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BRISBANE SOUTH

An Australian Government Initiative

BRISBANE SOUTH MENTAL HEALTH, SUICIDE PREVENTION, AND ALCOHOL AND OTHER DRUG STRATEGY 2019-2022

Brisbane South PHN
November 2018

BAUGULL NYUNGAI
GURUMBA BIGI
MAROOMBA BIGGEE

We acknowledge the Traditional Custodians of the land on which we live and work, and of the many different nations across the wider Brisbane south region.

We pay our respects to the Elders, past, present and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community.

CONTRIBUTIONS

CONTENTS

INTRODUCTION

1

Mental illness has been cited as 'the third largest cause of disease burden in Australia after cancer and cardiovascular disease and the largest single cause of nonfatal burden, and results in significant health, social, and economic and productivity consequences'.[1] The economic costs and social burden of mental illness and the implications if governments fail to act have been frequently highlighted. The economic cost of mental illness to Australia is enormous, with estimates ranging up to $40 billion a year in direct and indirect costs and lost productivity.[1]

The harms from alcohol and other drugs also impact (directly and/or indirectly) on all Australian communities, families and individuals. Problematic use of alcohol and other drugs is associated with social and health determinants, such as discrimination, unemployment, homelessness, poverty and family breakdown. Harms to health include injury, chronic conditions and preventable diseases and road trauma; and social harms include violence and other crime, unhealthy childhood development, intergenerational trauma and child protection issues. There are associated economic costs resulting from decreased productivity, associated criminal activity and increased demand for health care and law enforcement services.[2]

In addition, people experiencing concerns with alcohol and other drugs commonly live with co-occurring mental health conditions. It is estimated that one third of people experiencing alcohol and other drug concerns have a co-occurring mental health condition. This rate may be higher for those people seeking specialised alcohol and other drug treatment services.[3] Although not necessarily always the case, people who live with mental health and/or alcohol and other drug concerns are more likely to experience suicide.[4] Due to the strong relationships between mental health, alcohol and other drug concerns and suicide, these health issues should be considered together when planning and developing services.

1   Australian Government DoH. Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, Canberra: Commonwealth of Australia 2015

2   Commonwealth of Australia as represented by the Department of Health 2017, National Drug Strategy 2017-2026

3   Marel C, Mills KL, Kingston R, Gournay K, Deady M, Kay-Lambkin F, Baker A, Teesson M. 2016. "Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition)" as cited in Brisbane South PHN Needs Assessment 2018

4   Suicide Prevention Australia. 2011. "Position Statement: Alcohol, Drugs and Suicide Prevention"; 117. PHIDU: Torrens University Australia. 2017. "Social Atlases of Health" as cited in Brisbane South PHN Needs Assessment 2018

Mental health, suicide prevention, and alcohol and other drug concerns are consequently a key strategic focus for health service funders and planners, given the significant and growing demand for services.

In November 2015, the Australian Government responded to the National Mental Health Commission's Review of Mental Health Programmes and Services. As part of the reform process, PHNs (primary health networks) were tasked with managing a flexible funding pool for mental health and suicide prevention services within their respective regions. In December 2015, PHNs were given the additional responsibility of commissioning alcohol and other drug treatment services as part of the National Ice Action Strategy.

In early 2016, Brisbane South PHN undertook an initial and rapid commissioning process to establish mental health, suicide prevention, and alcohol and other drug services. Brisbane South PHN consulted with the sector to determine need and priorities for the funding. Service providers identified the urgent need to increase alcohol and other drug treatment services in the Beenleigh, Beaudesert and Redland regions. Mental health and suicide prevention providers identified gaps in early intervention services and services for young people and the need to develop tailored social and emotional wellbeing services for Aboriginal and Torres Strait Islander communities. These consultations led to the development of the 2016-2019 Road Map that guided commissioning activity for mental health and alcohol and other drug (MHAOD) for 2016-2019.

In November 2017, Brisbane South PHN and Metro South Health (MSH) commenced a joint planning process to develop a regional *Mental Health, Suicide Prevention, and Alcohol and Other Drug* (MHSPAOD) *Strategy*. This document articulates a system-wide vision for future provision of services in Brisbane south which has been developed through extensive consultation with public sector, private and non-government service providers, consumers and carers.
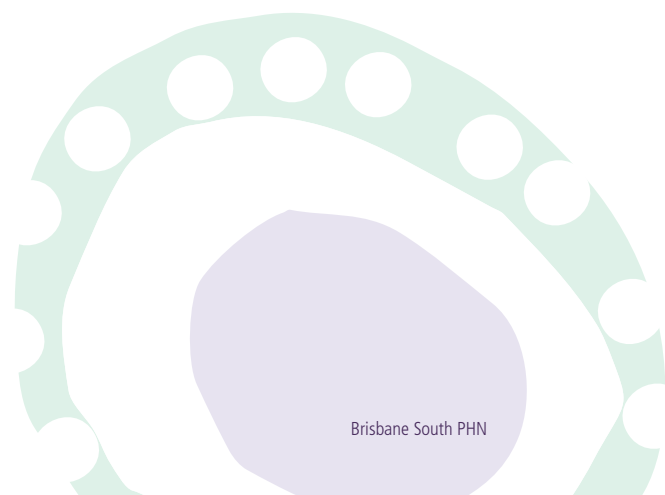
The purpose of the regional strategy is to:

• articulate a system-wide vision for future provision of services in Brisbane south

• provide a platform to progress collaborative regional planning and joint commissioning of services

• identify key priorities for system and service development.

A key driver for the development of the MHSPAOD Strategy is Brisbane South PHN's remit to improve the coordination of services across the community and:

• meet the increasing needs of the Brisbane South PHN population, in particular, support the provision of localised services that provide access to underserviced populations

• support the provision of evidence-based, appropriate and effective care

• increase accessibility and equity of service provision for the community. In particular, support the provision of the right services, in the right location, at the right time

• improve integration and continuity of care for clients between providers and health delivery partners such as General Practitioners (GPs), not-for-profit organisations and Hospital and Health Services

• better align with Brisbane South PHN's role as a commissioner

• drive value for money and outcomes-based results through robust agreements with service providers.

This document sets out the approach taken to the regional planning process, an overview of the strategic context, the challenges and opportunities, the proposed service model and strategies.

The MHSPAOD Strategy and roadmap will guide the collaborative approach to planning and service for the region, as well as the recommissioning of primary mental health, suicide prevention, and alcohol and other drug treatment services by Brisbane South PHN.

MHSPAOD strategies and actions overview

BETTER KNOWLEDGE
Evidence-based planning

STRATEGIES
Promote integrated planning and service delivery

BETTER COORDINATION
Collaborative partnerships and networks

STRATEGIES
Enhance community and stakeholder engagement

Build strong partnerships

BETTER HEALTH
Accessible, appropriate, patient-centred health care

STRATEGIES
Develop new models of care

Improve services for priority population groups

Improve access to services

Develop workforce capability

BETTER ORGANISATIONAL PERFORMANCE
Excellence in organisational capability and culture

STRATEGIES
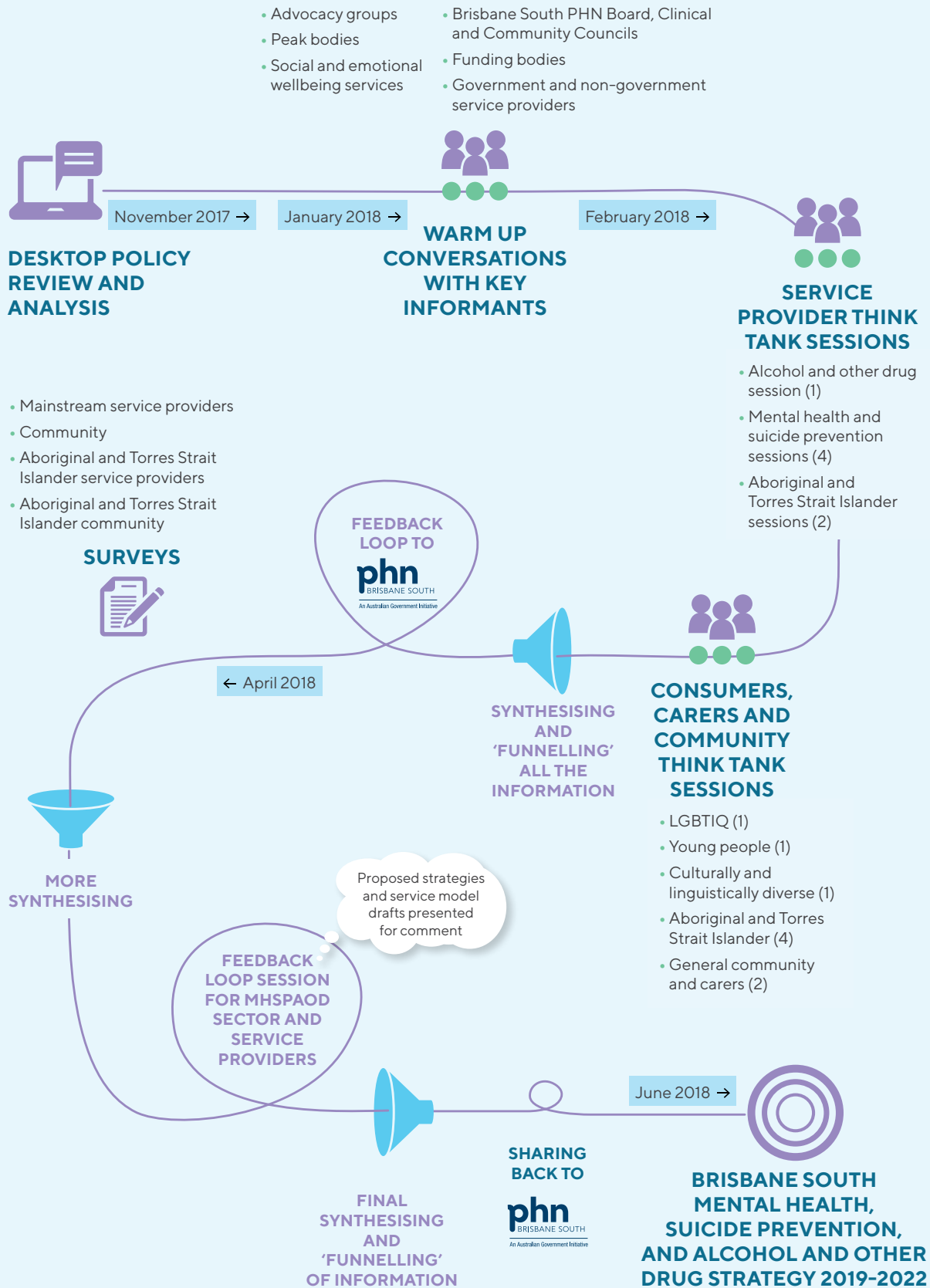Build Brisbane South PHN's capability to deliver transformational change

