phn
DARLING DOWNS
AND WEST MORETON
An Australian Government Initiative

Regional Mental Health, Alcohol and Other Drugs Plan

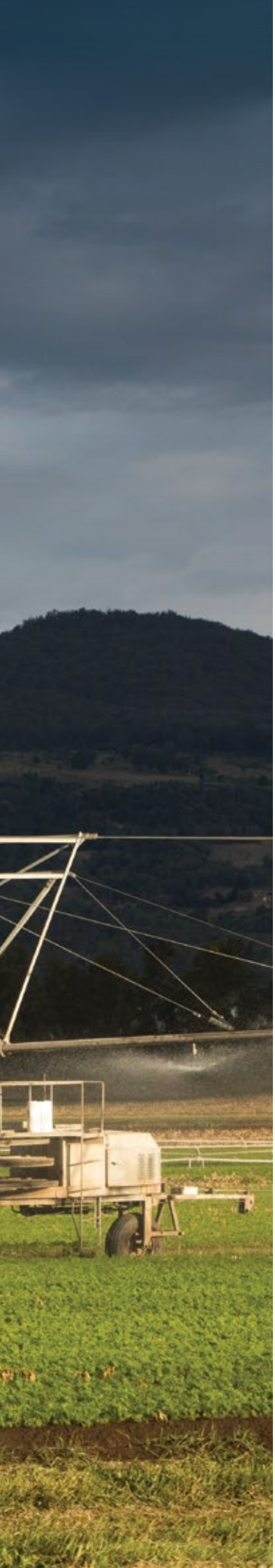
July 2019 - June 2021

Queensland Government
Darling Downs Health
West Moreton Health

Darling Downs and West Moreton PHN wishes to acknowledge Australia's Aboriginal and Torres Strait Islander people as the Custodians of this land.

We pay our respect and recognise their unique cultures and customs and honour their Elders past, present and emerging.

Darling Downs and West Moreton PHN gratefully acknowledges the financial and other support from the Australian Government Department of Health. While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible by negligence or otherwise for any injury, loss or damage however arising from the use of or reliance on the information provided herein.



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Darling Downs and West Moreton PHN, West Moreton Health and Darling Downs Health would like to acknowledge the Queensland Health, Mental Health and Alcohol and Other Drug Branch (MHAOD), Queensland Network of Alcohol and Other Drug Agencies (QNADA) and the Queensland Mental Health Alliance for their contribution to this Plan.

Foreword

To ensure our region is best placed to adapt to the changing needs of our communities, Darling Downs and West Moreton PHN, West Moreton Health (WMH) and Darling Downs Health (DDH) have committed to joint planning for integrated mental health, suicide prevention and alcohol and other drug (AOD) services. We recognise that we are stronger together and that by working collaboratively, we can effect change for those that are the most vulnerable in our communities.

The Regional Mental Health and Alcohol and Other Drug Plan is the first step in laying the foundation for ongoing collaboration and improved coordination to ensure that all people living with a mental health condition and AOD use in our region can access effective and appropriate treatment.

Mental health, suicide prevention and AOD use continue to be key priority areas for the PHN, DDH and WMH. Preparing a regional plan presents our organisations with the opportunity not only to lead the conversation and the work to ensure greater access for people, it also gives us the opportunity to collectively engage stakeholders across the Darling Downs and West Moreton PHN region to identify shared opportunities and goals for the future. This approach aligns with the Fifth National Mental Health and Suicide Prevention Plan, 2017 and the Shifting Minds Queensland Health, Mental Health, Alcohol and Other Drugs Strategic Plan 2018 - 2023 (Shifting Minds).

Guided by a strong vision to provide something that is 'action orientated, innovative and realistic – focused on people and their journey through the mental health and alcohol and other drug service system', the Plan is steered by the principles of:

- reducing stigma
- all services are culturally appropriate
- people are at the centre of the system and our services
- strong and effective communication
- information sharing to improve care that respects privacy and confidentiality

We are committed to reducing stigma within our own organisations, in those we fund or commission and across the health system.

We would like to take this opportunity to thank those who have contributed to the preparation of this Plan, including those with lived experience, representatives from the Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities, working groups and the steering committee who provided us with their unique insights through our consultation process. Over 100 people, representing a wide range of health, mental health and social service organisations across the region, participated in consultations and workshops to identify key issues and develop priorities. We would also like to acknowledge the Queensland Health, Mental Health and Alcohol and Other Drug Branch (MHAOD), Queensland Network of Alcohol and Other Drug Agencies (QNADA), and the Queensland Mental Health Alliance for their contribution to the Plan through their involvement with the steering committee.

We look forward to working with you to improve accessibility and delivery of mental health, suicide prevention and AOD treatment services in our region.

Merrilyn Strohfeldt
CEO
Darling Downs and
West Moreton PHN

Dr Kerrie Freeman
Chief Executive
West Moreton Health

Dr Peter Gillies
Chief Executive
Darling Downs Health

Vision for the Plan

The Plan is action oriented, innovative and realistic - focused on people and their journeys through our mental health and AOD service system. The implementation of this Plan will lay the foundation for ongoing collaboration and improved coordination leading to the development of a comprehensive plan by 2022.

Principles

Reducing stigma	**All services are culturally appropriate**	**People are at the centre of the system and our services**	**Strong and effective communication**	**Information sharing to improve care that respects privacy and confidentiality**

Priorities

Integration and Partnerships	**Information Sharing**	**Workforce**
Improve quality and sustainability of care in the community for people with severe mental health conditions	Improve access to current information about mental health and AOD services	Increase mental health workforce capacity
Improve person-centred care for people with mental health conditions	Improve the quality and timeliness of referrals and discharge across the system	Maximise capacity and capability of the peer workforce as key contributors to the service system
Improve understanding of needs of people with severe mental health conditions	Develop confidence in organisations and individuals to share information appropriately	
Improve availability and equity of access to AOD services across the region		

Implementation of the Plan → **Development of Comprehensive Plan**

The joint Plan will provide a regional platform for developing a service system to better meet the needs of people and their families and carers with lived experience of mental illness, AOD use and suicide.

1. Introduction

The Darling Downs and West Moreton PHN, West Moreton Health (WMH) and Darling Downs Health (DDH) have committed to joint regional planning for integrated mental health, AOD and suicide prevention services. This joint planning approach aligns with the *Fifth National Mental Health and Suicide Prevention Plan, 2017* and the *Shifting Minds Queensland Health, Mental Health, Alcohol and Other Drugs Strategic Plan 2018 - 2023* (Shifting Minds).

The joint Plan will provide a regional platform for developing a service system to better meet the needs of people and their families and carers with lived experience of mental illness, AOD use and suicide. The overarching strategic framework to guide coordinated government action in mental health reform and service delivery is the Fifth National Mental Health and Suicide Prevention Plan[1] (The Fifth Plan).

The Fifth Plan outlines a vision for the Australian mental health system that:

- enables recovery;
- prevents and detects mental illness early; and
- ensures that all Australians with a mental health condition can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The eight priority areas of the Fifth Plan are:

1. achieving integrated regional planning and service delivery;
2. effective 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 a mental health condition and reducing early mortality;
6. reducing stigma and discrimination;
7. making safety and quality central to mental health service delivery; and
8. ensuring that the enablers of effective system performance and system improvement are in place.

SHIFTING MINDS: QUEENSLAND MENTAL HEALTH, ALCOHOL AND OTHER DRUGS STRATEGIC PLAN 2018 - 2023

Shifting Minds promotes a whole-of-person, whole of community and whole of government approach to improving the mental health and wellbeing of Queenslanders.[2] It sets the direction for reform with a focus beyond the treatment system proposing priorities for cross-sectoral action.

The plan focuses on outcomes that matter for:

- individuals, families and carers with a lived experience placing community-based services at the centre of integrated care and emphasising social economic inclusion and participation;
- communities by improving population mental health and wellbeing through the best start in life, prevention and early intervention in schools, workplaces and communities, ageing well and additional support for individuals experiencing adverse life events and circumstances; and
- governments by enhancing system efficiency and effectiveness through whole of government leadership and accountability for integrated policy, planning, funding and commissioning.

Shifting Minds is built around three focus areas:

- better lives;
- invest to save; and
- whole of system improvement.

CONNECTING CARE TO RECOVERY 2016 - 2021

Connecting Care to Recovery is the services plan for state-funded mental health and AOD services in Queensland.[3] The priorities of the plan include:

- **Priority 1:** Access to appropriate services as close to home as practicable and at the optimal time.
- **Priority 2:** Workforce development and optimisation of skills and scope.
- **Priority 3:** Better use of ICT to enhance clinical practice, information sharing, data collection and performance reporting.
- **Priority 4:** Early identification and intervention in response to suicide risk.

1 Commonwealth of Australia. The Fifth National Mental Health and Suicide Prevention Plan (2017)
2 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
3 Connecting Care to Recovery 2016 – 2017. Queensland Health 2016. www.health.qld.gov.au/__data/assets/pdf_file/0020/465131/connecting-care.pdf

- **Priority 5:** Strengthening patient's rights Mental Health Act 2016.

