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**Publications**

- Amphetamines, psychosis and the insanity defence. Disturbing trends in Queensland (The Queensland Lawyer, April 2003, pages 151 – 163)
- What do doctors know, think and do about firearms (Medical Journal of Australia, 2 February 1998, pages 143 – 144)
- What do doctors know, think and do about firearms (Reply – Medical Journal of Australia 2 April 1999, pages 341 – 342)
- A comparison of the symptoms and short-term clinical course in inpatients with substance-induced psychosis and primary psychosis (Dawe, S., Leanne Geppert, L., Occhipinti, S., Kingswell, W. - Journal of Substance Abuse Treatment 40 pages 95–101, 2011)
- A New Clinical Protocol for the Pharmacological Management of Acute Behavioural Disturbance (Emmerson, B., Moudgil, V., Woodbridge, A., Kingswell, W., Kubler, P., McMahon, K. Australasian Psychiatry, 19(5) pages 406-9, October 2011).

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**Presentations – Proffered Papers**

- The impact of recent amphetamine use on psychotic symptoms at admission - ANZAPPL Conference (November 2005)
- Amphetamines psychosis and the insanity defence. What's happening in Queensland - ANZAPPL Conference (July 2002)
- Amphetamines psychosis and the insanity defence. What's happening in Queensland - Forensic Section RANZCP Bi National Conference, Sydney (September 2001)
- Suicide in Queensland Prisons, What have we learned? - Forensic Mental Health Conference, Melbourne (March 1999)
- What do doctors know and do about firearms – ANZAPPL Conference, Adelaide (February 1998).

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**Presentations – Invited Papers**

- Keynote: Health and Homelessness a Queensland Response - National Homelessness summit Sydney, (September 2009)
- Keynote: Queensland Plan for Mental Health 2007-2017 Priority One - Priority One Conference Metro South Health Service District
- Plenary session "Have we got the balance right?" – Medico legal Society Queensland (August 2009)
- Plenary session "Suicide Panel Discussion" - Queensland Suicide and Self Harm Prevention Conference, Cairns (July 2008)
- Public Health Implications of Amphetamine type Stimulants - ICE Brisbane (2008) Annual conference of Australian College of Critical Care Nursing
- Workshop Identification, assessment and management of Amphetamine related disorders - 8th International Mental Health Conference, Gold Coast August (2007)
- Amphetamines and Psychosis - Winter School in the Sun, Brisbane (July 2007)
- Rehabilitation in Forensic Psychiatry - International Association of Forensic Mental Health Services Annual Conference (May 2005)
- Optimal usage of antipsychotics – Queensland Department of Corrective Services Health Services Workshop (May 2005)
- Rehabilitation in Forensic Psychiatry - Royal Brisbane Hospital Symposium (October 2004)
- Forensic Mental Health Services in a unique jurisdiction Queensland, Australia - Chiba University, Chiba City, Forensic Mental Health Symposium (July 2004)
- Suicide in Queensland Prisons 1991-2001 – 28<sup>th</sup> International Congress on Law and Mental Health, Sydney (October 2003)
- Suicide in Queensland Prisons 15 April 1991-15 April 2001 - Corrective Services Administrators of Australia and New Zealand Conference, Brisbane (October 2002)

**Dr William John Kingswell**  
**MBBS (UQ), MPH (UQ), FRANZCP, FRACMA**

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**Presentations – Invited Papers (continued)**

- Plenary session: Managing the Risks in Forensic Rehabilitation - Winter Symposium, The Park Centre for Mental Health (May 2002)
  - Role of the Expert Witness - AAPT Conference (December 2000)
  - Future Directions in Forensic Psychiatry - AAPT Conference (October 1998)
  - What influences the provision of services for the mentally ill offender in Queensland? - Public Health Association Conference, Sydney (February 1999)
  - Review of the Mental Health Tribunal's relevance to Correctional Health - Correctional Health Services Conference, Brisbane (March 1999).
- 

**Inter-governmental and inter-jurisdictional representation**

- Member – Hospitals Principal Committee
  - Member – Mental Health Drug and Alcohol Principal Committee
  - Member – Intergovernmental Committee on Drugs
  - Member – Independent Hospital Pricing Authority Mental Health Working Group.
- 

**Active Professional Development**

- Engaged continuing professional development programs RACMA and RANZCP.

# Queensland Plan

for Mental Health

## 2007-2017



Queensland Government

*The Queensland Plan for Mental Health 2007-2017*

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# Message from the Minister for Health

I am very pleased to present the *Queensland Plan for Mental Health 2007-2017*. The plan outlines priorities for the reform and development of mental health care over the next ten years.

The demand for treatment and support for people with mental illness continues to grow. Currently one in five adult Australians experience a mental illness in any one year. Depression is predicted to rise from the fourth to the second greatest cause of global disease burden over the next twenty years.

As part of the 2007-08 State Budget the Queensland Government committed a record \$528.8 million over four years to improve Queensland's mental health system. This unprecedented level of funding, the largest investment in mental health in Queensland's history, reflects the Government's deep commitment to delivering a better quality of life for people who live with mental illness, their families and carers.

In 2008-09 a further \$88.63 million has been allocated over four years to continue implementation of this Plan bringing the total Government commitment since July 2007 to \$617.43 million.

The *Queensland Plan for Mental Health 2007-2017* provides a blueprint for reform and will inform future investment in mental health services across the State. The directions outlined in the Plan establish a framework for the development of a more responsive system of services to better meet the needs of people who live with a mental illness.

Public mental health services will continue to play a major role, with the contribution of other sectors involved in the delivery of mental health care clearly highlighted. There is a much stronger role for non-government organisations, and major contributions from all levels of government.

