on board; many local networks have done this and are able to demonstrate collective impact – they now need assistance with funding and resourcing to help take the next leap and really make a difference.*”

Existing and ongoing engagement and the importance of cross-region connections and capacity building inform the remaining governance structure. Membership, function, and relationships are detailed in Table 4 with the overall structure shown in Figure 8 below.

Figure 8: Outline governance structure for implementation of the Joint Regional Plan

Table 4: Functions and memberships of governance bodies for implementation

Governance body	Function in implementing the Joint Regional Plan	Membership
Existing local networks	» Consult and engage through existing networks and relationships. » Validate meeting community need.	For example: » service providers » community members » people with lived experience » local government representatives » mental health networks » Suicide Prevention Community Action Groups.
Regional groups	» Operationalise the Plan at district level (HHS districts). » Identify local priorities. » Engage locally and between districts. » Develop and implement the fully integrated service development plan.	For example: » regional AOD network representatives » Aboriginal and Torres Strait Islander representatives » representatives of Queensland Government departments » PHN and HHS representatives » NDIS representatives » physical health representatives » workforce representatives » carer and consumer representatives.
Steering Committee	» Strategic oversight and responsibility region wide. » Ensure sustainable collaboration and commitment. » Reduce duplication and competition. » Address barriers and secure resources. » State and national engagement.	For example: » HHS and PHN senior representatives » representatives of Queensland peak bodies » people with lived experience » allied health and GP representatives.
The Better Health North Queensland Alliance	Executive oversight, for example where an impasse is reached at all other levels.	Current membership: » PHN and HHS Chief Executive Officers » Queensland Aboriginal and Islander Health Council Executives » Queensland Health Deputy Director-Generals » consumer representatives.

Appendices

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Appendix A:

Northern Queensland—Regional overview

Geography and demography

The Northern Queensland (NQ) region spans 510,101 square kilometres and is situated in tropical North Queensland from the Broadsound–Nebo area to the Torres Strait Islands.

There are 695,431 individuals (2018 ERP) residing within the NQ region and of these people 80,507 (11.0 per cent) of people identify as Aboriginal and Torres Strait islander, compared to 4.0 per cent in Queensland.[1] About 52,072 (7.7 per cent) of people are born to non-English speaking backgrounds (NESB).

The NQ region has a slightly higher proportion of young people compared to Queensland:

- 0–14 years old: 20.4 per cent in the NQ region compared to 19.6 per cent in Queensland
- 15–24 years old: 12.8 per cent in the NQ region compared to 13.1 per cent in Queensland.

A similar proportion of working age people:

- 25–64 years old: 52.6 per cent in the NQ region compared to 52.0 per cent in Queensland.

A slightly lower proportion of elderly people:

- 65 plus years old: 14.2 per cent in the NQ region compared to 15.4 per cent in Queensland.

Around 12 per cent of the NQ population lives in an inner regional area, 81 per cent live in an outer regional area, and about 8.0 per cent live in a remote or very remote area.[1]

Mackay region services approximately 172,523 people and consists of eight population health areas (PHAs).[2] Townsville region services approximately 238,717 people and includes 12 PHAs.

Cairns and Hinterland region services approximately 258,405 people and includes 12 PHAs across the region. Torres and Cape region services approximately 27,928 people and includes one PHA.

Social determinants

Creating improved social and physical environments, and eliminating disparities are important drivers for improving health for all people in the region.

Unemployment

The NQ region has a similar unemployment rate to that of Queensland (6.8 per cent in the NQ region compared to 6.2 per cent in Queensland). The lowest unemployment rates include the Cairns and Hinterland area (5.1 per cent), Mackay area (6.1 per cent), Townsville sub-regional area (7.9 per cent), and the area with the highest unemployment rate is the Torres and Cape area (11.5 per cent).[3] These figures were extracted prior to the COVID-19 pandemic.

Crime

The number of reported offences in the Cairns and Hinterland and Torres and Cape areas were the highest in the region in 2018–19.[3]

Socio-economic disadvantage

About 26.3 per cent of people in the NQ region are in the most disadvantaged quintile compared to 20.0 per cent in Queensland. The Cairns and Hinterland, and Torres and Cape areas had the highest rates of the most disadvantaged population, with 69.8 per cent of Torres and Cape residents and 31.2 per cent of residents in the Cairns and Hinterland area in the most disadvantaged quintile of the Index of Relative Socio-Economic Disadvantage.

