



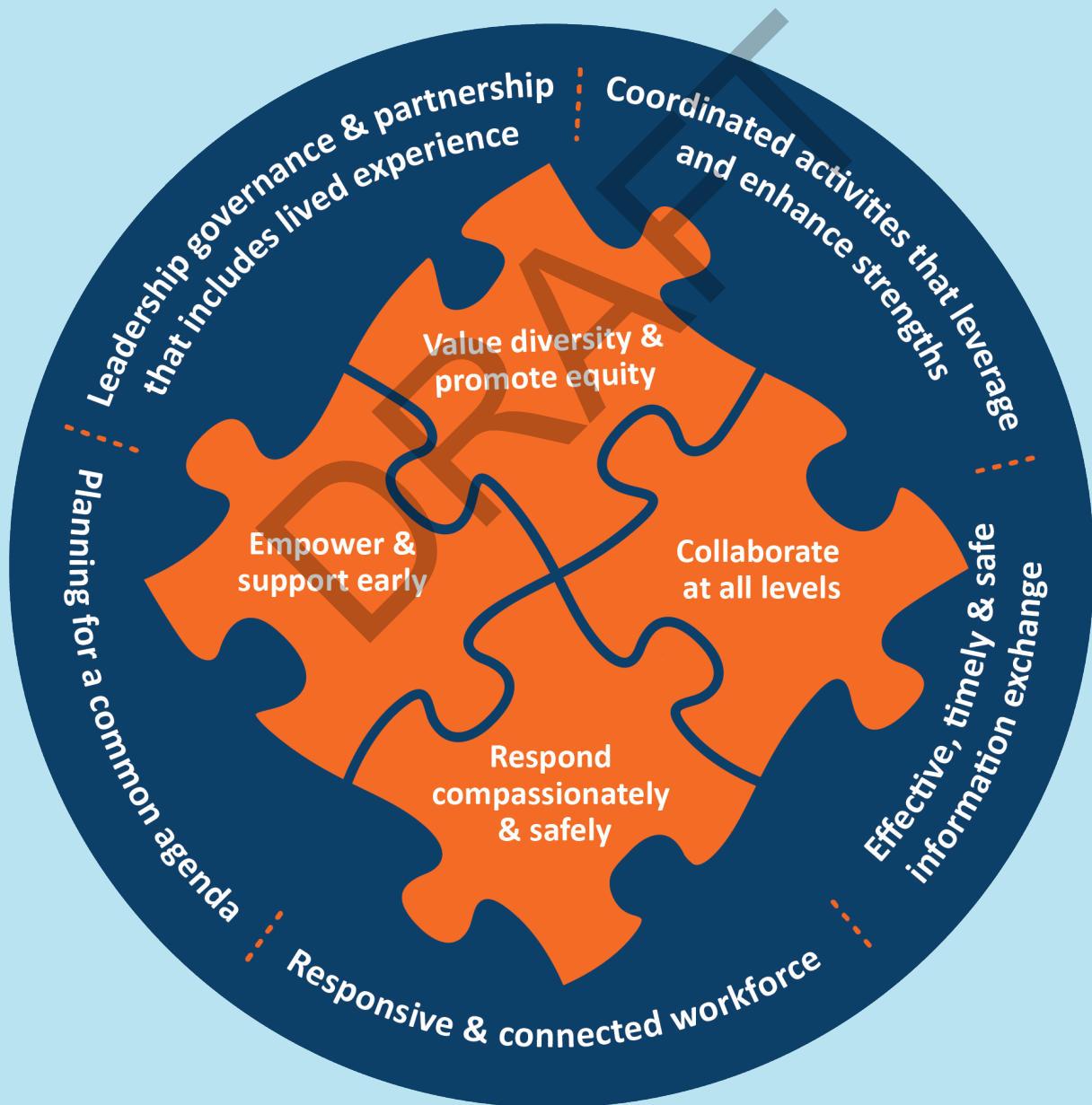
Planning for a Compassionate and Connected Gold Coast

A Joint Regional Plan for Mental Health, Suicide Prevention,
Alcohol and Other Drug Services in the Gold Coast region

2020- 2025



The **PEOPLE** of the Gold Coast
LIVE LIFE with **MEANING**
and **PURPOSE** within a
COMPASSIONATE, CONNECTED
and **DIVERSE COMMUNITY.**



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|---|----|
| <u>Part 1 - Introduction</u> | 4 |
| 1.1 <u>Foreword</u> | 4 |
| 1.2 <u>Purpose of plan (What the plan means for the Gold Coast region)</u> | 4 |
| 1.3 <u>Scope of plan</u> | 5 |
| 1.4 <u>How we developed this plan</u> | 5 |
| 1.5 <u>Planning and Policy context</u> | 9 |
| <u>Part 2 - Overview of the Gold Coast region</u> | 15 |
| 2.1 <u>Our region</u> | 15 |
| 2.2 <u>Our people</u> | 15 |
| 2.3 <u>Our identified needs</u> | 15 |
| 2.4 <u>Our Service utilisation</u> | 15 |
| 2.5 <u>Our region's support and services</u> | 15 |
| <u>Our region's mental health workforce</u> | 19 |
| <u>Part 3 - A shared vision and strategic framework for the Gold Coast Regional Plan</u> . | 21 |
| 3.1 <u>The strategic framework</u> | 21 |
| 3.2 <u>Prioritised focus areas</u> | 24 |
| <u>Part 4 - Strategic roadmaps for foundational elements and focus areas</u> | 32 |
| <u>Part 5 – Accountability and Implementation of Plan</u> | 50 |
| 5.1 <u>Governance and oversight of implementation plan</u> | 50 |
| 5.2 <u>Reporting and reviewing progress</u> | 50 |

1.1 Foreword

Joint statement by both CEOs – Placeholder

Letter from a person with lived experience or letter endorsed by GLEE- Placeholder

Letter from a clinician or letter endorsed by CLAW- Placeholder

1.2 Purpose of plan

What the plan means for the Gold Coast region

This Joint Regional Plan aims to lay the foundations for improved collaboration and integration between mental health, suicide prevention, alcohol and other drugs services in the Gold Coast region. This Plan forms a significant part of our response to the commitment made by the Commonwealth and State governments in the Fifth National Mental Health and Suicide Prevention Plan¹. It was developed as a foundational plan through a process that we intend to be an ongoing and iterative process that will enable us, over time, to achieve integrated service planning and co-commissioning for our region.

The mental health, suicide prevention, alcohol and other drugs challenges faced by the Gold Coast community are complex and cannot be solved by one organisation alone. Collective and sustained commitment from a wide range of stakeholders is necessary to create meaningful change for the Gold Coast community. This Joint Regional Plan outlines our collective responsibility and intentions to work towards a shared vision where all of us on the Gold Coast belong- a place where we can compassionately connect with ourselves, our family, our friends, our community, our passions, our work and our environment.

¹Commonwealth Department of Health. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: DOH, 2017.

1.3 Scope of plan

A foundational plan

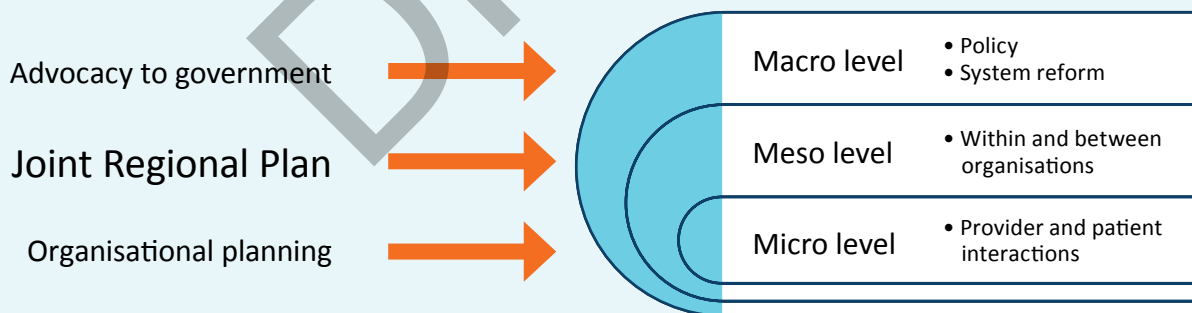
This Joint Regional Plan is a foundational plan for the Gold Coast region. As such, it aims to set out the agreed way forward for improved collaboration and integration between mental health, suicide prevention, alcohol and other drugs services in the Gold Coast region. Gold Coast Primary Health Network (GCPHN) and Gold Coast Health (GCH) jointly led the development of this Plan. The process brought together cross-sectoral and community stakeholders to develop, agree and document a shared understanding of the issues our region faces, a shared vision for the future, and a roadmap for change. Part of this roadmap includes a commitment to a more detailed and comprehensive joint service development plan for the region which would involve broader sectoral involvement in its development. This next step is considered further in Part 5 - Accountability and Implementation of the Plan.

Our shared vision is ambitious, with the first step being to establish this foundational plan. This includes aligning planning and collaborative approaches to enhance and optimise the region's service system through agreement about ways to improve how we work together and priorities for future investment.

Levels of planning

A systems framework for planning outlines the three different levels of planning within the mental health, suicide prevention, alcohol and other drugs sector (micro, meso, and macro). In this framework all three levels can influence each other (see Diagram 1 below). While this Plan's scope is primarily focused on the meso levels of what can be influenced at a regional planning and commissioning level, within and between organisations, the Plan also acknowledges the influence of both macro and micro level issues and opportunities. Some feedback received from the consultations with local stakeholders during the development of this plan raised macro and micro level issues. Macro planning level issues are dealt with in the plan as areas for potential advocacy to State or Commonwealth level government about policy or system reform. Where micro level planning issues were raised that are relevant to the GCPHN and GCH, these will be handed to the respective organisations to consider as part of their organisational planning processes.

Diagram 1: Systems framework for planning



¹ Commonwealth Department of Health. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: DOH, 2017.

1.4 How we developed this plan

General approach

In 2019, GCPHN and GCH agreed to facilitate the development of a Joint Regional Plan which clearly identifies the priority issues, agreed outcomes and responses in relation to mental health, suicide prevention and alcohol and other drugs services on the Gold Coast. The project was a joint activity with shared responsibilities, joint governance arrangements and shared ownership of the outcome which will contribute to both organisation's strategic visions and objectives.

As an inaugural and foundational level Joint Regional Plan, it was important to further develop the partnership between the two organisations and engage closely with consumers, clinicians, service providers and the broader community. In broad terms, a Collective Impact approach was used to guide the engagement with the Gold Coast community, across key sectors and groups who share a common interest in improving mental health, suicide prevention and alcohol and other drugs issues in the Gold Coast region. The following section details the governance and consultation approaches used.

Governance

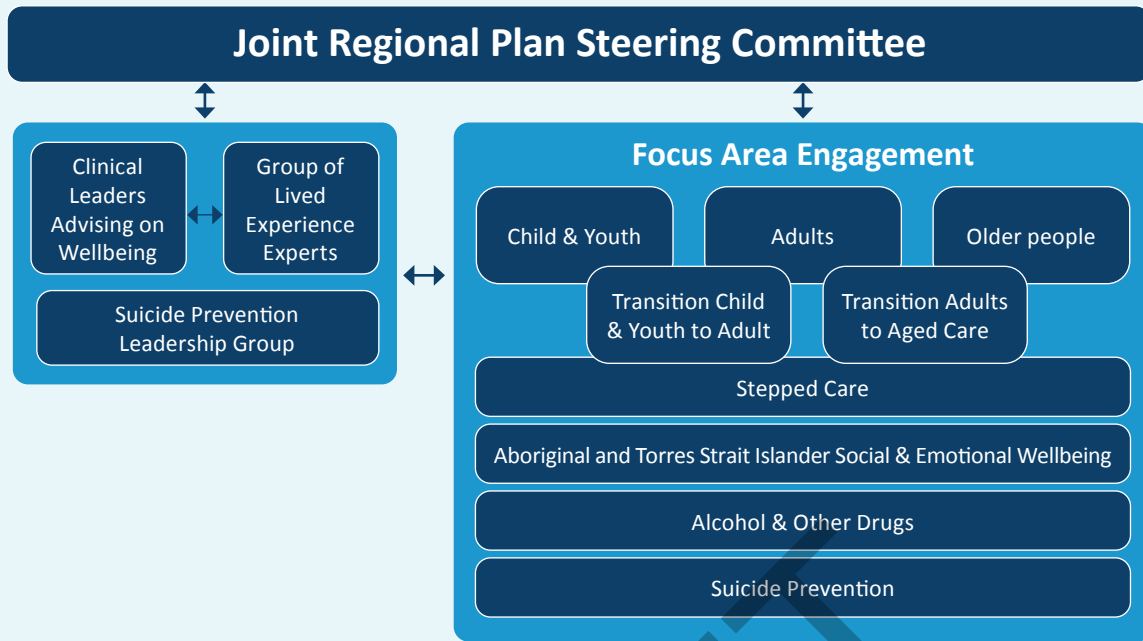
As part of the development of the Joint Regional Plan, a Joint Regional Plan Steering Committee, Clinical Leaders Advising on Wellbeing (CLAW), and a Group of Lived Experience Experts (GLEE) provided leadership and advice on the overarching development of the plan. These groups were comprised of:

- Lived experience representatives
- Clinical representatives from primary and tertiary sectors
- Gold Coast Health Mental Health Directorate
- Gold Coast Health Strategy and Planning Directorate
- Gold Coast Primary Health Network representatives
- Aboriginal and Torres Strait Islander community representatives.