The *Queensland Plan for Mental Health 2007-2017* has been informed by extensive consultations undertaken with mental health consumers, carers, service providers and key stakeholders.

Five priority areas for action have been identified. These priorities position mental health services to be better able to respond to existing and future demand for care, by building on the strengths of the current system, developing an appropriate mix and level of services and implementing new and innovative approaches to consumer and carer needs.

The priorities are:

- promotion, prevention and early intervention
- improving and integrating the care system
- participation in the community
- coordinating care
- workforce, information, quality and safety.

Effective partnerships around mental health care are essential. Improving collaboration between the public sector, private sector, non-government organisations, other agencies and departments and the broader community to respond to the needs of people who live with a mental illness, their families and carers is a prime aspect of the *Queensland Plan for Mental Health 2007-2017*. The reform of mental health care over the next ten years relies on these partnerships and the participation of the broader community.

I look forward to working with you as we further develop and implement our vision for mental health in Queensland.

**Stephen Robertson MP**  
Minister for Health

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# 1. A vision for mental health

Throughout the world, mental disorders are common, affecting more than 20% of all people at some time during their lives. Mental health problems are universal, being experienced by people of all countries, by women and men of any age and socioeconomic status, and in urban and rural environments.

Mental disorders are the largest single cause of disability within Australia accounting for nearly 30% of the burden of non-fatal disease. In Queensland, it is estimated that 16.6% of the population is affected by mental disorders in any one year (further detail provided below).

A complex interplay of biological, psychological, social, economic and environmental factors influence mental health. This is true for all Queensland people, but has particular significance for some population groups, especially Aboriginal and Torres Strait Islander people who view social and emotional wellbeing holistically. Mental health status also influences access to various community resources and capacity to participate in society.

Meeting the mental health needs of Queensland's rapidly growing population poses challenges for governments, policy makers, researchers, service providers and communities. Queensland remains one of the fastest growing states in Australia with the population predicted to grow from 4 million to 5.6 million by 2026.

## Mental illness in Queensland

- It is estimated that 16.6% of the Queensland population is affected by mental disorders in any one year (excluding dementia and alcohol and drug-related disorders, except where co-existing with another mental disorder).
- The figure rises to about 22% when alcohol and drug-related conditions are included.
- Anxiety-related and depressive disorders are the most prevalent, affecting approximately 7% and 6% of the population within any year respectively.
- Almost 2.5% of Queensland people experience severe mental disorders. About half of this group have a psychotic disorder and the remainder experience major depression or severe anxiety disorders and disabling forms of other disorders such as anorexia nervosa.
- Approximately 4.5% have a mental disorder of moderate severity, including depression, generalised anxiety disorder, post-traumatic stress disorder and panic disorder/agoraphobia.
- A further 9.6% have a disorder of mild severity and are at risk of recurring or continuing mental disorders.

### Queensland Health, 2007\*

\* Australian and international sources have been used as Queensland-specific prevalence data of comparable coverage and quality are not available.

While public mental health services in Queensland have undergone significant development in the last decade, there is a growing recognition that mental health is not solely the responsibility of the mental health treatment sector. Other sectors, in particular housing, disability and employment, play important roles in an individual's mental health and wellbeing, and on the broader social health of the community.

Each of these sectors together with education and training, child safety, police and emergency services, corrections and justice and community services, have a key role in maximising the mental health of Queenslanders.

The vision of the *Queensland Plan for Mental Health 2007-2017* is to facilitate access to a comprehensive, recovery-oriented mental health system that improves mental health for Queenslanders. The Plan aims to develop a coordinated approach that provides a full range of services that:

- promote mental health and wellbeing
- where possible prevent mental health problems and mental illness
- reduce the impact of mental illness on individuals, their families and the community
- promote recovery and build resilience
- enable people who live with a mental illness to participate meaningfully in society.

**Recovery** acknowledges that having a mental illness does not necessarily mean life long deterioration. People with a mental illness are recognised as whole, equal and contributing members of our community, with the same needs and aspirations as anyone else. As a result, when working to facilitate recovery, the basic elements of citizenship need to be considered, such as ability to live independently, form social relationships and access employment opportunities. In doing this it is important that all relevant stakeholders adopt and are supportive of recovery-oriented service provision.

*Sharing Responsibility for Recovery: creating and sustaining recovery-oriented systems of care for mental health.* Queensland Health, 2005

The mental health sector needs to build stronger partnerships with consumers, families, carers, and government and non-government services to achieve better outcomes for Queenslanders.

The delivery of recovery-oriented services is central to the Plan. Recovery is an emerging paradigm that has significant implications for people with a mental illness, families, carers and service providers. Recovery refers to a person's improved capacity to lead a fulfilled life that is not dominated by illness and treatment. The recovery approach does not focus on reduced symptoms or need for treatment alone, but on the person experiencing improved quality of life and higher levels of functioning despite their illness.

Recovery is an individual's journey toward a new and valued sense of identity, role and purpose outside the boundaries of mental illness. Recovery-oriented services assist an individual to live well despite any limitations resulting from their mental illness, its treatment, and personal or environmental conditions.

Recovery means that over time, individuals come to terms with their illness, learning how to accept and move beyond it. They learn to believe in themselves, identify strengths as well as limitations and find purpose and enjoyment in their lives, despite their illness. Services supporting individuals with mental illness have to focus on the potential for growth within the individual and acknowledge that individuals with mental illness are active participants in the recovery process.

People living with mental illness can and do recover to live productive lives in their communities. Recovery emphasises the need for a comprehensive community-based service system that works to address the full impact of mental illness. The improvement of mental health treatment services in isolation will not address all the issues related to the support of people with mental illness and their recovery.