Homelessness

The NQ region has a higher rate of homeless people (72/10,000) compared to Queensland 45/10,000). The Torres and Cape and Cairns and Hinterland areas had the highest homeless rates in the region.[3]

Disability

About 31,207 (4.6 per cent) of people in the NQ region live with a profound disability or severe disability. Within the region, areas in Tablelands, Cassowary Coast, and Hinchinbrook reported a higher proportion of people living with severe disabilities.[3]

Education

Individuals who completed year 11 or 12:

- NQ region: 53.0 per cent
- Torres and Cape HHS region: 23.1 per cent
- Cairns and Hinterland HHS region: 54.1 per cent
- Townsville HHS region: 55.1 per cent
- Mackay HHS region: 49.5 per cent.[1]

Individuals who graduated with a bachelor's degree or higher:

- NQ region: 12.9 per cent
- Torres and Cape HHS region: 8.1 per cent
- Cairns and Hinterland HHS region: 14.0 per cent
- Townsville HHS region: 14.1 per cent
- Mackay HHS region: 10.3 per cent.

Remoteness

- Inner regional: 11.8 per cent.
- Outer regional: 80.3 per cent.
- Remote: 4.0 per cent.
- Very remote: 3.8 per cent.[2]

Mental health

NQPHN's Health Needs Assessment 2019–2020 provides the most recent data to inform the regional mental health plan. Nationally, about 3.5 per cent of the population will have experienced a severe mental illness each year.

Mental health disorders are responsible for the highest burden of disease rate (13.2 per cent) in the Northern Queensland region.[4]

The suicide rate in the NQ region is higher (16.4 per 100,000) than the national rate (13.2 per 100,000) between 2011–2013.

Mental health issues accounted for about 3.5 per cent of all emergency department presentations in 2017/18.[5]

The percentage of people who had received a GP mental health treatment plan and allied mental health care services slightly increased over the past three years (2014/15–2017/18 in the NQ region.[5]

In 2017–18, almost 1 in 5 (21.2 per cent) young people (aged 15–24 years old) and adults (aged 25–44 years old) had an enhanced GP mental health treatment. Similarly, about 10 per cent received allied mental health care in 2017–18, suggesting a continued need in these age groups.[5]

Child and Youth mental health

The average yearly suicide death rate in young people aged 15–17 years old in the NQ region is significantly higher than the state average. The annual average suicide death rate is almost four times higher in Aboriginal and Torres Strait Islander young people (6.3 per 100,000) compared to non-Indigenous young people (2.4 per 100,000) across the NQ region.

Mental health related issues are the main type service provided to young people across the three headspace centres (Cairns: 70.1.3 per cent, Mackay: 76.3 per cent, and Townsville: 61.5 per cent) in NQ region in 2019–20. Young people aged 12–17 years old accounted for 62 per cent of all clients.[6]

Aboriginal and Torres Strait Islander Mental Health

Mental health disorders are responsible for the highest cause of the burden of disease (17.3 per cent) in Aboriginal and Torres Strait Islander people in the NQ region.[7]

Alcohol and other drugs

In 2018–19, alcohol was the most common substance of concern across the NQ region, accounting for 39 per cent of treatment episodes, followed by cannabis (32 per cent), amphetamines (19 per cent), and morphine (2 per cent). In the 2018–19 financial year, 9,432 people presented for alcohol and other drugs treatment in the NQ region. This is an increase of 10.5 per cent from the 2017–18 financial year. More than half of all clients (55 per cent) were aged between 20–39 years old.[8]

Mental health workforce

GP workforce

- Torres and Cape HHS: 27.
- Cairns and Hinterland HHS: 371.
- Townsville HHS: 314.
- Mackay HHS: 187.

Psychologists

- Torres and Cape HHS: 7.
- Cairns and Hinterland HHS: 287.
- Townsville HHS: 301.
- Mackay HHS: 287.