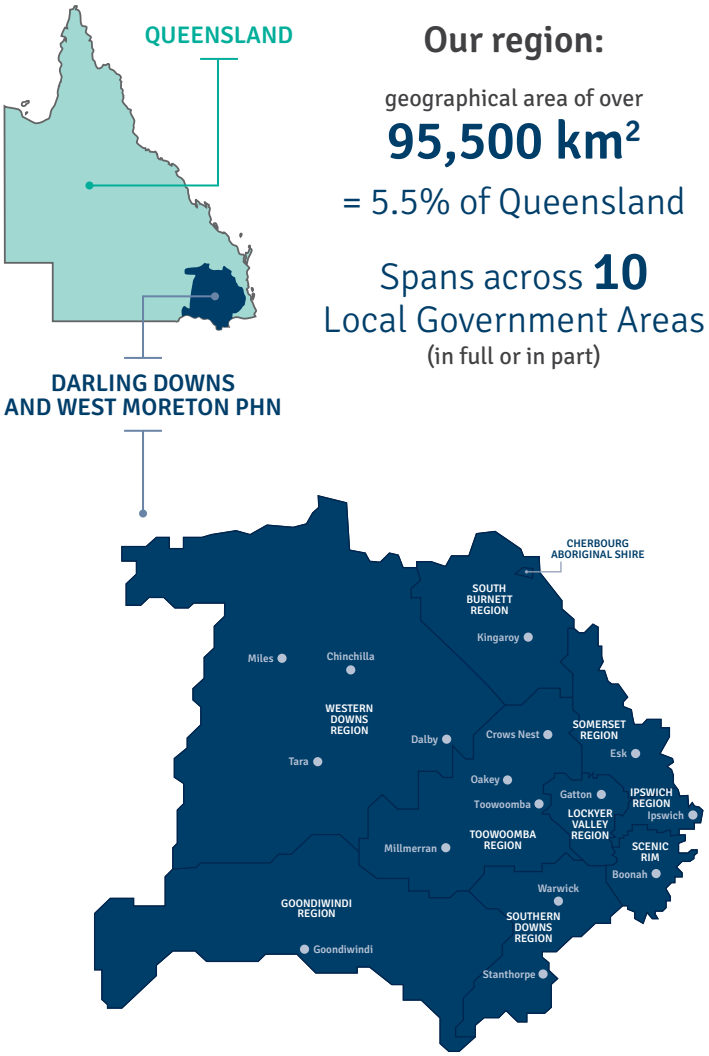
The Connecting Care to Recovery Plan is supported by a resourcing strategy of $430 million over five years for new operational growth and infrastructure investment.

NATIONAL DRUG STRATEGY

The National Drug Strategy 2017 - 2026 aims to build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities.

The strategy has a balanced approach across the three pillars of harm minimisation:

- Demand reduction - preventing the uptake and/or delaying the onset of use of alcohol, tobacco and other drugs; reducing the misuse of alcohol, tobacco and other drugs in the community; and supporting people to recover from dependence through evidence-informed treatment.
- Supply reduction - preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.
- Harm reduction - reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community.



Our region:

geographical area of over
95,500 km²
= 5.5% of Queensland

Spans across **10**
Local Government Areas
(in full or in part)

For more information about the Darling Downs and West Moreton PHN region, please see Appendix 1.

MENTAL HEALTH AND ALCOHOL AND OTHER DRUG SERVICE SYSTEM

1.1 Stepped Care

Stepped care is central to the Australian Government's mental health reform agenda and PHNs are using a stepped care approach to guide the development and commissioning of mental health services.

Stepped care provides a continuum of support aimed at meeting the needs of individuals from those with low levels of anxiety and depression to those with severe mental health conditions.

Effectively, a stepped care approach offers a broad spectrum of services through which people may move up and down and within based on their needs at the time. This allows for people to access services across the continuum of care simultaneously. The Department of Health[4] identifies four core elements of stepped care:

1. Stratification of the population into different 'needs groups', ranging from whole of population needs for mental health promotion and prevention, through to those with severe, persistent and complex conditions.

2. Setting interventions for each group – this is necessary because not all needs require formal intervention.
3. Designing a comprehensive menu of evidence-based services required to respond to the spectrum of need.
4. Matching service types to the treatment targets for each needs group and commissioning/ delivering services accordingly.

1.2 Spectrum of responses to AOD issues

Figure 2 provides an overview of the spectrum of responses to AOD issues used in the Queensland AOD Service Delivery Framework and public AOD services model of service.

1.3 Overview of current service system

Figure 3 provides an overview of the current responsibilities of different service providers in relation to the stepped care model. The hospital and health services (HHS) predominantly provide services to people with severe mental illness, while primary care and non-government organisations (NGOs) provide a range of services across the stepped care spectrum.

1.4 Planning Guidelines

The *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs)* (the Guide) and a Compendium of Resources to assist LHNs and PHNs were endorsed by the Council of Australian Governments (COAG) Health Council in August 2017. The Fifth Plan represents commitment from all governments to work together to achieve integrated planning for the delivery of mental health and suicide prevention services.

	Well population	At risk groups (early symptoms, previous illness)	Mild mental illness	Moderate mental illness	Severe mental illness
AIMS	Focus on promotion and prevention by providing access to information, advice and self-help resources	Increase early intervention through access to lower cost, evidence-based alternatives to fact-to-face psychological therapy services	Provide and promote access to lower cost, lower intensity services	Increase service access rates maximising the number of people receiving evidence-based intervention	Improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation. Provide wrap-around coordinated care for people with complex needs
SERVICES	Mainly publicly available information and self-help resources	Mainly self-help resources including digital mental health	Mix of resources including digital mental health services and low intensity fact-to-face services Psychological services for those who require them	Mainly face-to-face primary care services, backed up by psychiatrist or links to broader social supports Clinician assisted digital mental health services and other low intensive services for a minority	Face to face clinical care using a combination of GP care, psychiatrists, mental health nurses, psychologists and allied health Coordinated, multi-agency services for those with severe and complex mental illness

Figure 1 Stepped Care Model[5*]

[5*] Adapted from PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance – Stepped Care

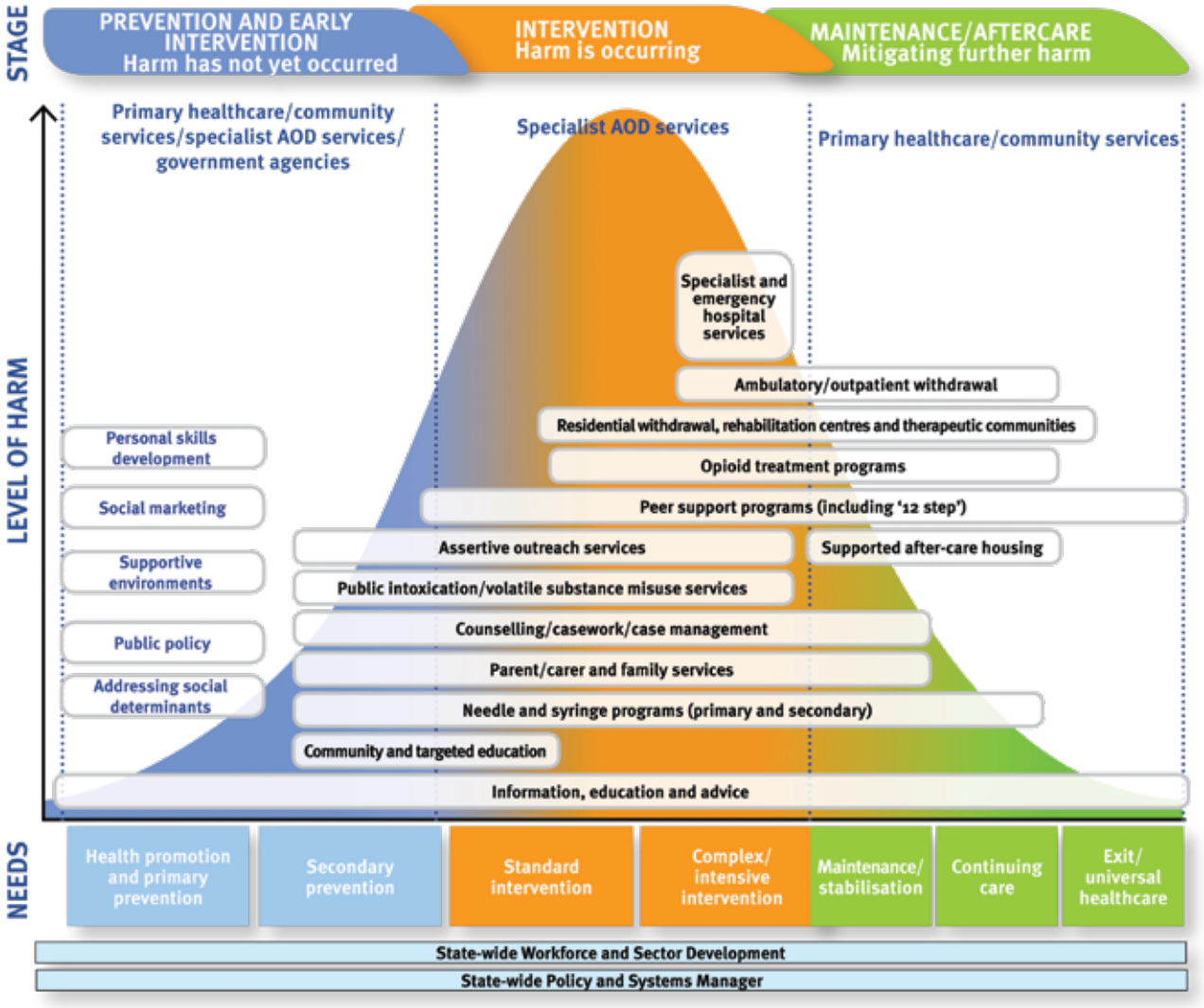


Figure 2 Spectrum of responses to AOD issues

The key objectives of the joint regional planning outlined in the Guide are to:

- embed integration of mental health, suicide prevention and AOD services and pathways into a whole of system approach; and
- drive and inform evidence-based service development to address identified gaps and deliver on regional priorities.

