Connecting care to recovery 2016–2021

A plan for Queensland's State-funded mental health, alcohol and other drug services

Queensland Government

Acknowledgment

The Queensland Government acknowledges and respects traditional owners and Aboriginal and Torres Strait Islander elders past and present, on whose land we work to support the provision of safe and quality healthcare.

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Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services

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For more information contact:
Queensland Health
PO Box 48
BRISBANE QLD 4000

email: **Connectingcaretorecovery@health.qld.gov.au**

Cameron Dick MP
Minister for Health and Minister for Ambulance Services

Minister's Foreword

I acknowledge and pay respect to Aboriginal and Torres Strait Island people past and present, on whose land we provide health services to all Queenslanders.

Every Queenslander has a role in maintaining mental wellness, improving mental wellbeing and supporting those of us with a mental illness or substance misuse issue. Our mental health and wellbeing is important because it helps us to make connections with our families and friends, build new connections with our communities and our jobs and helps us to make the most of our lives.

However, our mental health cannot be taken for granted; mental illness or substance misuse can affect any one of us. One in five Queensland adults experiences a mental health disorder in any given year; the National Drug Strategy Household Survey indicates that Queenslanders have a major problem with risky alcohol consumption higher than the national average.

We have some work to do.

I am pleased to present *Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*.

Connecting care to recovery 2016–2021 builds on the vision of *My health, Queensland's future: Advancing health 2026* through supporting our mental, alcohol and other drug system to work better for individuals, their families and communities by strengthening collaboration and more effective integration. In this way, our hope is for those with the most severe illness or problematic substance misuse to be better connected to care and to recovery oriented services and their families and communities.

Our plan also builds on the past successes and significant gains made since the previous *Queensland Plan for Mental Health 2007–2017*. It broadens the Government's plans in mental health to also include alcohol and other drug services and signals an ongoing commitment to services for people who are severely affected by mental illness and substance misuse.

While we have accomplished much, *Connecting care to recovery 2016–2021* also acknowledges that there is still much to be done.

We acknowledge the families of patients of the former Barrett Adolescent Centre. We have heard their concerns; our plan is built on a foundation of support for individuals, families and carers to engage and actively participate at all levels and on an absolute commitment to continually improving services that are safe, efficient and accountable. Our vision is for our services to deliver recovery-oriented approaches that emphasise individual strengths, build resilience and enhance opportunities for social inclusion.

Connecting care to recovery 2016–2021 recognises the importance of the public seeing a trusted and high performing mental health, alcohol and drug service sector and acknowledges the unique needs of specific population groups and in particular, Aboriginal and Torres Strait Islanders cultural needs within a clinical setting.

Connecting care to recovery 2016–2021 provides the guidepost for future action and investment for our State-funded mental health alcohol and drug system over the next five years. It has been informed by the most current national planning frameworks, the best available evidence, state and national mental health policy directions, service providers and organisations and consumers and users of State-funded mental health alcohol and other drug services and their families.

I invite you to read this plan and play a role in working towards making a difference in the lives of all Queenslanders.

Approximately **$934 million** spent on State-funded mental health services

There are more than **125,000 referrals** to our HHSs mental health community treatment services for more than **80,000 individuals**

More than **48,000 individuals** accessed mental health community support services delivered by NGOs through more than **64,000 episodes**

More than **12,000 individuals** accessed hospital bed–based mental health services in our HHSs through more than **23,000 episodes**

A year in the life of our State-funded mental health, alcohol and other drug service system...

More than **23,000** alcohol and other drug **treatment episodes** delivered through HHSs, and more than **13,000 treatment episodes** delivered through NGOs

There are more than **22,000 referrals** to HHSs alcohol and other drug treatment services for more than **15,000 individuals**

There are more than **11,000** alcohol and other drug **treatment episodes** delivered as part of police and court diversion programs delivered through NGOs and HHSs

More than **30,000 clients** receive alcohol and other drug treatment through NGOs and HHSs

Approximately **$114 million** spent on State-funded alcohol and other drug services

Principles guiding the development of *Connecting care to recovery 2016–2021*

person centred and **quality of life** approaches, **shared responsibility** for action, the **rights and dignity** of individuals, families and communities being respected, **responsive and effective** programs and services where **diversity and respect** is valued and **fair, accessible and equitable** allocation of priorities and resources to programs and services.

Recovery oriented practice and engagement of individuals, families, carers and peers

We are committed to continuing to provide recovery-focused services and to recognising the value of engaging individuals, families and carers across all aspects of our services in meaningful ways.

Recovery is an individual's journey toward a new and valued sense of identity, role and purpose outside the boundaries of their mental illness or substance misuse problem. Recovery-focused services aim to support individuals to come to terms with their illness, learning how to accept and move beyond it. Recovery-oriented services focus on the potential for growth within the individual and acknowledge that individuals are active participants in the recovery process.

In the context of the alcohol and other drug sector, the term 'recovery' is used to describe any approach that seeks to identify and achieve goals meaningful to individuals. It may include safer using practices, reduced use or abstinence. For many people, recovery is a holistic approach offering greater opportunity for positive engagement with families, friends and communities.

Provision of recovery oriented services encourages a diversity of services available to individuals, families and carers while they are engaged in our service system.

We also recognise the value of the peer workforce in supporting the quality of our mental health, alcohol and other drug services. Evidence suggests when peer support workers are incorporated in service delivery there is a reduction in hospital admission rates; improvement in community tenure; social inclusion; reduced stigma; and a sense of hope for individuals.[1]

Engaging individuals in a meaningful way throughout their recovery journey enables services to be developed and delivered in a manner to support individual, carer and family needs. Recognising the expertise of individuals, families, carers and peer support workers in policy, planning, delivery and evaluation of services improves communication, supports meaningful and influential partnerships and fosters integration and coordination of care resulting in high quality services and better outcomes.

A new plan for our State-funded mental health, alcohol and other drug services

Our new plan

Connecting care to recovery 2016–2021 sets the direction and highlights priorities for action and investment across our State-funded mental health, alcohol and other drug service system. Building on the common purpose and framework developed by Queensland Health through *My health, Queensland's future: Advancing health 2026*, our plan focuses on strengthening collaboration and effective integration across our treatment service system to more effectively respond to individuals with the most severe mental illness or problematic substance misuse, either episodic or persistent.

The plan recognises the specialist capacity of our service system to respond to and treat people with severe, persistent and complex multi-agency needs is underpinned by integration between primary and specialist care.

We know that many people in Queensland experience mental health difficulties and problems with substance use to varying degrees across their lifetime. *Connecting care to recovery 2016–2021* also recognises that our State-funded service system sits alongside and interfaces with an array of other specialist and generic clinical and non-clinical services and programs. These are funded by the Federal Government and other private and public funding sources and are delivered through the private, primary health, non-government and community managed sectors for people experiencing varying degrees of mental illness and substance use issues.

In addition, this plan acknowledges an individual's mental health and wellbeing and substance use may be impacted by broader social and economic factors including access to housing, education, employment and social connectedness, as well as situations where domestic and family violence and gendered violence may exist.

As such, *Connecting care to recovery 2016–2021* should be understood within the broader context of the commitments being progressed under *My health, Queenslanders future: Advancing health 2026* and other plans endorsed by the Queensland Government addressing mental health promotion, prevention and early intervention, suicide prevention, rural and remote mental health and alcohol and other drugs.

Purpose and scope

My health, Queensland's future: Advancing health 2026 commits that by 2026, Queenslanders will be among the healthiest people in the world. This overarching vision and strategy recognises that mental health is a crucial determinant of overall health and wellbeing.