Aboriginal and Torres Strait Islander health practitioners

- Torres and Cape HHS: 24.
- Cairns and Hinterland HHS: 41.
- Mackay HHS: 5.
- Townsville HHS: 24

The Health Workforce Queensland 2019 report highlighted psychology and social worker workforces as the highest ranked workforce gaps, and alcohol and other drugs and mental health services as the highest ranked service gaps in the Northern Queensland region.[9]

References (Appendix A)

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2. Public Health Information Development Unit. Social Atlas of Australia, Queensland Data by Local Government Area. 2017 [cited 2017 11/08/2017]; Available from: www.phidu.torrens.edu.au/social-health-atlases/maps
3. Queensland Government Statistician's Office. Queensland Regional Profiles,. 2017 [cited 2017 03/08/2017]; Available from: http://statistics.qgso.qld.gov.au/qld-regional-profiles
4. Queensland Health, The burden of disease and injury in Queensland Aboriginal and Torres Strait Islander people 2017 (2011 reference year) Hospital and Health Services profile. 2017, Queensland Health: Brisbane.
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6. headspace National Youth Mental health foundation, headspace Centres; NQPHN financial Year Report-2019-20. 2020, headspace: Melbourne.
7. Queensland Health, Burden of disease and injury in Queensland: Summary results for Queensland. 2017, Queensland Health Department: Brisbane.
8. Australian Institute of Health and Welfare Alcohol and Other Drug Treatment Services in Australia 2018-2019.
9. Health Workforce Queensland., HWNA Survey Summary Report-Northern Queensland PHN. 2019, Health Workforce Queensland: Brisbane.

Appendix B:

Current service system in northern Queensland

The following information is provided as detail of the summary given in Service provision in northern Queensland on page 14.

Mental Health Services in the Region include:

- Primary Mental Health Care Services, including services funded through Medicare rebates and those commissioned by Northern Queensland Primary Health Network, including a range of services provided through Aboriginal Community Controlled Health Organisations
- Community Managed Organisations (CMO's—also known as NGO's) providing Individual and Group programs and Psychosocial Support programs, funded by Queensland Health and other government departments
- the National Disability Insurance Scheme (NDIS)
- Hospital and Health Services (HHS) Mental Health services
- private mental health clinics and hospitals.

Brief descriptions of the types of services available are listed followed by details of the locations of these services (where applicable) across the four areas of Torres and Cape, Cairns and Hinterland, Townsville, and Mackay.

Primary Mental Health Care

Medicare—Better Access

Medicare rebates are available to patients under the Better Access to Psychiatrists, Psychologists, and General Practitioners through the MBS Better Access initiative. Eligible clients must have a mental health disorder and can access up to 10 individual and 10 group sessions per calendar year from professionals with appropriate qualifications and registrations. These have recently increased to 20 sessions per year as part of the COVID-19 response.

Most recent statistics for the northern region indicate that the percentage of people receiving MBS Better Access services is lower than the National average across all professional provider groups.

NQPHN Stepped Care services

- Low intensity services.
- Moderate Intensity services: Youth including headspace and specialised youth programs.
- Moderate intensity services: General: NQPHN funds the Psychological Therapies program across the region (replacing the former ATAPS and MHSRRA programs).
- Moderate intensity services: with a focus on Aboriginal and Torres Strait Islander people—NQPHN funds mental health professional services in maternal and child heath teams in AMSs and place-based Psychological Therapies/SEWB programs in place-based rural locations.
- Services for people with Severe and Complex issues: Mental Health Integrated Complex Care (MHICC) program and the National Psychosocial Support Program.
- Suicide Prevention Networks provide local coordination of suicide prevention activity through a range of community programs and collaborations.
- Suicide Prevention services are available through the Psychological Therapies providers located in Torres and Cape HHS, Cairns and Hinterland HHS, Townsville HHS, and Mackay HHS.

Community managed organisations/non-government services partnered with HHS services

Severe intensity services including severe and complex.

A range of services are delivered through partnership arrangements between the HHS Mental Health Services in the region and the community-managed mental health sector. These include:

- Community Care Units
- Step-up, Step-down facilities
- youth residential facilities
- individual and group recovery programs through the Mental Health Community Support Services program
- transition from correctional facilities programs.

National Disability Insurance Scheme (NDIS)

High intensity services, including severe and complex.

- The NDIS commenced in the Townsville region in January 2016 and the roll-out of the scheme in the region concluded with the Cairns and Torres and Cape areas commencing from 1 July 2018. The NDIS is now available in the Cairns, Townsville, and Mackay HHS areas, with Local Area Coordinators in place, while the NDIA provides planning services in the Torres and Cape HHS area.