The intent of the joint approach to planning is to:

- inform coordinated commissioning of mental health and AOD services across stepped care and across the lifespan;
- support coordinated implementation of regional, state and national priorities including better coordination of services for people with severe and complex mental illness and linkages with social support, employment, education services and the National Disability Insurance Scheme (NDIS);
- provide a systems approach to suicide prevention, improving Aboriginal and Torres Strait Islander mental health and suicide prevention; and
- improve the physical health of people living with mental health conditions and AOD use.

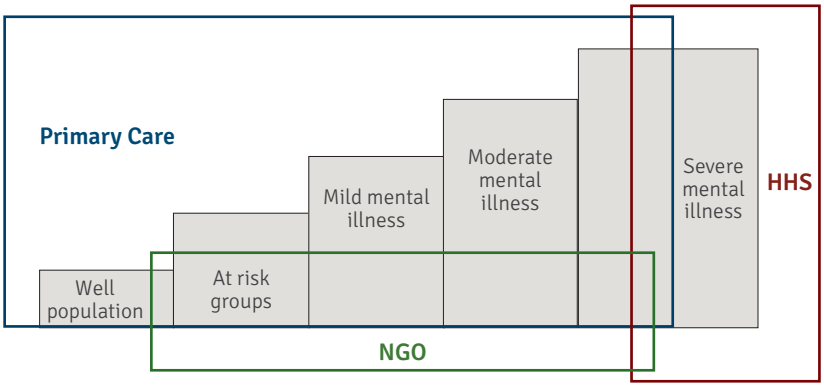


Figure 3 Overview of current regional service system

This Plan provides a platform for joint action in the short to medium term and will contribute to the development of a comprehensive plan.

2. Development of the Plan

This plan represents a new approach to planning for mental health, suicide prevention and AOD services in our region. It outlines agreed priorities for *new* and *joint* action by the PHN, DDH and WMH.

Each of the partner agencies, along with other providers across the region continue to implement a wide range of core services and programs to meet the needs of the community. These have not been documented as a part of this plan but are an integral component of the delivery of mental health and AOD services.

The priorities and actions have been agreed by the three partner agencies following a process of data analysis, consultation and a series of workshops as shown in Figure 4. Key data sources included the PHN Health Needs Assessment (HNA) and the National Mental Health Services Planning Framework (NMHSPF). Over 100 people, representing a wide range of organisations across the region, participated in consultations and workshops to identify key issues and develop priorities.

The process has been overseen by a steering committee which includes representation from the three partner agencies as well as the Queensland Health, Mental Health and Other Drug Branch (MHAOD), Queensland Network of Alcohol and Other Drug Agencies (QNADA), Queensland Mental Health Alliance and people with lived experience and representatives from the Aboriginal and Torres Strait Islander community.

This Plan provides a platform for joint action in the short to medium term and is a foundation for the development of a comprehensive plan.

It should be noted that the PHN, in consultation with the DDH and WMH, have recently developed regional suicide prevention plans. These plans were developed separately for the Darling Downs and West Moreton regions prior to work commencing on the joint Regional Mental Health, Alcohol and Other Drugs Plan. Many of the strategies included in this Plan complement and support the strategies outlined in the two suicide prevention plans. Addressing the system issues identified in this Plan will support and underpin ongoing work to implement the specific strategies identified in the suicide prevention plans. Mental health, AOD and suicide prevention will be integrated in the comprehensive plan to be developed by 2022.

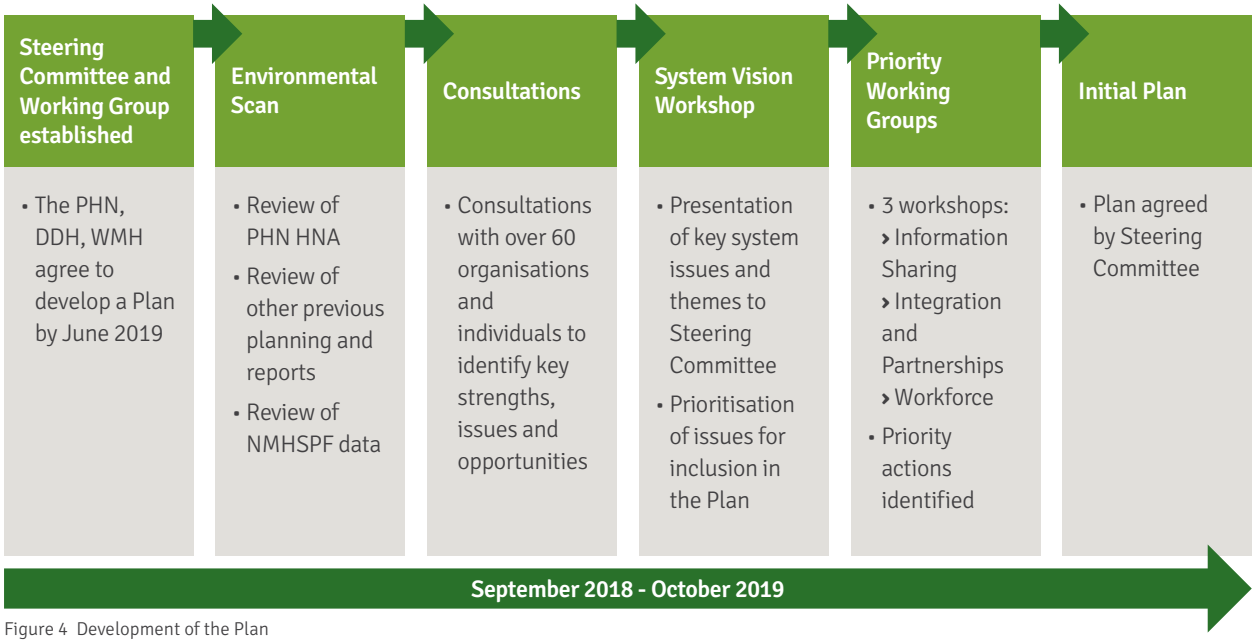


Figure 4 Development of the Plan

While changing community attitudes is beyond the control of our organisations, we are committed to reducing stigma within our own organisations, in those that we fund or commission and across the health system.

3. The Plan

The PHN, WMH and DDH are committed to implementing this plan in partnership with organisations and individuals who are part of the mental health, AOD and suicide prevention sectors across the region.

To support the implementation of the plan the PHN, WMH and DDH commit to strategies and principles that will underpin our collaborative approach. Over time we will seek to embed these strategies in relevant strategic plans as well as in induction and professional development programs for staff. These principles focus on:

- reducing stigma associated with mental health conditions and AOD use;
- creating a system built on strong and effective communication;
- recognising the need for information sharing while upholding agreed principles of confidentiality and privacy; and
- ensuring all services are culturally appropriate and person-centred.

We recognise that there is considerable stigma associated with mental health conditions, suicide and AOD use. While changing community attitudes is beyond the control of our organisations, we are committed to reducing stigma within our own organisations, in those we fund or commission and across the health system. We commit to providing training and education for staff to build respect and reduce stigma. Education activities will focus on identifying and addressing bias, promoting reflective practice and providing support for supervisors in addressing stigma and bias with their staff. Embedding peer workers across the mental health, suicide prevention and AOD workforce is a key strategy to assist in reducing sigma and promoting client-centred service provision for organisations providing mental health services.

Improving information sharing between services has been identified as a key priority in improving care for people with mental health conditions and/or AOD related issues. We recognise the benefits of a well-connected service system and the importance of enabling consumers and carers to make informed decisions about their care. In this context, we commit to the national standards in relation to privacy and confidentiality as articulated in the National Standards for Mental Health Services (2010).

Good communication is essential to consumer driven service delivery. In delivering services, we recognise that effective communication has several key features including:

- clear and simple language;
- asking questions and encouraging others to ask questions;
- using consumers' words wherever possible;
- understanding who you are communicating with;
- active listening; and
- being aware of the possible influence of bias or personal judgement.

Cultural capability working with Aboriginal and Torres Strait Islander people and recognition of diversity is fundamental to the provision of equitable health care. We recognise the need for our mental health, suicide prevention and AOD system to be built on a foundation of trust, respect for diversity, fairness and social justice. We commit to working within our own organisations, as well as across the system, to improve understanding of the needs of diverse communities within our region and to respond to their needs with dignity and respect.

The Darling Downs and West Moreton region has a large and increasing population from refugee backgrounds. These groups have unique and changing needs as they establish their lives in our community. We recognise the need to develop the capability of the mental health workforce to respond effectively to the needs of people from a refugee background.

3.1 PLAN PRIORITIES

The Plan sets out three high level priorities identified through the consultation and workshop process:

- integration and partnerships;
- information sharing; and
- workforce.

These priorities reflect the key underpinning enablers for a strong, effective and collaborative mental health, suicide prevention and AOD system. A summary of findings from the consultation process is included in Appendix 3.

The implementation of the Plan will be overseen by the cross agency steering committee supported by a working group with representation from the three partners, key health service providers and consumers and carers. In addition, these governance groups will also be responsible for leading the development of the Comprehensive Regional Mental Health, AOD and Suicide Prevention Plan.

