Planning for a Compassionate and Connected Gold Coast

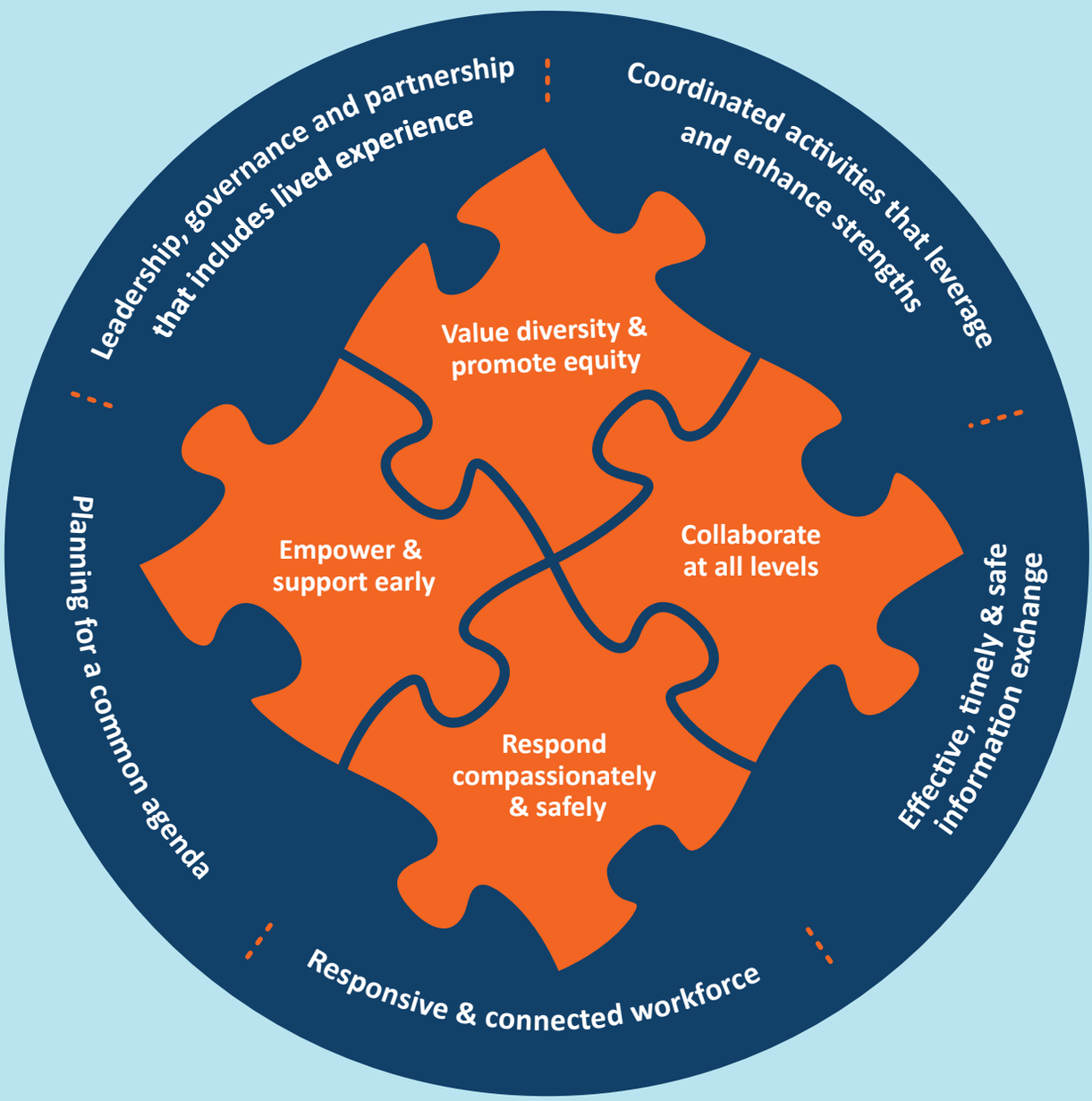
2020- 2025

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

Gold Coast Health
Building a healthier community

phn GOLD COAST
An Australian Government Initiative

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



VISION AND STRATEGIC FRAMEWORK

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Introduction

Part 1

We respectfully acknowledge Aboriginal and Torres Strait Islander peoples of the Gold Coast, the Yugambeh speaking people, the original custodians of the land, winds and waters upon which we now share with our fellow Gold Coast community. We pay tribute to the unique cultures as the oldest living cultures, heritage, languages, traditional knowledge and the significant contribution Aboriginal and Torres Strait Islander peoples have made to the Gold Coast's identity and Aboriginal and Torres Strait Islander elders past, present and emerging.

1.1 Foreword

Joint statement by both CEOs

There is no one single agency that can address the mental health, suicide prevention and alcohol and other drug needs of the population. The challenges are complex and need collaborative action.

Both Gold Coast Health and Gold Coast Primary Health Network (GCPHN) committed wholeheartedly to the development of this Joint Regional Plan (the Plan), and the improved understanding and relationships that enabled it. In collaboration with people with lived experience, clinicians, service providers and the broader community we have worked, not only to produce a plan, but to also strengthen and support the foundations of the local systems as part of this process.