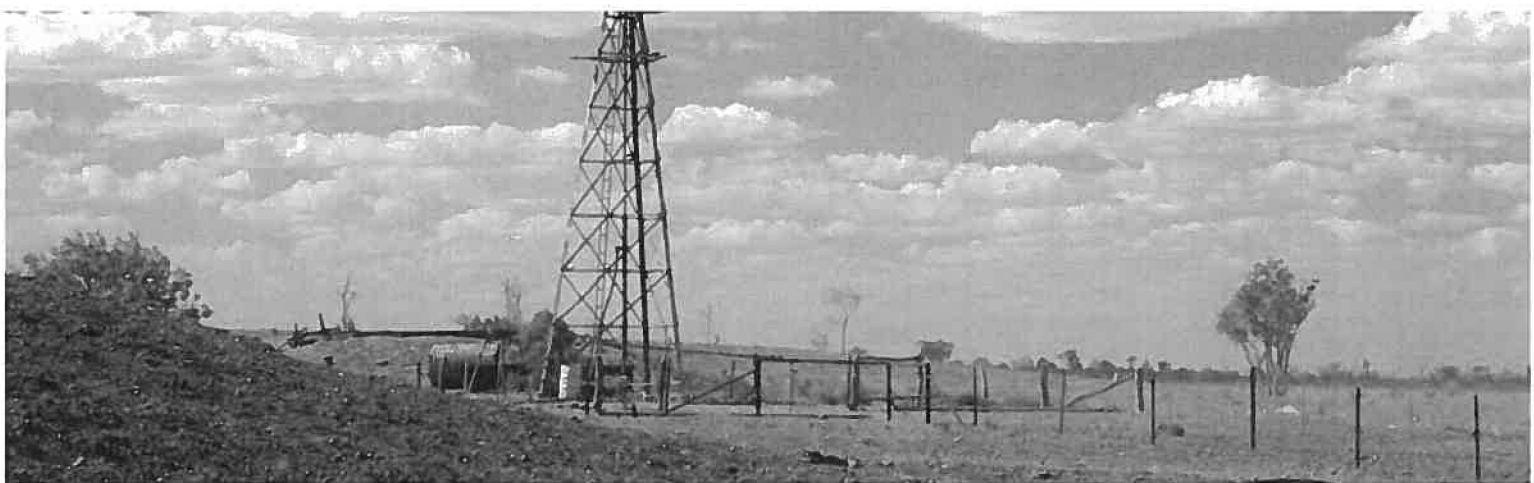
There is growing recognition that a whole-of-government, whole-of-community approach is necessary to reduce the prevalence and impact of mental health problems and mental illness. The *Queensland Plan for Mental Health 2007-2017* brings together the sectors that impact on the mental health of individuals, their families, carers and communities.

The Plan recognises that a range of sectors including housing, education, training, employment, community support, health, corrections, justice, disability, police, emergency services and child safety have important roles to play in promoting mental health and reducing the impact of mental health problems and mental illness. A stronger role is envisaged for the non-government sector as a key partner in delivering comprehensive community based care and support.

Working collaboratively, these sectors have an important role to play in promoting the mental health and wellbeing of the general population, and assisting with the recovery of those experiencing mental health problems and mental illness.



*The vision of the Queensland Mental Health Plan 2007-2017 is to facilitate access to a comprehensive, recovery-oriented mental health system that improves mental health for Queenslanders.*



## 2. Achievements to date

The Queensland Government is building a better mental health system by improving the quality, range and access to mental health services. In October 2005, as part of the *Health Action Plan*, \$201 million was allocated over five years to boost mental health services in Queensland. Beginning in July 2006 this funding was used to:

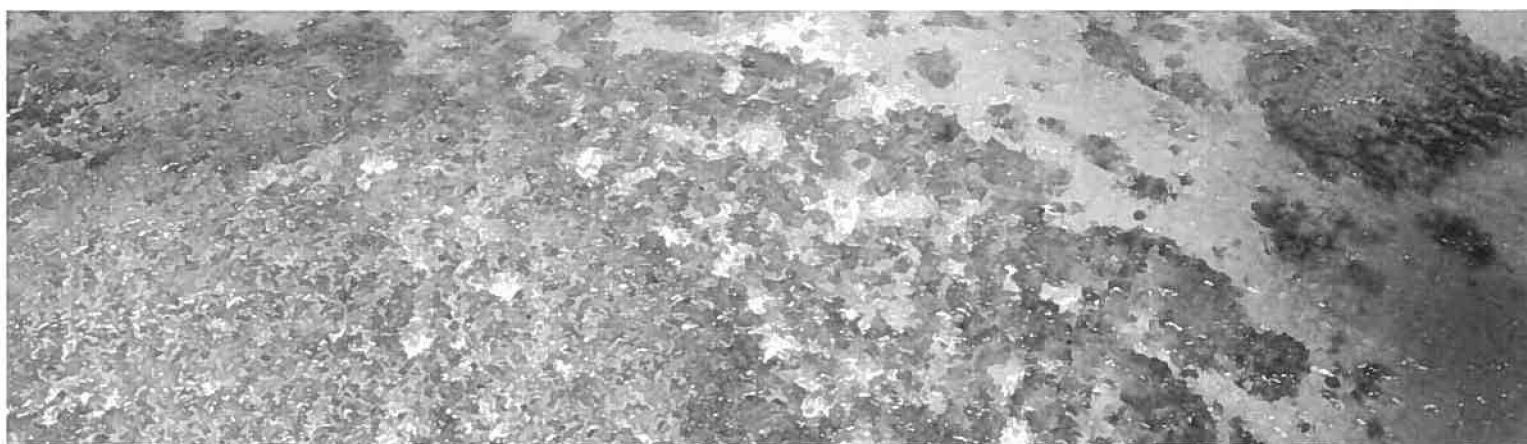
### Increase mental health service capacity throughout Queensland