Priority Issue: Development of Comprehensive Regional Mental Health, AOD and Suicide Prevention Plan

Goal: To develop a Joint Comprehensive Mental Health, AOD and Suicide Prevention Plan for the Darling Downs and West Moreton region

STRATEGIES	ACTION	WHO	TIMEFRAME
Continue the Darling Downs and West Moreton joint Mental Health Steering Committee to oversee implementation of the Plan and development of the Comprehensive Plan.	Update and formalise membership and terms of reference for the steering committee. Establish mechanism to monitor and review implementation of the Plan. Establish mechanism to monitor implementation of West Moreton (WM) and Darling Downs (DD) suicide prevention plans and to integrate action where appropriate. Develop a strategy for the development of the Comprehensive Plan.	**Led by:** DDH, WMH, PHN	July 2019 - ongoing
Establish a working group to support the implementation of the Plan.	Establish a Plan Working Group (WG) to support the implementation of the Plan. Agree and document: • membership (to include health services, PHN, NGOs, consume/carers, and Aboriginal and Torres Strait Islander representation as well as others as appropriate); and • Terms of Reference.	**Led by:** PHN WG representation from: • DDH, WMH, PHN • GPs • allied and other mental health and AOD professionals • Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) mental health and AOD providers • peer workers • consumers/carers	July 2019
Develop a region-wide approach to suicide prevention.	Review WM and DD suicide prevention plans to identify commonalities and differences. Agree on a region-wide approach to identify the priorities from suicide prevention planning within the framework of the Comprehensive Plan.	**Led by:** WG	Jan 2020 – Dec 2021
Develop data capability to capture baseline mental health, suicide and AOD data for the Comprehensive Plan.	Identify performance indicators that are measurable, informative and align with organisational aims Develop mechanisms for measuring indicators at regional level. Develop baseline measures for inclusion in comprehensive plan.	**Led by:** Steering Committee	Jan 2020 – Dec 2021

Priority Issue: Integration and Partnerships

Goal: To improve quality and sustainability of care in the community for people with severe mental health conditions by developing new models of support to GPs

STRATEGIES	ACTION	WHO	TIMEFRAME
Explore models of shared care between general practice, psychiatry and allied and other mental health professionals.	WG to: • review existing models of mental health shared care locally and across Australia; • identify model(s) applicable to PHN region; • trial and review selected model(s); and • develop strategies for region wide implementation for incorporation in the Comprehensive Plan.	**Led by:** WG	Jan 2020 - June 2022
	Define pathways for referral into hospital and health service (HHS) psychiatrist sessions either for face to face or using telehealth. Review existing services (e.g. psychiatrist registrar consultant liaison) to identify options for improved and/or expanded delivery of community based psychiatry.	**Led by:** DDH WMH GPLO	July - Dec 2019
	Investigate additional options for on-call psychiatry consultant support for GPs: • describe current availability of psychiatry support for GPs; • review currently available services; and • consider options for fund pooling within and across regions (e.g. other PHNs and health services).	**Led by:** DDH, WMH	Jan - Dec 2020
Explore options to improve GP confidence in managing mental health in the community.	Investigate opportunities and capacity to implement Project ECHO® model, other clinical team learning models and peer supervision to improve GP knowledge and skill.	**Led by:** PHN DDH WMH	Jan - June 2020

Goal: To improve person centred care for people with mental health conditions, including people at risk of suicide

STRATEGIES	ACTION	WHO	Timeframe
Raise awareness of the importance of individual mental wellbeing and safety plans and/ or mental health treatment plans among service providers and reduce duplication.	Encourage all service providers (acute and community teams, GPs, NGOs, allied and other mental health professionals) to identify if a person has an individual mental wellbeing and safety plan and/or mental health treatment plan: • share a variety of types of plans between organisations; • encourage service providers to collaborate in the development and implementation of mental well-being and safety plans; • HHSs to undertake awareness raising and training for all mental health and AOD staff including questions at intake about plans; • PHN to undertake awareness raising and training for GPs and commissioned services and encourage questions about plans; and • develop the capacity of service providers to support people with mental health conditions to have a person-centred individual plan for those that do not already have one and seek a mental health treatment plan from a GP where required.	**Led by:** WG	Jan 2020 - Dec 2022
	Include individual mental wellbeing and safety plan templates in GP practice software and link to GP Mental Health Treatment Plan.	**Led by:** PHN	July 2020 - June 2021

Goal: To improve understanding of the needs of people with severe mental health conditions

STRATEGIES	ACTION	WHO	TIMEFRAME
Undertake a research project to understand the needs of people with severe and complex mental health conditions who: • **do not meet criteria for acute mental health services; and** • **would benefit from alternatives to emergency department (ED) presentation.**	Audit of ED presentations to Toowoomba, Ipswich and two rural hospitals to: • estimate the number of people with severe and complex mental illness who have difficulty in accessing services that meet their needs; and • identify reasons for ED presentations that are and are not referred to acute or inpatient services. Investigate alternative service options for meeting the differing needs of people with severe and complex mental illness to inform the Comprehensive Plan.	**Led by:** PHN	Jan - Dec 2020

Goal: To improve availability and equity of access to AOD support services

STRATEGIES	ACTION	WHO	TIMEFRAME
Improve equity of access to AOD services across the region.	Explore opioid substitution therapy opportunities in the region by increasing capability to prescribe and dispense (pharmacy and GP).	**Led by:** PHN	Jan - Jun 2020
	Investigate the 'Hospital in the Home' and other models for community-based withdrawal such as models utilising GPs with nurse support particularly in rural locations.	**Led by:** DDH, WMH, PHN	Jan - Dec 2020

Priority Issue: Information Sharing

Goal: To improve access to current information about mental health, suicide prevention and AOD services

STRATEGIES	ACTION	WHO	TIMEFRAME
Develop a public online portal of services and referral pathways including clinical and non-clinical responses.	Develop and enhance existing mental health, suicide prevention and AOD referrals through HealthPathways. Continue mapping of clinical health, mental health and non-clinical, community social supports and services.	**Led by:** DDH and WMH HealthPathways Team GP Liaison Officers PHN Health Service Navigators System Integration Coordinators	July 2019 - ongoing
	Explore options for using the community portal in HealthPathways.	**Led by:** DDH and WMH HealthPathways Team GPLO	Jan - June 2020
	Build on HealthPathways to incorporate psychosocial support and other NGO services.	**Led by:** DDH and WMH HealthPathways Team	Jan - Dec 2020

Goal: To improve the quality and timeliness of referrals and discharge across the mental health, suicide prevention and AOD systems

STRATEGIES	ACTION	WHO	TIMEFRAME
Develop overarching best-practice guidelines to inform content and processes for referral and discharge including clinical and psychosocial/non-clinical services.	WG to: • review existing referral and discharge practices across the system; • identify key elements of good content and processes; • develop and disseminate guidelines; and • support workforce to adopt and embed guidelines into practice.	**Led by:** WG	Jan - Dec 2020
Examine existing referral and discharge tools to develop shared referral protocols informed by agreed guidelines.	WG to: • identify common referral and discharge pathways and unique needs and features of these pathways; • develop draft tools and protocols to meet needs of different parts of the system; • trial and evaluate referral and discharge tools and protocols with health service providers and NGOs providing psychosocial support services; and • revise tools and protocol based on findings of the evaluation.	**Led by:** WG	Jan - Dec 2020
Engage with the wider sector to clarify referral and communication protocols.	WG to: • engage with agencies in other sectors e.g. education, child safety, and housing to identify referral patterns and requirements; • adapt referral protocols to meet needs of other sectors where required; • trial and evaluate referral and discharge protocols; and • revise protocols based on findings of the evaluation.	**Led by:** WG Education Child Safety Housing	Jan 2020 - Dec 2021

Goal: To develop confidence in organisations and individuals to share information appropriately

STRATEGIES	ACTION	WHO	TIMEFRAME
Raise awareness of frontline workers of importance and value of appropriate information sharing to ensure information is shared in the best interests of consumers. **Ensure frontline workers have knowledge of information that can be shared to promote collaborative care aligned with national privacy principles and legislative requirements.**	Identify professional development activities and resources available and relevant to privacy principles and information sharing. Examine and share professional development opportunities between organisations to educate and publicise national privacy principles and application for appropriate sharing of information between services to foster collaborative care e.g., through Mental Health Professional networks, webinars and case examples.	**Led by:** WG Other organisations including NGOs	Ongoing
	PHN commissioning contracts require funded organisations to demonstrate mechanisms in place to appropriately share information with other providers to facilitate collaborative care for clients whilst maintaining high quality and safety standards.	**Led by:** PHN	July 2019 – ongoing

Priority Issue: Workforce

Goal: To maximise capacity and capability of the peer workforce as key contributors to the service system.