The following diagram illustrates this Governance structure and relationships between the groups involved in developing the plan. Details of the membership of these groups is provided in Appendix 1.

²Kania, John, and Mark Kramer. "Collective Impact." *Stanford Social Innovation Review* 9, no. 1 (Winter 2011): 36–41

Diagram 2: Joint Regional Plan Governance Structure



Consultation

The Joint Regional Plan took a person-centred approach to consultation because we understand that whilst there are unique elements to mental health, suicide prevention, alcohol and other drugs, and Aboriginal and Torres Strait Islander social and emotional wellbeing, many of the issues people face are interrelated and multifactorial. It was also important that the Plan explored issues and opportunities across our community’s life stages, that is: Child and Youth; Adult; Older People, as well as at the important stages of transitioning between life stages. By taking a life stage approach, we also recognise the intergenerational nature of issues and know that our efforts in one life stage often have flow on effects to other life stages.

The different stakeholder groups were represented in the governance structure, as illustrated in the diagram above, to ensure adequate focus on engaging the lived experience community, clinical leaders, as well as cross-sectoral representatives, and key groups within our community including Aboriginal and Torres Strait Islander people. Further group and community consultation activities were undertaken to support the development of this plan. Details of those consultation activities are provided at Appendix 2.

Throughout the planning process there was a range of feedback provided through these groups and community consultation activities that related to evidence-based system and service development across all life stages. The feedback received at a system level highlighted that there is a need to ensure evidence-based services exist within the region and at a service level, embedding these capabilities and optimising models of care to respond to these priorities. It was also raised that service models need to be as flexible as possible to meet the needs of target populations they are designed for.

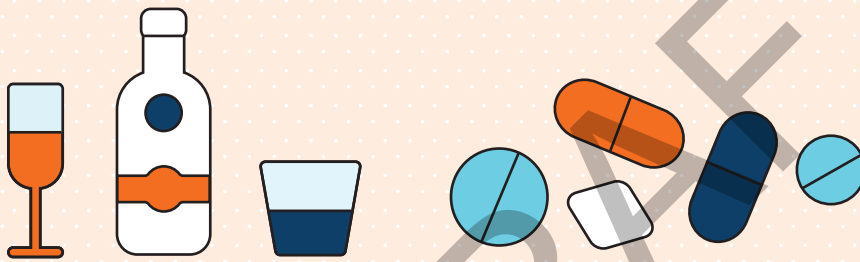
While there were specific issues and opportunities discussed within each of the life stage contexts, there were numerous shared system challenges, applicable across the lifespan. Furthermore, these shared system challenges aligned with findings from the specific engagement with the Alcohol and other Drugs sector and the Suicide Prevention Leadership Group. Generally, these system issues fit into the five foundational elements of the strategic framework set out in this plan.



Suicide Prevention Leadership Group

Suicide prevention is recognised as a significant public health concern for Australia, Queensland and at a Gold Coast regional level. To reflect this, the Joint Regional Planning process recognised the need for a related but unique response. This included as part of the overall governance, the formation of a specific Suicide Prevention Leadership Group (SPLG) in August 2019. This group advised on the Suicide Prevention components of this Joint Regional Plan and developed a more in-depth Community Action Plan for Suicide Prevention.

The LifeSpan framework, developed by the Black Dog Institute, was adopted by the SPLG to guide our joint regional planning for suicide prevention. The framework includes nine evidence-based strategies and six overarching principles and when implemented together, this approach is estimated to reduce suicide deaths by 20% and suicide attempts by 30%³. This framework is shown in more detail in the following section of this plan.



Alcohol and Other Drugs Sector

Representatives from the Alcohol and Other Drugs (AOD) sector met during the development of the Joint Regional Plan to work through the issues, outcomes and actions required both at the system and service level that would enhance and improve the experience and outcomes of individuals accessing AOD treatment.

It was acknowledged that although there are challenges and opportunities that are unique to the AOD sector, there were equally a range of actions that align more broadly with the whole of system implementation approach we are aiming to take through the Joint Regional Plan. Progressing these actions within a system approach recognises the synergies that exist and provides a mechanism for more efficient and effective implementation, monitoring and management.

The AOD sector also identified several activities that are specific to their field and these will be progressed through a collaborative approach by the sector.

Aboriginal and Torres Strait Islander Community

Local Aboriginal and Torres Strait Islander community representatives were involved in the broad range of stakeholder engagements throughout the planning process. In addition to the mainstream engagement opportunities, specific consultation was also conducted with the Gold Coast Karulbo Aboriginal and Torres Strait Islander Health Partnership Advisory Group.

³ LifeSpan Integrated Suicide Prevention, Black Dog Institute <https://www.blackdoginstitute.org.au/research/lifespans>

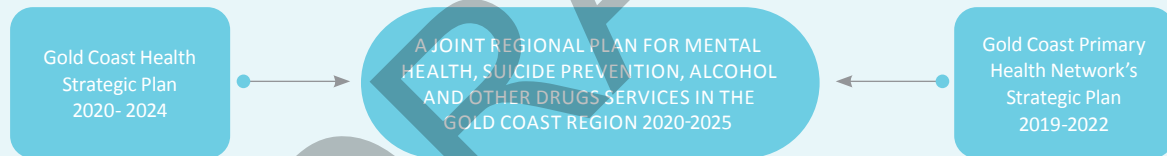
1.5 Planning and Policy context

Australia is often recognised internationally as a leading health system with a service system that many countries around the world envy. Whilst this is the case, it is also true that Australia faces an increasingly urgent need to evolve and become more effective and efficient in order to ensure our health system is sustainable in the face of growing mental health, addiction and suicide prevention needs. In response to this, the mental health, suicide prevention and alcohol and other drugs sector is in the midst of a significant reform agenda, with new policy directions introduced at national and state levels.

The following diagram illustrates key national, state and regional level policy and planning documents that specifically pertain to mental health, suicide prevention and alcohol and other drugs services. This diagram is not exhaustive, however highlights the key policy, planning and standards frameworks that were considered important to note for the development of this plan.

Diagram 3: National and Regional Planning and Policy Context

NATIONAL



STATE



These overarching policy and strategic drivers have provided important guidance for the development of this Joint Regional Plan, with many common priorities including:

- Integrated models of care, partnerships, and collaboration
- Appropriate care with an aim to provide more care in the community and early intervention
- Workforce development
- Suicide prevention
- Equity for at-risk population groups
- Addressing stigma and discrimination
- Better use of data and digital platforms
- People-centered care with lived experience engagement at all levels

Since 2016 the National Disability Insurance Scheme (NDIS) has progressively rolled out across Australia and became available on the Gold Coast in 2018. People that experience a disabling mental illness may qualify for support under the NDIS and the transition to this new service system has had significant implications for the community and local service providers.

Translating policy and planning context to the Gold Coast Region

While there is broad strategic alignment at a National and State level, the multiple layers of responsibility, funding and regulation create a complex environment for implementing health reform at a local level. Regionally, GCH and GCPHN are key partners leading the implementation of this reform. This Joint Regional Plan demonstrates GCH and GCPHN's commitment to translating national and state policy into action here at a local level.

In 2017 the Joint Board of GCH and GCPHN agreed to pursue a vision on integrated care for the whole Gold Coast population and in June 2017 an Integrated Care Alliance was established. The Integrated Care Alliance aims to *'create an integrated, coordinated, seamless and streamlined world-class health system on the Gold Coast that strengthens the link between primary, secondary and tertiary care services to ensure a truly person-centred approach to service delivery.'* In 2019 both Boards committed to the development of this Joint Regional Plan with the work reporting to the Integrated Care Alliance's Alliance Leadership Group. Since the development of this plan, both Boards have reaffirmed their commitment in November 2019 and both the Integrated Care Alliance and Boards of Directors will endorse this plan and then continue to monitor implementation. Further information about the implementation and reporting structure is provided at Part 5 of this plan.

Key guiding planning frameworks

In addition to driving system integration in the region, GCH and GCPHN are both committed to evidence-based service development. As part of that commitment, the Joint Regional Plan has been developed in reference to the key international and national evidence-informed frameworks. This section of the plan provides high level detail about key guiding frameworks that were considered of greater relevance in the development of this plan.

National Mental Health Service Planning Framework

The National Mental Health Service Planning Framework (NMHSPF)⁴ is an evidence-based framework designed to plan, coordinate and resource mental health services to meet population needs. The NMHSPF Planning Support Tool (PST) provides estimates of prevalence and numbers of people requiring different types of treatment or care, the services required, and the workforce needed to deliver them. The NMHSPF is an opportunity to provide a nationally consistent approach to mental health service planning and delivery. Queensland Health commissions services using this framework and PHNs are also exploring the use of this framework to support their commissioning and joint regional planning.

The NMHSPF provides a comprehensive model of the mental health service types and resources required to meet the needs of a given population, across the full spectrum from community focused programs to promote mental health and prevent the onset of mental health problems, to the most intensive services for people with severe disorders. The NMHSPF PST provides an idealised description of what a service system could be based on nationalised statistics. The NMHSPF establishes an agreed taxonomy for Population based universal services including Mental Health Promotion, Mental Illness Prevention as well as services tailored to individual needs including Primary and Specialised Clinical Ambulatory Mental Health Care Services, Specialised Mental Health Community Support Services, Specialised Bed based Mental Health Care Services and Non Mental Health Care Services. Alcohol and other drugs treatment services are not within the scope of this framework.

⁴ The University of Queensland. 2019. Introduction to the National Mental Health Service Planning Framework – Commissioned by the Australian Government Department of Health. Version AUS V2.2. The University of Queensland, Brisbane.

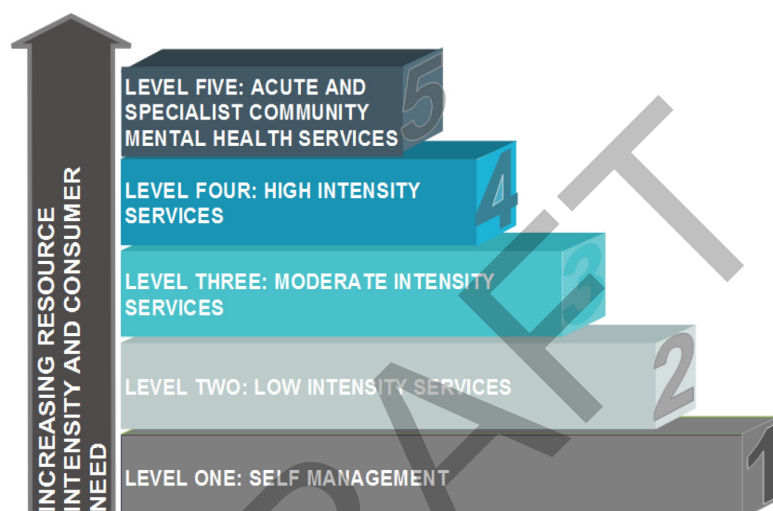
Stepped Care Approach to mental health service

Embedding a stepped care approach is a fundamental objective for mental health service planning and commissioning to be undertaken by Primary Health Networks. This joint regional planning process offers an opportunity for GCPHN and GCH to partner in identifying gaps and priorities against the Stepped Care Framework⁵, and to identify workforce and service needs to address these.⁶

A Stepped Care approach to commissioning provides a continuum of primary, secondary and tertiary mental health services ensuring a range of service types that matches consumer needs. Stepped Care is most effective when service responses are matched to the population needs enabling the best use of available workforce and technology resources available in the region.