2

APPROACH

Development of the MHSPAOD Strategy 2019-2022 has taken a multifaceted approach comprised of:

1. analysis of information obtained from the 2018 Brisbane South PHN Needs Assessment

2. desktop review of key national and state policy documents

3. review of international and national evidence of best practice

4. analysis of information obtained through Aboriginal and Torres Strait Islander service engagement

5. consultation with Brisbane South PHN Board, Clinical and Community Councils

6. an extensive face-to-face stakeholder engagement process including:

    i.   key informant interviews with stakeholders from other funding bodies, advocacy groups, and government and non-government service providers

    ii. Think Tank sessions for mental health and suicide prevention service providers held in four different geographic locations across Brisbane south with a focus on identifying local service gaps, opportunities and effective mechanisms to reduce fragmentation and improve coordination

    iii. an alcohol and other drug (AOD) service provider Think Tank session

    iv. Think Tank sessions for Aboriginal and Torres Strait Islander mental health, suicide prevention, and alcohol and other drug service providers held in two different geographic locations

    v.   Think Tank sessions for consumers and carers held in five different geographic locations across Brisbane south, of which two were general consumer and carer workshops and the remaining three were specific population workshops targeting LGBTIQ (lesbian, gay, bisexual, transgender, intersex, queer) communities, people from culturally and linguistically diverse backgrounds and young people.

    vi. Think Tank sessions for Aboriginal and Torres Strait Islander consumers and carers in collaboration with cultural consultants were held in four different geographic locations

7. multiple online surveys including: a service provider survey, a community survey (consumer, carers, families), a culturally appropriate survey for Aboriginal and Torres Strait Islander service providers, and Aboriginal and Torres Strait Islander community survey (including consumers, carers, families). Surveys included tailored questions about mental health, suicide prevention and AOD treatment service gaps, and opportunities and priorities for service development

8. analysis of existing funding programs and resources available to Brisbane South PHN to inform assumptions about future resources, and identify any opportunities for the flexible use of funding and/or transitional arrangements.

See Figure 1 for the Mental Health, Suicide Prevention, and Alcohol and Other Drug Strategy approach.

Figure 1 – Mental Health, Suicide Prevention, and Alcohol and Other Drug Strategy approach

- Advocacy groups
- Peak bodies
- Social and emotional wellbeing services

- Brisbane South PHN Board, Clinical and Community Councils
- Funding bodies
- Government and non-government service providers

November 2017 →   January 2018 →   February 2018 →

DESKTOP POLICY REVIEW AND ANALYSIS

WARM UP CONVERSATIONS WITH KEY INFORMANTS

SERVICE PROVIDER THINK TANK SESSIONS

- Alcohol and other drug session (1)
- Mental health and suicide prevention sessions (4)
- Aboriginal and Torres Strait Islander sessions (2)

- Mainstream service providers
- Community
- Aboriginal and Torres Strait Islander service providers
- Aboriginal and Torres Strait Islander community

SURVEYS

FEEDBACK LOOP TO
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← April 2018

SYNTHESISING AND 'FUNNELLING' ALL THE INFORMATION

CONSUMERS, CARERS AND COMMUNITY THINK TANK SESSIONS

- LGBTIQ (1)
- Young people (1)
- Culturally and linguistically diverse (1)
- Aboriginal and Torres Strait Islander (4)
- General community and carers (2)

MORE SYNTHESISING

Proposed strategies and service model drafts presented for comment

FEEDBACK LOOP SESSION FOR MHSPAOD SECTOR AND SERVICE PROVIDERS

June 2018 →

FINAL SYNTHESISING AND 'FUNNELLING' OF INFORMATION

SHARING BACK TO
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BRISBANE SOUTH MENTAL HEALTH, SUICIDE PREVENTION, AND ALCOHOL AND OTHER DRUG STRATEGY 2019-2022

OVERVIEW OF THE MENTAL HEALTH, SUICIDE PREVENTION, AND ALCOHOL AND OTHER DRUG STRATEGIC CONTEXT

3.1 National policy and frameworks

At a national level, addressing the impact of mental health issues, suicide, and problematic use of alcohol and other drugs on the lives of Australians has been identified as a priority. A number of key documents commit governments at all levels to working together to better integrate planning and service delivery at a regional level.

Mental health

The mental health sector has been the focus of ongoing reform over many years. The *National Framework for Recovery-Oriented Mental Health Services* developed by the Australian Health Ministers' Advisory Council in 2013 described the way in which services should be delivered to achieve the best outcomes for people's mental health, physical health and wellbeing. Recovery-oriented mental health services provide evidence-informed treatment, therapy, rehabilitation and psychosocial support that should be centred on, and adapt to, people's needs and aspirations rather than people having to adapt to the requirements and priorities of services. Recovery must be a vision and commitment shared at all levels of an organisation. The vision must be sustained by a diverse, appropriately supported and resourced workforce that includes people with lived experience, peer-run programs and services.[5]

The *Fifth National Mental Health and Suicide Prevention Plan 2017-2022* (the Plan) builds on

the foundation established by previous national mental health plans and reform efforts, and articulates a cross-jurisdictional framework for implementing national action over the next five years. According to the Plan, key issues in the mental health system include fragmentation; unclear roles and responsibilities; inefficiencies and duplication; poor planning and coordination; unmet need and service gaps; and insufficient focus on promotion, prevention and early intervention. The workforce within the system is under pressure, with shortages, distribution issues, high rates of turnover, and challenges in recruiting appropriately skilled and experienced staff. Services within the system are often difficult to navigate, and can be both stigmatising and stigmatised.

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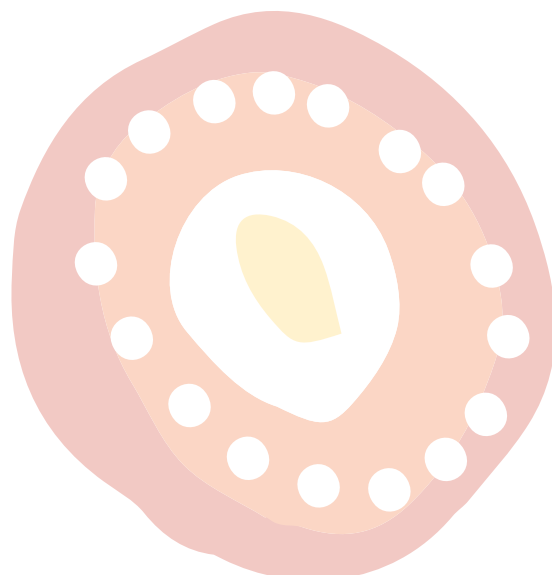
5   Commonwealth of Australia 2013 A national framework for recovery-oriented mental health services: Guide for practitioners and providers

The Plan identifies targeted action across eight priority areas:[6]

1. achieving integrated regional planning and service delivery

2. suicide prevention

3. coordinating treatment and supports for people with severe and complex mental illness

4. improving Aboriginal and Torres Strait Islander mental health and suicide prevention

5. improving the physical health of people living with mental illness and reducing early mortality

6. reducing stigma and discrimination

7. making safety and quality central to mental health service delivery

8. ensuring that the enablers of effective system performance and system improvement are in place.

Suicide prevention

The rate of suicide in Australia is recognised as a significant issue and current approaches have been criticised as being fragmented with unclear roles and responsibilities across government leading to duplication and gaps in services. The LifeSpan model from the Black Dog Institute describes nine evidenced-based strategies which if implemented simultaneously in a localised area are predicted to prevent 21% of suicide deaths and 30% of suicide attempts.[7] Strategies are directed at both population and individual level.

From a health service delivery perspective, there are key elements that are predicted to have the most impact on reducing suicide:[8]

- follow-up care and crisis support including brief contact interventions following presentation at a hospital, and coordinated, assertive follow-up care through a systematic 'chain of care' that links hospitals and community follow-up care services with a person discharged following a suicide attempt

- psychosocial treatment

- GP capacity building and support

- gatekeeper training

- means restriction.

Alcohol and other drug

The harms from problematic use of alcohol, tobacco and other drugs (AOD) impact on all Australian communities, families and individuals, either directly or indirectly. Over several decades, Australia's national drug strategies have been underpinned by the objective of minimising harm.