HHS Mental Health services

- 1300 MH CALL (1300 642255) is a confidential mental health telephone triage service that provides the first point of contact to public mental health services to Queenslanders. 1300 MH CALL is available 24 hours a day, seven days a week and will link to the caller's nearest Queensland Public Mental Health service.
- Acute Care teams provide facilitation of 24 hour, seven days a week access to the most appropriate mental health care, provision of a centralised coordinated triage component to the mental health service, and timely comprehensive assessment and clinical interventions.
- Community Care Teams (adult) provide a range of assessment and treatment services to adult consumers in the short, medium, and long term. A multidisciplinary team of health professionals provide a range of integrated services including health promotion, prevention, and early intervention, including intake/assessment, consultation and ward liaison, and community case management.
- Child and Youth Mental Health Teams provide a comprehensive response to the varying needs of infants, children, and young people (aged 0 to 17) and their families/carers, where mental health problems are severe, complex, and enduring and likely to represent emerging or diagnosable mental disorders, severely compromise their quality of life, and impact developmentally appropriate functioning and require coordination/integration across multiple services.
- Specialist Child and Youth Teams: Evolve Therapeutic Services receive referrals of eligible young people from the Department of Child Safety in some locations.

Other specialist programs are provided through the some of the HHSs and include:

- Social and Emotional Wellbeing (SEWB) Program provides SEWB services, cultural advice, clinical counselling, alcohol and other drug services, early intervention and prevention, health promotion, and educational services. The SEWB program consists of allied health professionals and Aboriginal and Torres Strait Islander health workers.
- Aboriginal and Torres Strait Islander Teams provide support to clients within existing teams.
- Older Person's Mental Health provides specialist assessment and treatment for consumers predominantly over 65 years of age who experience severe and complex mental health problems.
- Homeless Health Outreach Team supports consumers who meet criteria and who are currently homeless.
- Consultation Liaison Teams work in major hospitals with general inpatients who experience mental health issues.
- Mobile Intensive Rehabilitation Teams (MIRT) provide intensive support of clients with complex needs.
- Forensic Mental Health Teams and Court Support provide support to people with mental illness in the correctional and justice systems.
- Mental Health Inpatient Units provide care to people who are experiencing an acute episode of serious mental illness and are unable to be assisted in a less restrictive setting, such as community-based support.

Private Mental Health clinics

Private mental health hospitals and clinics are available in the major cities of the northern region, providing treatment and care to private patients. Private mental health clinics are available in Cairns, Townsville, and Mackay.

Alcohol and Other Drugs services

Alcohol and other drugs (AODs) services in the region include those provided through primary health care (NQPHN funded), services provided through the NGO AOD sector (Queensland Health funded), and those provided through the four Hospital and Health Services in the northern region.

The Queensland AOD Treatment Service Delivery framework identifies nine core functions of effective AOD services—Intake, Triage and Assessment, Counselling and other therapies, Outreach, Waiting list management, Case co-ordination and service integration, Case management and casework, Treatment planning and referral, Harm reduction and Continuing care, and Exit of service.

Torres and Cape area

Torres and Cape HHS: Mental Health and AOD

Mental Health Continuing Care Teams

Weipa (Weipa, Napranum, and Mapoon), Cooktown (Cooktown, Hopevale, Wujal Wujal, and Laura), Thursday Island (Thursday Island and Outer Islands), Bamaga (Bamaga, Injinoo, Umagico, Seisia, and New Mapoon), and Cairns (travelling to remote communities Aurukun, Kowanyama, Pormpuraaw, Coen, and Lockhart River). Psychiatry services are provided by the Cairns and Hinterland Mental Health and ATODS (CHMHAS) on a fly-in, fly-out outreach basis.

Child and Youth Teams

Weipa (Weipa, Napranum, and Mapoon), Cooktown (Cooktown, Hopevale, Wujal Wujal, and Laura), Thursday Island (Thursday Island and Outer Islands), Bamaga (Bamaga, Injinoo, Umagico, Seisia, and New Mapoon), and Cairns (travelling to remote communities Aurukun, Kowanyama, Pormpuraaw, Coen, and Lockhart River). Psychiatry services are provided by the Cairns and Hinterland Mental Health and ATODS (CHMHAS) on a fly-in, fly-out outreach basis.

Specialist Teams: Social and Emotional Wellbeing

- Thursday Island.