STRATEGIES	ACTION	WHO	TIMEFRAME
Develop the peer workforce across the DD and WM region. **Examine feasibility of developing and implementing a regional training program for peer workers.** **Support peer workers to undertake recognised training leading to a qualification.**	WG to: • support implementation of state level peer workforce strategy in DD and WM region; • examine current peer workforce availability across the region and identify workforce development requirements for mental health, suicide prevention and AOD supports and services across the spectrum of care; • co-fund training and development activities; • provide bursaries or cadetships as part of employment contracts; • provide resources for training of peer workers through commissioning contracts; • deliver recognised Cert IV and other training; and • encourage industry placements.	**Led by:** WG	Jan 2020 – Dec 2021
Build the capability and sustainability of the peer workforce.	Establish a peer network or expand current network reach using the mental health professional network model.	**Led by:** WG	July 2019 - Dec 2021
Increase the capacity of the mental health, suicide prevention and AOD workforce to supervise peer workers.	Provide training on supervision of peer workers including operational and professional support. Investigate options for regional supervision (using face to face or remote modalities) to support smaller organisations to employ peer workers. Align regional activity with state peer workforce strategy.	**Led by:** WG	Jan 2020 – ongoing
Increase recognition and value of the role of low intensity mental health services and peer workers in the mental health, suicide prevention and AOD systems.	Create materials to support education of GPs and other health professionals on the benefits of low intensity services and peer workers and how to utilise their skills and experience effectively: • recognising different perspectives of clinicians and others and communicating to reflect these differences; and • using consumer stories of positive experiences with low intensity services and peer workers. Use opportunities such as Grand Rounds, videos and social media to raise awareness and promote their roles. Incorporate information about low intensity services and peer workers into HealthPathways.	**Led by:** PHN GPLO	July 2019 - ongoing

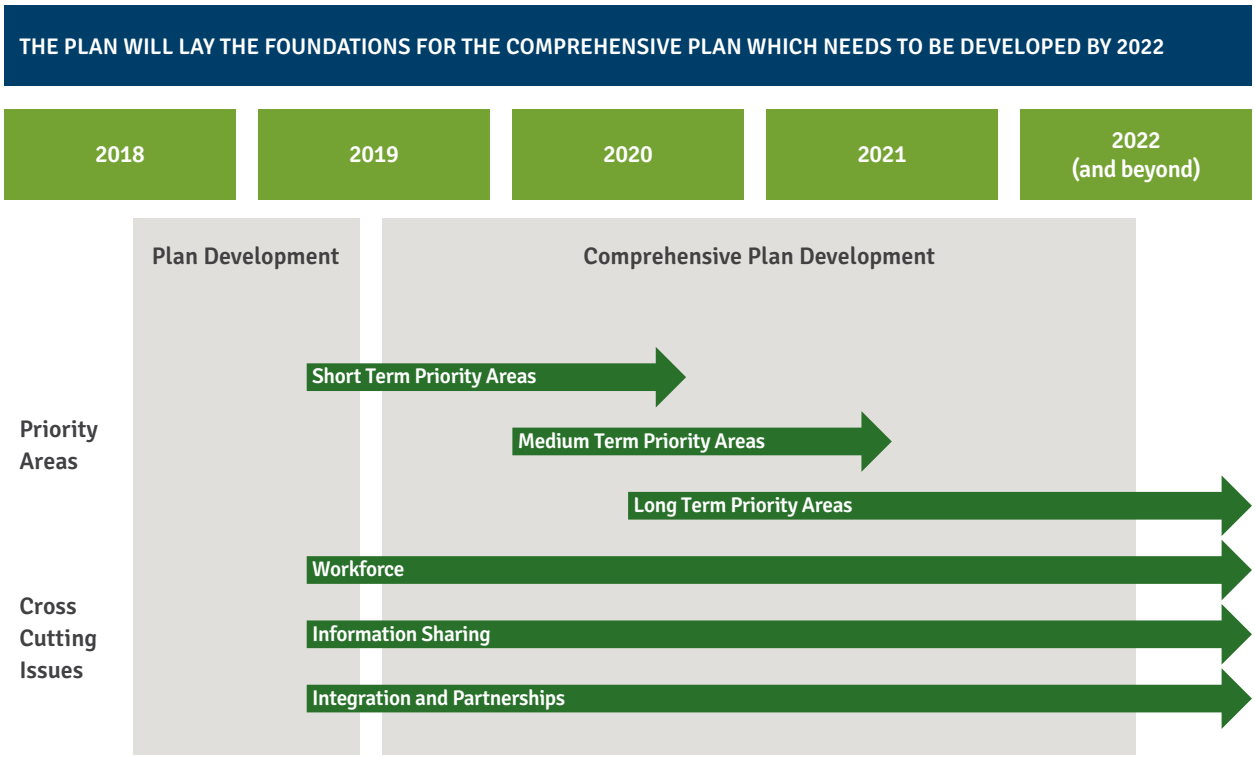
Goal: To increase mental health workforce capacity

STRATEGIES	ACTION	WHO	TIMEFRAME
Increase utilisation of provisional psychologists where appropriate.	Investigate opportunities to increase psychology supervision capacity in the region: • encourage mental health professionals to offer supervision for provisional psychologists; and • explore shared supervision models. Expand use of provisional psychologists: • partner with USQ and SQRH to expand student learning clinics to rural areas with supported supervision.	**Led by:** PHN Allied Health Liaison USQ SQRH	Jan 2020 - ongoing
Build on existing workforce to enhance system capacity.	Provide accredited training for practice nurses in mental health and AOD (such as courses developed by the Australian College of Mental Health Nurses), potentially supported through accessing allied health bursaries and scholarships offered through Health Workforce Queensland (HWQ). Identify social workers and occupational therapists with an interest in mental health. Provide financial support for them to undertake training to become accredited mental health practitioners, for example; by accessing HWQ bursaries and scholarships.	**Led by:** PHN	July 2019 – ongoing
Increase use of telehealth as a mechanism for increasing access to psychiatry and psychology services.	Identify rural locations with adequate connectivity and infrastructure to establish telehealth hubs for psychological and psychiatrist telehealth interventions. Identify psychiatrists/psychiatry practices interested in providing Medical & Benefits Schedule (MBS) funded telehealth psychiatric services to clients in rural and remote locations (building on learnings from current arrangements between urban-based psychiatry practice and GPs/ACCHOs in Miles, Dalby, Chinchilla and Tara). Facilitate the development of relationships between those services and referring GPs, providing education on when a psychiatric intervention is required.	**Led by:** WG	July 2019 – ongoing
	Investigate psychiatry and psychology options for telehealth interventions for refugees by linking with PHNs in areas where there are high refugee populations to identify mental health professionals with specific expertise and experience in delivering services to refugees. Facilitate the development of telehealth service delivery mechanisms for refugees.	**Led by:** WG	July 2019 - ongoing
Support professional development for mental health professionals.	Identify priority topics for discussion at the mental health professionals network, based on local needs, emerging issues and culturally safe service delivery.	**Led by:** All organisations	Ongoing

This Plan will inform the development of the Comprehensive Plan which will be developed by 2022.

4. Next Steps

The Joint Planning Guide stipulates that comprehensive regional plans should be developed by mid-2020 to coincide with the end of the Fifth National Mental Health and Suicide Prevention Plan. The Plan provides a sound basis for ongoing collaborative planning between the PHN, DDH and WMH.



Source: Adapted from Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs), October 2018.

Appendix 1

Overview of the Darling Downs and West Moreton region

GEOGRAPHY AND DEMOGRAPHY

The Darling Downs and West Moreton PHN region spans 95,639 square kilometres and is situated in the south east corner of Queensland, adjacent to Brisbane. There are 558,803 people (2016 ERP) residing within the PHN region and of these people 24,549 (4.4%) people identify as Aboriginal and Torres Strait Islander.[1]

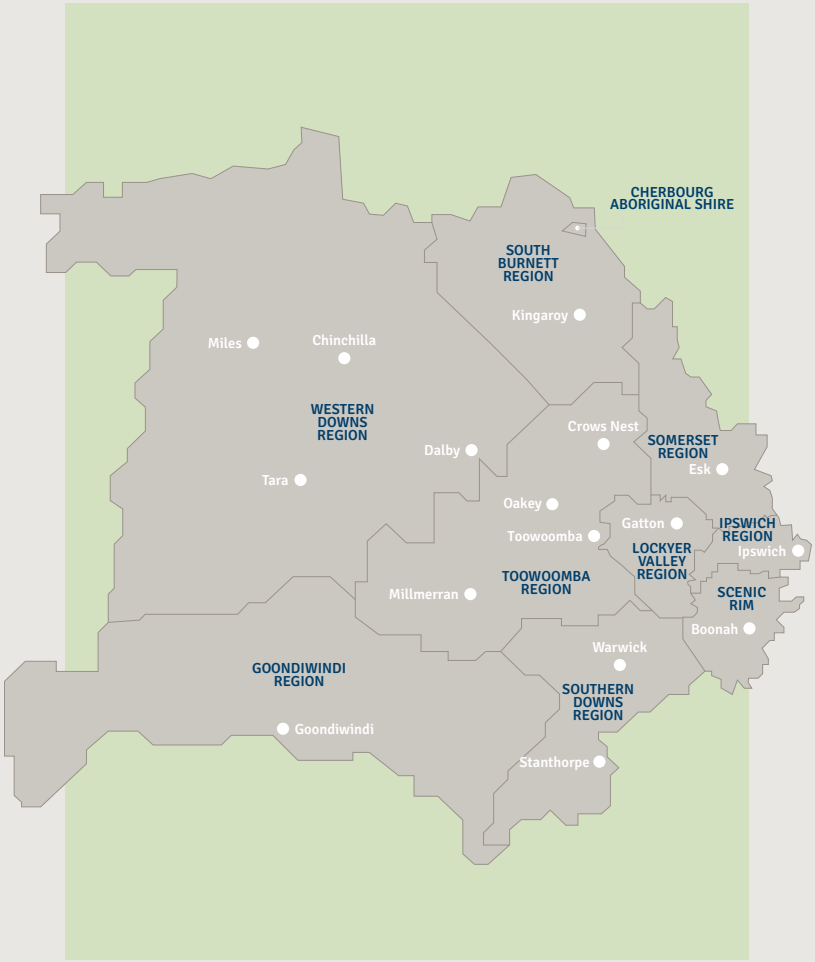
The PHN region has a slightly higher proportion of young people compared to Queensland (0- 4 years: 7.2%PHN vs 6.4% QLD; 5-19 years: 21.2%PHN vs 19.5% QLD), a slightly lower proportion of working age people (20-64: 56.3% PHN vs 59.0% QLD) and a similar proportion of elderly people (65+ years: 15.4% PHN vs 15.0% QLD).[2]

Around one third (32.2%) of the PHN population live in a major city area; 54.3% live in an inner regional area; 12.5% live in an outer regional area; and the remainder (0.9%) live in a remote or very remote area.[3]

There are two hospital and health services (HHS), 12 private health facilities and six Aboriginal Medical Services situated in the Darling Downs and West Moreton region.