The *National Drug Strategy 2017-2026* provides a framework which identifies national priorities relating to alcohol, tobacco and other drugs, guides action by governments in partnership with service providers and the community, and outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies. *The National Ice Action Strategy 2015* also emphasises the importance of both prevention and reduction in harms.

Key priorities for developing AOD treatment services include enhancing the capacity of generalist health, community, welfare and support services workers to prevent and reduce AOD harm, creating a sustainable specialist AOD prevention and treatment workforce and improving consumer participation in AOD treatment provision, policy and planning.[9, 10]

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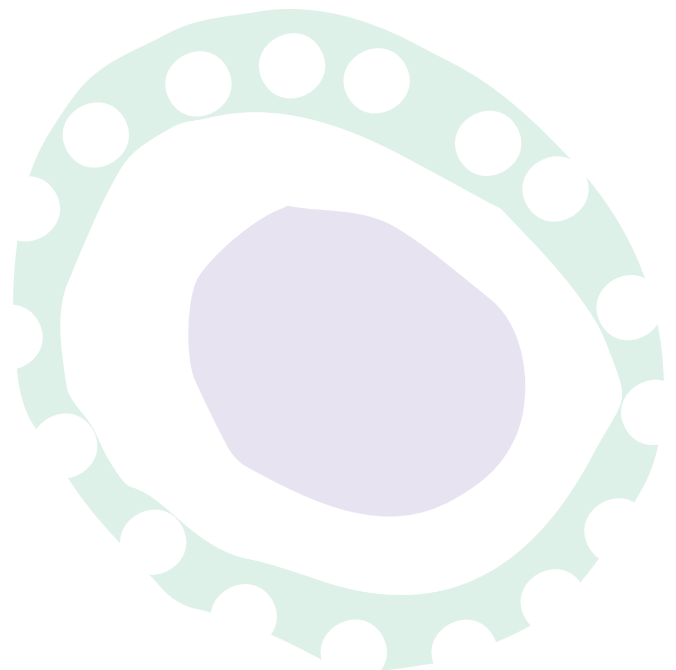
6 Commonwealth of Australia as represented by Department of Health, 2017, The Fifth National Mental Health and Suicide Prevention Plan, 2017-2022.

7 Black Dog Institute https://www.blackdoginstitute.org.au/research/lifespan/lifespan-strategies-and-components accessed July 2018

8 Ridani, R., Torok, M., Shand, F., Holland, C., Murray, S., Borrowdale, K., Sheedy, M., Crowe, J., Cockayne, N., Christensen, H. (2016). An evidence-based systems approach to suicide prevention: guidance on planning, commissioning, and monitoring, Sydney: Black Dog Institute.

9 Commonwealth of Australia, 2017, National Drug Strategy 2017-2026, Department of Health

10 Commonwealth of Australia, 2017, National Ice Action Strategy 2015, Council of Australian Governments

3.2 State policy and frameworks

The Queensland Mental Health Commission has launched *Shifting Minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023*. The plan sets the five year direction for a whole-of-person, whole-of-community and whole-of-government approach to improving mental health and wellbeing of Queenslanders.[11] An extensive consultation process was completed by the commission and the consultation report "Your voice, one vision" sets the scene for future reform to the state's mental health and other social services.[12]

Key findings include that the system should:

- be centred on the diverse and changing needs of Queenslanders

- support recovery and people to live lives with purpose

- coordinate programs and funding to ensure equitable access to services and better outcomes for people

- promote and support coordination, collaboration and integration within and across services and sectors

- place greater focus on prevention and early intervention

- enable flexibility and remove barriers to accessing services

- tailor policies, programs and services to better respond to the needs and goals of Queenslanders

- provide stepped care options that are linked to other support services

- reduce stigma and discrimination

- ensure meaningful engagement with the community and people with a lived experience.[12]

Current priorities for action and investment for the state funded mental health, alcohol and other drug service system are detailed in *Connecting Care to Recovery 2016-2021*. Access to services as close as possible to home is a priority for state funded services, in particular Step-up/Step-down and other care delivered in the community. Other key priorities include workforce development, better use of Integrated Care Teams (ICT) and early identification and intervention in response to suicide risk.[13]

Specific work has also been undertaken to develop a statewide AOD treatment service delivery framework for comprehensive care in Queensland. See Figure 2.

11 Queensland Mental Health Commission 2018, "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.
12 Queensland Mental Health Commission 2017 Your voice, one vision Consultation Report 2017 Review of the Queensland Mental Health Drug and Alcohol Strategic Plan 2014-19
13 State of Queensland (Queensland Health) 2016, Connecting care to recovery 2016-2021

Figure 2 – Queensland alcohol and other drugs (AOD) treatment service delivery framework [14]
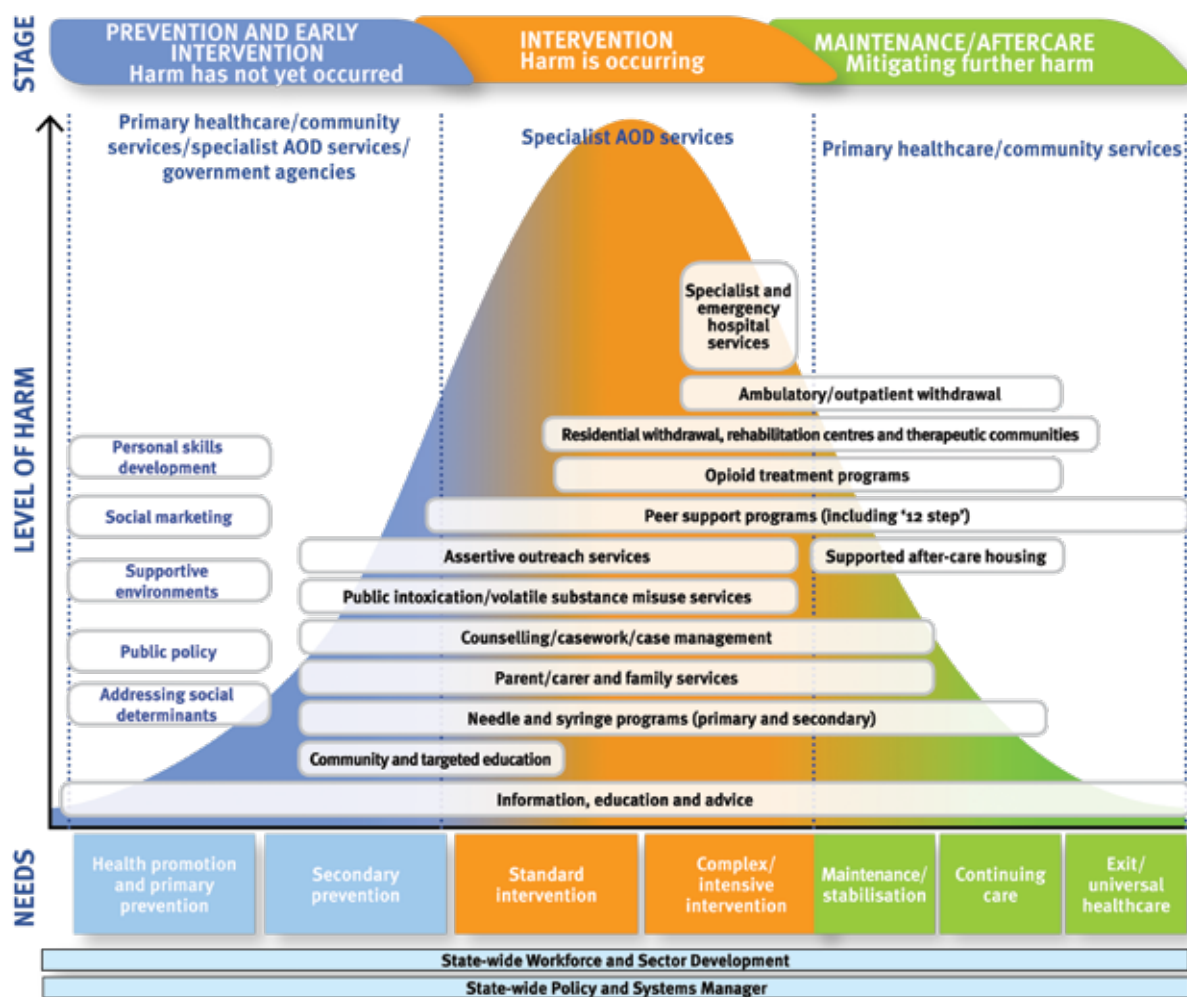
In developing the framework, the AOD sector identified, based on their experience, nine core functions of effective specialist AOD treatment services:

- outreach
- intake screening and assessment
- counselling and other therapies
- waiting list management
- harm reduction
- treatment planning and referral
- case coordination and service integration
- case management and casework
- continuing care and exit of service. [14]

Overall, the major policy directions for mental health, suicide prevention, and alcohol and other drug treatment services share a number of common themes. These include the need for:

- effective prevention and early intervention
- greater access to psychosocial treatment services and crisis care
- addressing the major issues of care coordination and service fragmentation.

The need to include and support families and carers in service design and planning is also highlighted.

14 Queensland Government, QNADA, Dovetail, QAIHC, QISMC 2016 Queensland Alcohol And Other Drugs (AOD) Treatment Service Delivery Framework

3.3 Aboriginal and Torres Strait Islander policy and frameworks

Aboriginal and Torres Strait Islander health and wellbeing means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community, in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community.