While there are multiple levels within a Stepped Care approach, they do not operate in silos or as a one directional step, but rather offer a continuum of service interventions matched to the spectrum of mental health. The spectrum and the levels of needs associated with it at a population level are illustrated in Diagram 4 below.

Diagram 4: Schematic representation of levels of care in Stepped Care Model



Consultation indicated some elements of a Stepped Care approach are functioning well in the Gold Coast region, however, commitment is required to continue to engage local stakeholders in a shared-understanding. The actions in this foundational Joint Regional Plan will support the continued development of Stepped Care.

The Stepped Care Model was primarily developed within the mental health sector. While it does not preclude suicide prevention or alcohol and other drugs services it does not specifically address some of the unique issues within these specialist areas. While some services are associated with a single level of care, most contribute to multiple levels.

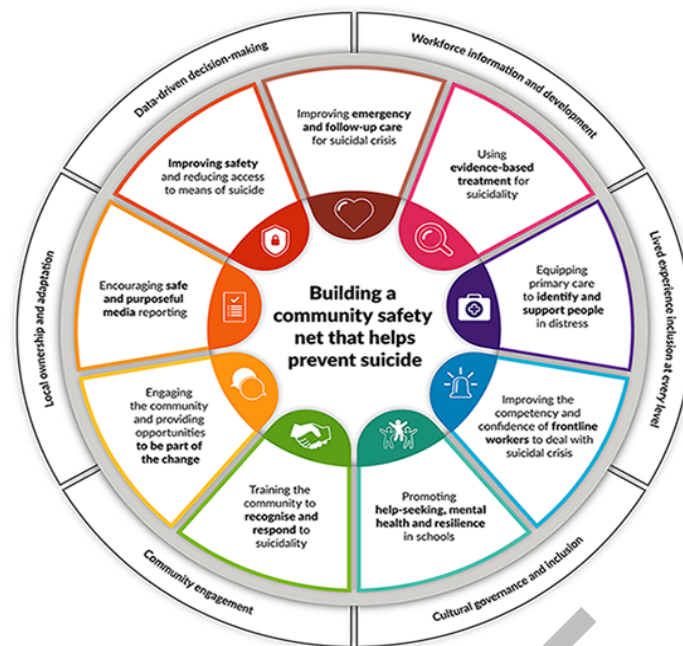
LifeSpan framework for integrated suicide prevention

Developed by the Black Dog Institute, the LifeSpan framework³ is a new evidence-based, systems approach to integrated suicide prevention. The framework combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community. The framework takes a whole of community view, aligns to the Living is for Everyone (LIFE) Framework and WHO guidelines. It does not specifically pull out postvention as a separate strategy. Black Dog Institute report that, based on scientific modelling, it has six overarching principles and when implemented together, this approach is predicted to reduce suicide deaths by 20% and suicide attempts by 30%. We have adopted the LifeSpan framework to guide our joint regional planning for suicide prevention. This approach is detailed further in Part 3 of this plan.

⁵ PHN Primary Mental Health Care Flexible Funding Pool Programme Guidelines: Stepped Care 2019

⁶ Joint regional Planning for Integrated Mental Health and Suicide Prevention Services : A guide for Local Hospital Networks (LHN) AND Primary Care Networks (PHN)

Diagram 5: LifeSpan Integrated Suicide Prevention framework



Queensland Connecting Care to Recovery

The Queensland Connecting care to recovery 2016–2021 plan⁷ focuses effort across five priority areas. These priority areas aim to reform and improve the system for mental health, alcohol and other drugs consistent with the principles and directions outlined in My health, Queensland’s future: Advancing health 2026⁸. This plan covers all state funded mental health, alcohol and other drugs services, spanning the four areas of: Community treatment services; Community support services; Hospital bed-based services; Community bed-based services.

Queensland Alcohol and Other Drug Treatment Service Delivery Framework

The Queensland Alcohol and Other Drug Treatment Service Delivery Framework⁹ underpins alcohol and other drug service delivery in Queensland and reflects commonly accepted good practice. It describes aims, objectives, values, understandings, established tools, therapeutic approaches, practice principles and standards that inform the Queensland’s AOD treatment sector. The framework is focussed specifically on primary healthcare, community organisations, specialist alcohol and other drugs services. It provides limited guidance for mental health and suicide prevention interface and response. The framework aligns with National and State harm minimisation approaches and maps AOD treatment services across the three phases:

- Prevention and Early Intervention: harm has not yet occurred
- Intervention: harm is occurring
- Maintenance/aftercare: mitigating further harm.

Quality and Safety Standards

GCH, GCPHN and the Queensland Department of Health are committed to ensuring all services provided to our community adhere to the highest quality and safety. To this end both organisations sustain accreditation against National quality and Safety Standards. To ensure high quality and safety among all providers within the primary care system, GCPHN supports General Practices and commissioned Non-Government Organisation (NGO) service provider to gain or sustain accreditation against national and state standards. GCPHN has endorsed and implemented the *Queensland Health Service Delivery Quality Performance Framework*. This framework guides the quality standards required by non-government organisations who are commissioned by either Queensland Health (QH) or GCPHN. It is recognised that a NGO service provider is providing an efficient, effective, safe and quality service to its consumers if the organisation has achieved accreditation to any of the core standards listed below.

⁷ Connecting care to recovery 2016–2021, Queensland Government, 2016

⁸ My health, Queensland’s future: Advancing health 2026, Queensland Health, May 2016

⁹ Queensland Alcohol and Other Drug Treatment Service Delivery Framework, Queensland Government, March 2015

- Human Services Quality Standards - Queensland
- National Standards for Mental Health
- Quality Improvement and Community Services Standards

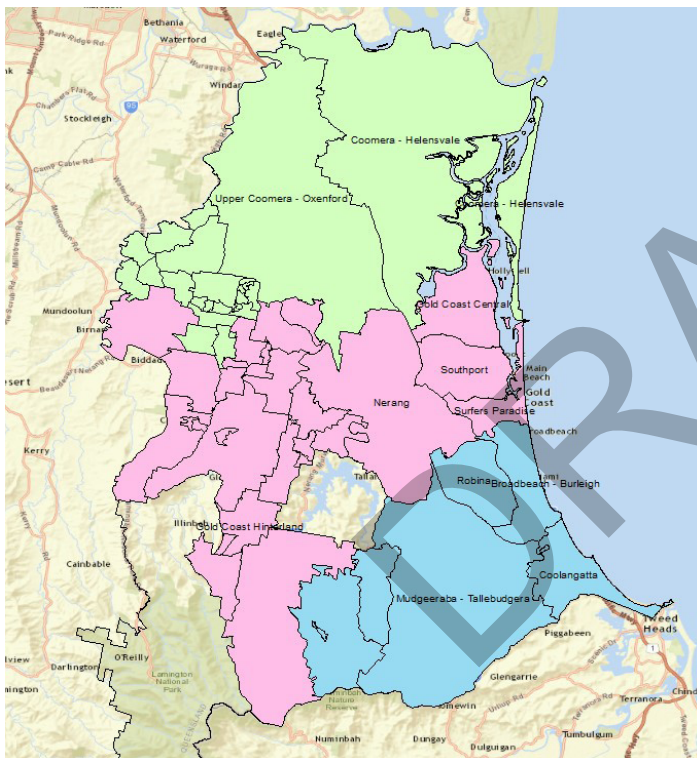
In the instances where it is determined that a NGO service provider is undertaking clinical activities such as: administering medications and/or invasive procedures, QH or GCPHN can strengthen the framework by having these organisations assessed against a clinical set of standards that recognises NGO service provider is providing safe and quality clinical services to its consumers if the organisation has achieved accreditation to either the following standards:

- Royal Australian College of General Practice Standards
- National Safety and Quality Health Service Standards

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1.1 Our region

The traditional custodians of the Gold Coast region and surrounding area are the Yugambeh, Yuggera and Bundjalung peoples. Geographically, this region stretches from Coolangatta in the south up to Logan and Albert Rivers in the north/north west; and to Tambourine, Mt Tambourine, Canungra and Beechmont to the west. GCPHN and GCH cover the same region which aligns with the Australian Bureau of Statistics (ABS) boundary for Level 4 (SA4) of the Gold Coast Statistical Area. This comprises of the City of the Gold Coast Council as well as the neighbouring Tambourine – Canungra which is part of the Scenic Rim Regional Council. The Gold Coast region adjoins the New South Wales border and as such, the growing population south of the border often access services within the Gold Coast region.



1.2 Our people

Insert infographic based on health needs assessment

1.3 Our identified needs

Insert infographic based on health needs assessment

1.4 Our Service utilisation

Insert infographic based on health needs assessment

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2.5 Our region's support and services

Gold Coast residents access a range of mental health, suicide prevention and alcohol and other drugs services across different settings in the region. A comprehensive mental health, alcohol and other drug system includes population based universal services such as promotion and prevention as well as a range of bed-based and community treatment and support services for individuals.

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

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

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

Family, friends and community members are often the first people to connect with someone who is unwell. While these people are not usually considered a formal part of the service system, these supports are often an 'anchor' and ongoing presence throughout a person's recovery journey. It is important to acknowledge the significant amount of compassion, effort and time that family, friends and community members contribute to people and our service system.

While the importance of the role of family, friends and community members as well as population based universal services is recognised, as noted in the Queensland Connecting care to recovery 2016–2021 Plan⁷, the scope of most Commonwealth and State funded services is directed to treatment and support services for individuals. These treatment and support services are categorised in the NMHSPF under the following four broad service types that can be broadly described as:

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

Categorising our Commonwealth and State-funded services according to the four broad service type streams allows us to develop consistent ways of describing treatment and support, ensures we can apply models of service and assists with defining optimal levels and mix of services across our system. Importantly, these four streams also align with core service streams, elements and activities described in national planning frameworks. Aligning our system in this way will support integrated planning and service development between the Queensland and Commonwealth Government, HHSs, PHNs and other non-government and community managed organisations.

Primary healthcare providers are another important support throughout a person's lifespan including episodes of unwellness. General Practice, Aboriginal Medical Services (Aboriginal Community Controlled Health Organisations (ACCHOs), allied health practitioners and NGOs provide a range of mental health, suicide prevention, alcohol and other drugs services in the community and facilitate access to specialist services when required. Primary and community mental health services are primarily funded by the Australian Commonwealth, with significant service delivery by private practitioners funded through the Medicare Benefit Scheme (MBS) and Pharmaceutical Benefit Scheme (PBS).

Commonwealth funding to GCPHN is used to commission additional primary mental health, suicide prevention and alcohol and other drugs services. Gold Coast Hospital and Health Service provides mental health and alcohol and other drug services through its Mental Health Service funded by the Queensland Government through Queensland Department of Health.

A variety of other interventions to support recovery are provided by other government and non-government sectors. These may include services delivered by a housing or employment agency, emergency services, or personal care from a non-government community support provider. The breadth of these broader services are not covered in this foundational level plan.

The following diagrams 6a and 6b provide a snapshot of the range of key services by service type currently funded through Queensland Government’s Department of Health (diagram 6a) and Commonwealth (refer diagram 6b) and for the Gold Coast Region.

Diagram 6a: NHMSPF Service Types Diagram (based on Connecting care to recovery 2016–2021⁷)



Diagram 6b: NHMSPF Service Types Diagram



Appendix 3 outlines a list of current GCPHN funded services by service type.

2.6 Our region's mental health workforce

The mental health workforce on the Gold Coast comprise a range of health care professionals and workers. The table below provides details of the different elements of the workforce, using the workforce categories as described in the NMHSPF.