- Across Queensland, 193.5 new positions were established at a cost of \$18 million per year. These new positions have increased access to community mental health services for people with mental illness by reducing waiting times and case loads.
- Forensic mental health services were expanded to improve services to people with mental illness who have been in contact with the criminal justice system. Specialised community forensic and court liaison services were enhanced with an additional 27 positions at a cost of \$3.16 million per year. This included the creation of the position of Director of Forensic Mental Health Services to provide statewide leadership and oversight of forensic mental health services.
- Additional funding of \$11.62 million per year was provided to assist in reducing pressure on existing services by increasing resources in Emergency Departments, acute inpatient treatment settings and other areas of significant demand.

### Build the capacity of the non-government sector to support people with mental illness in the community

- Funding to community organisations was increased by \$5 million per year, including grants to 18 non-government organisations across Queensland to provide independent living skills and social support services to people with mental illness living in the community.

In recognition of the substantial social and economic impact of mental illness on individuals, families and the wider community, the Queensland Government committed to the Council of Australian Governments (COAG) *National Action Plan on Mental Health 2006-2011* ('the NAP') as part of the continued reform of mental health services in Australia. The initial commitment of \$366.2 million announced in July 2006 included the \$201 million provided under the *Health Action Plan* and a range of other mental health-specific initiatives funded within Queensland Health and other government departments.







In addition to the *Health Action Plan* enhancements previously listed, major initiatives funded in the initial COAG commitment include:

- the Housing and Support Program as a collaborative service initiative between the Department of Housing, Queensland Health, Disability Services Queensland and the Department of Communities. This program provides coordinated social housing, clinical treatment and non-clinical support to enable people with moderate to severe mental illness and psychiatric disability to live successfully in the community. The program included a \$20 million capital investment from the Department of Housing with clinical and disability support services funded by Queensland Health and Disability Services Queensland. A total of 80 supported social housing places were provided in 2006-07.
- development of service delivery hubs in a range of locations to provide integrated services to people in high areas of need. These included Early Years Service Centres, Blueprint for the Bush Service Delivery Hubs and Indigenous Domestic and Family Violence Counselling Services established by the Department of Communities. These hubs are designed to provide a comprehensive range of services, including mental health services, with a focus on children and families, rural communities, and Aboriginal and Torres Strait Islander people.

During 2006, Queensland Health also provided \$640,000 to seven Divisions of General Practice across Queensland for the implementation of the 'Partners in Mind' framework. This approach, which has been agreed between Queensland Health and General Practice Queensland, will establish a better integrated primary mental health care sector.

The 2007-08 Queensland State Budget provided an additional commitment of \$528.8 million over four years to expand the initial Queensland COAG mental health initiatives. This brings the total new investment

in mental health by the Queensland Government to \$895 million over the five years from 2006-11. This funding and the broad program of mental health reform are the focus of this Plan and are outlined in detail in Chapter 6.

These commitments will enable further development of the substantial network of District Mental Health Services, other government and non-government services in Queensland.

Currently the mental health inpatient system consists of more than 1,400 beds. During 2007-08, District Mental Health Services provided over 374,000 days of inpatient care. In addition, more than 2,000 staff were employed within community mental health services, and for the first time delivered more than 1.1 million occasions of services to Queenslanders with mental illness living in the community.

*The Queensland Government is building a better mental health system by improving the quality, range and access to mental health services.*

# 3. Providers of mental health services in Queensland

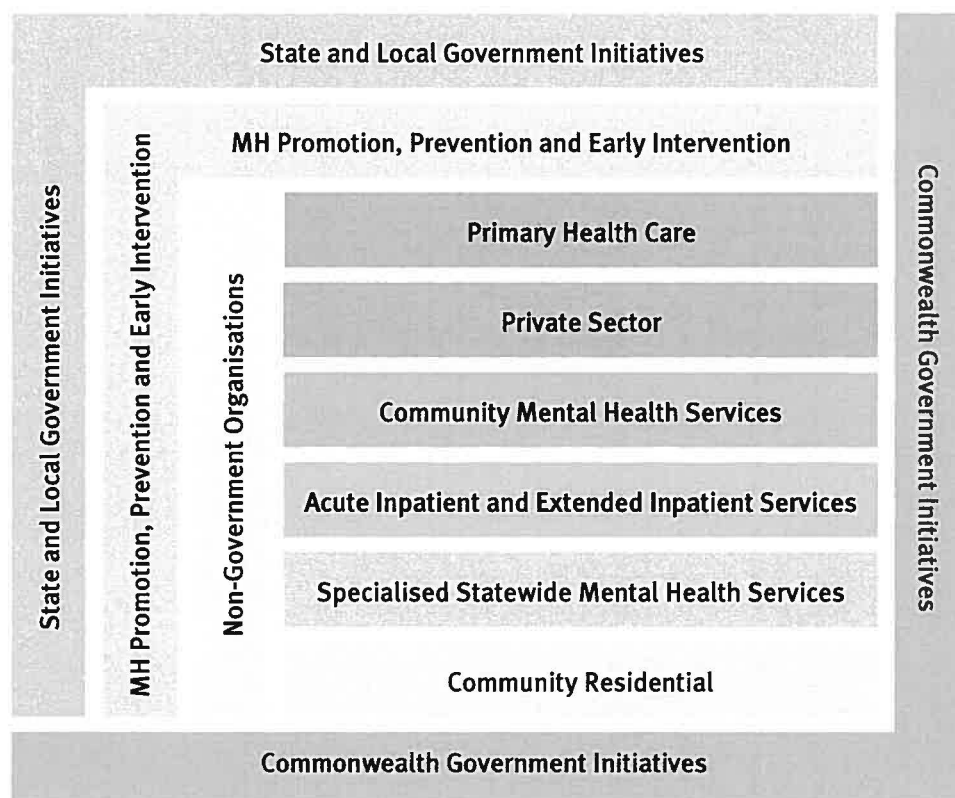
Mental health care in Queensland is delivered by a range of providers operating within and across different sectors. There are significant areas of interface between these sectors, as demonstrated in Figure 1.