Connecting care to recovery 2016–2021 aims to put the principles and directions of this vision and strategy into operation across the Queensland mental health, alcohol and other drug system.

Connecting care to recovery 2016–2021 seeks to reform and improve services delivered by HHSs and community agencies. HHSs deliver a range of specialised assessment, clinical treatment and rehabilitation services across inpatient, outpatient and community-base settings. Services delivered by community managed and non-government organisations include individual and group support and rehabilitation, family and carer support, psychosocial intervention, residential rehabilitation and treatment in response to diversion or referral from the criminal justice system.

Development of our plan

Development of our plan, its aims and priorities, has been informed by a range of key considerations arising from:

- the vision and 10-year strategy for health in Queensland – *My health, Queensland's future: Advancing health 2026*
- issues raised during consultations with providers and users of our State-funded mental health, alcohol and other drug services and other key internal and external stakeholders
- analysis of background and technical planning information and data commissioned to support development of the plan
- epidemiological, demographic, financial and performance information and data
- application of nationally recognised and evidence-based population planning frameworks – the (draft) National Mental Health Service Planning Framework (NMHSPF) and National Drug and Alcohol Service Planning Model (DASPM) to our State-funded mental health, alcohol and other drug service system[2,3]
- emerging national and state policy, planning and funding directions, documents and developments across mental health and alcohol and other drug care
- the whole-of-Government *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019*

Continuing the process for enhancing our services

The Queensland Government currently invests about $1.5 billion each year across our State-funded mental health, alcohol and other drug service system.

This is a significant investment.

The previous Queensland Plan for Mental Health (QPMH) developed in 2007 set out ambitious targets for reform across our State-funded mental health system. Between July 2007 and June 2011, the QPMH guided investments of more than $632 million. Seventeen capital projects at a cost of $148 million delivered 277 new or redeveloped beds and produced a net gain of 146 new beds. An additional 569 staff were employed across mental health specialist community treatment services.

Consistent with emerging evidence and developments in mental health care, the QPMH promoted the delivery of recovery oriented services underpinned by the involvement of individuals, families and carers.

With its emphasis on developing the continuum of mental health treatment and care, the QPMH continued the process of de-institutionalisation and focused service development away from care delivered in stand-alone psychiatric hospitals to community based treatment and care delivered through specialist community treatment teams. Additional investments were made in new Community Care Units across regional Queensland and more community based flexible personal support and care services delivered through the community managed and non-government sector.

Reinvigorating effort

Despite these major reforms and significant investments as can be seen at Figure 1 and Figure 2, the pace of effort and associated increase in expenditure slowed between 2012 and 2013 resulting in Queensland having the lowest per capita expenditure in Australia.[8]

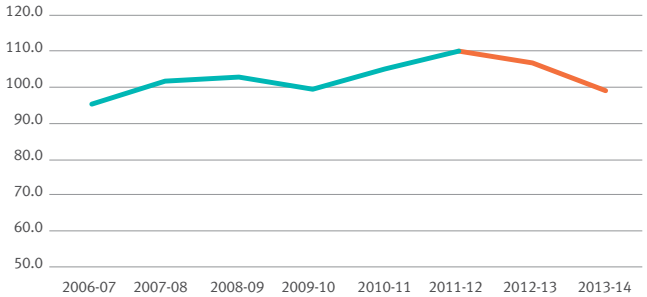
Development of a new plan is necessary to reinvigorate effort and progress new reforms and strategies across our State-funded services, supported by new investment.

Key Facts

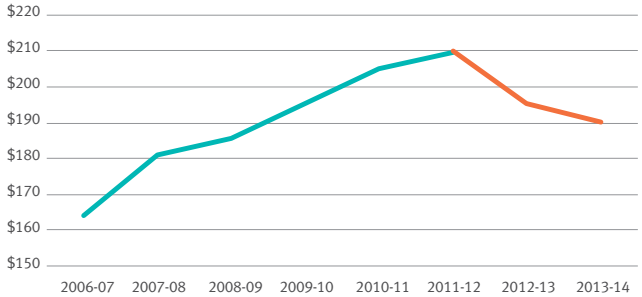
Mental illness

- One in five Queensland adults experience a mental disorder each year; with approximately half of all Queensland adults experiencing a mental disorder at some time in their lives.[4]
- Approximately 3.5% of Queensland's population are estimated to experience a severe mental health disorder.[2]
- There has been a greater increase of people reporting mental or behavioural problems in Queensland (3.4%) than nationally (2.8%).[4]
- Aboriginal and Torres Strait Islander peoples experience high or very high psychological distress at approximately twice the rate of non-Indigenous people and are 44% more likely to have experienced a problem related to a broad range of stressors.[4]
- One in seven Australian children and young people aged 4 to 17 years experienced a mental disorder in 2013–14.[5]
- In 2011, 34% of people aged 75 years or older are accessing a PBS subsidised mental health medication.[6]
- Approximately 10% of Australian teenagers have engaged in self-harming behavior.[5]
- An estimated 30–50% of people with a substance misuse problem also having a co-occurring mental illness.[7]

Queensland Mental mental health FTE per 100,000 population



Queensland mental health expenditure per person



Key Facts

Alcohol and other drugs

- Rates of lifetime risky alcohol consumption in Queensland are higher than the national average and most other jurisdictions.[9]
- 22% of Queensland adults are exceeding guidelines for lifetime risky drinking and 15% for single occasion risky drinking at least weekly.[10]
- There was an average of about 34,000 alcohol related hospitalisations per year in Queensland in the two years, 2010–11 to 2011–12.[4]
- 16% of Queenslanders aged 14 years and older used an illicit drug in the last 12 months.[9]
- 16% of 14 to 19 year olds, 27% of 20 to 29 year olds and 19% of 30 to 39 year olds used an illicit drug in the last 12 months.[9]
- Cannabis is the most commonly used illicit drug with 11% of Queenslanders aged 14 years and over having used cannabis in the last 12 months; 3.3% reporting having misused pain killers/analgesics; 2.4% used ecstasy; 2.3% methamphetamine and 2% reporting having used cocaine.[9]

Inclusion of alcohol and other drug services

The Queensland Government invests approximately $114 million each year across our alcohol and other drug services which are delivered through HHSs and non-government organisations.

Services respond to individuals at any stage of change and across the spectrum of legal and illicit drug types. Services also recognise that drug use trends and harms can change rapidly. They offer treatment and harm reduction interventions for people affected by their own or someone else's substance use.

Since 2012 our mental health, alcohol and other drug services within the Department and across HHSs have been organisationally combined, recognising the intersections between and need for integrated responses to individuals who may have both a mental illness and problematic substance use.

However, there are important distinctions between our mental health and alcohol and other drug services system across client and population cohorts, treatment and care models, frameworks and standards. Each is also at different levels of service development and investment.

Inclusion of alcohol and other drug services in *Connecting care to recovery 2016–2021* provides the opportunity to strengthen our State-funded alcohol and other drug service system.

Embedding our services in a changed system

Since 2011, our broader public hospital and health system has undergone substantial change as a result of the introduction of national health reforms and new governance and financial arrangements. This has implications for the planning and delivery of our mental health, alcohol and other drug services.

Sixteen statutory HHSs have been established across Queensland as principal providers of public sector health services. The HHSs own assets, have employer status and are responsible for maintaining investment and delivering public hospital and health services across local communities through service agreements entered into with the Department.

The Department provides overall system strategic leadership and direction through development of policies, legislation and regulation of health services, along with development of statewide plans for health services, workforce and major capital works investment. The Department is also responsible for purchasing services that efficiently and effectively make use of available resources and for monitoring the quality of health service delivery and taking remedial action as necessary.