Darling Downs Health services approximately 280,200 people and includes the local government areas (LGAs) of Cherbourg, Goondiwindi, South Burnett, Southern Downs, Toowoomba, Western Downs and a small portion of Banana.

West Morten Health services approximately 278,600 people and includes the LGAs of Ipswich, Lockyer Valley, and portions of Somerset (81%), Scenic Rim (33%) and Brisbane (0.6%).



SOCIAL DETERMINANTS

Unemployment

The Darling Downs and West Moreton PHN region has a similar unemployment rate to that of Queensland (6.1% PHN vs 6.2% QLD). The six areas with the lowest unemployment rates include: Highfields (1.9%) and Middle Ridge (1.5%) and areas with the highest unemployment rates include: Riverview (19.3%), Leichhardt - One Mile (15.7%) and Goodna (13.1%).[7]

Crime

The number of reported offences in Ipswich and Darling Downs Police Districts has steadily risen by around one third since last year with 4160 offences reported in December 2018. The most common offence was theft, followed by drug offences.[4]

1 Department of Health. Primary Health Networks. PHN Profile Reports [Internet]. 2019 Available from http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Profiles
2 PHIDU. Data by Primary Health Network [Internet]. 2018 Available from http://phidu.torrens.edu.au/social-health-atlases/data
3 Darling Downs and West Moreton Primary Health Network. 2018 Health Needs Assessment. DDWMPHN (QLD:AU).
4 Queensland Police Service. Online Crime Map [Internet]. 2019. Available from https://content-gis-psba-qld-gov-au.s3.amazonaws.com/apps/OCM/index.html

Socio-economic disadvantage

Around a third (31.4%) of the Darling Downs and West Moreton population fall within the most disadvantaged quintile compared to 20% of Queensland. SA2 Areas with a high proportion of the population in the most disadvantaged quintile include: Riverview (100%); Nanango (91.0%); Goodna (74.6%) and Leichardt - One Mile (74.0%).[7]

Homelessness

The Darling Down and West Moreton region has a lower rate of homelessness (36.8 per 100,000) compared to Queensland (44.5 per 100,000). However, SA2 areas with a high number of homeless persons include: Ipswich- Central (n=118); Darling Heights (n=115); and Kingaroy region- North (n=111).[7]

Disability

At present, 6.4% of the PHN population (or 32,811 persons) live with a profound or severe disability (5.4% QLD).[6] The prevalence of psychosocial disability within the DDWMPHN has been estimated to affect 3593 persons under the age of 65 (Darling Downs, n=1717; West Moreton, n=1877) and 1128 persons 65 years and over (Darling Downs, n=673; West Moreton, n=456).[5]

PREVALENCE OF MENTAL HEALTH AND AOD DISORDERS

Darling Downs and West Moreton PHN's Health Needs Assessment 2019 provides the most recent data to inform the regional mental health plan.

Suicide and self-harm

In the PHN region, deaths from suicide and self-inflicted injury occurred at an average annual standardised rate of 15.5 per 100,00 (2011-2015) compared with 14.1 for Queensland (10% higher) and 11.5 for Australia (35% higher). The PHN region is ranked 5th highest compared with all other PHNs.

Areas of particular concern in West Morton were:

- Esk/Lake Manchester – England Creek/Lowood (29.2 ASR)
- Lockyer Valley (25.4 ASR)
- Brassall/Leichardt – One Mile (25.1)
- Ipswich East (19.9)
- New Chum/Redbank Plains (18.2 ASR)

Darling Downs

- Kingaroy Region – North Nanango (26.9 ASR)
- Chinchilla/Miles – Wandoan/Roma (22.1)
- Balonne/Goondiwindi/Inglewood – Waggamba-Tara (18.0 ASR)
- Kingaroy/Kingaroy Region – South (17.7 ASR)
- Stanthorpe/Stanthorpe Region (16.1 ASR)

In the Darling Downs region males die by suicide at a higher rate than females (7.2:1) with people aged 35 years and under representing nearly 44% of suicides. The veteran community has experienced an increase in suicides.

Emergency Department Presentations

Across the PHN 4.5% of Emergency Department (ED) presentations are related to mental health, with two thirds of these presentations occurring between 10am and 8pm

Suicidal ideation, anxiety, depression and reaction to stress were the most common presentations in the Darling Downs. In West Moreton, suicidal ideation, unspecified mental disorders, intentional self-harm, anxiety and depression were most the common presentations.

Anxiety and Depression

There are high rates of self-reported current anxiety and depression in the Darling Downs and West Moreton region (the region as a whole has the highest percentage of clients self-reporting current anxiety and 4th highest self-reporting current depression) and higher rates of prescribing for antidepressants (women 2.5% higher than national level of 9%) and anxiolytics in outer regional areas of the PHN (3.1%) compared with national rate (1.5%).

Aboriginal and Torres Strait Islander Mental Health

The PHN HNA 2019 has limited data relating to Aboriginal and Torres Strait Islander Mental Health. However, 9% of PHN commissioned services are provided to Indigenous clients (where status has been recorded).

Child and Youth

- headspace operates from three centres in the PHN region – Ipswich, Toowoomba and Warwick. Collectively these centres service 400-600 young people per month (0.43% of persons aged 10-24 years). Nearly two thirds of clients (63%) are aged between 12 and 17 years and 12.7% of clients are Aboriginal and Torres Strait Islander.

- There are some differences between types of presentations to headspace services at Toowoomba, Warwick and Ipswich.
  - General assistance and care coordination makes up one fifth of services at Warwick compared with 2% in the other centres.
  - Toowoomba sees more cases with higher severity i.e. 47% of clients present as Stage 2 – threshold diagnosis) compared to <30% in other centres and 20% nationally, and Stage 4 (ongoing severe symptoms) 22.8% v 3.7% nationally.

Prevalence of problematic alcohol and other drugs use

The National Drug Strategy Household Survey detailed findings report highlights PHN regions across Australia with the five highest and five lowest rates of smoking, lifetime risky drinking, single occasion risky drinking and recent illicit drug use. The PHN does not feature among either group.[6]

5 Darling Downs and West Moreton Primary Health Network. 2019 Primary Mental Health Care. DDWMPHN (QLD:AU).
6 Australian Institute of Health and Welfare, National Drug Strategy Household Survey Detailed Findings 2016. Canberra: AIHW 2017

Appendix 2

Overview of current service system

PRIMARY CARE SERVICES

MBS Services

Medicare rebates under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative are available for patients with a mental disorder to receive up to 10 individual and up to 10 group allied mental health services per calendar year. These services are generally provided in courses of treatment, with each course of treatment involving up to six services provided by an allied mental health professional. At the conclusion of each course of treatment, the allied mental health professional must report back to the referring medical practitioner on the patient's progress and the referring practitioner assesses the patient's need for further services.

PHN Commissioned Services

Primary mental health care services funded by the PHN are delivered within a person-centred stepped care approach. Stepped care enables the PHN to deliver a broader range of service types with the aim to match the intensity and mode of treatment services to the intensity of a person's individual needs.

Primary mental health care services funded by the PHN are delivered by NGOs, private providers and Aboriginal Community Controlled Health Organisations (ACCHOs) within the following priority areas:

Low Intensity: easily accessible services offering short term programs for individuals with, or at risk of, low levels of anxiety and/or depression. Programs are delivered face to face, over the phone, via video conference and through group sessions.

Mild to moderate: Targeted Psychological Therapies provide treatment to people who may not otherwise have access to services, focussing on vulnerable and marginalised groups.

Severe and complex: Mental Health Nurse Care is for people who are diagnosed with a severe and complex mental illness who are currently being managed in the primary care setting via a GP and/or psychiatrist. Services are provided through a clinic setting or outreach model including clinical coordination of services by a mental health nurse.

Health Service Navigators: Health Service Navigators (HSNs) assist GPs, service providers, consumers and carers to navigate the services available in the region. They can provide information about and coordinate linkages to supports and services for consumers. They are responsible for mapping and identifying mental health service needs and gaps in communities at the local level.

Mild to Moderate Aboriginal and Torres Strait Islander Mental Health Services: These services provide free, culturally appropriate mental health services to Aboriginal and Torres Strait Islander people with or at risk of mental illness.