The mental health treatment sector, supported by the broader health sector, has clear responsibility for delivery of a range of clinical assessment and treatment services. The mental health treatment sector includes both public and private providers.

They provide crisis response, acute, non-acute and continuing treatment services in inpatient and community settings.

A wide variety of other interventions, which support mental health and recovery, are provided by the broader government and non-government sectors. These may include services delivered by a housing or employment agency, or personal care from a non-government community support provider.

Figure 1: Queensland Mental Health Service System





**Public mental health services** are provided in each of the 20 Queensland Health Service Districts. They deliver specialised assessment, clinical treatment and rehabilitation services to reduce symptoms of mental illness and facilitate recovery. These services focus primarily on providing care to Queenslanders who experience the most severe forms of mental illness and behavioural disturbance, including those who are subject to the provisions of the *Mental Health Act 2000*.

Public mental health services work in collaboration with primary health and private sector health providers.

**Primary health care providers** include general practitioners, community health workers, nurses, allied health professionals, school health nurses, counsellors and community support groups. Their role includes assisting individuals with mental health problems and facilitating access to specialist public and private mental health services when required.

**Private mental health services** are delivered by psychiatrists, mental health nurses, clinical psychologists, social workers, occupational therapists and other allied health professionals with expertise in mental health care. They provide a broad range of services largely through office-based private practice and inpatient care within private hospitals, including dedicated private psychiatric hospitals.

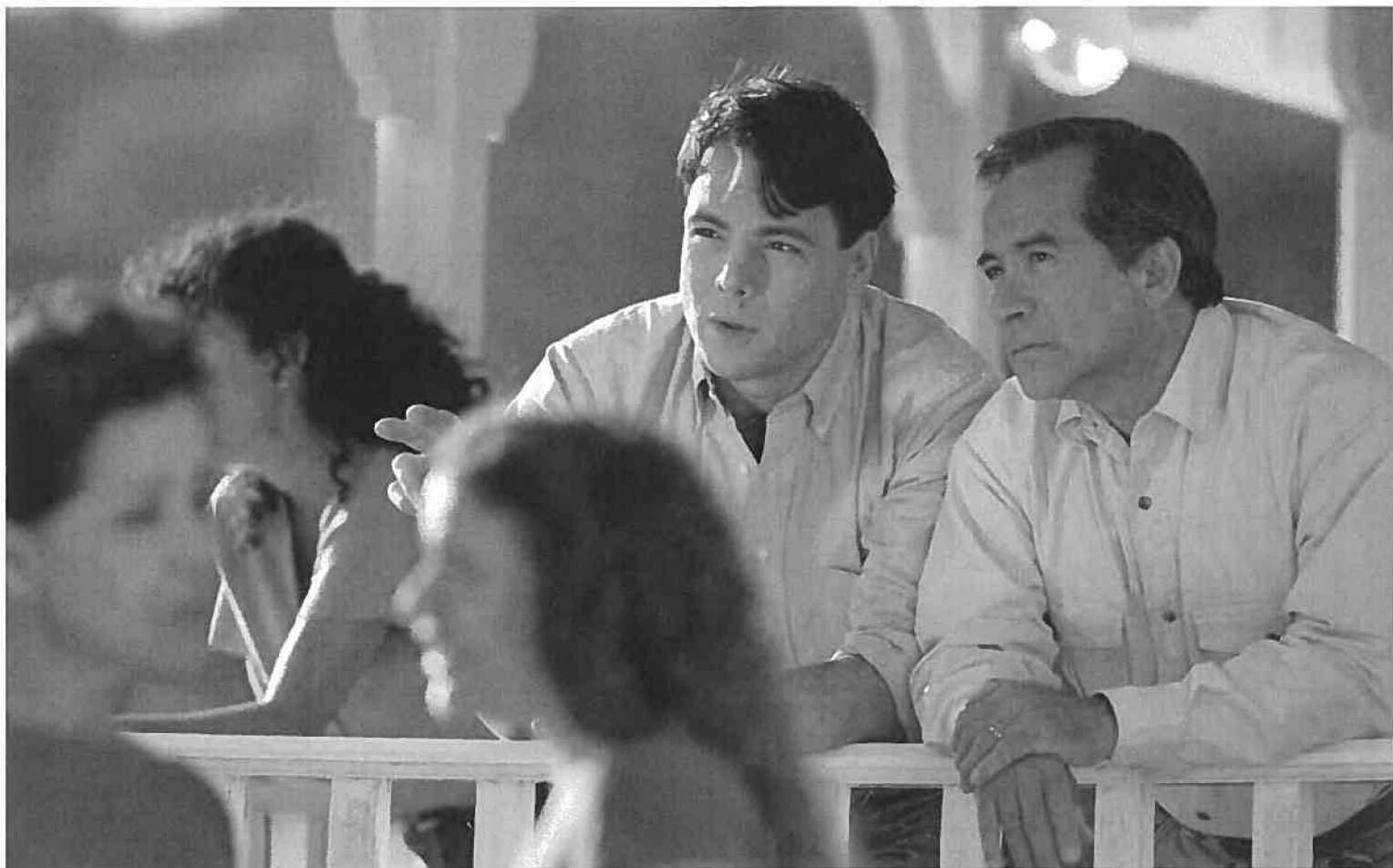
**Non-government organisations** include not-for-profit community agencies, consumer, family and carer groups and other community-based services that provide a range of treatment, disability support and care services, which complement both public and private mental health services. Non-government organisations are the primary providers of psychiatric disability support for people with mental illness and play an important role in promoting and maintaining mental health and wellbeing.