Table 1: Gold Coast Workforce and Staffing Types¹⁰

| Workforce category | Description | Staff type | Number |
|------------------------|--|---|---------------|
| Medical | Medically trained professionals providing mental health care, Registrars and junior medical officers are included only in the context of team-based staffing profile | General Practitioner | 824 |
| | | Psychiatrist | 89 |
| | | Specialist other (Paediatricians) | 34 |
| | | Registrar | 93 |
| | | Junior Medical Officer | Not yet known |
| Tertiary Qualified | University trained (or equivalent) with a minimum three-year Bachelor degree in a discipline related to mental health care. "Other" includes other professionals such as physiotherapists, speech therapists, pharmacist and tertiary qualified program managers/ supervisors employed in the community support sector | Nurse Practitioner | Not yet known |
| | | Registered Nurse | 6,631 |
| | | Registered Nurse (Mental Health job area) | 438 |
| | | Enrolled Nurse | 1,896 |
| | | Enrolled Nurse (Mental Health job area) | 122 |
| | | Social worker | Not yet known |
| | | Psychologists | 627 |
| | | Occupational therapist | 386 |
| Vocationally Qualified | Primarily a non-clinical workforce (i.e. not a university-trained clinician (with a TAFE level qualification up to a Advanced Diploma level in mental health or a related area. Includes technicians or coaches trained to deliver low-intensity psychological interventions (who may possess, but not require, a tertiary qualification). | Mental Health worker | Not yet known |
| | | Registered and Enrolled Nurse | |
| | | Other Vocationally Qualified | |
| | | Aboriginal Healthcare Worker | |
| Peer Worker | Roles that must be performed by someone who lived experience as a mental health service consumer or mental health carer | Consumer Peer Worker | Not yet known |
| | | Carer Peer Worker | |

¹⁰ Department of Health, Health workforce data tool across all settings and job roles, in labour force in Australia on the Gold Coast, 2017. The number of General Practitioners and Registrar is from GCPHN CRM tool extracted 23rd April 2020..

3.1 The strategic framework

Introduction

This section outlines the shared vision and strategic framework for the Gold Coast's Joint Regional Plan. A vision statement, four guiding principles, 16 long term outcomes and five foundational elements were developed through the engagement process and in consultation with our key stakeholders and community representatives. These feature throughout the document and form the basis for the strategic framework for the governance of our plan's implementation (refer Part 5). Part 4 of this document details the strategic roadmaps for the five foundational elements of the plan as well as the seven prioritised focus areas. They are also shown in diagrammatic form on page X at the front of this document.

Vision

Our vision is aspirational and sets out an ideal future state for our region. We acknowledge that many other sectors and stakeholders comprise our community and impact on people's ability to live life with meaning and purpose. However, the healthcare sector, including mental health, suicide prevention, alcohol and other drug services, have an important role within the community. While we cannot achieve this vision alone, our vision serves to unite, inspire and challenge mental health, suicide prevention, alcohol and other drug stakeholders in our region.

Principles

Stakeholders have helped us identify four important principles which are the values that guide and direct our work. The principles are our moral compass to guide decision-making and establish a standard against which actions can be assessed.

These are:

- Empower and support early
- Value diversity and promote equity
- Collaborate at all levels – at the individual level, between service providers and between commissioners
- Respond compassionately and safely

Shared outcomes

Our strategic framework includes overarching and long-term outcomes of this Joint Regional Plan. Based on the quadruple aim of healthcare, these outcomes are the positive changes and improvements we want to achieve as the result of our efforts.

Foundational Elements

The Gold Coast has a robust health system infrastructure with a significant amount of collaborative work already happening. To support this collaboration and work towards a more integrated local service system, there are five system foundations that are priorities for further development. These foundations are important elements of the health system infrastructure, and as they are strengthened, will facilitate improved ways of working together towards our shared outcomes. This Joint Regional Plan's primary focus is on further developing the following foundations through a range of specific actions:

1. **Planning for a common agenda** – when working with multiple stakeholders to address complex issues there is a need for a shared approach to change, this includes a shared understanding of the issues, desired outcomes and agreed upon actions.
2. **Leadership, governance and partnership that includes lived experience**- in order to support our common agenda, there is a need for leaders and people with lived experience to come together as partners to guide this work, mobilize resources, influence policy and actions.
3. **Responsive and connected workforce**- ensuring the people who deliver services are skilled and supported to be able to confidently and compassionately meet the needs of people in the region.
4. **Effective, timely and safe information exchange**- communication between people and their service providers, between service providers, and between commissioners and service providers is a key component to improving people’s experiences and outcomes.
5. **Coordinated activities that leverage and enhance strengths**- individual activity, peoples’ strengths and scope of practice can be optimised when organised in a coordinated approach as opposed to operating in isolation.

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VISION

The **people** of the Gold Coast **live life** with **meaning** and **purpose** within a **compassionate, connected** and **diverse community**

PRINCIPLES

- Value diversity and promote equity
- Collaborate at all levels
- Respond compassionately and safely
- Empower and support early

OUTCOMES

POPULATION HEALTH OUTCOMES

1. People are **supported early** to be able to maintain the best possible mental health across their **life stages**.
2. People's **mental health** and **physical health** are both supported to optimise **quality of life**.
3. Regional focus on collaborative suicide prevention with the intention of **reduction in suicide rates** in the region
4. Harmful **effects of alcohol and drug use** are **minimised** for people and their families

CONSUMER AND FAMILY EXPERIENCE

5. Service users have a **compassionate and safe experience**
6. People are supported through their **life and service transitions**
7. Distress and crisis is responded to in a timely and appropriate manner
8. People are **matched with the service** which optimally matches their needs
9. A **range of support options** are available to respond to the diversity of the region
10. People's complexity is recognised to ensure a holistic response (physical, mental health, suicide prevention, AOD, family, culture)

PROVIDER EXPERIENCE

11. Improved **trust, confidence, and transparency** across the sector to facilitate more comprehensive care
12. Services are sustainable and appropriately **funded to meet the prioritised needs** of the local community.
13. People who deliver services are **adequately trained and supported** to fulfil their roles with compassion and confidence

VALUE

14. A **coordinated approach to healthcare planning** ensures a balanced, whole-of-population response based on need
15. The appropriate health services are available to respond to needs in the community and **intervene early**.
16. People are supported by a robust **lived experience workforce** that is valued, supported and integrated within service providers

FOUNDATIONS

Leadership, governance and partnership that includes lived experience

Planning for a common agenda

Effective, timely and safe information exchange

Coordinated activities that leverage and enhance strengths

Responsive and connected workforce

3.2 Prioritised focus areas

Within the Gold Coast region there are specific sectors, life-stages and other priority focus areas that support defined population groups with their own unique needs. Operational activity driven by and within these sectors contributes to our foundational aims and will also be supported by strengthened system foundations that create an environment for an integrated and responsive system. By undertaking actions aligned to our Shared Vision and Strategic Framework, we are working towards a creating the environment required for an integrated system and evidence-based system and service development.

The Joint Regional Plan provides the opportunity to highlight previously identified priorities that are being progressed through current collaborative activity within these sectors, acknowledging the contribution this work makes to strengthening our capacity for integration. Additionally, this section of the Joint Regional Plan is an opportunity to reflect additional priorities that have emerged through broader engagement with these sectors in the development of this plan. While GCH and GCPHN play an important role in each of these sectors, responsibility for driving these priorities is not the sole responsibility of GCH and GCPHN. These are shared priorities and will require commitment from a broad range of stakeholders.

In addition to the foundational elements of our strategic framework, the following seven prioritised focus areas have been identified in our Joint Regional Plan. An overview of these focus areas is provided in this section:

-  **Children, youth and families**
-  **Adults**
-  **Older People**
-  **Suicide Prevention**
-  **Alcohol and Other Drugs**
-  **Social & Emotional Wellbeing for Aboriginal and Torres Strait Islander people**
-  **Crisis/Distress Reform**



Children, youth and families

At a regional, state and national level there is increasing recognition that a focus on preventing or intervening early in the progression of mental health difficulties not only benefits infants and children, but also creates a solid foundation for health outcomes later in life. Services that recognise the significance of family and social support and functional recovery are particularly important for children and young people.

The Gold Coast region is relatively well-served with a wide range of service providers that contribute to children, young people and families' wellbeing. Mental health concerns may first be identified through primary healthcare services, including General Practice, Aboriginal Medical Services, or Community Health Centres. Other initial contact points for identifying mental health concerns include Early Childhood Care Centres, schools, neighbourhood centres and other human services, including family support, child safety and non-government welfare agencies. For children and young people with a mental health concern that requires specific expertise and skills, services are available through private allied health providers, non-government agencies and PHN funded primary mental healthcare services. For children and young people that require more comprehensive support, public and privately funded specialist services provide both inpatient and community-based treatment options.

The Child and Youth sector incorporates all agencies that are delivering services to the child and youth population. For the purposes of the Joint Regional Plan the age cohort is defined as 0 – 17 years. It is acknowledged that Government agencies define the child and youth sectors differently e.g. Education (completes at Year 12), Department of Child Safety, Youth and Women's (0-18years), Department of Health (0-12 years and 12-25years), Queensland Health (0-18years – with exceptions in specialist services e.g. Early Psychosis).



Adults

The Adult sector incorporates all agencies that are delivering services to an adult population. It is recognised that Government agencies define the adult sector differently e.g. Education (completes at Year 12), Department of Child Safety, Youth and Women's (18+years), Department of Health (18+ or 25+years), Queensland Health (18+years to 65 – with exceptions in specialist services e.g. Early Psychosis).

Due to the vast age range, people do not seem to identify as experiencing issues specifically as an 'adult.' Rather their experiences are often in relation to a specific time event in their lives. The reason for people accessing mental health services and supports on the Gold Coast varies in intensity, and interactions with the system differ greatly from no existing interaction to multiple interactions across all parts of the service system.

Services are delivered to adults on the Gold Coast by a range of stakeholders including: Public hospitals, Private hospitals, allied health providers, not-for-profit organisations, fee for service organisations, GPs and Private practice clinicians.

There has been a dramatic shift in the Gold Coast region for service provision since the rollout of the NDIS and the new landscape for Psychosocial service provision since 1 July 2019. The new infrastructure of service delivery is progressing rapidly, causing major market upheaval and potential risk to the quality of services provided in the community space. The disruption of funding allocations and methods; block-funding to fee-for-service, has ultimately resulted in the change from a Human Service model to a Business model function. This is a sector that has relied heavily on flexibility in funding to meet the episodic needs of people accessing support. There are several challenges facing service delivery for adults accessing support on the Gold Coast, with funding and eligibility for access the most apparent. Service offers are now limited and restrictive, and many informal touch points no longer exist (e.g. North and South hubs).

Opportunities exist where collaboration and shared resourcing may provide more flexibility in engagement for adults accessing supports, as well as transitioning between care arrangements or services.



Older people

The Older Person's sector incorporates all services that are delivering services to older people as defined by the relevant funding body (such as Commonwealth and State agencies). While we can quantify the population of older people in the region as those aged 65 years or more, it is recognised that Aboriginal and Torres Strait Islander people have a shorter life expectancy than non-indigenous Australians and may experience the impacts of ageing at a younger age, with the age of this population group often referred to as those 55 years or more. It is acknowledged that multiple government agencies define the older population differently and funding and service access may be determined more by functional capacity and whether they are living in an aged care facility, as opposed to age.

Services are delivered to older people on the Gold Coast by a range of stakeholders including: Residential Aged Care Facilities, Public hospitals, GPs and medical deputising services and not-for-profit organisations. The most commonly used types of publicly funded aged care services include: Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP), Residential Aged Care, including permanent and respite, and Transition Care.

There are strengths and challenges in the provision of services for the older population. The Gold Coast population is increasingly becoming older with the number of older adult residents in the region projected to double by 2030. Overall demand for aged care services will increase significantly, and in turn greater demand will be placed on the mental health and dementia specific services. This highlights the pressing need for a greater level of service planning and integration to ensure the region has a comprehensive approach to care, particularly between Gold Coast Health, Commonwealth funded programs and primary care providers.

In October 2018, the Australian Government announced a Royal Commission into Aged Care Quality and Safety to look at the quality of care provided in residential and home aged care to senior and young Australians. An interim report was published in October 2019, which identified significant failures and flaws of the aged care system including that it:

- is designed around transactions, not relationships or care
- minimises the voices of people receiving care and their loved ones
- is hard to navigate and does not provide the information people need to make informed choices about their care
- relies on a regulatory model that does not provide transparency or an incentive to improve
- has a workforce that is under pressure, under-appreciated and lacks key skills.

GCH and GCPHN acknowledges that some of these systemic problems will need to be resolved at a National level and this will take time. The Joint Regional Plan provides the framework and commitment for key stakeholders in the Gold Coast region to commence exploring opportunities to improve the way our local system is working and create the environment for greater collaboration.