There are comprehensive frameworks and implementation plans which outline considerations for Aboriginal and Torres Strait Islander mental health, suicide prevention, social and emotional wellbeing, and alcohol and other drugs services. There are also ample Aboriginal and Torres Strait Islander policies to guide the development, implementation and review of effective community service systems such as:

- *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 'Proud and Strong' 2016-2018*

- *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*

- *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033*

- *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021*

Aboriginal and Torres Strait Islander health and mental health frameworks acknowledge the importance of understanding the impact of social determinants of health and this is expanded in mental health through incorporation of cultural and historical determinants which impact on individual and community level wellbeing. The intersections between mental health and social, cultural and historical determinants continue to increase disparity in mental health, suicide and alcohol and other drug use.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 identifies cultural determinants as a strengths

based approach to Aboriginal and Torres Strait Islander mental health.[15] These unique cultural determinants build stronger individual and collective identities, sense of self-esteem, resilience and improved outcomes across the other determinants of health including education, economic participation and community safety.

The *Gayaa Dhuwi (Proud Spirit) Declaration* was launched on 27 August 2015 and is a companion declaration to the Wharerātā Declaration. It comprises five themes on the importance of Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system, to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.[16]

The five themes include:

- Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice

- Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples

- Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention and programs for Aboriginal and Torres Strait Islander peoples

- Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes

- Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.[16]

15 Commonwealth of Australia 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Canberra: Department of the Prime Minister and Cabinet.

16 Gayaa Dhuwi (Proud Spirit) Declaration Commonwealth of Australia 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Canberra: Department of the Prime Minister and Cabinet.

3.4 Brisbane South PHN region

The Brisbane South PHN region covers a large geographic area south of the Brisbane River which includes metropolitan, rural and remote island locations. The region is home to approximately 1.1 million people from many different backgrounds and cultures. By population count it is the largest PHN in Queensland, accounting for 23% of the state population. [17]

3.4.1 Primary health care

Primary health care is a key component of the system, involving large numbers of service providers across the public, private and non-government sectors. Services include general practice, specialist and allied health services, and community pharmacy.

Non-Government Organisations (NGOs) are major providers of community-based services for people (and/or their family) experiencing mental health, and alcohol and other drug concerns in the Brisbane South PHN region. NGOs offer a variety of service types targeted at particular level/s of severity, including people who may be at increased risk of developing a mental health condition, through to those experiencing a mild, moderate, or severe and persistent mental health condition, or crisis at that point in time. NGOs providing services for people experiencing alcohol and other drug concerns also offer a multitude of intervention options including assessment, information and education, withdrawal management, counselling, rehabilitation, case management and other forms of support.

17 Brisbane South PHN Needs Assessment 2018 http://bsphn.org.au/wp-content/uploads/2018/05/Brisbane-South-PHN-2018-Needs-Assessment.pdf

The region has a strong primary health care sector. There are:

333 general practices

8 Aboriginal and Torres Strait Islander health services

12 public Community Health Centres

171 aged care service locations.[17]

16

Public and private hospitals

The primary health workforce includes:

1 360 General Practitioners

1 671 nurses and midwives

824 community-based pharmacists

2 612 community-based allied health professionals

902 dental practitioners.[17]

Public specialised child and youth mental health services for children and young people that may be experiencing more severe and/or complex mental health concerns are delivered by hospital-based services across the region, including community-based clinics.

As at February 2018, eight Aboriginal and Torres Strait Islander health services were identified in the Brisbane South PHN region. These services provide a broad range of primary health care including general practice, allied health, maternal, child and family health and wellbeing programs, counselling and support services and various health promotion activities.[18]

8

Health services

17 Brisbane South PHN Needs Assessment 2018 http://bsphn.org.au/wp-content/uploads/2018/05/Brisbane-South-PHN-2018-Needs-Assessment.pdf
18 AIHW 2017. Health Workforce data 2016-2017.

3.4.2 Needs Assessment

The Brisbane South PHN Needs Assessment 2018 identifies mental health, suicide prevention, and alcohol and other drugs as being high contributors to poor health in Brisbane south and a priority for action for the Brisbane South PHN.[19]

Local, state and national Aboriginal and Torres Strait Islander specific mental health, suicide prevention, and alcohol and other drug data is limited and further research is required.

MENTAL HEALTH

Prevalence

Over 144 000 persons were estimated to experience mental health and behavioural concerns in the Brisbane South PHN region. This rate was slightly above the national rate and the rates of Greater Capital Cities.

Mental health disorders were the leading cause of burden of disease for Aboriginal and Torres Strait Islander peoples aged 15-44 years. This was a higher burden for mental health disorders than the overall Queensland burden.

Hospitalisations

Between 2013-2014 and 2015-2016, overnight hospitalisations for all mental health conditions steadily increased in the region and nationally. While the Brisbane South PHN region as a whole demonstrated relatively favourable rates of overnight hospitalisations compared to metropolitan PHN and national rates, there were smaller geographic areas with notably higher rates.

Potential for prevention and management

The Statistical Level Area 3 (SA3s) with the highest number of people with mental health treatment plans included:

- Cleveland – Stradbroke
- Capalaba
- Browns Plains
- Springwood – Kingston
- Holland Park – Yeronga.

SUICIDE

During 2011-2015 suicide rates in the region were below the Queensland rates however between 2014-2015 suicide rates in the region increased.

630
From 2011-2015, there were approximately **630 deaths due to suicide** in the Brisbane South PHN region.

74%
Suicide mortality rates among males in the region were notably higher than among females, accounting for **74% of deaths by suicide** from 2011-2015.

2x
Aboriginal and Torres Strait Islander peoples experienced suicide at younger ages, and at a rate approximately **2x times** that of the non-Indigenous population.

INTENTIONAL SELF-HARM

Intentional self-harm rates were higher in the region compared to national rates.

Non-fatal suicidal behaviours were more common in females, particularly those aged between 12-24 years.

ALCOHOL AND OTHER DRUG TREATMENT SERVICES

Cannabis, alcohol and amphetamines were the three most common principal drugs of concern among people accessing specialised alcohol and other drug treatment services in the region.

Hospitalisations

Between 2013-2014 and 2015-2016, overnight hospitalisations for alcohol and other drug use steadily increased.

Aboriginal and Torres Strait Islander peoples were over-represented in alcohol and other drug treatment services, with approximately 9% of treatment episodes attributed to people who identified as Aboriginal or Torres Strait Islander.

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19 Brisbane South PHN Needs Assessment 2018 http://bsphn.org.au/wp-content/uploads/2018/05/Brisbane-South-PHN-2018-Needs-Assessment.pdf

3.4.3 The role of the Brisbane South PHN

PHNs (primary health networks) have been established with the key objective of increasing the efficiency and effectiveness of health services for the community, particularly those at risk of poor health outcomes. The PHN works at a system level through improving integration and coordination of care, as well as through commissioning new mental health, suicide prevention and AOD treatment services.

Funding has been provided to PHNs through a Primary Mental Health Care Funding Pool to support commissioning of mental health and suicide prevention services in six key service delivery areas:

1. low intensity psychological interventions for people with, or at risk of, mild mental illness

2. psychological therapies delivered by mental health professionals to underserviced groups

3. early intervention services for children and young people with, or at risk of mental illness

4. services for people with severe and complex mental illness who are being managed in a primary care setting

5. enhanced Aboriginal and Torres Strait Islander mental health services

6. a regional approach to suicide prevention activities with a focus on improved follow-up for people who have attempted suicide or are at high risk of suicide.

The PHN's role in commissioning alcohol and other drug treatment services at the local level complements their role in coordinating Commonwealth-funded mental health programs. PHNs work with relevant stakeholders including Hospital and Health Services and Aboriginal Community Controlled Health Organisations on drug and alcohol treatment planning to contribute to improved regional coordination and sector efficiency.

As part of the PHN program, the Commonwealth Department of Health (DoH) requires PHNs to transition from activity and service-based procurement processes to outcomes-based commissioning. Outcomes-based commissioning approaches are expected to drive value in the primary health system by incentivising a focus on individual outcomes, and aligning provider and commissioner goals. Working with consumers to define outcomes that matter to them is a key foundation of the outcomes-based commissioning approach.

DoH guidance acknowledges the complexity and change required at PHN and provider level in order to incrementally transition from service-based to outcomes-based commissioning and highlights the importance of agreeing outcomes in consultation with consumers, clinicians and service providers to achieve the aims of the PHN program.