Under these arrangements, the Department has system responsibility for policy, planning, legislation and for supporting and monitoring the quality of our State-funded mental health, alcohol and other drug services.

The Department has a key role in working with HHSs and other stakeholders including Primary Health Networks (PHNs) and peak bodies to help identify priorities for service development and investment, and support effective service delivery for individuals accessing treatment and care across our State-funded system.

Partnerships, collaboration, coordination and integration

Consistent with *My health, Queensland's future: Advancing health 2026*, the new plan builds on and re-emphasises the need for more effective collaboration, co-ordination and integration across and between programs, services and providers. *Connecting care to recovery 2016–2021* also recognises the need for effective partnerships with other health and social service sectors, to holistically meet the needs of individuals, their families and carers experiencing mental health, alcohol and other drug issues.

We know that poor coordination, collaboration and integration in the service system not only results in increasing the complexity of the service system for individuals, families and carers but also results in inconsistent access to care and an inefficient distribution of financial and human resources.

The lack of integration and coordination leading to individuals navigating a 'complex and fragmented service system…a patchwork' was highlighted in the National Mental Health Commission's Report of the National Review of Mental Health Programmes and Services.

While lack of integration and coordination is not unique to the mental health, alcohol and other drug service system, people who live with mental illness or substance misuse are often at much greater risk of poorer physical health, social and economic disadvantage and have lower life expectancy.

Strong and formalised partnerships and integrated models of service with focused effort and linkages across service providers and programs feature in *Connecting care to recovery 2016–2021*. Joint processes, particularly those in partnerships with HHSs and PHNs, are needed to ensure that local priorities and identified service needs are taken into account.

Our specialist and statewide services

A number of mental health, alcohol and other drug specialist and statewide services such as the Queensland Centre for Perinatal and Infant Mental Health, the Eating Disorders Outreach Service and the Queensland Transcultural Mental Health Centre have been established across our State-funded system.

These services play an important role in improving access to care and supporting staff across HHSs to work with individuals with special, and sometimes complex needs. Statewide and specialist services are generally 'hosted' by HHSs which enhances their capacity to leverage existing treatment resources and staffing structures within host HHSs. Statewide and specialist services also include statewide workforce training and support services such as Insight, Dovetail and the Queensland Centre for Mental Health Learning.

Connecting care to recovery 2016–2021 provides additional enhancements for a number of statewide services in recognition of their importance in supporting statewide access for individuals. Actions under *Connecting care to recovery 2016–2021* also include the Department working to strengthen mechanisms to ensure resources allocated specifically for statewide or specialist purposes are appropriately directed to identified programs and statewide visibility is enhanced.

Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples continue to experience mental health and substance misuse issues more frequently than other population groups.

While Indigenous Queenslanders make up 4.3% of our State's population, 7.7% of individuals hospitalised with a mental disorder identify as Aboriginal and Torres Strait Islander.[11]

Aboriginal and Torres Strait Islander peoples have higher rates of suicide compared to non-Indigenous Queenslanders and are also more likely to be hospitalised for psychoactive substance misuse and other psychotic disorders. They experience higher levels of morbidity from mental illness, assault, psychological distress and self-harm.

Mental illness is a leading contributor to the Indigenous burden of disease in Queensland, contributing up to one-fifth of the total disease burden.

We need to work differently with and improve our responses to Aboriginal and Torres Strait Islander peoples experiencing mental illness and substance use issues.

The overarching principles, aims and actions under the plan complement those articulated in the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* (Strategy). This Strategy aims to eliminate the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders. This will be addressed by strengthening State-funded mental health, alcohol and other drug services and programs for Indigenous Queenslanders.

Under *Connecting care to recovery 2016–2021* and the Strategy, culturally and clinically effective models of care will be developed within mainstream mental health, alcohol and other drug services to ensure access points and referral pathways take into account when, where and how individuals prefer to seek assistance. In addition, the strengthening of partnerships between HHSs and primary healthcare providers, particularly Aboriginal and Torres Strait Islander Community Controlled Health Services is promoted.

Child and youth mental health services

Our children and young people are our future. *Connecting care to recovery 2016–2021* recognises that quality services for children and young people need to acknowledge the wider environment of the child or young person. It also recognises the need for State-funded services to work together to effectively address the different and varying needs of young people taking into consideration their developmental and legal status and other circumstances such as whether a child is in out of home care.

Through expansion of the range and location of services available across the care continuum for children and young people, *Connecting care to recovery 2016–2021* reaffirms that infants, children and young people can and do recover from mental health problems and mental disorder. The families and carers of these young people play a significant role in the mental health care process, as does strong interagency partnerships and programs like Evolve which bring together key agencies that may be involved in the care of a child or young persons in out of home care.

Connecting care to recovery 2016–2021 acknowledges the Barrett Adolescent Centre Commission of Inquiry Report and the Government response to its recommendations. Work is underway to implement the Government response and to strengthen current clinical care and treatment for young people with severe and complex mental illness. The plan provides additional enhancements to support this work and to develop future approaches for extended treatment and rehabilitation for this cohort of young people. Importantly, the approach will be informed by current research and consultation with health consumers including the families from the former Barrett Adolescent Centre.

In keeping with the key principles of this plan, our vision is for our State-funded child and youth services to be delivered within a recovery-oriented approach that emphasises individual strengths, builds resilience and enhances opportunities for social inclusion.

Responding to suicide risk

In 2014, 648 people died by suicide in Queensland. Queensland's suicide rate for the five year period 2010–2014 was 13.7 deaths per 100,000 population. The national average was 11.2 deaths per 100,000 population.[11]

By contrast, the 2014 road toll in Queensland was 223 fatalities or 4.7 deaths per 100,000 population. This is 17.7% fewer than the previous year and 20.4% fewer than the previous five year average.[12]

Concentrated efforts to tackle identified issues can make a difference.

The human and economic costs of suicide are substantial. In 2013, 35% of all deaths among 15 to 19 year olds were suicide deaths. Suicide is one of the leading causes of death in the economically most productive age group, that is, those aged 15 to 44 years. The economic burden of suicide on the Australian community has been estimated to be $17.5 billion annually.[14]

There are crucial points throughout the course of health care where thorough assessment, care planning and the delivery of high quality treatment and care assists to avert suicide or harm.

Literature shows that approximately one in five people who die by suicide had contact with a specialist mental health service in the month prior to their death and approximately half had contact with a primary care provider, including General Practitioner, in the month prior to their death.[15]

The previous QPMH committed to actions targeted at reducing suicide risk and associated mortality. However with suicide rates in Queensland remaining unchanged over the last decade, more needs to be done to decrease the number of deaths by suicide and suicide attempts in Queensland.

Connecting care to recovery 2016–2021 recognises we have a key role to play in contributing to the shared goal to achieve a 50% reduction in suicides in Queensland within a decade under the *Queensland Suicide Prevention Action Plan 2015–17*. This is also a key headline measure of success under *My health, Queensland's future: Advancing health 2026*.

A systems approach to suicide prevention is promoted, recognising the evidence which suggests the best results for reducing suicide may be gained from a multilevel, multifactorial, system-based approach involving a broad range of health services, government and non-government and private organisations.

Strengthening individual rights

The *Mental Health Act 2016* was passed by Parliament in February 2016 after a review and consultation about the existing *Mental Health Act 2000*.

It is a significant improvement on the previous Act and aims to improve and maintain the health and wellbeing of mentally ill people who do not have the capacity to consent to be treated while safeguarding their rights and ensuring care is provided in a way least restrictive of their rights and liberties.