Forensic Mental Health Teams and Court Support

- Child and Youth Forensic Outreach from Cairns.

Mental Health Inpatient Unit

- Cairns (services the Torres and Cape HHS area).

Alcohol and Other Drugs services

- Weipa (Weipa, Napranum, and Mapoon)
- Cooktown (Cooktown, Hopevale, Wujal Wujal, and Laura).

Community managed/non-government organisations

Mental Health

Stepped Care services

- Psychological Therapies: Cape York (excluding Aurukun, Coen, Hopevale, and Mossman Gorge), Torres Shire, and Torres Strait Islands.
- Suicide prevention services (individual support) are available from the Psychological Therapies program.
- School support program: Weipa, Kowanyama, and Thursday Island.
- Youth and Adult Prevention and Promotion Programs: Thursday Island and Torres Shire.
- National Psychosocial Support transition program: Aurukun.

Alcohol and Other Drugs services

AOD Counselling Services – Wellbeing Centre Services

- Coen, Mossman, Aurukun, and Hope Vale.

Non-residential Rehabilitation (Day Program)

- Hope Vale, Laura, and Wujal Wujal.

Residential Rehabilitation

- Cooktown (Aboriginal and Torres Strait Islander specific).

AOD services for young people

- Youth who are at risk of disengaging from school or further training due to AOD issues: Weipa and Cooktown and outreaching to the following communities:
  - Aurukun
  - Bamaga
  - Bloomfield
  - Coen
  - Hopevale
  - Kowanyama
  - Laura
  - Lockhart River
  - Napranum
  - Pormpuraaw
  - Rossville
  - Thursday Island
  - Wujal Wujal.

Cairns and Hinterland area

Cairns and Hinterland HHS: Mental Health and AOD

Mental Health Continuing Care Teams

- Cairns, Atherton, Mareeba, Innisfail, Tully, Mossman, and Yarrabah.

Child and Youth Teams

- Cairns, Atherton, Mareeba, Innisfail, and Tully.

Specialist Child and Youth Team

- Evolve: Cairns.

Specialist programs

- Aboriginal and Torres Strait Islander Teams: Cairns.
- Older Person's Mental Health provides specialist assessment and treatment for consumers predominantly over 65 years of age who experience severe and complex mental health problems: Cairns Metropolitan area, Atherton Tablelands, Innisfail and Tully, and Mossman and Port Douglas.
- Consultation Liaison Teams: Cairns Hospital.
- Mobile Intensive Rehabilitation Teams (MIRT): Cairns.
- Forensic Mental Health Teams and Court Support: Child and Youth Forensic Outreach and Court Liaison, Cairns.
- Prison Mental Health: Lotus Glen Correctional Centre, Atherton Tablelands.
- Forensic Liaison Officers: Cairns, Innisfail, Tully, Atherton, Mareeba, Mossman, and Yarrabah.

- Community Forensic Outreach Services: Cairns and surrounds.
- Mental Health Inpatient Unit: Cairns (services the Torres and Cape HHS area).
- Alcohol and Other Drug Services: Cairns, Tablelands (multiple outreach), Mossman and Port Douglas, and Innisfail; Babinda, Tully, and Mission Beach.

Community managed/non-government organisations

Mental Health

Stepped Care services

- headspace: Cairns and outreach to Tablelands and Cassowary Coast.
- Psychological Therapies: Cairns, Cassowary Coast, Tablelands, Mareeba, and Douglas LGAs.
- Place-based Psychological Therapies services: Yarrabah, Mareeba, Etheridge and Croydon LGA.
- Suicide prevention services (individual support) are available from the Psychological Therapies programs.
- Mental Health Integrated Complex Care (MHICC): Cairns.
- Aboriginal and Torres Strait Islander programs: maternal and child health—Innisfail, Cairns, and Mareeba.
- Suicide Prevention Community Action Plan: under consultation and development.
- National Psychosocial Support Measure and Transition Program: Cairns, Tablelands LGA, Cassowary Coast LGA, and Yarrabah.

Non-government services partnered with the HHS

- Step-up, Step-down Facilities—Adult and Youth.
- Community Care Unit.
- Mental Health Community Support Services.
- Transition from Correctional Facilities Program.