Suicide Prevention

Suicide prevention is a complex area of policy with many interconnected responsibilities. Government agencies, service providers and the community-managed sector all have a role in reducing suicide rates, however these activities are often fragmented and are not always delivered in a strategic or coordinated way. This can lead to duplication and gaps in services/offerings for consumers. Where there are competing or overlapping services and offerings, there is often lack of clarity about which services and offerings are most effective, efficient, or appropriate.

The Gold Coast region is currently maturing the integration and coordination of its suicide prevention activities. The Suicide Prevention Leadership Group has mapped the current response to suicide prevention in the Gold Coast

region which includes a mix of services and activities from public, private and non-government organisations and primarily reflects activities that have a specific suicide prevention focus or component, though it is acknowledged that there may be a range of organisations that include suicide prevention protocols and procedures embedded within their service delivery or activities (see Diagram 8 below).

In 2015 the Gold Coast Mental Health and Specialist Services endorsed the implementation of the Zero Suicide Framework, which commits a variety of providers across the health service to improve the system of care and support so that people in crisis, because of a mental health condition, are kept safe and helped to find the support the need including the development of a Suicide Prevention Pathway.










However, the causes of suicide and suicide attempts can be complex and multifaceted. While some mental illnesses can be linked to an increased risk of suicide, not everyone who dies by suicide will have a mental illness. Increasingly research has demonstrated that suicide attempts are often linked to feelings of helplessness or being overwhelmed by a situational crisis. These stressful life events can include relationship difficulties, social isolation, loss of a job or income and financial or housing stress which do not necessarily require a mental health or health system approach. As Gold Coast Health continues to report overwhelming numbers of mental health related Emergency Department presentations, it is increasingly important to consider alternative ways of addressing crisis and distress in the community.

An effective suicide prevention response may require concerted action by law enforcement agencies, planning and infrastructure developers, transport providers, social support agencies, housing providers and health agencies. While governments have a pivotal role to play in addressing suicide, effective community engagement and action is central to improving outcomes.

The LifeSpan approach is an integrated systems approach to Suicide Prevention that includes the whole community and has been used to guide the development of the actions below. As a foundational plan many of the actions are embedded within the health sector and draw on existing resources to ensure successful implementation. However, ongoing work to engage more broadly with other sectors is essential as we move forward.

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Diagram 8: Current response to suicide prevention in the Gold Coast region

| STRATEGY | GCHHS | GCPHN | COMMUNITY |
|---|--|---|---|
|  Improving emergency and follow up care for suicidal crisis | <ul style="list-style-type: none"> MH Acute Care Team, Suicide Prevention Pathway Mental Health Co-responder model with QPS and QAS SBYHN, Ed-LinQ Crisis reform initiative | LOTUS The Way Back Service | Crisis lines: Lifeline, Beyond Blue, Suicide Call Back Service, Bereavement support: Pathways Gold Coast Response Service, Bereavement support group and Bereavement resource Student Support Services in Schools Carer Support Program |
|  Using evidence-based treatment for suicidality | <ul style="list-style-type: none"> Brief interventions e.g. safety planning and Pisani Model Research trials (Dr Chris Stapleberg) Comprehensive mental health service and treatment for co-morbidities | Psychological Service Providers (PSP) – Suicide Prevention stream PSP training with GCHHS | Private Psychologists, Mental Health Professional Network (GCMHPN), University partnerships - Bond University & Griffith Uni |
|  Equipping primary care to identify and support people in distress | | | Wesley Lifeforce, Assist training, Mental Health First Aid Training (MHFA) Mental health skills training for GP Focussed Psychological strategy training for GPs |
|  Improving the competency and confidence of frontline workers to deal with suicidal crisis | Zero Suicide Mental Health Co-responder model (QPS, Gold Coast Health, QAS) | PSP training with GCHHS | Wesley Lifeforce, Assist training, Mental Health First Aid, Youth Mental Health First Aid Carer’s Mental Health First Aid, Queensland Centre for Mental health Learning training |
|  Promoting help-seeking, mental health and resilience in schools | SBYHN, Ed-LinQ, CYMHS | | HeadSpace in schools, Youth Info Card and App, Ohana for Youth, BeYou, Curriculum/HP programs, Social & Emotional Learning packages (Respectful Relationships) |
|  Training the community to recognise and respond to suicidality | | | Wesley Lifeforce Training, SafeTalk, Assist Mental Health First Aid, Indigenous Mental Health First Aid, Marcus Mission (Men) |
|  Engaging the community and providing opportunities to be part of the change | | | World Suicide Prevention Day, Candlelight Vigil/Out of the Shadows, GC Suicide Prevention Service Finder Card, Youth Info Card and App, MH week, GC Youth Wellbeing Conference, Headspace Youth Advisory Group, Marcus Mission |
|  Encouraging safe and purposeful media reporting | | | MindFrame website (national) |
|  Improving safety and reducing access to means of suicide | | | |



Alcohol and Other Drugs

The Alcohol and Other Drugs (AOD) sector on the Gold Coast is a mix of public, private and non-government organisations who provide specialist treatment across a broad range of service types for people using drugs, and for their families and friends. When compared to other jurisdictions, the Gold Coast region is fortunate to have a range of treatment options to meet the needs required including counselling, information and education, support and case management, withdrawal management, rehabilitation and pharmacotherapy. While the region currently does have access to private and community-based detox services, withdrawal management has consistently been identified as a high priority with the need to increase accessibility and responsiveness to meet demand.

The AOD sector operates within the concept of harm minimisation, which includes a range of approaches to help prevent and reduce drug related problems, and help people experiencing problems address these. It's important to note that some people use substances without experiencing any significant short or long-term harm. However, there is a proportion of the population who require treatment, care and support to reduce harms from their alcohol, tobacco, prescribed medication and illicit drug use.

Increasingly, links between mental health and substance use demonstrates the incidence of psychological distress is greater among people who experience issues with alcohol and other drugs when compared to the general population. Regular use of substances such as ice and heroin have been found to have strong associations with mental health problems, further contributing to poorer health outcomes among populations who experience issues with alcohol and other drugs.

The Fifth National Mental Health Plan notes the need for successful interventions being predicated on simultaneous treatment of both AOD and mental health disorders. The desire to ensure the Gold Coast service system has the capacity and capability to meet the dual diagnosis needs of the individual has been highlighted consistently throughout the development of the Joint Regional Plan, and there is regional endorsement that the linkage and management of comorbid presentations must be considered when addressing system and service planning.

Key challenges and opportunities for the AOD sector in the Gold Coast region are in relation to the transitioning of clients across the spectrum of services when their needs change and the immediacy of access to treatment. Clients can often disengage from one service to the next if the handover and transfer of care is done poorly, or service availability does not fit the need. Additionally, due to current demand, services often have wait times and providers do not feel they are able to respond quickly enough when people first make contact to engage in services.



Social & emotional wellbeing for Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people require access to mental health services that are joined up, integrated, culturally appropriate and safe, and designed to holistically meet their mental health and healing needs of the individual at the local level. Services need to complement and link with other closely connected activities, such as social and emotional wellbeing services, mental health services, suicide prevention approaches and alcohol and other drug services. Culturally appropriate health service providers facilitate more effective mental health service delivery and improved mental health outcomes for Aboriginal and Torres Strait Islander people. This requires cultural awareness, cultural respect, cultural safety and an understanding of the broader cultural determinants of health and wellbeing.

While many service providers identify Aboriginal and Torres Strait Islander people as a target group within their broader programs, only Kalwun-Gold Coast Aboriginal Medical Service (Kalwun), Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing (Krurungal), and Gold Coast Health offer specific Aboriginal and Torres Strait Islander services. The Karulbo partnership brings together these three key partners to improve collaboration between services and provide a platform for community and other services to come together to collaboratively progress the health and wellbeing of the Aboriginal and Torres Strait Islander community.

Kalwun's Social Health Program offers comprehensive support for Aboriginal and Torres Strait Islander people who are struggling with their mental health or for those with alcohol and other drug needs. The program works

within a social and emotional wellbeing framework and provides clinical and non-clinical treatment and a range of psychotherapeutic interventions.

Kurrungal provides community-based support for Aboriginal and Torres Strait Islander people within the Gold Coast region. This culturally safe connection point and referral service supports individuals and families who are seeking support for a variety of needs, including mental health, suicide prevention, alcohol and other drug concerns.

To help bridge the gap between mainstream mental health and drug and alcohol services, the Gold Coast Health's Aboriginal and Torres Strait Islander Health service delivers the Yan-Coorara program to assist members of the Aboriginal and Torres Strait Islander community to access and use community mental health and alcohol and drug services. The program, developed in partnership with the Gold Coast Indigenous Health Service, also provides a cultural consultation service to health professionals within the Gold Coast Health service.



Crisis/Distress Reform

The issues of crisis and distress in the community are growing and so too are the system's needs to evolve to better meet the needs of people experiencing distress and at times crises.

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Strategic roadmaps for foundational elements and focus areas

Part 4

Leadership, governance and partnership that includes lived experience: Strategic Roadmap

In order to support our common agenda for regional system reform, there is a need for leaders (as service providers, commissioners and people with lived experience) to come together as partners to guide the implementation of the regional plan objectives through the mobilisation of resources, advocacy for areas of need and coordination of activities to achieve the identified outcomes.

| Current state and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|--|--|--|--|
| <p>The Gold Coast has a proud history of active collaboration between service providers through a range of network meetings, partnership agreements and resource sharing arrangements such as co-location.</p> <p>Organisations invest proactively to connect and collaborate to deliver high quality care.</p> <p>Maintaining the complex network of partnerships requires dedicated resources and as such the priorities of day-to-day business of service provision limits the capacity to collaborate.</p> | <p>1. Organisations are supported to work together towards shared outcomes.</p> | <p>Joint working arrangements established for significant pieces of works</p> <p>Lived experience involvement at every level (individual, service, organisational, strategy)</p> <p>GCH, GCPHN</p> | <p>Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care</p> <p>Services are sustainable and appropriately funded to meet the prioritised needs of the local community.</p> |
| <p>Service providers within the Hospital and Health Services and Non-Government Organisations are assessed against agreed quality and safety standards.</p> <p>There are opportunities to align the required standards for clinical services provided in the region, where appropriate.</p> | <p>2. All services are accredited or working towards recognised quality and safety standards</p> | <p>agreement on quality and safety standards for commissioned services</p> | <p>A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need</p> |
| <p>All commissioned services through Queensland Health and GCPHN operate within the principles of the Recovery Paradigm.</p> <p>Despite this, people who are affected by decisions provided feedback that they may not always be included in decision-making processes at all levels.</p> | <p>3. Established culture of openness, trust & inclusion that supports people with lived experience at all levels.</p> | | <p>The appropriate health services are available to respond to needs in the community and intervene early.</p> |

Planning for a common agenda: Strategic Roadmap

When working with multiple stakeholders to address complex issues there is a need for a shared approach to change. Developing a shared approach to change requires a conscious decision to work collaboratively to share information (data), knowledge (understanding of issues) and time (commitment to meet). The aim of this process is to have a consistent understanding of the regional priorities, desired outcomes and agreed actions.

| Current state and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|--|--|--|--|
| <p>The mechanisms to support coordination of mental health and alcohol and drug services exist in the region through the GCH Mental Health and Specialist Services and the GCPHN and related commissioned organisations.</p> <p>There are health services beyond those supported by GCH and GCPHN that contribute to the health infrastructure. For example Gold Coast has some of the highest utilisation of MBS for private mental psychological and allied health services in the country.</p> <p>There is a lack of a shared understanding of the system infrastructure and capacity between leaders and decision makers. This contributes to limited trust between providers.</p> | <p>4. Leaders and decision makers have a shared understanding of the region's mental health, suicide prevention and alcohol and other drug infrastructure to inform decision making.</p> | <p>Comprehensive Joint Regional Mental Health, Alcohol and Other Drug, and Suicide Prevention Plan developed by June 2022</p> <p>Patient reported experience and outcomes readiness-development, agreement and implementation of standardised tools for Patient Reported Experience Measure and Patient Reported Outcome Measure</p> | <p>Regional focus on collaborative suicide prevention with the intention of reduction in suicide rates in the region</p> <p>A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need</p> |
| <p>All service providers collect and report on data across the four domains of the quadruple aim framework. This provides a wealth of data that can inform quality improvement activities, evaluation and decision-making processes. Data collection practices are variable limiting the integrity of the data which is not consistently to inform decision making at a regional level.</p> <p>GCPHN maintains a comprehensive Mental Health, Alcohol and Other Drugs Needs Assessment that has been used to inform GCPHN co- design and investment decisions made by GCPHN</p> <p>Timely (up-to-date) regional data particularly for alcohol and other drug and suicide rates is not available which limits our ability to use data to drive decision making.</p> | <p>5. Improved quality and utilisation of Gold Coast data.</p> | | <p>Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care</p> <p>The appropriate health services are available to respond to needs in the community and intervene early.</p> <p>A range of support options are available to respond to the diversity of the region</p> |