The new Act makes significant reforms to the mental health legislative framework and substantially strengthens and promotes patient rights and recovery- oriented practices. It reflects contemporary clinical practice and community expectations and has streamlined legislative processes to make it easier for those responsible for administering the legislation.

Key Facts

Suicide

- **Suicidal behaviour can be best understood as a complex interaction between a range of protective and risk factors during a person's life, with no single factor contributing to suicide, suicidal ideation or suicide attempts.[16]**
- **In 2014, 648 people died by suicide in Queensland. Queensland's suicide rate for the five year period 2010–2014 was 13.7 deaths per 100,000 population compared to a national average of 11.2 deaths per 100,000 population.[12]**
- **During the period 2010–2014, the suicide rate for Aboriginal and Torres Strait Islander Queenslanders was 1.7 times higher than that of the general Queensland population.[12]**
- **Nationally, in 2014, suicide was the leading cause of death among persons aged 15–44 years, resulting in 97,066 years of potential life lost.[12]**
- **For each person who dies by suicide, an estimated 20 people attempt suicide.[17, 18]**
- **The *Queensland Suicide Prevention Action Plan 2015–17* proposes a range of strategies and actions that can be taken across government, non-government organisations and local communities to reduce suicide and its impact.[16]**

Continuum of care

A comprehensive mental health, alcohol and other drug system includes population based universal services such as promotion and prevention as well as a range of bed-based and community treatment and support services for individuals.

While the importance of population based universal services is recognised, the scope of *Connecting care to recovery 2016–2021* is on treatment and support services for individuals. These can be broadly described as:

- community treatment services
- community support services
- hospital bed-based services
- community bed-based services.

Categorising our State-funded services according to these four streams allows us to develop consistent ways of describing treatment and support, ensures we can apply models of service and assists with defining optimal levels and mix of services across our system.

Importantly, these four streams also align with core service streams, elements and activities described in national planning frameworks. Aligning our system in this way will support integrated planning and service development between the Queensland and Commonwealth Government, HHSs, PHNs and other non-government and community managed organisations.

Population-based universal services

Promotion | **Prevention**

Promotion and prevention are key components of evidence-based mental health, alcohol and other drug systems which promote the health and wellbeing of all Queenslanders at a population level, across life stages and for specific groups.

This includes enhancing:

- social and emotional wellbeing and improving quality of life
- multi-level responses delivered in partnerships in health, community, workplace and educational settings
- increasing protective factors and reducing risk factors.

It also includes addressing other social determinants of health including inequity, stigma and discrimination, environmental and socio-cultural factors, including exposure to trauma and violence.

eensland's mental health, alcohol and other drug system

State-funded services in-scope of *Connecting care to recovery 2016–2021*

Services tailored to individual needs

Community treatment services	Community support services	Hospital bed-based services	Community bed-based services
Mental health A range of assessment and treatment services provided by specialist multidisciplinary teams to support individuals in the community, as well as in-reach to individuals admitted to bed-based services. These include child, youth, adult and older adult services across acute, continuing care and consultation liaison functions. Specialised and statewide services are also provided for Aboriginal and Torres Strait Islanders, mothers and infants, transcultural populations, forensic referrals, people with eating disorders and rural and remote populations.	**Mental health** A range of services including group support, individual support, peer support and psychosocial rehabilitation for those experiencing severe and persistent mental illness as well as support for families and carers. These community support services are delivered by community managed organisations.	**Mental health** Hospital bed-based care and treatment for individuals in a safe environment delivered through emergency departments, adult and older adult acute inpatient units, secure mental health rehabilitation units, forensic inpatient units, adult and older adult extended care services. This type of care is provided to individuals who are experiencing an episode of mental illness not able to be managed in a less restrictive setting, such as community bed-based and community treatment services.	**Mental health** Community bed-based services include sub-acute, non-acute and residential rehabilitation services such as Step-up/Step-down units, Community Care Units and nursing home-based services for older adults. This is short and medium to long-term recovery-oriented treatment for individuals delivered in the least-restrictive environment in the community as close to home and community as possible. This type of care is often delivered in partnership with the community managed organisations.
Alcohol and other drugs A range of specialist alcohol and other drug treatments including assessment, psychosocial interventions and care coordination delivered in the community through HHSs and non-government organisations.	**Alcohol and other drugs** Services to support individuals and families in the community including early intervention, harm reduction, information and education and peer support programs delivered across providers, settings and modalities.	**Alcohol and other drugs** Bed-based and specialist services including medically supervised withdrawal management, brief intervention and consultation and liaison, integrated with community treatment and support services delivered in Queensland's public hospitals.	**Alcohol and other drugs** Bed-based services in the community including withdrawal management, pre and post treatment support. This is primarily delivered by non-government organisations.

Our Aims

Through *Connecting care to recovery 2016–2021* we aim to embed the principles of *My health, Queensland's future: Advancing health 2026* into our mental health, alcohol and other drug system. Towards this, we will continue building more person-centred and recovery-oriented services.

Promote wellbeing

- individuals, families and carers have a positive experience of our mental health, alcohol and other drug services
- individuals experience better health, social and economic outcomes.
- identification and intervention occurs as early as possible, in response to suicide, attempted suicide and suicide risk; and in addressing the impact of these events on families, communities and service providers

Delivering healthcare

- individuals, families and carers are supported to engage and actively participate in decision making across policy development, planning, implementation, service delivery and in evaluating the mental health, alcohol and other drug services they receive
- patient rights are strengthened through implementation of the *Mental Health Act 2016*
- an appropriately trained, supported and experienced workforce is available with skills being used to their fullest and most efficient potential