Alcohol and Other Drugs services

- Adult AOD services: including support to families and individuals—Kuranda and Cairns.
- Psychosocial Counselling (General): Atherton and surrounding towns, Cairns.
- Residential Rehabilitation: Yarrabah (includes non-residential rehabilitation), Cairns, Mareeba (Aboriginal and Torres Strait Islander specific).
- Withdrawal and rehabilitation services: Cairns.
- Psychosocial Counselling (Youth): Cairns
- General Youth AOD programs (NQPHN funded): Cairns
- Case Management and Care Coordination—Youth (NQPHN funded): Atherton (Tablelands Shire), Mareeba Shire, and Ravenshoe.
- Police/Court Diversion Services (brief intervention): Atherton and surrounding towns.
- AOD Service Development: Yarrabah.

Townsville area

Townsville HHS: Mental Health and AOD

Mental Health Continuing Care Teams

- Townsville (Kirwan and North Ward offices), Palm Island, Burdekin Shire (Ayr), Hinchinbrook Shire (Ingham), and Charters Towers (outreach to Richmond, Hughenden, and Charters Towers Shire).

Child and Youth Teams

Townsville with outreach to Palm Island, Burdekin, Ingham, and Charters Towers.

- Specialist Child and Youth Team: Evolve: Townsville.

Specialist programs

- Aboriginal and Torres Strait Islander Teams: Townsville.
- Older Person's Mental Health: Townsville. Continuing Care Teams manage Older Person's Mental Health within the rural sites of Ingham, Burdekin, Palm Island, and Charters Towers. Townsville OPMHS can provide support/consultation as required.
- Homeless Health Outreach Team: Townsville catchment area including Palm Island.
- Consultation Liaison Teams: Townsville University Hospital.
- Mobile Intensive Rehabilitation Teams (MIRT): Townsville.
- Forensic Mental Health Teams and Court Support: North Queensland Community Forensic Mental Health Service—Townsville. Community Forensic Outreach Service and Forensic Liaison Service component outreaches to Mount Isa.
- Mental Health Inpatient Unit: Townsville: Services the region.
- Regional Mental Health Rehabilitation Units—The Regional Units accept referrals from across the four HHSs in the North Queensland region:
    - Alec Illin Secure Mental Health Rehabilitation Unit: Townsville
    - Townsville Community Care and Acquired Brain Injury Unit
    - Charters Towers Rehabilitation Unit: Charters Towers.

Alcohol and Other Drugs services

Townsville and within Community Mental Health Teams (Continuing Care teams) in Ingham, Burdekin, Palm Island, and Charters Towers.

Community managed/non-government organisations

Mental Health

Stepped Care services

- headspace: Townsville.
- Psychological Therapies: Townsville, Burdekin LGA, Charters Towers LGA.
- Place-based Psychological Therapies: Richmond/Hughenden, Palm Island.
- Suicide prevention services (individual support) — available from the Psychological Therapies programs.
- Mental Health Integrated Complex Care: Townsville and surrounding areas.
- Aboriginal and Torres Strait Islander programs: maternal and child health and youth programs—Townsville.
- National Psychosocial Support Measure and Transition program: Townsville, Burdekin LGA, Flinders LGA, and Charters Towers LGA.

Non-government services partnered with the HHS

- Transition from Correctional Facilities program.
- Mental Health Community Support Program.
- Youth Residential facilities.

Alcohol and Other Drugs services

- Psychosocial Counselling (Youth): Townsville
- General Youth programs (NQPHN funded): Townsville (Aboriginal and Torres Strait Islander Youth)
- Transition service for young people entering or leaving Cleveland Youth Detention Centre: Townsville.
- Residential Rehabilitation: Townsville—three services, two providing withdrawal services.
- Withdrawal and rehabilitation services: Townsville.
- Police/Court Diversion Services (brief intervention): Townsville (Aboriginal and Torres Strait Islander service).

Mackay area

Mackay HHS: Mental Health and AOD

Mental Health Continuing Care Teams

- Mackay with outreach to Sarina, Whitsunday Shire (Proserpine and Cannonvale), and Isaac Shire (Moranbah).

Child and Youth Teams

- Mackay with outreach to Sarina, Whitsunday Shire (Proserpine and Cannonvale), Isaac Shire (Moranbah).

Specialist Child and Youth Team

- Evolve: Mackay.