Co-design of services and programs will be central to this process. The co-design process will use feedback, advice and decisions from people with lived or work experience, and the knowledge, experience and skills of experts in the field. There is strong evidence that co-design is an effective means of ensuring the best outcomes for consumers, provided that consumers are genuinely engaged throughout the process.[20]
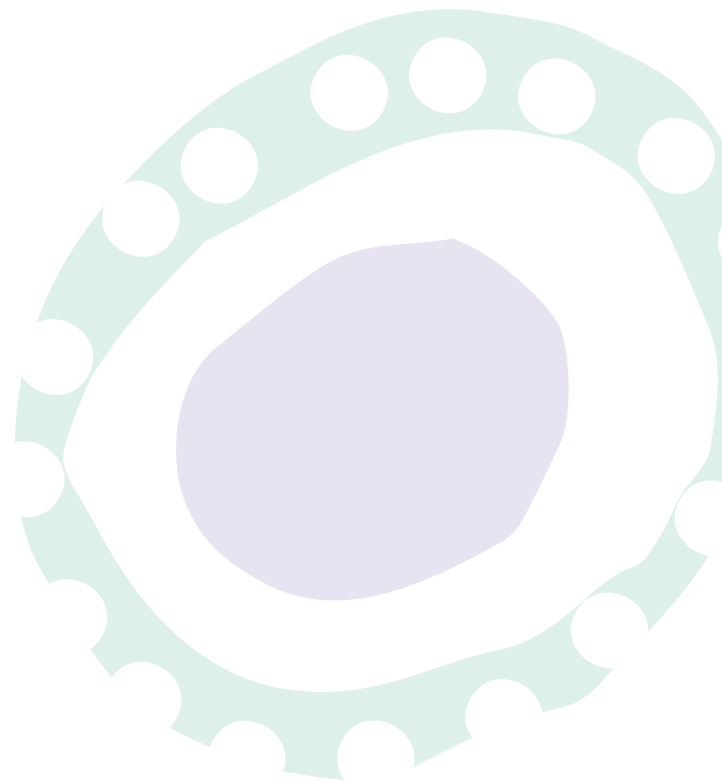
20 Co-design Toolkit http://www.wacoss.org.au/wp-content/uploads/2017/07/co-design-toolkit-combined-2-1.pdf

4

CHALLENGES AND OPPORTUNITIES

A detailed analysis of key national and state policy directions identified the major challenges that need to be addressed in delivering mental health, suicide prevention, and alcohol and other drug treatment services. The findings from the most recent Needs Assessment and the extensive input from stakeholders including Aboriginal and Torres Strait Islander people in the development of this Strategy further highlighted and reinforced the relevance of these challenges in the Brisbane south context.

It must be noted that many people who are at-risk or seeking help for mental illness or suicidality do not have a coexisting issue with problematic substance use and vice versa. However, analysis of the key policy directions, service gaps and opportunities in Brisbane south identified that, at a whole-of-system level, the challenges for future service development for mental health, suicide prevention, and alcohol and other drug treatment services show similarity.

'People need to know that it is OK to not be OK.'

The challenges and opportunities are:

Stigma and discrimination remain a real barrier to seeking help

Consumers and carers repeatedly describe experiences of stigma and discrimination both within the wider community and within the health system. The lack of understanding includes racism, active misgendering, discussion of culturally taboo topics and assumptions based on a person's diagnosis or label. Racism and discrimination continue to limit access to quality mental health services in community and hospital services for Aboriginal and Torres Strait Islander people. Poor experiences in acute hospital care and mainstream counselling services resulted in Aboriginal and Torres Strait Islander people falling through the cracks in the mental health system.

'Mainstream services are not useful. They have been distressing and racially inappropriate.'

Better and more education for the broader community as well as health and community workers is seen as the key to reducing stigma and discrimination. There is an opportunity to increase the use of social media, websites and smart phone applications to improve health literacy of the general population and to target priority population groups with specific strategies and targeted information. Greater recognition of the importance of peer support is also critical, particularly in relation to keeping someone from harming themselves. Programs co-designed with communities to ensure they are aligned with their needs and cultural requirements could make a significant contribution to reducing stigma and discrimination.

Shifting the emphasis to promotion, prevention and early intervention

There are significant gaps in promotion, prevention and, in particular, early intervention services across Brisbane south. There are limited places in the community where people are supported to retain wellness and to connect with other people. Currently, locations such as community and neighbourhood centres are not well linked to mental health or alcohol and other drug treatment services. Programs that link with existing community resources such as men's sheds, church groups and neighbourhood centres are a real opportunity for increasing health literacy in the general community as well as addressing social isolation and encouraging a recovery focus. These centres could have an important role in the future as the 'front door' for the system for someone who is at-risk, that is, a safe space or place to walk in and have someone listen with no requirement for a 'label' to be seen.

'A conversation can achieve a lot.'

There is no consistent or universal approach to screening and prevention activities across Brisbane south although recently announced national initiatives to expand programs in schools and workplaces are noted. Schools are considered to be an effective setting for promotion, prevention and early intervention for both children and their families.

A more consistent approach to screening and brief interventions by GPs and other front line health and health-related service providers will be important.

Creating sustainable recovery focused community services as an alternative to hospital care

Emergency departments are frequently the main entry point to mental health and alcohol and other drug treatment services as people reach a point of crisis before gaining access to effective intervention.

'The system currently is set up to funnel everyone into a clinical model at the top end through a hospital and requires someone to be in crisis, or in the case of a young person, to 'create' a crisis in order to get help due to lack of any other alternatives.'

There needs to be a significant expansion in community based alternatives, including after hours assistance. Currently, there is no tailored after hours or suicide crisis support services for Aboriginal and Torres Strait Islander people.

One of the key entry points to the system is through general practice. However, timely access to GPs with specific skills and interest in providing mental health and AOD treatment services is a challenge. Developing a service model that links general practice with psychiatry and other multidisciplinary support through outreach, telehealth and/or service co-location is a major opportunity.

Meeting demand for both acute and ongoing psychosocial care as well as long term psychiatric support is a key issue. Growth in specialised multidisciplinary community based assessment and treatment programs for both mental health and alcohol and other drug treatment will also be key to enhancing recovery focused services.

Coordinating services across a fragmented system with large numbers of providers

The service system in Brisbane south is large and complex with multiple providers (many front doors) from government, private practice, community managed and not-for-profit organisations. Some services provide only for specific local populations and others have a whole-of-region or whole-of-state focus.

'If service providers are unable to navigate the system then imagine how hard it is for a consumer? We shouldn't need to have to map or use navigators to understand the system – it shouldn't be that hard.'

Service fragmentation and issues of care co-ordination are an ongoing challenge. Care coordination is defined as providing assistance to people to understand the system and to link with appropriate services. These services may include for example, Centrelink, domestic violence support agencies, housing, drug and alcohol treatment, access to private psychology and general practice.

'A key issue raised by consumers is the need to keep retelling their story.'

To reduce the need for a consumer having to retell their story, care coordination also requires a role that provides a holistic and non-judgemental initial touchpoint for consumers and helps them to connect to care, services and support systems appropriate to their needs. Significant expansion of the non-clinical care coordination and peer navigation workforce has been identified as a key mechanism for addressing service fragmentation.

Issues surrounding information sharing are known to be major contributing factors to difficulties with service coordination. The efficient sharing of referral information using standard electronic referral templates, secure message delivery (SMD) and My Health Record clinical documents is being progressed in Brisbane south.

Increased visibility and promotion of existing pathways is also needed. Considerable work is already in progress to address this issue. The purpose of the SpotOnHealth HealthPathways project is to provide clinicians in the Brisbane south region with web-based information outlining the assessment, management and referral of more than 550 conditions, including mental health.

Mainstream service providers have difficulty navigating the referral pathways for Aboriginal and Torres Strait Islander people requiring access to social and emotional wellbeing services. Significant effort needs to drive integration of mainstream and Aboriginal and Torres Strait Islander services to include referral pathways and co-located services.

GPs have difficulty in keeping up with service changes and eligibility criteria and therefore support for GPs in navigating the system is required. There is a need for a role, within a place, that helps GPs to facilitate referrals to the sector. It would provide streamlined access to information and referral pathways to commissioned services but also provide alternative pathways to other services, as required.

Further development of a place-based approach will address several of the system barriers that are currently impacting on the experience and outcomes of care. Formally networked service providers with clear referral pathways will be important. Local networks can identify who is a priority in each community and decide on which agency is most suitable to intervene. There are learnings from collective impact pilot projects such as Logan Together that will be useful to inform the way forward in Brisbane south.
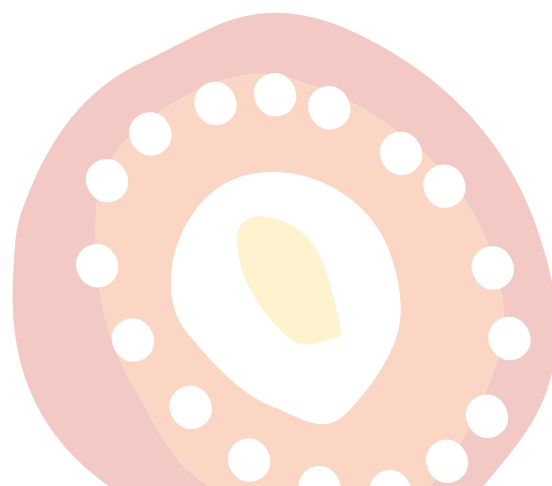
Focusing on the specific needs of priority population groups

Key policy directions all support the need for targeting services to population groups with known specific needs. Priority groups include young people, culturally and linguistically diverse (CALD) people, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities, and Aboriginal and Torres Strait Islander communities.

Young people

There is increasing recognition of the need for comprehensive care in the early years from pre-conception to two years of age to address the determinants of mental health, including issues impacting on families such as drug and alcohol use, diet, employment, housing, security and domestic violence. More clearly defined linkages and pathways between primary care, paediatric services, child development services, and child and youth mental health services are needed in addition to a systematic approach to working with schools and other existing resources to identify vulnerable children and young people. There is an opportunity to build on the headspace model to provide a broader range of services including low intensity early intervention as well as more complex treatment services. This approach would enable greater flexibility in service delivery and improved transitions between levels of support as needs change.

Culturally and linguistically diverse communities

The Brisbane south region has a large population of people from culturally and linguistically diverse backgrounds. The Brisbane South PHN Needs Assessment 2018 shows that almost 20% of the population (approximately 200 000 people) were born overseas in a non-English speaking background country. Access issues for these communities are significant and specific programs are limited. The 2018 Needs Assessment identified high levels of anxiety and depression among culturally and linguistically diverse/refugee communities with males from this group less likely to seek care. There is a recognition that specific services and health pathways need to be developed to meet the specific and unique needs of these communities.