Connecting healthcare

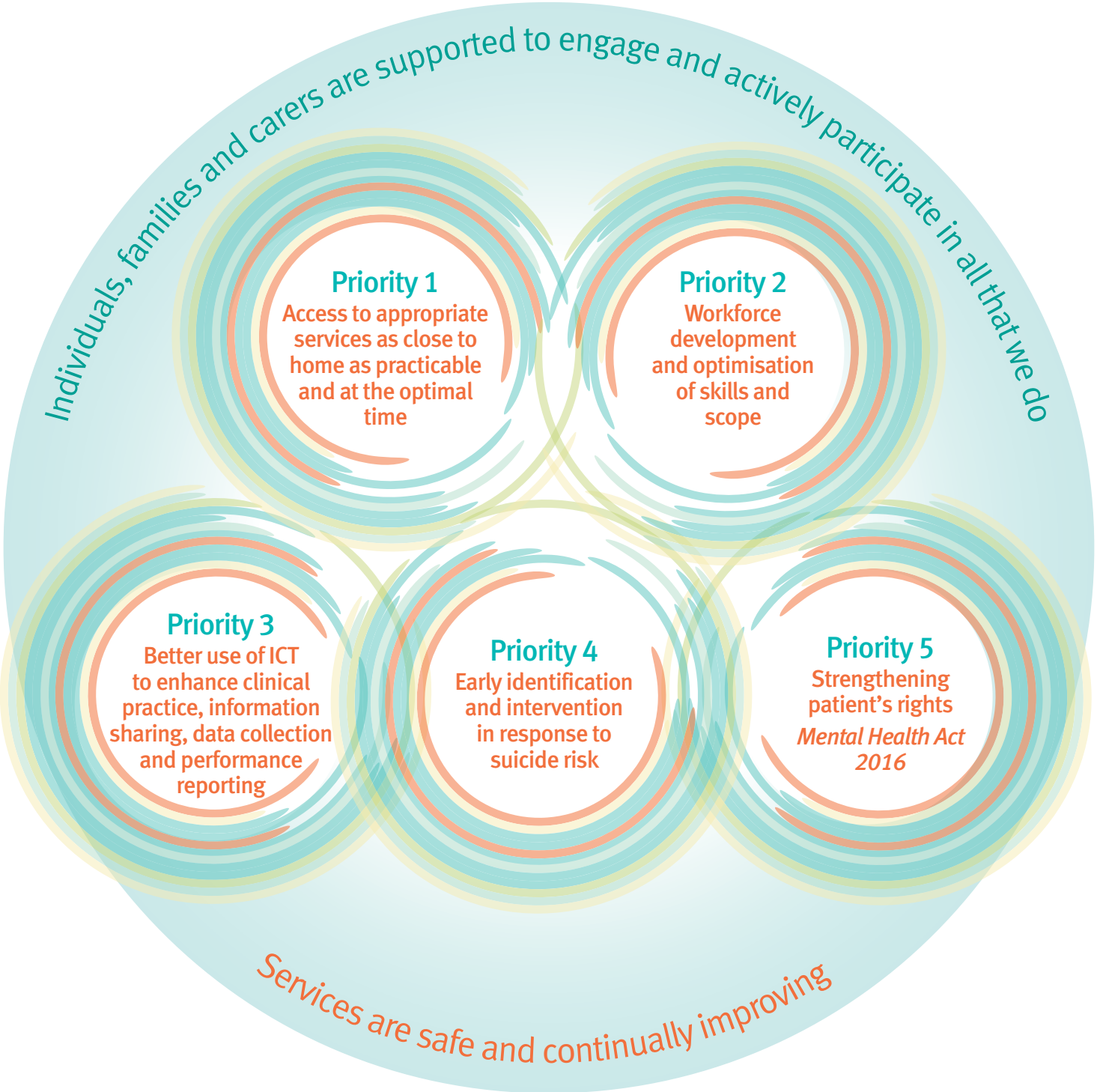
- access is available to a range of necessary and appropriate mental health, alcohol and other drug services as close as practical to an individual's community and support networks
- effective collaboration, coordination and integration occurs across the care continuum and between service providers

Pursuing Innovation

- information and communication technology (ICT) supports clinical practice, information sharing, data collection and performance reporting
- mental health, alcohol and other drug services are continually evaluating, innovating and improving

Our Priorities

Connecting care to recovery 2016–2021 focuses effort across five priority areas. These priority areas aim to reform and improve the system for mental health, alcohol and other drugs consistent with the principles and directions outlined in *My health, Queensland's future: Advancing health 2026*.



Priority 1

Access to appropriate services as close to home as practicable and at the optimal time

As part of *My health, Queensland's future: Advancing health 2026*, Queensland Health is committed to connecting healthcare – making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers.

Focus

- **Expanding the range of service models across the care continuum, in particular, Step-up/Step-down and other care delivered in the community.**
- **Increasing the capacity of a range of specialised statewide services across community and inpatient settings to deliver responsive and individualised care.**
- **Building the capacity of the alcohol and other drug service system to better meet existing demand and expand access to integrated, flexible treatment options across the care continuum.**
- **Supporting increased engagement of individuals, families and carers through a range of mechanisms.**
- **Strengthening cross-sector partnerships and collaborative relationships to ensure coordinated service provision and efficiency.**

In supporting an optimal level and mix of services across the continuum, *Connecting care to recovery 2016–2021* focuses on continued expansion of care and treatment, rehabilitation and support delivered in the community. This includes Step-up/Step-down, residential rehabilitation care and enhanced specialised and statewide community treatment services.

In relation to substance use, this plan emphasises investing in care to help meet existing demand, bridge service gaps and establish and expand more evidence-based, integrated and flexible models of service. This offers individuals a greater range of care and treatment types to better meet their changing needs over time, enables them to be closer to their families and carers where possible, and supports active recovery and participation in their local community.

Connecting care to recovery 2016–2021 also acknowledges that alcohol and other drug early intervention, harm reduction and treatment for people diverted or referred from the criminal justice system form part of a comprehensive system to prevent and address substance misuse and harms and reduce the burden on specialised treatment services.

It also acknowledges that investment should support flexible responses to changing trends of substance misuse and harms. In 2016–17 Queensland Health reallocated $6 million to help address the increased burden on individuals, families, communities and the health system from crystal methamphetamine (ice) misuse. Targeted service responses include new and enhanced Drug and Alcohol Brief Intervention Teams in Emergency Departments in Metro South HHS, Gold Coast HHS, Townsville HHS, and Central Queensland HHS; additional clinical positions in Torres and Cape HHS, Central Queensland HHS, Gold Coast HHS and Metro South HHS to better meet the needs of Aboriginal and Torres Strait Islander peoples, parents affected by substance misuse and young people; community engagement and prevention initiatives in Metro South HHS, Gold Coast HHS and the HOPE Project in South West HHS.

Streamlined access to care and treatment must be supported through formalised pathways and integrated models of care. Establishment of new and expansion of existing services will take place through joint needs identification and planning, informed by the priorities for service development in this plan.

Delivery of services by a range of providers including HHSs and non-government and community managed organisations is promoted in alignment with the priority to optimise the skills and scope of practice of the available clinical and non-clinical workforce.

Commissioning and procurement processes should be transparent and underpinned by joint planning with HHSs and PHNs, informed by local knowledge of population need, service mix and availability. Contract periods for service agreements should support sustainable service provision, including workforce recruitment and retention.

Reforms will be driven through funding models that provide incentives to promote partnerships and collaboration between HHSs, PHNs, non-government and community managed organisations, Aboriginal and Torres Strait Islander Community Controlled Health Services and private providers and peak bodies.

Actions	
Expand the range of mental health service models across the care continuum	• Step-up/Step-down units for young people • community-based residential rehabilitation services for young people • Step-up/Step-down units for adults • community-based crisis residential services for adults • day programs for young people • Assertive Mobile Youth Outreach Services (AMYOS) to provide mobile assertive engagement and prevention focussed interventions in a community or residential setting for young people • bed-based treatment and rehabilitation facility for young people with severe and complex mental illness
Expand access to secure mental health rehabilitation services	• working with HHSs to reconfigure referral pathways and develop additional capacity
Support access to specialist mental health services for young people, their families and carers in rural and remote areas of Queensland	• expanding the specialist statewide clinical e-CYMHS (Child and Youth Mental Health Service) service • expanding the Ed-LinQ initiative across the State to enhance early intervention and engagement of primary and secondary students with emerging mental health problems
Enhance specialised and statewide services for specific population groups and individuals with complex and high level needs	• expanding perinatal mental health services across specialist community and inpatient services • expanding specialist eating disorders services for young people and adults • establishing a specialist cross age gender clinic, for individuals within the community who identify as lesbian, gay, bisexual, transgender, intersex requiring specialist support with their gender identity, and to establish strong governance mechanisms within existing services • expanding liaison support, case coordination and assistance to Aboriginal and Torres Strait Islander peoples accessing mental health acute inpatient units • expanding the provision of specialist transcultural mental health services • expanding the provision of Queensland Health Victim Support Services in north Queensland to improve access to specialised counselling, support and information to victims of crime when the offender has been assessed as having a mental illness or intellectual disability • reviewing mental health, alcohol and other drug services for older adults to identify high needs and priority areas of service development across the care continuum • implementing the recommendations of the Mental Health Sentinel Events Review to enhance the assessment, formulation, treatment planning and monitoring of those mental health consumers who pose a risk of violence to others • reviewing models of service and delivery of alcohol and other drug programs for people diverted from entering and referred from the criminal justice system.