PSYCHOSOCIAL SUPPORT

Psychosocial support includes supports and services which aim to help people with severe mental illness who are not more appropriately funded through the NDIS to increase their ability to do everyday activities through a range of non-clinical community based support. A range of programs are funded by the Commonwealth and State governments. As of 2019 there is considerable fluidity in this system due to the introduction of the NDIS and changes to previous funding arrangements. Psychosocial support services are predominantly provided by the NGO sector.

AOD SERVICES

NGOs provide a range of AOD support services including counselling, casework, case management, family services and residential rehabilitation (based in Toowoomba).

HHS SERVICES

Public mental health services are provided in each of the Hospital and Health Services. They deliver specialised assessment, clinical treatment and rehabilitation services to reduce symptoms of mental illness and facilitate recovery. These services are focused primarily on providing care to Queenslanders who experience the most severe forms of mental illness and behavioural disturbances, and those who may fall under the provisions of the *Mental Health Act 2016*.

Public mental health services work in collaboration with primary health and private sector health providers who assist individuals with mental health problems and facilitate access to specialist public and private mental health services when required.

DDH Services

The DDH public mental health services have a range of service components providing access to crisis and continuing care services across the lifespan. These include:

- The 24-hour *Acute Care Team* (ACT) based in Toowoomba Hospital provides advice to the whole of

the DDHHS and has a broad role to specifically liaise directly with people at risk of suicide arriving in the ED, home visit assessments, and outpatient acute care follow up. The Acute Care Team also provides a specialist Consultation Liaison Psychiatry service to people in the Toowoomba General Hospital,

- *Community Mental Health Teams* (including mental health nurses, psychologists and other allied health staff) work closely with people in crisis and collaborate closely with General Practitioners and other support agencies and services. There are mental health teams in Warwick, Stanthorpe, Goondiwindi, Kingaroy, Dalby, Chinchilla and Cherbourg Hospitals. Each of the rural services provide outreach services to the smaller satellite hospitals and centres in the DDHHS. These teams work Monday to Friday, with after-hours support and advice being provided via the Acute Care Team, On-Call Psychiatric Registrars and Psychiatrists,
- The *Darling Downs Child and Youth Mental Health Service* (Darling Downs CYMHS) offers a free and confidential service specialising in the assessment and treatment of children and young people (up to 18 years of age) who are experiencing, or at risk of developing, severe and complex emotional, behavioural or mental health problems. There are 4 multidisciplinary CYMHS teams based in South Burnett, Southern Downs, Toowoomba, and Western Downs regions. CYMHS services also incorporate an Assertive Youth Mobile Outreach Service (AMYOS) and Evolve Therapeutic Services, who close with Child Safety for individuals with intensive support needs. The CYMHS service works in liaison with Headspace Services in both Toowoomba and Warwick,
- *Older Persons Mental Health Services* provides specialist psychogeriatric assessment and treatment to people over 65 years of age, or who have age related conditions impacting on their health in addition to their primary mental health condition. The Older Persons Service provides assessment, clinic and home nursing services as well as specialist support and outreach to people living in residential aged care services.
- *Specialist Inpatient Acute Mental Health Services* are provided at Toowoomba Hospital with age specific Adult, Older Persons and Adolescent inpatient units,
- *A specialist Adolescent Day program* is provided in connection with the Adolescent Inpatient Unit for young people experiencing difficulty in mainstream schooling, with a specialist Education Queensland teacher in residence, and
- *Specialist ambulatory Alcohol and Other Drugs Services* with hubs in Toowoomba and Kingaroy/Cherbourg and outreach workers in the Southern Downs and Western Downs.
- DDH also provides community residential mental health services at the Toowoomba Community Care Unit and extended treatment and secure rehabilitation services at the Baillie Henderson Hospital.

WMH Services

The WHM Mental Health and Specialised Services (MHSS) aims to provide the best care to the West Moreton community and beyond with mental health issues, AOD problems, and to those requiring health care in prisons.

The WM MHSS has five main areas:

- *Acute Services:* providing the first point of contact for anyone aged over 18. The team runs West Moreton Health's 24/7 mental health support line
- *Adult Mental Health Unit (AMHU)* based at Ipswich Hospital and provides expert care to adults between 18 and 64 years who are going through a mental health crisis. It is a safe, therapeutic place for people who cannot be adequately supported in their own home. It operates 24 hours a day, 7 days a week. Services are provided by a team of mental health professionals including psychiatrists, nurses, social workers, psychologists, occupational therapists and peer workers
- *Older Persons Mental Health Unit (OPMHU)* based at Ipswich Hospital providing expert mental health care to adults over the age of 65 years who are experiencing mental illness, dementia with behavioural or signs of longstanding mental illness complicated by age related illness. The team provides both short and longer term mental health care.
- *Continuing Care Teams:* The Goodna, Ipswich and Rural Continuing Care Teams (CCT) provide community based mental health assessment, treatment and support for adults (18-65 years) and their families and/or carers living with mental illness. They are multidisciplinary teams providing specialised mental health assessments and interventions in a culturally diverse population to enhance community integration and networking with available support agencies.
- Gailes Community Care Unit: This unit consists of 18 one-bedroom units for adults in mental health recovery, who require additional support to build or regain independence in their life. This might include things like help with life skills alongside long term therapy. The team provides 24 hour, 7 days a week care and support. The units are built to accommodate a adult in each unit and emulate everyday living environment.
- *Older Person's Mental Health Service (OPMHS):* This service provides comprehensive multidisciplinary assessment and treatment for older adults over the age of 65 years. The service cares for those who have a mental illness, dementia with behavioural or psychological symptoms, or a longstanding mental illness complicated by age related illness. It provides inpatient care for both acute and extended treatment with care provided by a multi-disciplinary team. It also includes care to older adults in the community experiencing severe mental health problems including outpatient clinics, reviews for people in residential aged care facilities and home visits.

- *Child and Youth Mental Health Service (CYMHS)* is a specialised team of health professionals that provides assessment, treatment and management of children and young people aged 0 to 17 years who have or are at risk of developing severe and complex mental health issues. All programs provide targeted treatment and interventions taking into consideration the child's/ young person's age and physical, psychological and social needs. Interventions may include individual therapy, family therapy and group work.
- *Assertive Mobile Youth Outreach Service (AMYOS)* is part of the West Moreton CYMHS. They provide free, confidential assessment, therapy and support to young people aged 13 to 18 years and their families/ carers who are experiencing complex or severe mental health problems and who maybe having difficulties engaging with the regular child and youth mental health services. It is a mobile service and offers frequent out-of-office support to young people and their families in variety of locations, including in home or at school. The team includes a variety of mental health professionals including psychologists, social workers, mental health nurses, occupational therapists and speech pathologists. They work closely with CYMHS and other service providers to ensure that young people and their families/ carers receive the most appropriate intervention and treatment.
- *Evolve Therapeutic Services:* Evolve Therapeutic Services is a specialist service within Queensland Health that supports children and young people in the care of the Department of Child Safety who have complex emotional and behavioural problems. It provides mental health support, behavioural support and participation in education for children and young people in the care of Child Safety Services.
- *Alcohol and Other Drug Service (AODS team):* provides support for people, their families and the local community who are experiencing problems related to alcohol and other substance use and misuse. The service is voluntary and people can access the service without a referral. A range of free, professional and confidential services are provided including:
  - Screening
  - Treatment planning
  - Assessment
  - Referrals for detoxification or residential rehabilitation
  - Counselling
  - Information
  - Support and Case Management/ Care Coordination
  - Family support
  - Psychotherapy
  - We provide individual and group counselling including:
  - Relapse Prevention (Back in Control - BIC) group education sessions
  - Opioid Treatment Program
  - Anger Management Groups – for both male and female clients
  - Court Program
  - Education and Promotion
- Forensic and Secure Services provides specialist secure rehabilitation and forensic mental health services including:
  - High Security Inpatient Service (70 bed)
  - Extended Forensic Treatment Rehabilitation Unit (20 bed)
  - Secure Mental Health Rehabilitation Unit (34 bed)
  - Prison Mental Health Services (9 Correctional Centres)
  - General Health Service
  - Specialist Mental Health Intellectual
  - Disability Service
  - Central Staffing Office
- Forensic mental health services provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.
- *High Secure Inpatient Services (HSIS)* – The HSIS is the state's only forensic inpatient service. It provides a highly supervised, supportive and secure environment for individuals alleged to have committed a serious offence, involved with the criminal justice system, and who present with complex mental health needs requiring assessment, treatment and rehabilitation.
- *Extended Forensic Treatment Rehabilitation Unit (EFTRU)* – The EFTRU provides a model of care centred around the patient's transition back into the community. EFTRU is a statewide 20 bed unit, providing ongoing specialised rehabilitation in a less restrictive environment.
- *Secure Mental Health Rehabilitation Unit (SMHRU)* – The SMHRU is 34 bed secure mental health rehabilitation unit. This unit provides inpatient services to consumers from the West Moreton, Metro South, and Gold Coast Hospital and Health Service.
- *Prison Mental Health Service (PMHS)* – The PMHS provides a multi-disciplinary in reach service to people who are incarcerated in correctional centres across south east Queensland. The primary goal of PMHS is to identify those individuals who have a severe mental illness or are at risk of developing mental illness while incarcerated.
- *Prison Health Services (PHS)* is the first point of contact for people in custody requiring immediate health care. Our teams are based in a health clinic setting within each prison and youth detention facility in the West Moreton region. These include the following:
  - Brisbane Correctional Centre
  - Brisbane Women's Correctional Centre
  - Wolston Correctional Centre
  - Borallon Training and Correctional Centre
  - Brisbane Youth Detention Centre
- *The Lived Experience Workforce* is a dedicated team of lived experience staff. Members of the CCES participate in a range of activities with consumers, carers and staff to promote mental health wellness and recovery including peer support and advocacy

Appendix 3

Systems Analysis

Following the consultation process, feedback was themed to identify key issues for consideration by the Steering Committee at the Systems Vision Workshop. The overview of system issues and consolidated issues are provided here as background to the Plan.