Effective, timely and safe information exchange: Strategic Roadmap

Communication between people and their service providers, between service providers, and between commissioners and service providers is a key component to improving people’s experiences of care and outcomes.

| Current State and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|--|---|--|---|
| <p>Feedback has identified that people accessing services feel that services providers do not coordinate care well. This includes:</p> <ul style="list-style-type: none"> • GPs may not receive information about care people receive from other providers • New providers may not be provided with prior clinical information when a person transitions into their care. • Consent to share clinical information may not be obtained prior to treatment or at discharge. • Plans (care plans, safety plans) are usually held by providers and individuals have to develop new plans with multiple providers. • Carers are often not aware of/informed of details of how they can support people to implement their plan. | <p>6. Improved information flows including clinical handover processes that support continuity of care.</p> | <p>% increase in completion rate of electronic discharge summaries/transfer of care letters within 1 working day</p> <p>Agreements and systems in place that enable timely data exchange</p> | <p>People are supported early to be able to maintain the best possible mental health across their life stages.</p> <p>Service users have a compassionate and safe experience</p> <p>Distress and crisis is responded to in a timely and appropriate manner</p> <p>People are matched with the service which optimally matches their needs</p> <p>Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care</p> |

Coordinated activities that leverage and enhance strengths: Strategic Roadmap

Individual activity, peoples' strengths and scope of practice can be optimised when organised in a coordinated approach as opposed to operating in isolation.

| Current State and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|--|---|--|--|
| <p>The Gold Coast region has a range of initiatives that support services to coordinate their activities. These forums have contributed positively to providing a strong foundation and commitment to collaborative work in the Gold Coast region.</p> <p>The consultation process highlighted:</p> <ul style="list-style-type: none"> • There remains a poorly planned and coordinated service system, which alters frequently due to funding changes, resulting in providers and people being unclear about available services and the pathways to access these services. • There are many pathways to mental health, AOD and suicide prevention and support services e.g. Most services operate an intake and triage component for their service. This presents barriers for individuals and referrers who often have to share their story at each transition point between services, or when trying to ascertain eligibility for the service | <p>7. Region is working towards a more coordinated and consistent approach to intake, assessment, and referrals</p> | <p>7-day follow up within the community post discharge from an acute admitted specialist mental health unit</p> <p>Reduction in readmissions to specialised mental health unit within 7 and 28 days of discharge</p> <p>Reduction in rate of mental health ED presentations per capita</p> | <p>People's mental health and physical health are both supported to optimise quality of life.</p> <p>Regional focus on collaborative suicide prevention with the intention of reduction in suicide rates in the region</p> <p>People are supported through their life and service transitions</p> <p>People are matched with the service which optimally matches their needs</p> <p>A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need</p> |
| <p>Referrals to services are often inappropriate, resulting in people being under or over serviced.</p> <p>Service navigation support is highly sought after to address the lack of clarity about services</p> | <p>8. Service providers and people understand the service infrastructure (availability and capability of services).</p> | | |
| <p>Social determinants of health play an important role but funding responsibility often sits outside the health system. For example, we know homelessness, unstable housing a barrier to AOD treatment and maintenance of recovery.</p> <p>Social supports and non-clinical options can be important aspects of recovery.</p> | <p>9. Developed relationships that provide opportunities for more meaningful interactions within and between sectors (e.g. housing)</p> | | |

Responsive and connected workforce: Strategic Roadmap

Ensuring the people who deliver services are skilled and supported to be able to confidently and compassionately meet the needs of people in the region.

| Current State and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|--|--|--|--|
| <p>All service providers actively engage in workforce development and training for their staff. This results in service providers receiving different training, resources and information about how to respond to similar issues (e.g. trauma-informed care). This variability results in diffusion of responsibility, inconsistent service provision, different language for common issues (crisis) and creates barriers to integrated care.</p> <p>Many development programs exist but barriers limit participation (funding, time, perceived value/need, method of capacity building e.g. training vs alternative professional development options). There is also varied views on which model or approach is most effective and suitable within and between services, sectors and individuals.</p> | <p>10. Identification and access to shared development and networking to develop more standardised skills across the sector</p> | <p>Year on year increase of joint training sessions in the region</p> <p>Identified elements for a consistent approach to training in the region</p> <p>Proportion of workforce accounted for by the lived experience workforce</p> <p>Proportion of Aboriginal and Torres Strait Islander workforce</p> | <p>People who deliver services are adequately trained and supported to fulfil their roles with compassion and confidence</p> <p>People are supported by a robust lived experience workforce that is valued, supported and integrated across service providers</p> <p>These outcome will contribute to the following outcomes:</p> |
| <p>GPs are the gatekeepers to many services.</p> <p>Variability in formal education and practical experience of GPs and other primary care providers in relation to mental health, alcohol and suicidal ideation limits capacity and confidence of GPs to address issues in primary care.</p> <p>Gaps in clinical resources, knowledge and supports in the community result in people referring to tertiary services as a default option or last resort.</p> | <p>11. Increased support for primary care providers to respond to people presenting with mental health, alcohol and other drugs concerns and/or at risk of suicide</p> | | <ul style="list-style-type: none"> • People are supported early to be able to maintain the best possible mental health across their life stages. • People's mental health and physical health are both supported to optimise quality of life. • Harmful effects of alcohol and drug use are minimised for people and their families • Service users have a compassionate and safe experience • People are matched with the service which optimally matches their needs • People's complexity is recognised to ensure a holistic response (physical, mental health, suicide prevention, AOD, family, culture) |
| <p>While many service providers identify target groups within their broader programs, there are limited specific services for a range of diverse cohorts in the region.</p> <p>Mental health, alcohol and other drug, suicide prevention services may not be perceived as safe or appropriately designed for diverse groups of people. This can be related to the ongoing challenges of a limited available workforce, unconscious bias, discrimination and racism within the system.</p> <p>Mainstream services may not have the cultural capability or access to cultural liaison support to able to respond to specific cultural practices.</p> | <p>12. Increased capacity in the region to deliver culturally safe and responsive services</p> | | |
| <p>Inconsistent approach to employing and supporting lived experience peer workers in the region.</p> <p>Organisations are at differing levels of maturity in terms of capacity to employ and support peer workers.</p> | <p>13. Strengthened role of lived experience and peer workers in the region through expanded opportunities and consistent support</p> | | <ul style="list-style-type: none"> • Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care |



Children, youth and families: Strategic Roadmap

| Current state and identified gaps | Desired state | Headline measures | Long term outcomes |
|---|---|---|---|
| <p>The Gold Coast region is relatively well-resourced with a wide range of service providers that contribute to children, young people and families' wellbeing. For example, there is significant investment in youth early psychosis services in the Gold Coast region. Placing the young person and their families' needs first, there are opportunities to better coordinate these services to get the best benefit for young people.</p> <p>Additionally, the rapid population growth in the Northern Corridor makes this area important for service development. The area has an increasing population of young people with limited early intervention and therapeutic services available locally.</p> | <p>1. Collaborative service development for youth specific services.</p> | <p>Establishment of a child, youth, and families implementation group</p> <p>% of children in care with annual health assessments that include mental health intervention</p> | <p>People are supported early to be able to maintain the best possible mental health across their life stages</p> <p>A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need</p> |
| <p>Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex health needs. However, children in care do not have a dedicated health care coordinator and their health needs are not being met at the right time and with the right practitioner. This contributes to care arrangement failure, further traumatization, service fatigue & disengagement.</p> | <p>2. Strengthened system response for children and young people in care</p> | <p>Rate of youth population (0-18) receiving HHS and PHN funded services</p> | |
| <p>Schools play an important role in the community and early intervention has potential to prevent longer term ramifications.</p> <p>Clinicians in schools often operate in silos and at the discretion of school principals. Involvement in the planning of school activities could facilitate and enhance coordination of activities.</p> | <p>3. Schools and services providers are aligned in their knowledge, resources, and strategies to support children and young people's mental health and wellbeing</p> | | |
| <p>People are aware of the important role of families and carers to support the health of young people. There are multiple barriers to that happening, including a consistent understanding of confidentiality and consent for sharing information.</p> <p>Additionally, funded models often require the service to work with an individual client and do not have the capacity to work with the family unit.</p> | <p>4. Child and youth service providers have knowledge, resources, and capability to effectively engage with families and carers.</p> | | |

We will work to understand the challenges and potential options in these areas:

- Access to and timeliness of clinical assessments for early childhood development issues
- Specific service responses for families of parent with mental illness and drug and alcohol use
- Identification of and intervention for high-risk young people in other sectors (e.g. youth justice system, residential care settings)
- Providing stability for young people transitioning between Child and Youth Mental Health and Adult Services.



Adults: Strategic Roadmap

| Current state and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|---|---|--|--|
| <p>A range of structured psychological interventions are available in the region to support people with or at risk of mild and moderate mental illness. Some of these interventions are also intended to target identified high risk/hard to reach groups.</p> <p>Identified gaps include people who may need ongoing support (e.g. personality disorders) but do not meet criteria for care coordination or supports designed for severe and complex mental illness.</p> <p>Review of this infrastructure will help to further refine and target these services ensuring they best meet the needs of the region.</p> | 1. Current psychological services optimally meet the needs of the region | <p>Rate of population receiving PHN commissioned psychological services (moderate)</p> <p>Rate of population accessing MBS funded psychological services (moderate)</p> <p>Rate of Adult population receiving PHN commissioned clinical care co-ordination services for people with severe and complex mental health</p> | <p>A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need</p> <p>People are supported early to be able to maintain the best possible mental health across their life stages.</p> |
| <p>There are unmet psychosocial needs for people with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through National Psychosocial Support Measure programs.</p> <p>The Gold Coast Psychosocial Alliance has been established to coordinate services between Queensland Health, PHN and NDIS providers of psychosocial services</p> | 2. Non-clinical supports are easily accessible. | <p>Rate of Adult population receiving GCH specialist community services. (clinical staff)</p> | <p>Services are sustainable and appropriately funded to meet the prioritised needs of the local community.</p> |
| <p>People with an existing health concern may be able to function independently in the community with minimal formal supports. However, when services are not well coordinated across the sectors, people may become more vulnerable resulting in exacerbation of issues and higher use of treatment services.</p> | 3. People's vulnerability to social determinants is reduced through improved coordination of services across sectors. | <p>Rate of adult population accessing GCPHN and QH Community support services (Psychosocial)</p> | |
| <p>Supporting people with an existing health concern through the perinatal stage has long term benefits. There is existing investment in this space that can be leveraged to support further developments of perinatal services.</p> | 4. People with an existing health concern are supported during the perinatal stage | | |

We will work to understand the challenges and potential options in these areas:

- Support to parents and caregivers of younger and older people, including accessibility and uptake of evidence-based parenting programs
- Opportunities to joint fund or co-commissioning early intervention services that improve access to services across the sectors (eg. Community Pathway Connector service)
- Minimisation of impact of mental health, alcohol and other drugs issues during the perinatal period