Specialist programs

- Aboriginal and Torres Strait Islander Teams: Mackay.
- Older Person's Mental Health: Mackay.
- Mobile Intensive Rehabilitation Teams (MIRT): Mackay.
- Forensic Mental Health Teams and Court Support: Forensic Adolescent Mental Health. Townsville based Community Forensic Outreach Service component outreaches to Mackay.
- Mental Health Inpatient Unit: Mackay: services the region.
- Alcohol and Other Drugs Services: Mackay with outreach to Sarina, Whitsunday Shire (Proserpine and Cannonvale), Isaac Shire (Moranbah).

Community managed/non-government organisations

Mental Health

Stepped Care services

- headspace: Mackay and outreach to Whitsunday Shire and Sarina.
- Psychological Therapies: Mackay, Whitsunday, and Isaac LGAs.
- Suicide prevention services (individual support) — available from the Psychological Therapies programs.
- Mental Health Integrated Complex Care: Mackay and Sarina.
- Under 14 Child support: Mackay.
- Aboriginal and Torres Strait Islander programs: maternal and child health and men's health, Mackay.
- National Psychosocial Support Measure and Transition program: Mackay, Isaac LGA, and Whitsunday LGA.

Non-government services partnered with the HHS

- Adult Step-up, Step down Facility: Mackay.
- Mental Health Community Support Services.

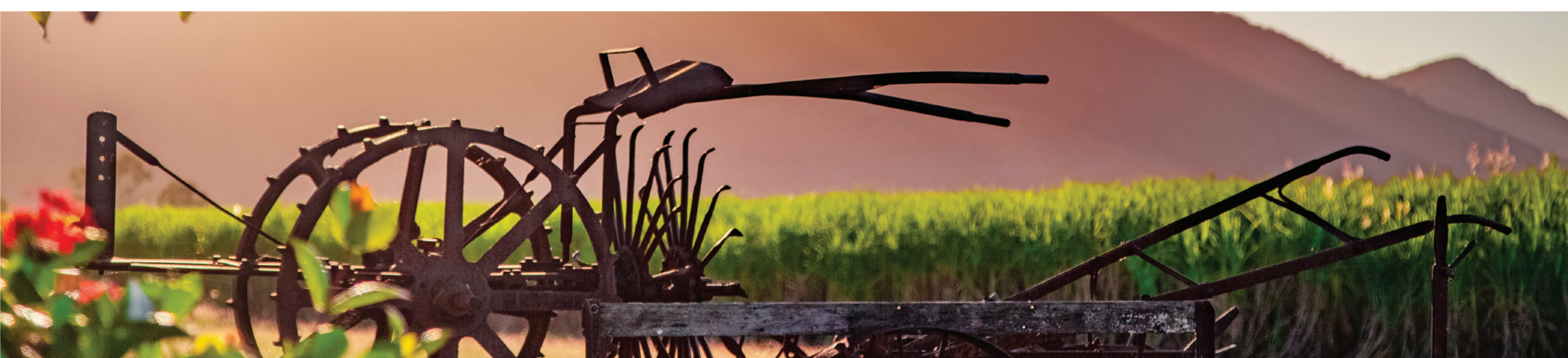
Alcohol and Other Drugs services

- Addressing Methamphetamine use in young people aged under 25 years: Mackay.
- Psychosocial Counselling (General): Mackay.
- Residential Rehabilitation: Mackay.
- Withdrawal and rehabilitation services: Mackay — also has a pre and post residential rehabilitation support service.
- Police/Court Diversion Services (brief intervention): Mackay.