All sectors, including public mental health services, other government agencies and non-government organisations are involved in identifying and intervening early with people who are at risk of developing mental illness and facilitating timely and effective recovery-oriented pathways to care. Key groups requiring particular attention in **mental health prevention and early intervention** include children of parents with mental illness, children and youth who have experienced, or are at risk of abuse/neglect, and young people displaying behaviour disturbances, and their families.

A safe environment, adequate income, meaningful social and occupational roles, secure housing, higher levels of education and social support are all associated with better mental health and wellbeing. Queensland Government departments are actively working together to deliver programs that aim to strengthen mental health and promote recovery, across the spectrum of interventions. Ensuring mental health services respond as effectively as possible to the needs of consumers, families, carers, and the broader Queensland community requires effective coordination and collaboration between these sectors and across the spectrum of interventions.

From July 2007, responsibility for funding of mental health services that are contracted from the non-government sector was transferred from Queensland Health to Disability Services Queensland (DSQ). This shift aligns responsibility for the development, implementation and management of mental health programs delivered through the non-government sector with other programs administered by DSQ in the community sector.

## 4. Purpose and scope of the Queensland Plan for Mental Health 2007-2017



The *Queensland Plan for Mental Health 2007-2017* provides a blueprint for reform of mental health care over the next ten years. It identifies interventions to be delivered by the different sectors to provide a system which is responsive to the needs of consumers, families and carers. This will reduce the burden of mental illness on individuals, families and the community. The Plan provides a framework which balances increases in the

capacity of public mental health services against an expanded and strengthened role for non-government services and other areas of government. Collaboration and partnerships between these multiple stakeholders is pivotal in protecting the mental health of the Queensland community and supporting recovery for people living with mental illness.

“ *Mission:  
To provide a comprehensive, resilience and recovery-based  
mental health system across Queensland, with emphasis upon  
promotion, prevention and early intervention.* ”

The scope of the *Queensland Plan for Mental Health 2007-2017* has been influenced by the framework provided by the *National Mental Health Strategy* and Queensland Government policies and plans including:

- *National Mental Health Policy 1992*
- *National Mental Health Plan 1993-1998*
- *Second National Mental Health Plan 1998-2003*
- *National Mental Health Plan 2003-2008*
- *Council of Australian Governments National Action Plan for Mental Health 2006-2011*
- *Mental Health Statement of Rights and Responsibilities (1991)*
- *National Standards for Mental Health Services (1996)*
- *National Mental Health Information Priorities 2<sup>nd</sup> Edition*
- *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*
- *National Practice Standards for the Mental Health Workforce (2002)*
- *National Action Plan on Perinatal Mental Health*
- *Aboriginal and Torres Strait Islander Social and Emotional Well-being Framework 2004-2009*
- *Key Performance Indicators for Australian Public Mental Health Services (2004)*
- *National Safety Priorities in Mental Health: A National Plan for Reducing Harm (2005)*
- *Ten Year Mental Health Strategy for Queensland (1996)*
- *Queensland Forensic Mental Health Policy 2002*
- *Queensland Mental Health Strategic Plan 2003-2008*
- *Queensland Health Systems Review (Forster, 2005)*
- *Queensland Health Action Plan 2005*
- *Queensland Statewide Health Services Plan 2007-2017*
- *Queensland Health Strategic Plan 2007-12*
- *Queensland Health Disability Services Plan 2007-12*
- *Queensland Plan for Multicultural Health 2007-2017.*

The *Queensland Plan for Mental Health 2007-2017* also builds on the recommendations of two key reports. The first, *Promoting Balance in the forensic mental health system - Final Report - Review of the Queensland Mental Health Act 2000*. The Review was charged with examining the efficacy of provisions in the *Mental Health Act 2000* and administrative arrangements relating to victims, as well as assessing whether associated arrangements achieve an appropriate balance between community safety considerations and the provision of rehabilitation to forensic patients.

*The Queensland Government Response to the Final Report - Review of the Queensland Mental Health*

*Act 2000*, details strategies to implement the Review recommendations.

The second, *Achieving Balance: The Report of the Queensland Review of Fatal Mental Health Sentinel Events*, is being implemented during the life of this Plan and will form the basis of the development of a mental health safety plan.

Planning parameters used in the development of the *Queensland Plan for Mental Health 2007-2017* were drawn from the information paper *Planning Estimates and Technical Notes for Queensland Mental Health Services*, prepared for the Mental Health Branch, Queensland Health.

# 5. Principles

The *Queensland Plan for Mental Health 2007-2017* articulates six principles to guide and support reform. Mental health intervention, care and service delivery across all sectors in Queensland should align with these principles.

## *Principle 1 – Consumer and carer participation*

### ***Consumers, families and carers are actively involved in all aspects of the mental health system***

The mental health system will support active participation of consumers, families and carers in all aspects of activity including policy development and implementation, service planning and delivery, and research to ensure mental health care is oriented to meeting the specific needs of individuals.