Older people: Strategic Roadmap

| Current state and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|---|--|--|--|
| <p>Mental health and aged care related issues (e.g. dementia) are often treated in isolation of each other or as separate disciplines.</p> <p>Limited access to assessment and treatment by public sector geriatricians to patients in the community</p> | <p>1. Improved co-working across mental health and aged care disciplines to address comorbidities</p> | <p>Rate of RACF residents accessing psychological services. (PHN funded)</p> <p>Rate of older people receiving access to mental health specialist support. (GCH) while in RACF</p> | <p>Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care</p> <p>People who deliver services are adequately trained and supported to fulfil their roles with compassion and confidence</p> |
| <p>Gaps in clinical resources, knowledge and supports in the community result in people referring to Older Person's Mental Health unit (tertiary service) as a default option or last resort.</p> | <p>2. Increased older person's mental health specialist support to primary care & RACFs, including training updates and telephone advice</p> | <p>Rate of older people presenting to GCH Emergency Departments with mental health concerns</p> | <p>People's mental health and physical health are both supported to optimise quality of life</p> |
| <p>Isolation and loneliness can have a significant impact on people's mental and physical health. The growing and changing population of the Gold Coast has resulted in loss of connection and sense of community that can be natural or informal support systems. The Gold Coast has more older adults living alone than in other South East Queensland regions. This, combined with high levels of older people moving to the Gold Coast in their later years, who may lack informal care and support networks, raises concerns of social isolation among older people and potentially limited ability to access services without support.</p> <p>Proactive engagement can prevent further social isolation and loneliness, however activities in the community that support inclusion/connection may not be targeted or inclusive of older people and their needs.</p> | <p>3. Enhanced community connections to reduce the impact of social isolation and loneliness</p> | <p>Rate of older people admitted to GCH Mental health wards and Case Management team</p> <p>Rate of older people accessing MBS mental health services</p> | <p>People's complexity is recognised to ensure a holistic response (physical, mental health, suicide prevention, AOD, family, culture)</p> |

We will work to understand the challenges and potential options in these areas:

- Early intervention and continuity of care to support people through the transition period of living in the community to a Residential Aged Care Facility.
- Transition from working and family responsibilities
- Proactive preparation for ageing, inclusive of psychosocial and mental health needs



Suicide Prevention: Strategic Roadmap

| Current state and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|---|---|---|---|
| <p>People with a lived experience of suicide have the potential, to inform, influence and enhance local suicide prevention solutions but may lack the confidence, skills and readiness to participate.</p> <p>Suicide is often highly stigmatised topic that is not discussed or can be highly sensationalised by the media. People with lived experience frequently feel that their voice and experience is censored and is not valued.</p> | <p>1. People with lived experience are supported to share and contribute their knowledge and experience in a safe and meaningful way at every level</p> | <ul style="list-style-type: none"> • Number of identified people trained to safely shared their lived experience story • Deliverable: Endorsed Black Dog Life Span Lived Experience Framework (who? Steering Committee?) | <p>Regional focus on collaborative suicide prevention with the intention of reduction in suicide rates in the region</p> |
| <p>For people with alcohol and other drug challenges, timely aCurrently we don't know enough about what evidence-based treatments are being delivered, by whom or what the quality of these services is.</p> <p>Suicidal people often visit primary care providers in the weeks or days before suicide but often their suicide risk is not identified. Due to fear, stigma or time pressures, these people do not receive the care or follow up support they need at this critical time.</p> <p>Limited supports are available for people in distress who end up in ED by default or on a mental health trajectory, but many times their distress is related to a situational crisis in their lives</p> | <p>2. Support people in distress in the community through:</p> <ul style="list-style-type: none"> • Evidence based treatments for suicidality are available within the community and public health system. • Primary Care providers are skilled at identifying and responding to individuals in distress or at risk of suicide including the use of compassion. • People in distress are able to access supports in the community without having to be referred via ED or have a mental health care plan. | <ul style="list-style-type: none"> • 100% of suicide prevention activity includes representation of the lived experience voice • See client within 7-days for referrals to commissioned services identified for suicide risk (PMHC) in HHS - 100% with a tolerance of 90% • See client within 7-days for referrals to HHS - 100% with a tolerance of 90% | |
| <p>While the Gold Coast region provides the full spectrum of alcohol and other drugs services, there are challenges to transitioning people across services as their needs change. If the transition of care is not done well, people may disengage from treatment.</p> <p>It can be difficult for service providers to know what services capacity ave, particularly for detox and rehabilitation bed availability, which can delay access for clients while capacity is confirmed.</p> | <p>3. Improve support for carers and families impacted by suicide through:</p> <ul style="list-style-type: none"> • information and connection to supports including online • prioritization for care and support alongside people who have attempted suicide or have suicidal ideation | <ul style="list-style-type: none"> • Contact within 24/48 hours for referrals to suicide prevention services • Clearly identified services for carers and families (resources/ referral pathways developed) • Deliverable- evaluation report for Carers Support Program | |

| | | | |
|--|--|--|--|
| <p>Carers are at the frontline of suicide prevention and many sit daily with this risk and responsibility but may not have any training or skills to equip them for this. In addition, they may not know where to go for help or how to access the unique supports they require at this time.</p> <p>Caring for someone with a suicidal ideation can also be a demanding and often isolating experience which may impact employment, social connection and the physical, mental and emotional health of the carer.</p> | <p>4. Develop a responsive workforce and community</p> <ul style="list-style-type: none"> • Regional agreement about what suicide prevention training is appropriate for different components of the workforce across the region. • Workforce has shared knowledge and understanding of local suicide prevention services, interventions and approach. • Workforce and community is supported to feel safe with risk and responsibility. • Sector wide knowledge and understanding of the regional suicide prevention approach and evidence-based treatment options. • Primary Care providers are skilled at identifying and responding to individuals in distress or at risk of suicide including the use of compassionate language. • Frontline workers (e.g. police, ambulance) have access to training programs and support required to be competent and confident when dealing with suicide crisis. • People in the community have the confidence and skills to support people in suicidal crisis. • Regional agreement about what suicide prevention training is appropriate for key gatekeeper individuals/groups across the region. | | |
|--|--|--|--|

| | | | |
|---|--|---|--|
| <p>Many qualifications do not include any suicide prevention training and the workforce frequently lacks the confidence and skills to deal with a suicidal crisis.</p> <p>While there are many SP training packages available, many people do not know which ones are most suitable for their needs/work.</p> <p>Suicide prevention efforts are often fragmented and have not always been strategically planned or coordinated.</p> <p>Service providers do not always know what the best evidence- based treatments are for people experiencing suicidal thoughts and behaviours or how to access local services and supports.</p> <p>Organisations can be very risk averse due to a culture of blame. People in suicidal crisis can be passed back and forth between organisations without receiving the care they need.</p> <p>People living with mental illness are up to 30 times more likely to die by suicide than the general population.</p> <p>However, many mental health clinicians do not have specific training in suicide prevention or know what the best evidence based treatments are for people experiencing suicidal thoughts and behaviours.</p> <p>Many people lack the confidence and skills to address people in suicidal distress or crisis.</p> <p>Suicide prevention efforts are often fragmented. There are many SP training packages available, many people do not know which ones are most suitable for their needs/work.</p> | <p>5. Develop a regional communication strategy/plan to build awareness and maintain momentum</p> <ul style="list-style-type: none"> • The Gold Coast region has shared leadership and commitment to clear, consistent and safe messaging around the topic of suicide and suicide prevention. • Community commitment to suicide prevention, mental health and resilience is recognised and acknowledged. • Partner with community champions to promote and market suicide prevention activities. | <ul style="list-style-type: none"> • Deliverable-communications strategy • Engagements (events attended, communiques out) | |
|---|--|---|--|



Alcohol and Other Drugs: Strategic Roadmap

| Current state and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|--|--|---|---|
| <p>Complex service system means people are unclear about which services are available and what service is most appropriate fit.</p> <p>There is a high demand for service navigation support and working with people to assess and determine suitable options.</p> <p>Additionally, many services currently provide intake, triage, and referrals but each are limited in their scope as they are funded to provide specific treatment types, resulting in inefficiencies and gaps and inefficient use of a highly skilled workforce that limits treatment capacity.</p> <p>Referrals are often inappropriate, resulting in people being under or over serviced.</p> <p>AOD services all fielding information calls from community which could be handled through ADIS</p> | <p>1. Increased awareness and utilisation of Alcohol and Drug Information Services (ADIS)</p> | <p>Number of referrals to/from ADIS</p> <p>Proportion of Gold Coast population accessing ADIS</p> <p>Proportion of Gold Coast Population accessing</p> <ul style="list-style-type: none"> • Detox • After hour support • Residential rehab • Private Psychiatry | <p>Harmful effects of alcohol and drug use are minimised for people and their families</p> <p>People are matched with the service which optimally matches their needs</p> |
| <p>For people with alcohol and other drug challenges, timely access to treatment is especially important to capitalise on motivation to change. Clients can often disengage from one service if the service availability does not fit the need. Additionally, providers often have wait times for treatment and at times do not feel they are able to respond quickly enough when people first make contact with the service due to current demand.</p> <p>Current capacity of detoxification, residential rehabilitation and after hours support limits the provision of flexible support and follow up for clients. No bulk-billing psychiatry and limited access to psychiatry in the community prevents access to many individuals who require this type of service and limits the capacity of service providers to provide optimum care to their clients.</p> <p>Perception that detox can only occur in a bed-based facility, whereas in-home and outpatient detox can be highly effective and would increase access to this treatment type.</p> | <p>2. Improved accessibility and timeliness of alcohol and other drugs treatment services and specialist services including psychiatry</p> | <p>• Detox</p> <p>• After hour support</p> <p>• Residential rehab</p> <p>• Private Psychiatry</p> | <p>Services are sustainable and appropriately funded to meet the prioritised needs of the local community.</p> |
| <p>While the Gold Coast region provides the full spectrum of alcohol and other drugs services, there are challenges to transitioning people across services as their needs change. If the transition of care is not done well, people may disengage from treatment.</p> <p>It can be difficult for service providers to know what services capacity have, particularly for detox and rehabilitation bed availability, which can delay access for clients while capacity is confirmed.</p> | <p>3. Proactive communication between services supports improved continuity of care</p> | | |

We will work to understand the challenges and potential options in these areas:

- Residential services for people under 18 years
- Homelessness and maintaining suitable accommodation for people accessing and remaining linked in with treatment.



Social and emotional wellbeing services for Aboriginal and Torres Strait Islander People: Strategic Roadmap

| Current state and Identified Gaps | Desired state | Headline measures | Long term outcomes |
|---|--|--|--|
| <p>The link between racism and poor health outcomes is well established, and a high proportion of Aboriginal and Torres Strait Islander people experience high levels of direct and indirect racism on a daily basis.</p> <p>Reconciliation promotes unity and respect and helps to address racism and discrimination by starting conversations and strengthening relationships. While not explicitly focused on service delivery, Reconciliation is about changing attitudes, recognising a shared past, and creating a culturally safe environment.</p> <p>Through this collective action, we can address the broader determinants of health and improve social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander Peoples.</p> | <p>1. Mental health, suicide prevention, alcohol and other drugs services are actively working towards Reconciliation</p> | <p>% of GCPHN and QH funded services with Reconciliation Action Plans</p> <p>Proportion of Aboriginal and Torres Strait Islander workforce</p> <p>Proportion of GP Practices registered for Practice Incentives Program (PIP) Indigenous Health Incentive</p> <p>Rate of Aboriginal and Torres Strait Islander peoples who received an Aboriginal and Torres Strait Islander Peoples Health Assessment</p> | <p>Service users have a compassionate and safe experience</p> <p>People’s complexity is recognised to ensure a holistic response (physical, mental health, suicide prevention, AOD, family, culture)</p> |
| <p>Holistic approaches with specific Aboriginal and Torres Strait Islander workers that support mainstream services has been identified as essential for the region to provide more equitable and effective service delivery and improved outcomes for Aboriginal and Torres Strait Islander people.</p> <p>Social and emotional wellbeing is an important foundation for Aboriginal and Torres Strait Islander peoples’ health. However many models of care, including Aboriginal and Torres Strait Islander health checks in primary care, do not include social and emotional wellbeing screenings.</p> | <p>2. Increased capacity of mainstream services to safely and effectively work with Aboriginal and Torres Strait Islander people</p> | <p>Number of GP, private allied health professionals completing GCPHN Cultural Competency Training</p> | |
| <p>The percentage of the health workforce that identifies as Aboriginal and Torres Strait Islander is not proportionally representative.</p> <p>There is a demand from community for more Aboriginal and Torres Strait Islander workers, particularly male workers for both mental health and alcohol and other drugs. There is a limited pool of workers and recruitment to new positions is challenging.</p> | <p>3. Aboriginal and Torres Strait Islander mental health, alcohol and other drug workforce is supported to grow</p> | | |

PLACEHOLDER AWAITING FINALISATION

5.1 Governance and oversight of implementation plan

The strategic roadmaps of this Joint Regional Plan are supported by complementary documents that include more detailed draft action plans for the foundational elements and focus areas. These action plans will be further refined as part of the implementation process.