Priority 1

Access to appropriate services as close to home as practicable and at the optimal time

Actions	
Strengthen access to services for individuals involved in the juvenile justice, forensic and criminal justice systems	• expanding specialist treatment for young people with severe and complex mental health and substance use problems in detention to reduce the likelihood of re-offending and readmission • expanding child and youth forensic outreach services to provide multi-disciplinary services to young people in the community up to 18 years of age, with severe and complex mental health and substance use problems, who are involved or at risk of becoming involved with the juvenile justice system • expanding the Police Communications Centre Mental Health Intervention Co-ordinator initiative • expanding the Queensland Fixated Threat Assessment Centre initiative, a joint initiative between Queensland Police Service and Queensland Forensic Mental Health Service to facilitate mental health intervention for individuals whose untreated or under-treated mental illness is identified through their inappropriate communications and approaches to public office holders • expanding services to support individuals transitioning from prison back into the community • implementing the Indigenous Mental Health Intervention Program in male correctional centres • considering outcomes of the reviews of diversion and court referral programs in Queensland • supporting individuals who are eligible for services through the National Disability Insurance Agency to transition successfully as the scheme becomes available.
Support alcohol and other drug treatment services to help meet immediate demand	• expanding capacity of existing State-funded services to provide psychosocial interventions and rehabilitation, including pre-treatment, service transition and post-treatment support • increasing access to withdrawal management and support across our public hospitals and in outpatient and community settings • expanding access to support programs and services for families and significant others affected by substance use
Increase access to, and expand the range of alcohol and other drug service options	• residential and non-residential rehabilitation (including structured and intensive day programs) • psychosocial interventions (including increasing access through flexible modes of delivery) • residential and non-residential withdrawal management • family support programs and services • tailored services for vulnerable population groups • pre and post-treatment and transition support services • culturally safe alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples

Engaging with individuals, families and carers and services continually improving

- reviewing the Consumer, Carer and Family Participation Framework to ensure it reflects contemporary practice
- implementing statewide access to 1300 MH CALL (1300 64 2255) as a single point of contact for individuals to their local public mental health services, seven days a week
- implementing a statewide alcohol and other drugs treatment service delivery framework across State-funded services to support delivery of comprehensive, integrated treatment and care
- developing multi-disciplinary, localised and flexible models of care for rural and remote locations which recognise existing facilities, resources and unique aspects of the area and are underpinned by community consultation and engagement
- developing procurement strategies to inform investment across a range of mental health, alcohol and other drug services necessary to support the priorities in *Connecting care to recovery 2016–2021*
- establishing formal and informal mechanisms to support joint needs identification and planning for mental health, alcohol and other drug services
- developing capability to identify emerging drug trends and mechanisms to deliver timely, cross-agency responses that contribute to reducing misuse and associated harms
- working across the Department to develop and strengthen performance and monitoring mechanisms to support maintenance of resourcing and service delivery effort for mental health, alcohol and other drug services, including statewide services
- continuing to work with other Queensland Government departments, in particular around issues of housing, homelessness, cultural diversity, domestic and family violence, education, law and justice, to ensure comprehensive cross-agency policy and planning for individuals with mental health and alcohol and other drug issues are developed and implemented
- supporting the development of innovative cross-agency models of service delivery for individuals with mental health and alcohol and other drug issues, for example, the Mental Health Demonstration Project, a joint initiative between Queensland Health and the Department of Housing and Public Works and other government and non-government agencies. It involves testing a new integrated housing, health and social welfare support model to improve housing stability outcomes for people living in social housing who are experiencing mental illness or related complex issues.

Priority 2

Workforce development and optimisation of skills and scope

As part of *My health, Queensland's future: Advancing health 2026*, Queensland Health is committed to delivering healthcare – the core business of the health system, improving access to quality and safe healthcare in its different forms and settings.

Focus

- **Enhancing capacity and capability of our mental health, alcohol and other drug workforce through implementation of individual, organisational and system level strategies as part of a workforce development framework.**
- **Exploring service models which optimise the expertise and scope of practice of our mental health, alcohol and other drug workforce and increase therapeutic, psychosocial and rehabilitative outcomes for individuals .**
- **Improving capacity of our frontline workers to respond to individuals, families and carers through training and skill development.**

The capability and capacity of a specialised multi-disciplinary workforce is essential to providing contemporary, efficient and recovery-oriented State-funded mental health, alcohol and other drug services across Queensland.

We need to support and build on the expertise, skills and experience of our workforce to ensure effective responses and support are provided to individuals living with mental illness and/or substance misuse issues.

Individuals, families and carers accessing our services should be able to access a workforce equipped and supported to its fullest potential to deliver effective, evidence-based interventions.

Recruitment and retention, particularly in regional, rural and remote areas across Queensland is a key issue as is the need to deliver care more flexibly to take into account our dispersed service system.

For our services, we need a flexible clinical and non-clinical support workforce where skills and expertise are optimised and service models support clinicians to focus on providing more direct evidence-based therapeutic interventions.

Connecting care to recovery 2016–2021 promotes greater involvement and integration of the non-clinical support workforce in providing support to individuals along the care continuum, recognising their training and vocational skills and experience.

Given the demands on services, it is imperative the productivity of our workforce is optimised. This includes innovative service models backed-up by practical and contemporary ICT supports.

Connecting care to recovery 2016–2021 also actions the development of a comprehensive mental health, alcohol and other drug workforce framework. This framework will take into account broader system issues such as workforce planning, recruitment and retention, design and structure, skills, competencies, leadership and management. It will also support an optimal skill mix and level of clinical and non-clinical personnel working collaboratively to facilitate delivery of high quality, flexible and integrated care across our mental health, alcohol and other drug services.

Importantly, the workforce framework will recognise that the peer workforce plays a critical role and will also support the delivery of culturally appropriate services to Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds. We need a mental health, alcohol and other drug workforce skilled in culturally safe practice, with the capacity to build partnerships and collaborations with specialist service providers across sectors.

Actions

Enhancing capacity and capability of our mental health, alcohol and other drug workforce.	• Developing a mental health, alcohol and other drug workforce framework which will identify the key priorities and strategies to guide workforce planning and development. This will align with the principles and directions of *Connecting care to recovery 2016–2021*, nationally recognised service planning frameworks, current trends in the literature, workforce data, and be informed by consultation with service providers, consumers and carers and professional representatives.
Enhancing supervision, training and professional development programs to ensure the workforce is supported to deliver high quality services.	• Strengthening and expanding formal structures of alcohol and other drug clinical supervision and improving access to supervisor training. • Reviewing current mechanisms for the development and provision of mental health, alcohol and other drug workforce training programs and education.
Improving the capability of the workforce to deliver culturally responsive mental health, alcohol and other drug services	• Working with key Aboriginal and Torres Strait Islander organisations and service providers to develop and implement specific mental health and alcohol and other drug training for Indigenous primary healthcare, and other community controlled organisations. • Reviewing the Aboriginal and Torres Strait Islander Health Worker Career Structure 2009 for mental health, alcohol and other drug services across Queensland Health. • Supporting the implementation of National Frameworks to ensure culturally inclusive service delivery in mental health services in Queensland • Working with the Queensland Transcultural Mental Health Centre to support the delivery of state-wide training for staff in culturally appropriate service delivery and to improve the use of interpreters for people from culturally and linguistically diverse backgrounds.