Lesbian, gay, bisexual, transgender, intersex, queer communities

While data specific to the Brisbane South PHN region is not publicly available, national findings suggest that people who identify as LGBTIQ experience mental health, suicide, and alcohol and other drug related concerns disproportionately to their non-LGBTIQ peers. A key issue for the LGBTIQ community relates to discrimination and the importance of mainstream service providers and front-line staff (including Queensland Ambulance Service staff, Emergency Department staff, community health nurses, school counsellors, headspace and other community based service providers) being aware of, and understanding, LGBTIQ issues.

There is a need for more services specific for the LGBTIQ community and additional identified LGBTIQ health workers. Expansion of these services would enable them to train others on inclusion, cultural expertise and competency.

Greater engagement of community, consumers and carers in co-design of services will be essential to providing more effective services to these priority population groups.

Aboriginal and Torres Strait Islander peoples

Mental ill-health, suicide and issues with problematic substance use disproportionaly impact Aboriginal and Torres Strait Islander peoples and can be compounded by issues of intergenerational trauma, economic disadvantage, homelessness and family violence.

Aboriginal and Torres Strait Islander people with informal social support roles in community are also affected by the impacts of trauma and require healing to maintain their individual and family wellbeing to continue supporting others. Trauma creates fracture and relationship break down in individuals, families and communities.

Health services need to understand the holistic nature of social and emotional wellbeing from an Aboriginal and Torres Strait Islander perspective. Implicit in this model are the links between the health and wellbeing of the individual, family and community, and the importance of balance and harmony between the various elements. Collaborative action across health and other social support services is required to build protective factors for mental health and problematic substance use.

Healing

Healing is a culturally informed therapeutic approach to promote social and emotional wellbeing and is grounded in Aboriginal and Torres Strait Islander experiences of recovery from trauma and other mental health and social and emotional wellbeing difficulties. Healing can be implicit with recovery or a process of personal and cultural growth for individuals, families and communities. Healing builds upon natural protective factors of social and emotional wellbeing including connection to land, culture, spirituality, family and community.

First responders

The Aboriginal and Torres Strait Islander grassroots community require suicide prevention education to empower their leaders to respond to suicide. The Aboriginal and Torres Strait Islander community are the first point of contact and first responders to suicide and lead suicide prevention in their communities. Additional support to provide skillsets for community-based facilitation in response to suicide is required.

Lower intensity support and resources

Aboriginal and Torres Strait Islander social and emotional wellbeing services require additional support to implement low intensity waitlist interventions as soft engagement to prepare individuals for counselling and psychological services. Low intensity engagement includes activity based group work using sports, relaxation, outdoor activities, community places and yarning together. There is significant interest and success in the development of men's and women's groups which build safe and thriving families.

Alcohol and other drug treatment services

In the Brisbane south region there is a high demand for AOD services but no specialised Aboriginal and Torres Strait Islander AOD prevention, intervention and rehabilitation services. There is also no targeted public detoxification and rehabilitation facility in the local area. Aboriginal and Torres Strait Islander peoples continue to report experiences of stigma, discrimination and racism.

'My friend wanted to commit suicide at midnight, I didn't know how to respond other than call the police and family. I didn't know what to say to him and I felt like I let him down with my responses.'

Developing a sustainable workforce

There is a shortage of workforce with the required skills and knowledge to work in the sector across both clinical and non-clinical roles.

There is limited evidence to help define the optimum workforce model, and debate continues as to the most appropriate mix of clinical and non-clinical staff within a workforce model for both mental health and AOD treatment services.

However, there is general agreement that a solid core of clinical workforce is needed to provide clinical intervention as well as appropriate case management and planning. Case management has been defined as the capability to provide treatment in addition to care coordination and is more often required for people at the higher end of the moderate illness category and for those with severe illness. Consumers also require an adequate level of non-clinical support for the care plan to be effective. Development of the peer workforce is a significant opportunity to improve service coordination and access to the system.

Improving the knowledge and skills of the generalist health workforce will be critical. All front line health staff should have the knowledge and resources to identify the need for early intervention as well as to respond to someone in crisis.

Health workers and service providers also require ongoing cultural safety training on how to work appropriately with people and provide effective clinical responses for priority populations such as young people, Aboriginal and Torres Strait Islander, LGBTIQ and people from a culturally and linguistically diverse background.

Working together to integrate services

The concept of an integrated service model underpins all major policy directions at national and state level. Poor integration of services results in duplication of some services and gaps in others and contributes to a consumer's poor experience of care. Consumers are also at risk of "falling through the gaps" due to differences in eligibility criteria across programs or difficulties in information sharing across siloed services.

Addressing these issues will require ongoing commitment to developing strong local partnerships and supporting collaborations. Key to success will be the development of integrated regional plans and clarity of roles and responsibilities. The longer-term aim is for the strategy to underpin a joint commissioning process between the Brisbane South PHN, Metro South Hospital and Health Service, Children's Health Queensland, Aboriginal Community Controlled Health Organisations and relevant state government agencies.

5

MENTAL HEALTH, SUICIDE PREVENTION, AND ALCOHOL AND OTHER DRUG PROPOSED SERVICE MODEL

Analysis of the key policy directions and extensive consultation with stakeholders identified that the layers of support needed for people requiring mental health, suicide prevention and AOD support were highly consistent.

Figure 4 (opposite page) represents a conceptual framework for the way in which mental health, suicide prevention, and alcohol and other drug treatment services could be developed in Brisbane south. The future service model is based on a philosophy that health is a state of physical, social, cultural, historical and emotional wellbeing. The model puts the person at the centre surrounded by their natural supports and expands to include the many other steps or layers of support that a person may need. It is underpinned by a recovery-based approach that encourages people to move up and down the levels of care as their needs change.

The layers of support are:

Natural support systems – including family, carers, support people, community and friends and their need to be involved and supported at every stage.

Community support and other non-health social support services – including resources such as neighbourhood centres, community groups (sports, hobbies and arts), spiritual and cultural groups and non-government agencies (safe spaces) as well as services provided by government departments such as housing,

justice, education and disability. These services can have a key role in raising community awareness, reducing stigma, building resilience, supporting early intervention and contributing to recovery based follow-up care.

Primary health and community care and general practice – access to supported primary care and community care, and general practice is essential to good health outcomes. All mainstream service providers should have the capability to provide screening and early intervention. Mainstream services also need to be culturally inclusive and accessible in line with a philosophy of being person centred. Healing services should be available to support and restore cultural values and processes thereby addressing trauma and its impact at the community level. General practice is a key entry point to the system and a core component of the journey to recovery. It is essential that comprehensive care plans address physical health as well as social, cultural, historical and emotional wellbeing. A system of networked general practices in targeted locations with special interest and skills in mental health and AOD treatment services, supported by 'wrap around' or outreach multidisciplinary teams, would provide a strong basis for future service delivery.

Figure 4 – Proposed service model for developing mental health, suicide prevention, and alcohol and other drug treatment services, and social and emotional wellbeing services in Brisbane south
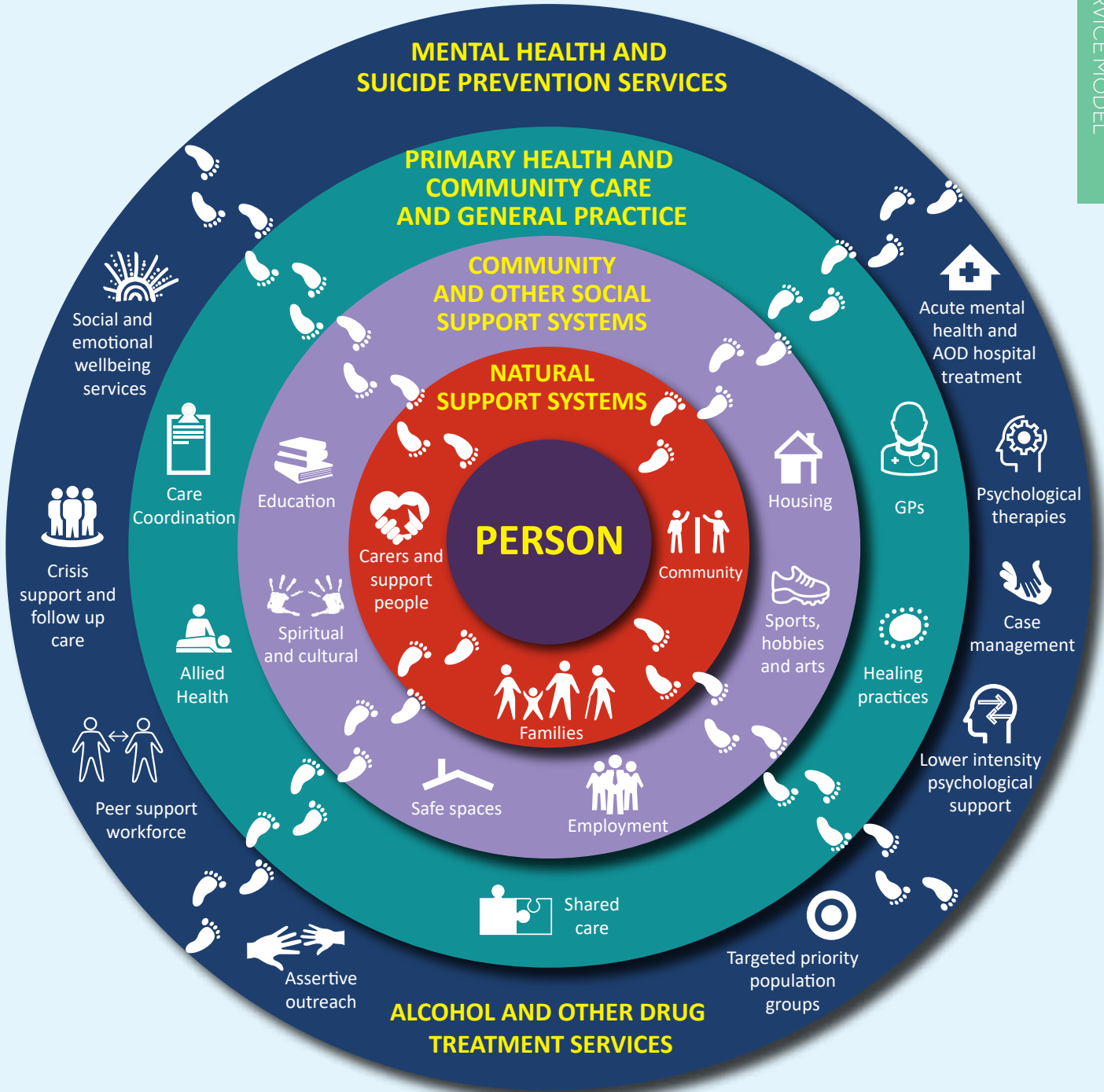
Specialised mental health, suicide prevention, and alcohol and other drug treatment services and social and emotional wellbeing services – a comprehensive range of specialised mental health, suicide prevention and AOD treatment services which brings together Hospital and Health Services, private and non-government providers in a collaborative model is required. Access to specialised mental health services needs to be available across the full spectrum of the stepped care model from lower intensity psychosocial support and psychological therapies for people with mild to moderate illness to acute intervention, crisis support and follow-up care for people at the more severe and complex end.