OVERVIEW OF SYSTEM ISSUES

OVERVIEW OF MENTAL HEALTH SYSTEM ISSUES					
Mental Health			**Alcohol & Other Drugs**		
At risk groups	**Mild - moderate mental illness**	**Severe mental illness**	**Prevention & early intervention**	**Intervention**	**Maintenance & after care**
1. Fragmented mix of low intensity PHN programs across the region	2. Lack of capacity of provision of psychological services 3. Limited access to GPs inhibits access to mental health services 4. NGOs are not embedded in the wider mental health system	5. Service gaps for people with severe mental illness 6. Lack of step-up-step-down services 7. Imminent loss of psychosocial support capacity 8. Psychosocial services & clinical services operate in parallel	9. Challenges engaging court directed people 10. Lack of integration of AOD services with cross-govt agencies 11. Limited community awareness of harm reduction, safe injecting	12. Lack of detox services 13. Challenges for people with dual diagnosis 14. Limited access to rehab services 15. Limited access to opioid substitution therapy 16. Limited options for people suffering a drug induced psychosis	17. Better integrated services needed to promote recovery
Workforce					
18. Difficulties in attracting and recruiting appropriately skilled social support workers and qualified mental health professionals 19. People lack access to psychiatrists in the community			20. Mental health nurses and health navigator roles are evolving and there are opportunities to deploy more effectively 21. People need access to a consistent culturally competent workforce 22. Inconsistent and under-utilised peer workforce		
Information Sharing					
23. Poor communication across the system 24. Lack of timely and high quality information sharing between providers leads to poor client outcomes					
Integration and Partnerships					
25. Lack of cross system governance and performance management 26. Lack of clearly defined care pathways 27. People falling through cracks in the health system due to a lack of shared responsibility for specific patient groups 28. Funding mechanisms drives activity not outcomes and short term contracts inhibit sustainable service development					

SUMMARY OF CONSULTATION FINDINGS

MENTAL HEALTH SYSTEM ISSUES (1/3) AT RISK GROUPS

Fragmented mix of low intensity PHN programs across the region

- Variety of programs and approaches means different programs offered in different locations
- Skepticism about programs because they are not well understood - has led to poor referrals, particularly from GPs
- Low intensity programs poorly connected to psychologists and GPs
- No programs specific to young people

MENTAL HEALTH SYSTEM ISSUES (2/3) MILD - MODERATE MENTAL ILLNESS

Lack of **capacity** of provision of **psychological** services

- Long waiting lists for psychologists
- High, unfunded costs for private practice psychologists to do reporting, case reviews, accommodation
- Some psychologists holding high clinical risk because referrals are not accepted by HHS acute services
- Poor information flow between community based psychologists and acute sector

Limited access to **General Practice** services inhibits **access** to **mental health** services

- Change to Targeted Psychological Therapies challenging for some GPs leading to poor referrals
- High turnover of GPs with particular reliance on locums and registrars
- GPs have varying levels of interest and expertise in mental health
- Cost and availability of GP appointments can limit access to referrals, GPMH plans and reviews

NGOs are **not embedded** in the wider mental health system

- Some NGOs not recognised as providing mental health services but do provide similar services
- Variation in skills and qualifications required by different organisations, can lead to mistrust and lack of coordination between agencies
- Poor information sharing between organisations and with clinical services inhibits care

MENTAL HEALTH SYSTEM ISSUES (3/3) SEVERE MENTAL ILLNESS

Lack of **options** for people with **severe mental illness** who do not meet the **criteria** for **acute** services	Primary care providers forced to hold clinical risk because there is no alternative
	HHS acute team receives referrals that they see as manageable in the community
	GPs seeking greater psychiatric assistance for diagnosis & management of people in the community
Lack of step-up-step-down services between **community** and **acute** settings	People want to avoid hospital but have no other options
	Limited options for transitional care between hospital and community
Imminent **loss** of **psychosocial support** capacity	System disruption due to NDIS has led to greater competition & loss of some psychosocial services
	Expected lower service support for new clients from July 2019 with Continuity of Service arrangements
	Impact of poor access to psychosocial supports likely to impact on clinical services
Psychosocial services & **clinical services** operate in parallel	Navigating available services is complicated for both people with mental illness and service providers
	Lack of coordinated and structured referral pathways between clinical and non clinical services
	Connections often based on personal rather than systematic relationships

AOD SYSTEM ISSUES (1/3) PREVENTION AND EARLY INTERVENTION

Challenges engaging with people who are **court directed**	AOD service outcomes challenged by working with people with low motivation to change
Lack of integration of AOD services with education, employment, housing, criminal justice and child safety services	Limited availability of funding for emergency relief
	Limited awareness of available family support services
Limited community awareness of harm reduction, safe injecting	Proactive prevention programs required including those targeting youth

AOD SYSTEM ISSUES (2/3) INTERVENTION

Lack of **detox services** across the region	Absence of inpatient detox services in Darling Downs and West Moreton
	Reluctance to provide detox services in the community means people have to go out of region
	Timely admission to rehabilitation challenged
Clients with **dual diagnosis** struggle to find services that treat both issues	Eligibility criteria impacts acceptance of clients into some services
People have **limited access** to **rehabilitation services**	Residential rehabilitation services limited to Toowoomba
	Models of evidence-based non-residential rehabilitation programs required to meet people's needs
People have **limited access** to **opioid replacement therapy**	Opioid replacement therapy limited to larger urban centres
	Rural GPs are cautious to become opioid prescribers
Limited response options for people suffering a **drug induced psychosis**	Absence of specialist mental health units in rural areas

AOD SYSTEM ISSUES (3/3) MAINTENANCE AND AFTER CARE

Better **integrated mental health, AOD, primary heath care and community services** needed to promote a person's recovery	Limited examples of effective integration between services
	Limited housing options
	Limited availability of aftercare / relapse prevention services

CROSS-CUTTING SYSTEM ISSUES (1/3) WORKFORCE

Difficulties in **attracting** and **recruiting** appropriately skilled **social support workers** and qualified **mental health professionals**	Agreed minimum qualifications, knowledge and skills for social support workers required with consideration of capacity development within funding contracts
	Innovative employment models required for social support workers in rural areas where small client numbers in any one sector (psychosocial, disability, aged care)
	Multiple factors impact on workforce development, recruitment and retention of mental health professionals including access to clinical supervision, career pathways, isolated practice & pay disparities
People lack **access** to **psychiatrists** in the **community**	Limited availability of community based private and public psychiatry across the region
	Referrals to public psychiatric services for diagnostic/ treatment advice in the absence of other options
Mental health nurses and **health navigator** roles are evolving and there are opportunities to deploy more **effectively**	Mental Health Nurse skills and experience aren't available to people early in the assessment and development of treatment options
	Role and function of Mental Health Service Navigators is unclear
People need access to a consistent **culturally competent workforce**	There needs to be increased availability of indigenous workforce
	The entire workforce needs to be sensitive to the needs of a culturally diverse population including use of interpreters
Inconsistent and under-utilised **peer workforce**	Attention to development of the peer workforce including education, integration with clinical teams and recognition in the system

CROSS-CUTTING SYSTEM ISSUES (2/3) INFORMATION SHARING

Poor **communication** across the system	Service system is fragmented, with many organisations operating in silos
	Competition between NGOs inhibits communication
	Lack of agreed care pathways
	Many existing partnerships built on personal relationships that are not sustainable
	Lack of common language across the system
	Lack of commonality in assessment processes
Lack of timely and high quality **information sharing** between providers leads to **poor client** outcomes	System relies on clients holding and communicating information about their clinical and nonclinical care needs
	Vulnerable people may miss treatment or appropriate care
	Concerns around patient confidentiality prevent appropriate patient information being shared
	Quality of referrals is highly variable (e.g. not detailed enough, delays, lack of feedback to referring clinicians)
	Quality and timeliness of discharge planning is problematic

CROSS-CUTTING SYSTEM ISSUES (3/3) GOVERNANCE, FUNDING AND PATHWAYS

Lack of **cross system governance** and **performance management**	No mechanism across the DDWM region for agencies to come together to plan, monitor and review services and programs
	Lack of system-wide KPIs to monitor system performance against outcomes
	Poor trust between services
	Skepticism about joint planning process
Lack of clearly defined **care pathways**	Care pathways are largely dependent on where a person engages with the system rather than their need
	Potential duplications and gaps because not looking at whole system in planning and allocating resources
People **falling** through **cracks** in the health system due to a lack of shared responsibility for specific patient groups	Service and program eligibility criteria are barriers to accessing care
	Appears to be lack of collective responsibility for people with severe mental health issues
	High volume of forensic clients in West Moreton region
Funding mechanisms drives **activity** not **outcomes** and short term contracts inhibit **sustainable** service development	Services focus on KPIs not outcomes for people
	Funding mechanisms focusing on activity don't facilitate provider collaboration
	Short term funding contracts works against embedding NGO service providers into the service system

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Local Integrated Primary Health Care

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