Engaging with individuals, families and carers and services continually improving

- implementing training and support that better equips individuals, families and carers as representatives
- strengthening statewide, regional and local mechanisms for participation of individuals, families and carers in activities that contribute to the safety and continuous improvement of mental health, alcohol and other drug service delivery
- undertaking a review of current practices, protocols and scope of practice of the existing mental health peer workforce to inform a peer workforce development plan
- ensuring mental health, alcohol and other drug workforce planning is aligned to statewide workforce planning processes and HHSs workforce development activity
- trialling co-located models of service which support clinicians to focus on delivering therapeutic interventions and optimise access to rehabilitation support on site.

Priority 3

Better use of ICT to enhance clinical practice, information sharing, data collection and performance reporting

As part of My health, Queensland's future: Advancing health 2026, Queensland Health is committed to pursuing innovation – developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

Focus

- **Ensuring our ICT infrastructure has flexibility and capability to meet changing information needs of our mental health, alcohol and other drug services.**
- **Enhancing analytical, reporting (visual analytics) and business intelligence capacity to drive the quality, safety and effectiveness of clinical practice, and improved planning and purchasing decisions.**
- **Enhancing capability of our Consumer Integrated Mental Health Application (CIMHA).**
- **Developing the information capabilities of the alcohol and other drug sector.**
- **Monitoring and improving consumer, family and carer experiences of mental health, alcohol and other drug treatment, care and support.**

Connecting care to recovery 2016–2021 builds on existing ICT capabilities and enhances innovative approaches to coordinating and packaging available services and funding. We are taking steps to improve existing and develop new data sets to ensure we have mechanisms for monitoring new or expanding areas of service delivery. This also facilitates identification of areas of clinical practice where change needs to occur.

Our information system investments need to drive efficiency and improvements in the delivery of health care. This means enabling information access at the point of care, streamlining processes of recording clinically significant information and better information sharing.

Connecting care to recovery 2016–2021 will deliver improved data capture, information sharing and business intelligence to enable cross sector service integration, address areas of practice-based service variation, and underpin the development of new evidence-based service models.

Connecting care to recovery 2016–2021 promotes advanced use of new technologies and analytics tools to improve reporting efficiencies, improve data access and support performance management for service provider areas. These technologies will also enable the Department to more effectively achieve improvements in quality, safety and effectiveness of clinical practice, service delivery, and inform planning and purchasing decisions.

New technologies also need to be used to support more effective collaboration, coordination and integration of care for individuals and information sharing amongst service providers to improve care outcomes.

For alcohol and other drug treatment services, we need to embed clinical information requirements into our existing mental health electronic medical record application and progress seamless integration of the mental health electronic record with the general health electronic medical record initiatives.

Access to and analysis of quality information facilitates the delivery of responsive, evidence-based and safe services. This means our data availability across our alcohol and other drug sector, community managed and non-government organisations needs to be developed, including availability of information from individuals, families and carers to inform appropriate resourcing, program and policy development.

Ongoing effort is required to realise the full potential of the Integrated Mental Health Data Reporting Repository to support service improvement, planning, purchasing and performance management.

Actions

Build data and information assets associated with the alcohol and other drug sector, community managed organisations and consumers, families and carers	• identifying opportunities for implementing a carer experience of service measure into State-funded mental health services • implementing the *Living in the Community Questionnaire* for consumers receiving care and support from State-funded mental health services • implementing the Residential Mental Health Care National Minimum Data Set into community managed residential facilities • commencing the collection of establishment level information for public alcohol and other drug services provided by HHSs
Enhance mental health applications to meet the clinical and service delivery requirements for mental health, alcohol and other drug services	• developing mechanisms to ensure Consumer Integrated Mental Health Application (CIMHA) interfaces with other electronic medical records to support continuity of care • utilising existing technologies to improve access to patient information across State-funded services and providers to ensure integrated care planning • delivering the clinical and business requirements of alcohol and other drug services into CIMHA to improve the structural integration of the State-funded alcohol and other drug services and to create efficiencies • improving the clinical notes capability and development of a case review portal within CIMHA to improve the application's capacity to support patient safety and clinical care • ensuring clinical information requirements for new service models and reporting requirements associated with State and National reforms can be met
Improve analytics and reporting of mental health data to respond to changing information needs	• developing the self-service reporting capability within IMHDRR to assist services to access mental health, alcohol and other drug data and analytics for planning and clinical improvement • enhancing data linkage of disparate data sets to improve access to better intelligence on the outcomes and costs of health intervention and facilitate the identification of areas of clinical practice where change needs to occur • expanding the capacity to monitor and manage the performance of existing and new service delivery models for mental health, alcohol and other drug services through improved access to available data and further development of data analytics capability
Create a Single Care Plan capability	• creating a Single Care Plan that can be accessed by State-funded mental health, alcohol and other drug services, as well as private and primary health care services

Engaging with individuals, families and carers and services continually improving

- developing a measurement and reporting framework to evaluate the outcomes associated with receiving mental health and/or alcohol and other drug treatment, care and support
- expanding implementation of the Your Experience of Service measure across State-funded mental health services provided through HHSs and community managed organisations
- enhancing the use of consumer self-assessment outcome measures
- participating in the identification and development of mechanisms to support data and information sharing between Queensland Health and other Queensland Government agencies to support holistic responses to individuals and their families, and carers.

Priority 4
Early identification and intervention in response to suicide risk

As part of *My health, Queensland's future: Advancing health 2026*, Queensland Health is committed to promoting wellbeing – improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health.

Focus

- **Embedding a systems approach to identifying and responding to suicide risk across Queensland's HHSs, including our State-funded mental health, alcohol and other drug services.**
- **Strengthening clinical skills and capacity to screen, assess and manage suicide risk.**
- **Building the capacity of HHSs and primary healthcare providers to prevent suicide through the implementation of the *Suicide Prevention in Health Services Initiative*.**

Our HHSs have an important and vital role to play in intervening early and preventing suicide from occurring.

Identifying risk, intervening early, detecting warning signs and providing support and access to treatment are all important best practice steps that our staff working across HHSs and State-funded mental health, alcohol and other drug services can take to prevent suicide from occurring. It is important our workforce is equipped with the knowledge and skills to adequately assess and support people who have attempted suicide or who are at risk of harm.

Enhancing training of emergency department staff to better recognise, assess and manage people at risk of suicide and assertive outreach for people discharged from emergency departments and inpatient units will be improved. The environmental safety of our hospital and health facilities will be strengthened to mitigate risk. We will collaborate with other services to build capacity and develop early and targeted responses to the management of people at risk, including the needs of at risk groups. This includes supporting access to high quality evidence-based psychological services.

Actions

Strengthen identification and responses to suicide risk through a comprehensive strategy

- implementing a new statewide program to embed a systems approach and strengthen clinical governance for suicide risk screening, assessment and management across our HHSs

Suicide Prevention in Health Services Initiative

- establishing a suicide prevention health taskforce co-chaired by a HHS and a PHN, resourced to identify and translate the evidence-base for suicide prevention initiatives in a health service delivery context, support implementation of early intervention initiatives, and promote the strengthening of partnerships across HHSs and PHNs at a statewide and local level
- undertaking a multi-incident analysis of sentinel events relating to deaths by suspected suicide of people with a recent contact with a health service. The analysis will inform the work of the taskforce and HHSs development initiatives across the State
- implementing sustainable training for emergency department staff and other front line acute mental health care staff in recognising, responding to and providing care for people presenting to HHSs with suicide risk

Engaging with individuals, families and carers and services continually improving

- promoting the Queensland Mental Illness Nursing Documents (MIND) Essentials resource for generalist nurses to enhance clinical best practice within emergency departments and public hospitals
- ongoing implementation of the Tackling Regional Adversity through Integrated Care (TRAIC) program to build resilience and foster recovery among people and communities affected by adversity associated with drought, disaster and other crises
- developing an environmental safety guideline designed to promote a culture of safety and necessary system supports in acute mental health inpatient wards. The guideline will provide information for managers, educators, clinicians and other staff on available resources and actions to assist in preventing, responding to and learning from patient safety incidents.