Appendix C:
Bibliography

Jurisdiction	Document name	Link to access online	Year of publication
Global	WHO Preventing Suicide: Global Imperative	http://scholar.google.com.au/scholar_url?url=https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779-ger.pdf&hl=en&sa=X&scisig=AAGBfm3ppfv302NDKTezv3IX89nwzDxkrw&nossl=1&oi=scholarr	2014
National	Productivity Commission, Mental Health, Inquiry Report	www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.docx	2020
National	Gayaa Dhuwii (Proud Spirit) Declaration	https://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf	2015
National	National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019	www.health.gov.a+G79u/sites/default/files/national-aboriginal-and-torres-strait-islander-peoples-drug-strategy-2014-2019_0.pdf	Not stated
National	National Aboriginal and Torres Strait Islander suicide prevention strategy 2013	www.health.gov.au/internet/main/publishing.nsf/Content/mental-pub-atsi-suicide-prevention-strategy	May 2013
National	National Drug Strategy 2018–2026	www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf	2017
National	National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29	www.health.gov.au/sites/default/files/documents/2020/01/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.pdf	December 2019
National	National Quality Framework for Drug and Alcohol Treatment Services	www.health.gov.au/sites/default/files/documents/2019/12/national-quality-framework-for-drug-and-alcohol-treatment-services_0.pdf	2018
National	National Alcohol Strategy 2019–2028	www.health.gov.au/sites/default/files/documents/2020/01/national-alcohol-strategy-2019-2028.pdf	2019
National	E-mental health strategy for Australia 2012	https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-emstrat	June 2012
National	Monitoring mental health and suicide prevention reform: National Report 2019	https://www.mentalhealthcommission.gov.au/getmedia/f7af1cdb-d767-4e22-8e46-de09b654072f/2019-national-report.pdf	2019
National	Fifth National Mental Health and Suicide Prevention Plan	http://www.coaghealthcouncil.gov.au/Publications/Reports	2017
National	Fifth National Mental Health and Suicide Prevention Plan – implementation plan	http://www.coaghealthcouncil.gov.au/Publications/Reports	2017
National	National Framework for Recovery-Oriented Mental Health Services (2013)	https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra	2013

Jurisdiction	Document name	Link to access online	Year of publication
National	National Mental Health Strategy, 2011	https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-strat	Originally 1992
National	National Suicide Prevention Strategy	https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-nspshealth.gov.au/internet/main/publishing.nsf/Content/mental-nsps	2015
National	National Mental Health Workforce Strategy 2011	https://www.aihw.gov.au/getmedia/f7a2eaf1-1e9e-43f8-8f03-b705ce38f272/National-mental-health-workforce-strategy-2011.pdf.aspx	September 2011
State	Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan, Proud and Strong, 2016–2018	https://cabinet.qld.gov.au/documents/2016/Aug/QATSIwellplan/Attachments/Plan.PDF	2016
State	Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021	https://www.health.qld.gov.au/__data/assets/pdf_file/0030/460893/qhatsi-mental-health-strategy.pdf	September 2016
State	Changing attitudes, changing lives	https://www.qmhc.qld.gov.au/sites/default/files/downloads/changing_attitudes_changing_lives_options_to_reduce_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drug_use.pdf	March 2018
State	Queensland Alcohol and other drug treatment service delivery framework	https://qnada.org.au/wp-content/uploads/2017/11/QldAODTreatmentFramework_March2015FINAL.pdf	2015
State	Queensland AOD Treatment and Harm Reduction Outcomes Framework	https://qnada.org.au/wp-content/uploads/2019/03/Fin_20190308_Queensland-Alcohol-and-other-Drug-Treatment-and-Harm-Reduction-Outcomes-Framework_Web.pdf	2019
State	Queensland Health Mental Health Framework Peer Workforce Support and Development	https://www.health.qld.gov.au/__data/assets/pdf_file/0039/929667/peer-workforce-support-framework.pdf	2019
State	Queensland Framework for the Development of the Mental Health Lived Experience Workforce	https://www.qmhc.qld.gov.au/sites/default/files/qmhc_lived_experience_workforce_framework_web.pdf	2019
State	My Health, Queensland's Future: Advancing Health 2026	https://www.health.qld.gov.au/__data/assets/pdf_file/0025/441655/vision-strat-healthy-qld.pdf	2016
State	Connecting Care to Recovery 2016–2021	https://www.health.qld.gov.au/__data/assets/pdf_file/0020/465131/connecting-care.pdf	October 2016
State	Shifting Minds, Queensland Mental Health, Alcohol and other Drugs Strategic Plan 2018–2023	https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf	October 2018
State	Every Life: The Queensland Suicide Prevention Plan 2019–2029	https://www.qmhc.qld.gov.au/sites/default/files/every_life_the_queensland_suicide_prevention_plan_2019-2029_web.pdf	August 2019
State	Mental Health Alcohol and Other Drugs Workforce Development Framework 2016–2021	https://www.health.qld.gov.au/__data/assets/pdf_file/0037/677539/mhaod_workforce_dev_framework.pdf	2017



Joint Regional Wellbeing Plan for Northern Queensland

Mental health, suicide prevention, and alcohol and other drugs

e: support@nqphn.com.au