## *Principle 2 – Resilience and recovery*

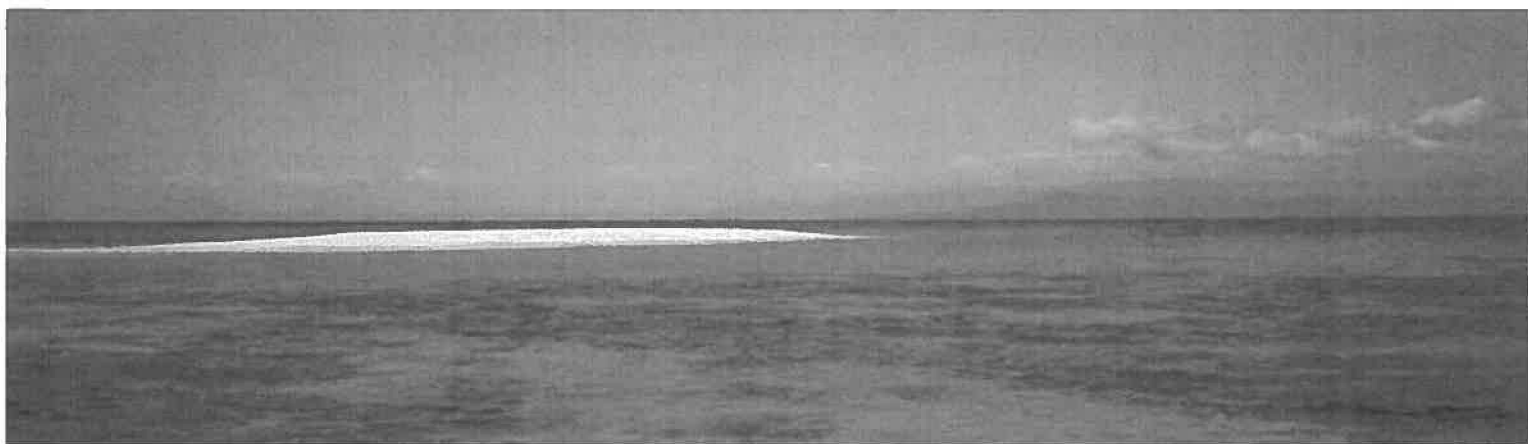
### ***The mental health system promotes resilience and recovery***

Mental health care will be provided within an operational framework that promotes resilience and recovery.

## *Principle 3 – Social inclusion*

### ***The mental health system is community-oriented, comprehensive, integrated and socially inclusive***

Consumers, their families and carers will have access to a comprehensive community-based system of treatment, care and support that promotes recovery and works in a positive manner to address the impact of mental illness.



## Principle 4 – Collaboration and partnerships

### **Cooperation, collaboration and partnerships are key elements of the mental health system**

The mental health system will operate through inter-sectoral cooperation, collaboration and partnerships with a range of stakeholders including consumers, families and carers.

## Principle 5 – Promotion, prevention and early intervention

### **Promotion, prevention and early intervention are integral to the mental health system**

Promotion, prevention and early intervention (PPEI) will occur at the population, group and individual level, to build individual and community resilience and wellbeing, effectively target key risk and protective factors, and facilitate early intervention.

## Principle 6 – Evidence-based

### **Mental health care is evidence-based, prioritising quality and safety**

High quality services will be accessible and responsive, informed by research and evidence of best practice, provided by a suitably skilled and supported workforce, and deliver improved outcomes to people living with mental illness, their families and carers, and the wider community.

The principles that underpin the *Queensland Plan for Mental Health 2007-2017* are in addition to the principles articulated within the United Nations *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*, the *National Mental Health Strategy* and the *Queensland Mental Health Act 2000*.

These frameworks encompass fundamental rights and responsibilities for all people who have a mental illness, including the following:

- People with mental illness are entitled to respect for their basic human rights, confidentiality, and must be able to participate in decisions made about them.
- The specific cultural, religious and language needs of individuals must be respected.
- Treatment should only be provided where it promotes or maintains the person's mental health, and should impose the least restriction on their rights possible with due regard for the safety of the person and others.

## 6. The reform agenda – improving mental health for Queenslanders

Five priorities guide the reform of the mental health system. These priorities will inform the investment over the period 2007-2017. These priorities and the associated strategies are consistent with the COAG *National Action Plan for Mental Health 2006-2011*.

The needs of consumers, families and carers drive each of the priorities. The involvement of consumers, families and carers in these areas will be instrumental in achieving change. Strengthening the mechanisms through which consumers, families and carers can influence reform of the Queensland mental health system in meaningful and effective ways must occur within each priority and all aspects of activity.

The five priorities have application across the spectrum of intervention and cover both clinical and non-clinical aspects of care. All components of the system are necessary for the system to function effectively. Development of a detailed service model that identifies target levels of resources required for each service

component is a key objective of the Plan, to ensure achievement of a balanced system over the next ten years.

These targets will be based on interpretation of trends in national and international planning and reflect best available knowledge at this point in time. The targets cover all components of priority areas and will be continually tested against experience as new services are developed. Ongoing developments in mental health care at the international and national level will be taken into consideration, in association with identification and analysis of local community needs.