5.2 Reporting and reviewing progress

The steering committee will regularly review the headline measures for the strategic roadmaps to assess progress towards our shared outcomes.

Table 2: Headline Measures for Foundational Elements

| | |
|--|--|
| Leadership, governance and partnership that includes lived experience | Joint working arrangements established for significant pieces of works |
| | Lived experience involvement at every level (individual, service, organisational, strategy) |
| | GCH, GCPHN agreement on quality and safety standards for commissioned services |
| Planning for a common agenda | Comprehensive Joint Regional Mental Health, Alcohol and Other Drug, and Suicide Prevention Plan developed by June 2022 |
| | Patient reported experience and outcomes readiness- development, agreement and implementation of standardised tools for Patient Reported Experience Measure and Patient Reported Outcome Measure |
| Effective, timely and safe information exchange | % increase in completion rate of electronic discharge summaries/transfer of care letters within 1 working day |
| | Agreements and systems in place that enable timely data exchange |
| Coordinated activities that leverage and enhance strengths: | 7-day follow up within the community post discharge from an acute admitted specialist mental health unit |
| | Reduction in readmissions to specialised mental health unit within 7 and 28 days of discharge |
| | Reduction in rate of mental health ED presentations per capita |
| Responsive and connected workforce | Year on year increase of joint training sessions in the region |
| | Identified elements for a consistent approach to training in the region |
| | Proportion of workforce accounted for by the lived experience workforce |
| | Proportion of workforce that identifies as Aboriginal and Torres Strait Islander |

Table 3: Headlines Measures for Prioritised Focus Areas

| | |
|---|---|
| Children, youth and families | Establishment of a child, youth, and families implementation group |
| | % of children in care with annual health assessments that include mental health intervention |
| | Rate of youth population (0-18) receiving HHS and PHN funded services |
| Adults | Rate of population receiving PHN commissioned psychological services (moderate) |
| | Rate of population accessing MBS funded psychological services (moderate) |
| | Rate of Adult population receiving PHN commissioned clinical care co-ordination services for people with severe and complex mental health |
| | Rate of Adult population receiving GCH specialist community services. (clinical staff) |
| | Rate of adult population accessing GCPHN and QH Community support services (Psychosocial) |
| Older people | Rate of RACF residents accessing psychological services. (PHN funded) |
| | Rate of older people receiving access to mental health specialist support. (GCH) while in RACF |
| | Rate of older people presenting to GCH Emergency Departments with mental health concerns |
| | Rate of older people admitted to GCH Mental health wards and Case Management team |
| | Rate of older people accessing MBS mental health services |
| Alcohol and Other Drugs | Number of referrals to/from ADIS |
| | Proportion of Gold Coast population accessing ADIS |
| | Proportion of Gold Coast Population accessing detox |
| | Proportion of Gold Coast Population accessing after hour support |
| | Proportion of Gold Coast Population accessing residential rehab |
| Social and emotional wellbeing services for Aboriginal and Torres Strait Islander People | % of GCPHN and QH funded services with Reconciliation Action Plans |
| | Proportion of Aboriginal and Torres Strait Islander workforce |
| | Proportion of GP Practices registered for Practice Incentives Program (PIP) Indigenous Health Incentive |
| | Rate of Aboriginal and Torres Strait Islander peoples who received an Aboriginal and Torres Strait Islander Peoples Health Assessment |
| | Number of GP, private allied health professionals completing GCPHN Cultural Competency Training |
| Suicide Prevention | Number of identified people trained to safely shared their lived experience story |
| | Deliverable: Endorsed Black Dog Life Span Lived Experience Framework (who? Steering Committee?) |
| | 100% of suicide prevention activity includes representation of the lived experience voice |
| | See client within 7-days for referrals to commissioned services identified for suicide risk (PMHC) in HHS - 100% with a tolerance of 90% |
| | See client within 7-days for referrals to HHS - 100% with a tolerance of 90% |
| | Contact within 24/48 hours for referrals to suicide prevention services |
| | Clearly identified services for carers and families (resources/referral pathways developed) |
| | Deliverable- evaluation report for Carers Support Program |

Working with other sectors to develop a more comprehensive joint regional service development plan (moved from intro section)

The *Productivity Commission’s Mental Health, Draft Report* recognizes the important role of the determinants of and contributors to people’s wellbeing. Throughout the consultation process for this Joint Regional Plan we too heard about the various social determinants of health, the need for more prevention and early intervention, and the need for multi-sectoral approaches.

Many of the longer-term outcomes identified in this plan will require a multi-sector approach and this foundational plan provides direction for building partnerships and advocacy with other sectors. National and state policy and system reform at a macro level will support multi-sectoral approaches at a regional level.

Strategic Roadmap Implementation Structure

FOUNDATIONAL ELEMENTS

LEADERSHIP, GOVERNANCE AND PARTNERSHIP THAT INCLUDES LIVED EXPERIENCE

1. Organisations are **supported to work together** towards shared outcomes.
2. All services are **accredited and working towards recognised quality and safety standards**
3. Established culture of openness, trust & inclusion supports that includes people with **lived experience at all levels**.

PLANNING FOR A COMMON AGENDA

4. Leaders and decision makers have a **shared understanding** of the regions mental health, suicide prevention and alcohol and other drug infrastructure to inform decision making.
5. Improved quality and utilisation of **Gold Coast data**.

EFFECTIVE, TIMELY AND SAFE INFORMATION EXCHANGE

6. Improved **information flows** including **clinical handover** processes that support continuity of care.

COORDINATED ACTIVITIES THAT LEVERAGE AND ENHANCE STRENGTHS

7. Region is working towards a more **coordinated and consistent approach to intake, assessment, and referrals**
8. **Service providers and people understand the service infrastructure** (availability and capability of services).
9. Developed relationships that provide opportunities for more meaningful interactions within and between sectors (e.g. housing)

RESPONSIVE AND CONNECTED WORKFORCE

10. Identification and access to shared **training and networking** to develop more standardised skills across the sector
11. Increased **support for primary care providers** to respond to people presenting with mental health, alcohol and other drugs concerns and/or at risk of suicide.
12. Increased capacity in the region to deliver **culturally safe and responsive services**
13. **Strengthened role of lived experience and peer workers** in the region through expanded opportunities and consistent support.

FOCUS AREAS

Children, youth, families

1. Collaborative service development for youth specific services.
2. Strengthened system response for children and young people in care
3. Schools and services providers are aligned in their knowledge, resources and strategies to support children and young people's mental health and wellbeing
4. Child and youth service providers have knowledge, resources and capability to effectively engage with families and carers

Adults

1. Current psychological services optimally meet the needs of the region
2. Non-clinical supports are easily accessible.
3. People's vulnerability to social determinants is reduced through improved coordination of services across sectors.
4. People with an existing health concern are supported during the perinatal stage

Older people

1. Improved co-working across mental health and aged care disciplines to address comorbidities
2. Increased older person's mental health specialist support to primary care & RACFs, including training updates and telephone advice
3. Enhanced community connections to reduce the impact of social isolation and loneliness

Suicide Prevention

1. Support people in distress in the community, 2. Improve support for carers and families impacted by suicide 3. Develop a responsive workforce an community 4. Develop a regional communication strategy/plan to build awareness and maintain momentum

Alcohol and other drugs

1. Increased awareness and utilisation of Alcohol and Drug Information Services, 2. Improved accessibility and responsiveness of alcohol and other drugs treatment services, 3. Proactive communication between services supports improved continuity of care

Social and emotional wellbeing for Aboriginal and Torres Strait Islander people

1. Mental health, suicide prevention, alcohol and other drugs services are actively working towards Reconciliation, 2. Increased capacity of mainstream services to safely and effectively work with Aboriginal and Torres Strait Islander people, 3. Aboriginal and Torres Strait Islander mental health, alcohol and other drug workforce is supported to grow

Crisis/Distress Reform

Crisis stabilisation facility, mobile response, 24/7 hub

GCPHN and GCH would like to thank the following people for their participation in the Joint Regional Plan governance groups and contributions to this plan:

Joint Regional Plan Steering Committee

- Malcolm McCann, Executive Director, Mental Health & Specialist Services- Gold Coast Health
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- Diana Grice, Director of Nursing, Mental Health & Specialist Services- Gold Coast Health
- Toni Peggrem, Executive Director of Strategy and Planning – Gold Coast Health
- Amanda Carver, Senior Director Strategy and Planning- Gold Coast Health
- Kieran Chilcott, Chief Executive Officer- Kalwun Development Corporation
- Matt Carrodus, Chief Executive Officer- Gold Coast Primary Health Network
- Libby Carr, Director of Commissioning (Programs)- Gold Coast Primary Health Network
- Philip Williams, Program Manager (Commissioning)- Gold Coast Primary Health Network
- Kellie Trigger, Planning and Stakeholder Engagement Program Manager- Gold Coast Primary Health Network
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- Fern Hunter, Lived Experience Representative
- Michelle Powell, Lived Experience Representative
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Clinical Leaders Advising on Wellbeing (CLAW)

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- Gail Macdonald, Mental Health Nurse, Clinical Nurse Consultant, Robina Private Hospital
- Dr Max Mansoor, General Practitioner

- Dr Neeraj Singh Gill, Associate Professor, School of Medicine- Griffith University, Clinical Lead, Mental Health, Griffith University-Gold Coast HHS, GP Liaison Psychiatrist, Gold Coast Health
- Dr Tim Macdonald, Director Dual Diagnosis, Currumbin Clinic
- Philip Williams, Program Manager (Commissioning)- Gold Coast Primary Health Network
- Michelle Edwards, Carer Consultant, Consumer, Carer and Family Participation Team, Mental Health & Specialist Services- Gold Coast Health

Group of Lived Experience Experts (GLEE)

- Michelle Powell, Lived Experience Representative
- Fern Hunter, Lived Experience Representative
- Duane Katene, Lived Experience Representative
- Cheryl Frank, Lived Experience Representative
- Louise Starr, Lived Experience Representative
- Shalon Hunter, Lived Experience Representative
- Max Vardanega, Lived Experience Representative
- Sandra Johnston, Lived Experience Representative
- Robena Farrell, Lived Experience Representative
- Megan Perret, Lived Experience Representative
- Marina Cover, Lived Experience Representative
- Jean Lightbody, Clinical Psychologist
- Anita Tandridge, Lived Experience Representative
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- Amanda Smith, Nurse Unit Manager, School Based Youth Health Program- Gold Coast Health
- Rose Spencer, Executive Committee Member, Care for Life Suicide Prevention Network
- Natalie Mudge, Lived Experience Representative
- Heidi Rix, Sergeant, Vulnerable Persons Co-ordinator, Gold Coast Mental Health Intervention Co-ordinator, Domestic and Family Violence Task Force- Gold Coast District Queensland Police.
- Ricky Smith, Critical Care Paramedic, Queensland Ambulance Service

Overview of consultation process and activities

Appendix 2

The Joint Regional Plan consultation process built on a history collaboration between GCH and GCPHN and close engagement with the sector. Especially in recent years, people have engaged closely with GCPHN and GCH to co-design specific services, sharing their experiences and needs related to mental health, suicide prevention, alcohol and other drug treatment services across the region. These relationships and consultation findings served as a starting point for the Joint Regional Plan consultation.

From April 2019- June 2020, GCPHN AND GCH held numerous internal and joint meetings, both formal and informal, specific to the Joint Regional Plan. Additionally, Joint Regional Plan specific engagement was conducted through dedicated governance structures, workshops and targeted discussions specific to the Joint Regional Plan.

A range of existing regional structures (e.g. networking, community groups) were also utilised to consult with stakeholders.

Additionally, a number of relevant consultations were facilitated by national and state government bodies and organisations. Participation in these consultation events helped to inform the Joint Regional Plan.

INSERT ABOUT FINAL ONLINE CONSULTATION

Table 4: Consultation activities

| | |
|---|-----------|
| Joint Regional Plan specific engagement | 45 |
| Joint Regional Plan Steering Committee | 12 |
| Suicide Prevention Leadership Group | 8 |
| Group of Lived Experience Experts | 5 |
| Clinical Leaders Advising on Wellbeing | 5 |
| AOD sector workshop | 2 |
| Joint Regional Plan sector workshop | 1 |
| Targeted discussions with stakeholders | 12 |
| Consultation with existing regional structures | 13 |
| National and State Consultations | 6 |
| TOTAL | 64 |

To be added

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