Social and emotional wellbeing services continue to be a culturally safe healing space for Aboriginal and Torres Strait Islander people to access and yarn to address trauma and resolve crisis.

Specialised AOD treatment services include withdrawal management (detoxification), counselling, rehabilitation, pharmacotherapy, support and case management, information and education and assessment.

Specialised services need the capacity and capability to provide outreach services to specific population groups if required and 'wrap-around' support to primary care services. Tailored programs to meet the specific needs of particular population groups including young people, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse and LGBTIQ communities need to be a core component.

Wherever possible, entry to the system should be at the lowest level possible rather than via acute/crisis services and be based on a person's functional status, not their clinical diagnosis.

People should be able to make contact with the health system at any point and be confident that they will either receive a service or be referred seamlessly to the most appropriate service. To achieve this requires clear referral pathways and formalised coordination mechanisms to join up each layer of the system.

The concept of 'many front doors' and 'no wrong door' underpins the model. Trust-based relationships are a core component of effective support. This includes trust between services and individuals as well as trust between different service providers. Key enablers include formal interagency networks; policies, protocols and processes for information sharing; use of common language; intake, triage and referral processes.

Implementation of the model is not intended to be the sole responsibility of any one agency. Everyone, including Hospital and Health Services, private sector, Brisbane South PHN, local councils, community, consumer and carer groups and other government departments, such as education and housing, will need to work together. The model will not work without strong organisational level commitment and enablers which support integrated care.

6

MENTAL HEALTH, SUICIDE PREVENTION AND ALCOHOL AND OTHER DRUG STRATEGY 2019–2022

Brisbane South PHN and Metro South Health are strongly committed to working collaboratively with key stakeholders in Brisbane south to ensure that programs commissioned by the PHN complement and support the system as a whole. The Mental Health, Suicide Prevention, and Alcohol and Other Drug Strategy identifies the service development priorities to which the Brisbane South PHN can value add at a system level and has the resources to implement.

The level of funding likely to be available in the foreseeable future to the Brisbane South PHN for the implementation of the stepped care model for mental health and suicide prevention and for the expansion of alcohol and other drug treatment services is relatively small in the context of the overall health system.

In this context, the following assumptions have been made:

- broad population-based, system wide education programs and other initiatives for reducing stigma and discrimination, promoting community awareness and increasing understanding of risk and early detection will continue to be funded directly by the Commonwealth, State or National Mental Health Commission and/or the Queensland Department of Health

- provision of acute/crisis and specialist clinical services for people with severe and complex needs will continue to be the responsibility of hospital and health services. Services such as crisis lines will continue to be largely funded by the Commonwealth and/or the Queensland Department of Health

- the critical role of broader social support systems including education, housing, domestic violence, employment and child safety services, as well as the provision of infrastructure such as neighbourhood centres and drop-in centres (safe spaces) is acknowledged and understood. However, the necessary development of these services is assumed to be the responsibility of other state and local government agencies

- Brisbane South PHN's flexible primary mental health and suicide prevention funding will focus on the mild–moderate steps of the continuum, complemented by targeted services at both ends of the stepped care model that do not duplicate existing federal and state funded services. Recommissioning of the flexible primary mental health and suicide prevention funding will reflect this focus and also be informed by learnings from the initial commissioning process in 2016. The recommissioning process will be co-designed with people with a lived experience, carers, service providers and GPs and based on the consumer journey. The co-designed outcomes will form the basis of commissioning activity from July 2019 onwards

- as the joint regional planning and commissioning processes mature, other opportunities will arise and these will be pursued as appropriate.

Our framework

Brisbane South PHN will continue to drive system reform and support integration across the care continuum. Given the highly consistent themes for future service development across mental health, suicide prevention, and alcohol and other drug treatment services in Brisbane south, the broad directions for the PHN are therefore the same for all three areas.

The strategies and actions are designed to identify priority areas for implementing the service model and provide direction for the way Brisbane South PHN commissioned services will be designed and delivered. It is underpinned by Brisbane South PHN's Strategic Plan 2018.[21]

The priority strategies for the Brisbane South PHN will be:

Strategy 1: promote integrated planning and service delivery

Strategy 2: enhance community and stakeholder engagement

Strategy 3: build strong partnerships

Strategy 4: develop new models of care

Strategy 5: improve services for priority population groups

Strategy 6: improve access to services

Strategy 7: develop workforce capability

Strategy 8: build Brisbane South PHN capability to deliver transformational change.

21 Brisbane South PHN, ' Strategic Plan January 2018 onwards', http://bsphn.org.au/wp-content/uploads/2018/07/Strategic-Plan-July-2018.pdf

6.1 Strategies, actions and roadmap 2019–2022

BETTER KNOWLEDGE
Evidence-based planning

STRATEGIES	INDICATORS OF SUCCESS
1. Promote integrated planning and service delivery	Services are aligned to local community needs and focused on the communities of highest need.
	People with lived experience and their carers are included in shaping the way services are planned and delivered.
	The impact of the services on consumer experience satisfaction and outcomes is understood.

BETTER COORDINATION
Collaborative partnerships and networks

STRATEGIES	INDICATORS OF SUCCESS
2. Enhance community and stakeholder engagement	Consumers and carers access and experience services in a coordinated way that holistically meets needs and achieves outcomes that are important to the person.
3. Build strong partnerships	Strong partnerships enable seamless integrated services between different parts of the health and social system.
	Integrated joint regional service delivery and joint commissioning process with a person centred approach are in place.

BETTER HEALTH
Accessible, appropriate, patient-centred health care

| STRATEGIES	INDICATORS OF SUCCESS
4. Develop new models of care	Service users and their carers experience high quality, person centred care tailored specifically to their needs.
5. Improve services for priority population groups	GPs and the primary health care team provide early identification and intervention for mental health, suicide prevention and problematic substance use.
6. Improve access to services	GPs are supported by and working closely with teams including input from psychiatrists, addiction specialists, allied health, peer workers and support coordinators.
7. Develop workforce capability	There are fewer avoidable hospital admissions for mental health, suicide prevention and problematic substance use.

BETTER ORGANISATIONAL PERFORMANCE
Excellence in organisational capability and culture

STRATEGIES	INDICATORS OF SUCCESS
8. Build Brisbane South PHN capability to deliver transformational change	A skilled and capable workforce is enabled to deliver on the strategy.
	Engaged and satisfied stakeholders, service delivery partners and consumers.
	Alternative funding models are in place.