Priority 5

Strengthening patient's rights *Mental Health Act 2016*

As part of *My health, Queensland's future: Advancing health 2026*, Queensland Health is committed to delivering healthcare – the core business of the health system, improving access to quality and safe healthcare in its different forms and settings.

Focus

- **Contemporary mental health legislation.**
- **Support recovery of people with mental illness.**
- **Promotes and protects the rights of people with mental illness.**

We are committed to strengthening and promoting patient's rights by ensuring our mental health legislation is contemporary, properly reflects current evidence-based clinical practice and community expectations and supports the recovery of people with mental illness.

The *Mental Health Act 2016* (MHA 2016), passed by Parliament in February 2016, aims to improve and maintain the health and wellbeing of mentally ill people who do not have the capacity to consent to be treated while safeguarding their rights and ensuring care is provided in a way least restrictive of their rights and liberties.

Under the MHA 2016, strengthening patient rights is a paramount consideration and is achieved through:

- tightened criteria for people to be involuntarily treated, by focussing on those who do not have capacity (and cannot make decisions about their own health care), where there is a serious risk of harm
- legislative provisions giving preference to being treated under an advance health directive, rather than as an involuntary patient, giving patients a greater say in their future health care
- strengthened controls over the use of seclusion and mechanical restraint on involuntary patients and, for the first time, regulation and reporting on the use of physical restraint and the appropriate use of medications
- strengthened rights of support persons, who can assist in a patient's recovery.

Mandated legal processes under existing legislation when an involuntary patient is charged with an offence are removed and replaced by a two-tier process where:

- involuntary patients charged with serious offences are offered a free psychiatrist report; and
- any person appearing before a Magistrates Court is offered assistance through Queensland Health's Court Liaison Service.

In a further innovation, patients will be able to appoint, in advance, one or two 'nominated support persons' to assist them if they become unwell. A nominated support person receives all notices required to be given to the patient under the MHA 2016, can discuss confidential information with the treating team, and can support or represent the patient at hearings of the Mental Health Review Tribunal.

Actions	
Engage patient rights advisers	• under the MHA 2016, public sector mental health services will be funded to establish 28 Independent Patient Rights Advisers to provide 'on-the-spot' advice to patients and their support person in all of the HHSs. A position of a central coordinator will also be established
Provide free legal representation	• additional funding will be provided to the Mental Health Review Tribunal to provide no cost legal representation for persons appearing before the Mental Health Review Tribunal who are either particularly vulnerable or have complex cases such as forensic order reviews where the Attorney-General is represented, minors or where there is an application for the performance of electroconvulsive therapy
Enhance court liaison services	• funding will be provided to expand and enhance the existing Court Liaison Service for adults and children in Queensland. This service will support magistrates who, under the MHA 2016, are to be given express powers to dismiss charges if a person appears to have been of unsound mind at the time of an alleged offence or is unfit for trial. This is a major reform for the legal system in Queensland to better provide for persons with mental illness

Engaging with individuals, families and carers and services continually improving

- doctors will be required to give patients and their support persons more information about the treatment and care being provided to the patient. Patients will also have a right to a second opinion if there are unresolved complaints about a patient's treatment and care

Evaluation and measurement

We are committed to measuring and evaluating the impact of *Connecting care to recovery 2016–2021*. We want to monitor how the reforms implemented through new and existing investment make a difference to service and individual outcomes.

A measurement and reporting framework to enable regular monitoring of the implementation of our plan, performance of services and outcomes associated with receiving State-funded mental health and/or alcohol and other drug treatment, care and support is being developed. The measurement strategy will offer insights into the progress of reform and help ensure that efforts remain aligned to the goals of *Connecting care to recovery 2016–2021*.

An evaluation framework will complement and value add to the measurement strategy. The evaluation framework will provide a further assessment of *Connecting care to recovery 2016–2021*, particularly in terms of its impact on the lives of people who use our services.

Through both the measurement strategy and evaluation framework we will endeavour to find out if we have delivered what we said we would and whether these initiatives have improved the delivery of services, resulted in expanded service types across the continuum and positively impacted on the lives of persons accessing State-funded mental health and/or alcohol and other drug treatment, care and support.

Implementation

Connecting care to recovery 2016–2021 recognises the importance of delivering an optimal range and level of mental health, alcohol and other drug services across our State-funded service system.

New investment is prioritised toward service development which supports the continuing shift toward community-based care.

We want earlier and more effective and integrated responses, improved partnerships and collaboration, more effective use of workforce and increased system performance, underpinned by a continued emphasis on recovery and meaningful engagement of individuals, families and carers.

Maintaining levels of existing effort and where indicated, reshaping the service mix in accordance with the direction of *Connecting care to recovery 2016–2021* will be necessary to support the delivery of contemporary, high quality mental health, alcohol and other drug services.

Implementation of *Connecting care to recovery 2016–2021* is led by the Department. A team will be established to undertake the range of activities necessary to support the implementation of initiatives in this plan, including development of new clinical guidelines, models of service, workforce planning and ICT and data enhancement activities.

A collaborative approach with key stakeholders, including HHSs, PHNs, the QMHC, and peak bodies will guide implementation of specific initiatives.

The Department will work closely with HHSs to support development of local implementation plans for specific capital and service delivery programs identified and funded through *Connecting care to recovery 2016–2021*.

Guiding strategies, plans and policies

National

- Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services
- Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services
- National Drug Strategy 2016–2025 *(under development)*
- National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019
- National Alcohol Strategy *(under development)*
- National Ice Action Strategy 2015
- National Alcohol and Other Drug Workforce Development Strategy 2015–2018
- National mental health strategy, including national mental health policy, plans and statement of rights and responsibilities
- A national framework for recovery oriented mental health services 2013
- National practice standards for the mental health workforce 2013
- National standards for mental health services 2010
- National Safety and Quality Health Services Standards

State

- My health, Queensland's future: Advancing health 2026
- Improving Mental Health and Wellbeing: the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019
- Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–2017
- Queensland Suicide Prevention Action Plan 2015–2017
- Queensland Alcohol and Other Drugs Action Plan 2015–2017
- Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan
- Queensland Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021
- Queensland Rural and Remote Mental Health and Wellbeing Action Plan
- *Mental Health Act 2016*
- Refugee Health and Wellbeing: A Strategic Framework for Queensland 2016
- Hunter Review, Department of Health, Queensland 2015
- Domestic and Family Violence Prevention Strategy 2016–2026
- Queensland Women's Strategy 2016–2021
- Bilateral agreement between the Commonwealth and Queensland – Transition to a National Disability Insurance Scheme
- Supporting Families Changing Futures – Advancing Queensland's child protection and family support reforms

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Sources for *A year in the life of our State-funded mental health, alcohol and other drug service system*:

- Mental Health Establishments Collection, Australia Institute of Health and Welfare
- Consumer Integrated Mental Health Application (CIMHA)
- Hospital and Health Service Agreements
- Community Services Funding Branch, Department of Health
- Alcohol Tobacco and Other Drugs Information System (ATODS-IS)
- Queensland Alcohol and Other Drug Treatment Services Data Collection.

2016

Queensland Health