It has taken commitment and collaboration from many people and organisations to agree on a vision for the future and lay out our pathway to achieve it. While some elements of the Plan are ambitious we have already seen the improved partnerships and agreed priorities positively influence our work to the benefit of our community.

We would like to express our sincere appreciation to the hundreds of individuals and agencies who have been involved in the development of the Plan. We now have a roadmap to guide and influence our work to ensure the people of the Gold Coast can live life with meaning and purpose within a compassionate, connected and diverse community.

Ron Calvert, CEO, Gold Coast Health
Matt Carrodus, CEO, Gold Coast Primary Health Network

Lived experience perspective

With the passing of time, we can identify many opportunities where the effects on our lives from distress could have been intercepted. Reflecting on our journeys to recovery, we can gradually piece together the jigsaw puzzle of our lives and gain further understanding, clarity and healing.

It is apparent, that while developing a personal understanding, that growth in understanding was also occurring across the health system and was informing changes in service delivery and responses.

Over the past year, being involved in the Joint Regional Planning process felt like an ongoing 'conversation' where all stakeholders are included and involved. There is no doubt that there has been progress made with development of the Joint Regional Plan through the collective contributions and advocacy for change, championed by our lived experience community throughout this planning process.

It seems as though the time is right to capitalise on the understanding achieved from all perspectives and drive the next stage of the change needed. During the implementation phase it will be crucial that the conversation continues to be the key element so that as changes occur, and feedback is received, this will be heard and responded to in parallel. If we can remain committed to the relationships already established by continuing to provide opportunities for engagement and involvement, it will nurture further trust and a very solid partnership that will be needed to overcome existing and new challenges.

Fern Hunter and Michelle Powell - Lived Experience Representatives

Clinical perspective

After a year of collaboration with a diverse range of clinicians, organisations, providers and community members, it is exciting to see the publication of this Joint Regional Plan - what an important milestone for our region.

The work that has gone into developing the Plan gives me great hope for the future direction of the mental health, suicide prevention, alcohol and other drugs sector on the Gold Coast. We are moving towards a better connected system of care that can more compassionately respond to the needs of our community.

I feel privileged to have been involved in the Plan's development alongside a diverse group of colleagues. As health care providers, we are united in our aim to provide quality care for the people we treat. However, we acknowledge there are many challenges in the different contexts, organisations, and systems we work within. Many of these challenges are shared and interrelated and this inclusive regional planning process allowed us all to contribute our personal views and experiences, with meaningful and respectful engagement and help produce something significant.

I am grateful to the Board and Executive teams for their commitment to this work and thank everyone I worked alongside during the planning process. It's a shared vision, created by a diverse group of people, and I am happy to see it released as we continue to work together to implement the Plan.

Dr Hesitha Abseyundera, Consultant Psychiatrist and Addiction Medicine Specialist, Clinical Lead Alcohol and Other Drug Services - Gold Coast Health
Dr Susie Radford, General Practitioner

Aboriginal and Torres Strait Islander perspective

Over the course of our life time, every one of us will be touched by mental health or alcohol and other drug (AOD) issues. The amount of times that Aboriginal and Torres Strait Islander people experience mental health or AOD issues or are affected by suicide is substantially higher than our non-Indigenous brothers and sisters.

One Joint Regional Plan will facilitate a wrap-around approach for Aboriginal and Torres Strait Islander people. With only limited Aboriginal Community Controlled services on the Gold Coast, the Plan is an enabler of stronger collaboration, better integration and alliances at a service provider and system level. We are already beginning to see emerging culturally appropriate and safe initiatives for Aboriginal and Torres Strait Islander people as a result of the work completed to develop this plan.

On behalf of the Aboriginal and Torres Strait Islander community, we commend all of the people and agencies involved in the development of this plan and for acknowledging that Aboriginal and Torres Strait Islander people require access to services that are joined up, integrated, culturally appropriate and safe, and designed to holistically meet our social and emotional wellbeing needs.

Kieran Chilcott, CEO, Kalwun Development Corporation Ltd

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 Plan[1]. 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 culture, our work and our environment.

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

1.3 Scope of plan

A foundational plan

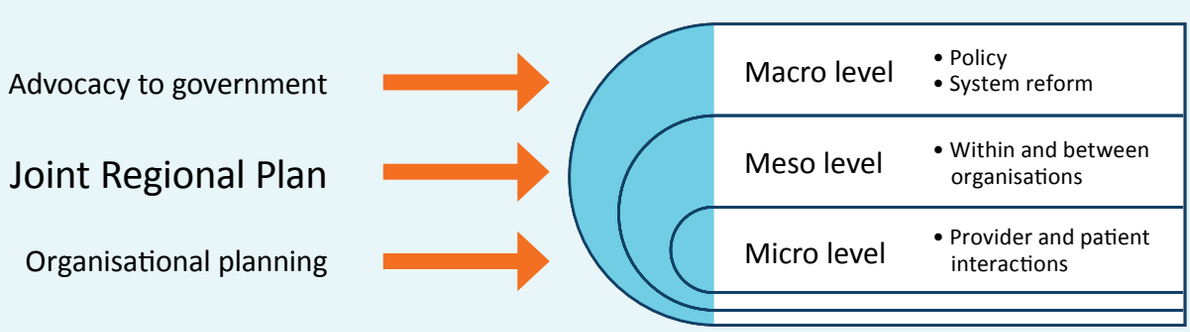
This Joint Regional Plan is a foundational plan for the Gold Coast region. As such, it aims to set out the agreed way forward for improved collaboration and integration between mental health, suicide prevention, alcohol and other drugs services in the Gold Coast region. Gold Coast Primary Health Network (GCPHN) and Gold Coast Health jointly led the development of the 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.