BETTER KNOWLEDGE

Strategy 1: Promote integrated planning and service delivery

	Year 1	Year 2	Year 3
1.1 Build the data and evidence to support decision-making	Support the development of digital health solutions including shared information systems and shared platforms for data reporting.		
			Improve the quality and accuracy of identification of Aboriginal and Torres Strait Islander peoples in information systems.
	Develop and implement systems to support sharing of consumer clinical information between service providers and consumers building on the foundation established by My Health Record and the Health Provider Portal.		
	Engage in research to build an understanding of the impact of co-designed models of care on the individual, the community and the health system.		
1.2 Undertake robust planning and service mapping			Utilise the National Mental Health Services Planning Framework and other data sharing opportunities to map regional workforce requirements, service provision and identify areas of duplication, inefficiency and service gaps in partnership with key stakeholders.
1.3 Implement a robust program of monitoring and evaluation	Ensure an ongoing monitoring and evaluation framework that focuses on outcomes for the individual, community and the health system is in place.		
	Ensure that quality measures that reflect service user experience satisfaction and outcomes are in place.		
	Include all aspects of the Quadruple Aim in the monitoring and evaluation framework.		
	Ensure appropriate data collection and reporting systems and processes are in place for all commissioned services and are supportive and complementary to the specified monitoring and evaluation framework.		
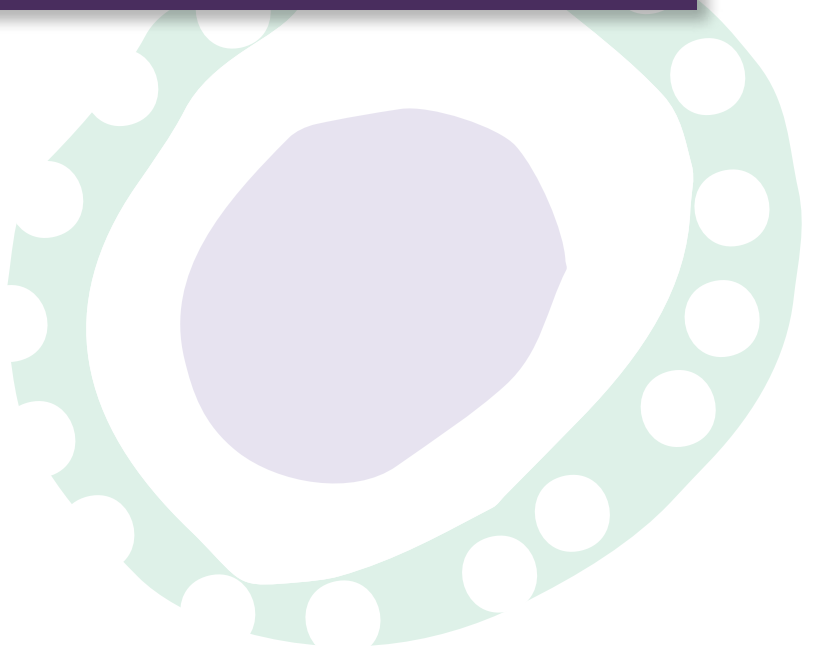
BETTER COORDINATION

Strategy 2: Enhance community and stakeholder engagement

	Year 1	Year 2	Year 3
2.1 Enhance community capability to provide support and improve outcomes		Build the capability of community leaders to act as the first responders to the needs of mental health, substance use and suicidality.	
	Enable consumers and carers to take an active role in shaping the way in which services are planned, delivered and evaluated.		
2.2 Embed lived experience engagement throughout the planning, service design and commissioning and service delivery process	Develop a framework for working with people with lived experience		
	Implement a co-design approach for new program and services design		
2.3 Enhance local service provider networks to support collaborative practice and service coordination		Strengthen connections between PHN commissioned programs and community groups that provide localised support to those in need.	
2.4 Engage with private mental health, suicide prevention, and alcohol and other drug treatment services to ensure links are in place with private hospitals and psychological services to support care coordination		Map existing private services and referral pathways in areas of highest need.	
			Develop referral pathways between private and publicly funded services.

Strategy 3: Build strong partnerships

3.1 Continue to develop a partnership approach between Metro South Health, Children's Health Queensland, Brisbane South PHN, Aboriginal and Torres Strait Islander health services, the Queensland Department of Health and peak bodies	Enhance the integrated strategic planning advisory group to oversee implementation of the Mental Health, Suicide Prevention, and Alcohol and Other Drug Strategy 2019-2022		
3.2 Enhance partnerships with community controlled Aboriginal and Torres Strait Islander health services as a preferred model for providing mental health and alcohol and other drug services for Aboriginal and Torres Strait Islander peoples	Continue to partner with and commission community controlled organisations and build capacity of smaller organisations to participate in the implementation of the strategy.		
3.3 Recognise and promote the importance of Aboriginal and Torres Strait Islander leadership and support implementation of the Gayaa Dhuwi (Proud Spirit) Declaration	Embed the principles of the declaration in the design, delivery and evaluation of all mental health, suicide prevention, and alcohol and other drug treatment services.		

6. STRATEGY

BETTER HEALTH

Strategy 4: Develop new models of care

	Year 1	Year 2	Year 3
4.1 Develop a place-based approach	Design, develop and implement place-based models that deliver connected care across the continuum through a partnership with consumers, carers, local communities, GPs, community and hospital services.		
4.2 Improve care coordination	Develop and promote service models that provide 'wrap around' multidisciplinary specialised team support to general practices.		
	Invest in enhanced care coordination models to support an individual's journey through the system and include transition planning and effective linkages to follow-up care.		
4.3 Enhance child and youth service models		Support the development of collaborative early childhood service models with schools, child health, child development, child and youth mental health, GPs and other family support services.	
	Enhance the model for headspace centres to respond to needs across the health and wellbeing continuum and enable integration.		

Strategy 5: Improve services for priority population groups

|	Year 1	Year 2	Year 3
5.1 Enhance services for priority population groups	Commission tailored services that are co-designed with Aboriginal and Torres Strait Islander communities, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people, people from culturally and linguistically diverse backgrounds and young people.		
	Build capacity in mainstream providers and front-line staff to deliver culturally appropriate services for Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, LGBTIQ people and people from refugee backgrounds.		
	Enhance service provider cultural responsiveness through implementation of the *Framework for Mental Health in Multicultural Australia*.		

Strategy 6: Improve access to services

	Year 1	Year 2	Year 3
6.1 Improve access to community based clinical and non-clinical intervention services	Commission services with a focus on improving early access for people with mild to moderate mental health distress and problematic substance use.		
	Co-commission services for people with severe and complex needs that enable coordinated multiagency responses and provide community-based care to those at risk of avoidable hospital admission.		
		Enhance access to population-based initiatives including digital evidence-based online resources, broad community education and early intervention such as promotion of harm reduction, suicide prevention and mental wellness maintenance.	
			Encourage the development of service models that better utilise access to Medicare and other private health services to support the increased employment of clinical health professionals in community and non-government settings.

BETTER HEALTH

Strategy 7: Develop workforce capability

	Year 1	Year 2	Year 3
7.1 Strengthen the primary care sector and role of general practice	Build the capability of General Practitioners and other front-line primary care health workers to respond to people with mental health, suicide prevention or alcohol and other drug concerns as well as addressing their physical health.		
		Create a network of GPs in targeted locations with a special interest in integrating physical health, mental health, suicide prevention, and alcohol and other drug treatment services.	
7.2 Grow and develop the workforce across the sector	Enhance the capability of mainstream and generalist staff to respond to someone in crisis with person centred care and recognise the impact of mental health, problematic substance use, suicidality, and associated stigma and discrimination.		
	Develop the peer and lived experience workforce with particular emphasis on LGBTIQ people, Aboriginal and Torres Strait Islander peoples, people with culturally and linguistically diverse backgrounds and young people.		
	Support the growth of the Aboriginal and Torres Strait Islander mental health, suicide prevention, and alcohol and other drug professional workforce.		
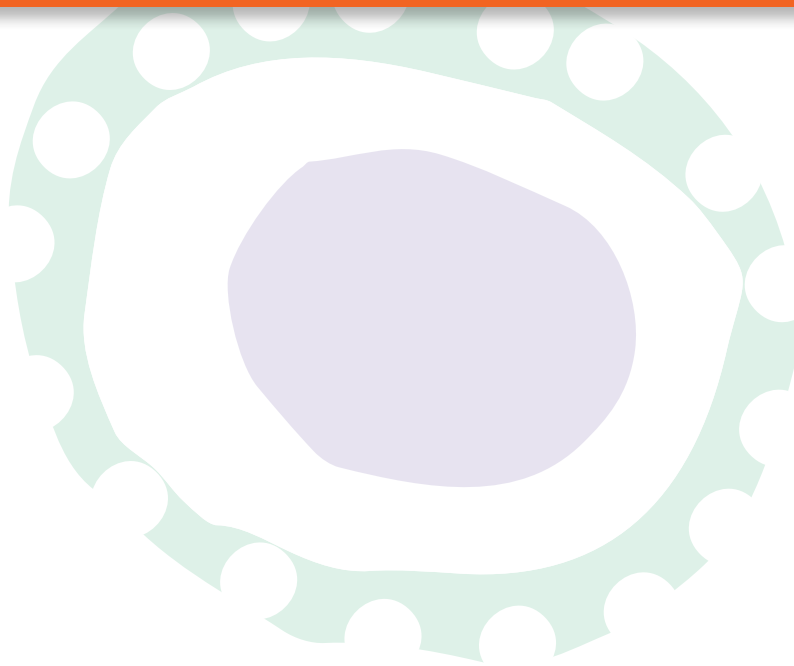
BETTER ORGANISATIONAL PERFORMANCE

Strategy 8: Build Brisbane South PHN capability to deliver transformational change

	Year 1	Year 2	Year 3
8.1 Develop organisational capability to undertake integrated and inclusive planning that is based in co-design and promotes a recovery focused service system.	Establish the required organisational structure and resources needed to deliver on the strategy.		
8.2 Enhance partnership brokerage skills to ensure all stakeholders are meaningfully engaged and empowered to make a positive impact on community health and wellbeing.			
8.3 Develop the capability to deliver genuine place-based interventions that contribute to a collective impact approach for the communities and locations of focus.	Build the capacity of current staff and bring in expertise to support development of specific skills in outcomes based commissioning, consumer led design and change management.		
8.4 Enhance the capability to provide the transformational system leadership required to make meaningful improvements to the regional community's health and wellbeing.		Identify specific target areas appropriate for alternative funding arrangements that may include co-commissioning.	
8.5 Develop alternative funding models such as joint commissioning of services and fund pooling for packages of care and support, to create the right incentives for providers to focus on outcomes for the individual, the community and the health system.			