## The Queensland Plan for Mental Health 2007-2017

### Priorities for reform

<b>PRIORITY 1</b> <b>Promotion, prevention and early intervention</b>	Strengthen collaborative action to: <ul style="list-style-type: none"> <li>• build individual and community resilience and wellbeing</li> <li>• effectively target key risk and protective factors</li> <li>• facilitate early intervention in known high risk groups for mental illness.</li> </ul>
<b>PRIORITY 2</b> <b>Improving and integrating the care system</b>	Enhance and develop the continuum of clinical mental health treatment and care for consumers, families and carers. This system will promote resilience and recovery.
<b>PRIORITY 3</b> <b>Participation in the community</b>	Build capacity to assist and support people with mental illness to live full and meaningful lives in the community.
<b>PRIORITY 4</b> <b>Coordinating care</b>	Facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers.
<b>PRIORITY 5</b> <b>Workforce, information quality and safety</b>	Enhance and strengthen the capacity of services to provide high quality, safe and evidence-based mental health care.

## PRIORITY 1

### Mental health promotion, prevention and early intervention

#### *Strengthen collaborative action to:*

- *build individual and community resilience and wellbeing*
- *effectively target key risk and protective factors*
- *facilitate early intervention in known high risk groups for mental illness.*

#### Key actions

- Establish statewide leadership through the Queensland Centre for Mental Health Promotion Prevention and Early Intervention (PPEI)
- Improve mental health literacy and capacity in non-clinical workers in key government and non-government services
- Strengthen responses for perinatal and infant mental health
- Reduce suicide risk and mortality within Queensland communities, within identified high risk groups such as Aboriginal and Torres Strait Islander populations, rural communities, and young people

Promotion, prevention and early intervention (PPEI) activities are vital elements in reducing the burden of disease associated with mental health problems and illness, and managing future demand for mental health services. PPEI addresses the health and wellbeing of the entire population, including all levels of mental health need within the community, and requires the contribution of a wide range of government and non-government agencies. Strengthening partnerships with these agencies and building their capacity to effectively contribute to the mental health and wellbeing of all Queenslanders is a priority.

Development of strategic partnerships across the government and non-government sectors aimed at improving mental health literacy, reducing stigma and discrimination experienced by people affected by mental illness, and targeting risk and protective factors for the prevention of high prevalence disorders is essential. Building supportive and inclusive environments, and resilient individuals and communities are also important tasks in promoting mental health into the future. Public mental health services play an important role in mental health PPEI through partnerships focused on intervening early with high risk groups and delivery of recovery-oriented services.

#### Actions for 2007-11

An additional \$9.35 million will be provided over four years to support activities which will build mental health promotion, prevention and early intervention capacity.

The Queensland Government will implement initiatives focused on enhancing and promoting mental health and wellbeing, preventing mental illness and providing early intervention, including:

- \$5.47 million to establish the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention to lead the development and implementation of a statewide framework for mental health promotion, prevention and early intervention including:
  - establishing the *beyondblue* Queensland Chapter to engage with the National Depression Initiative to promote recognition and early access to treatment for depression
  - improving mental health literacy and access to mental health first aid training for non-clinical workers in key government and non-government services
  - raising community awareness about mental illness, and reducing stigma and discrimination
  - promoting the use of innovative technologies in mental health promotion activities.





- \$2.91 million to support the ongoing development of cross-sectoral strategies, partnerships and agreements targeted at reducing suicide risk and associated mortality, including:
  - dedicated strategies to reduce suicide risk and mortality with a focus on specific high risk groups including Aboriginal and Torres Strait Islander populations, rural communities, and young people
  - development of a risk management framework for the detection and management of suicide risk
  - development of mechanisms to review all available information in relation to people who suicide in Queensland
  - increased capacity to follow-up people presenting to Emergency Departments with deliberate self-harm or attempted suicide.
- \$0.97 million to establish a hub of expertise in perinatal and infant mental health to provide co-case management, consultation, liaison, and support to public mental health services and the broader community sector.
- Providing training to health workers in hospital, community health and primary health care settings on psychosocial risk assessment, screening and pathways into care consistent with the *National Action Plan on Perinatal Mental Health*.
- Establishing processes for the early detection and psychosocial support of children of parents with mental illness.
- Establishing collaborative processes and interdepartmental partnerships to improve mental health problems in children and young people within education, justice and child protection settings.
- Developing partnerships and increasing access to education and training initiatives to enhance the capacity of the aged care sector to prevent and intervene early in mental health problems and reduce social isolation.
- Developing and implementing early detection and intervention with children and young people including enhanced consultation liaison, improved referral pathways, and training for school support personnel and other key providers such as youth support coordinators, child safety workers, and youth justice workers.
- Establishing programs that build individual and community resilience and capacity, including those targeting Aboriginal and Torres Strait Islander populations, people from Culturally and Linguistically Diverse backgrounds, and other high risk groups.



#### Outcomes by 2011

These initiatives will strengthen the capacity to promote mental health and wellbeing and to prevent and minimise the risk of mental illness developing, especially in high risk populations. By 2011 the Queensland Government will have delivered the following outcomes:

- established a statewide framework for mental health promotion, prevention and early intervention
- implemented a range of targeted, evidence-based mental health promotion, prevention and early intervention programs across government, non-government and community sectors
- implemented models to ensure early detection of 'at risk' populations
- improved the capacity to build community resilience to mental illness
- improved the response to suicide risk behaviours and the management of suicide risk.

#### Outcomes by 2017

By 2017, the Queensland Government will have:

- delivered whole-of-population mental health PPEI initiatives across government, non-government, and community sectors
- improved community awareness, understanding and attitudes towards mental health and mental illness
- established collaborative, evidence-based, mental health and early intervention initiatives across the lifespan
- established collaborative, evidence-based mental health prevention and early intervention to targeted high risk groups
- implemented and evaluated a comprehensive approach to suicide prevention and suicide risk management
- developed collaborative initiatives to address the mental health needs of specific communities and targeted populations.

*Promotion, prevention and early intervention activities are vital in reducing the burden of disease associated with mental health problems and issues.*