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 the 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 Government about policy or system reform. Where micro level planning issues were raised that are relevant to the GCPHN and Gold Coast Health, these will be handed to the respective organisations to consider as part of their organisational planning processes.

Diagram 1: Systems framework for planning



1.4 How we developed this plan

General approach

In 2019, GCPHN and Gold Coast Health agreed to facilitate the development of the 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 organisations' 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.

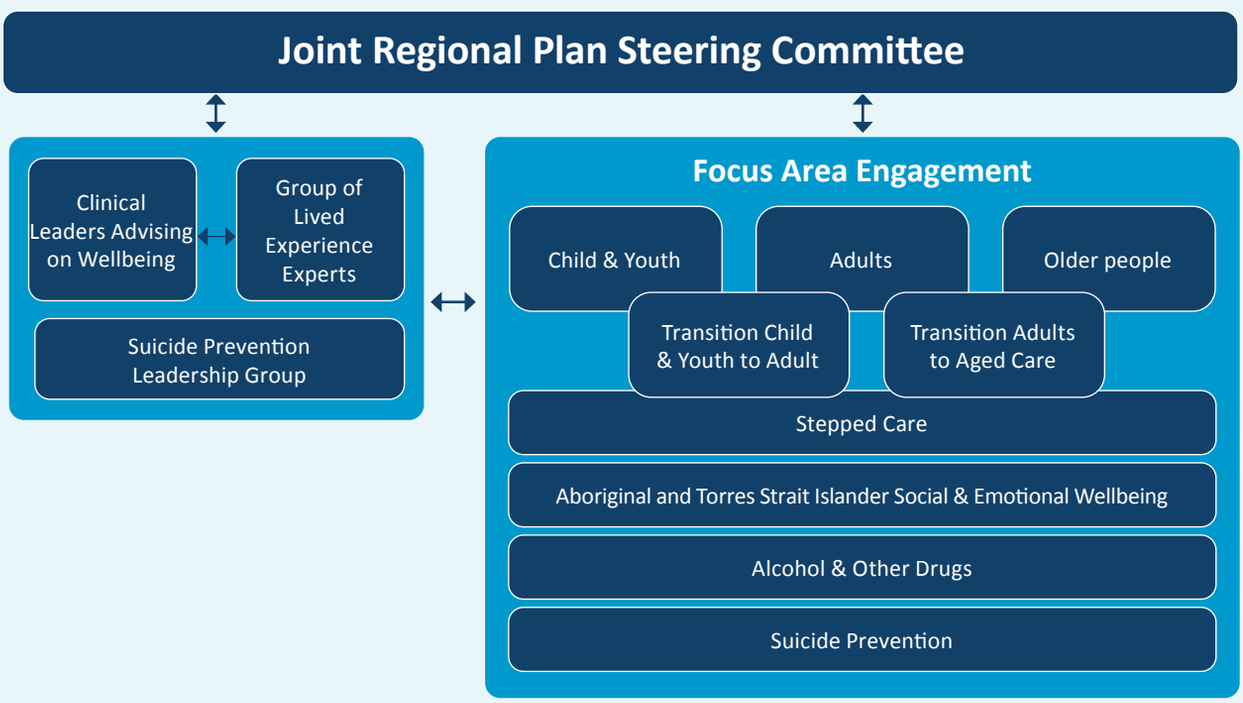
Governance

As part of the development of the Joint Regional Plan, the 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.

Diagram 2: Joint Regional Plan Governance Structure



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

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 peoples. Further group and community consultation activities were undertaken to support the development of the 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.

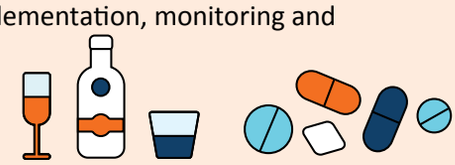
The LifeSpan framework, developed by Black Dog Institute, was adopted by the SPLG to guide our joint regional planning for suicide prevention. The framework includes nine evidence-based strategies and six overarching principles and when implemented together, this approach is estimated to reduce suicide 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 its 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, including the governance structures. In addition to the mainstream engagement opportunities, specific consultation was also conducted with staff from Kalwun-Gold Coast Aboriginal Medical Service, Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing , and Aboriginal and Torres Strait Islander Health Service - Gold Coast Health. While Aboriginal and Torres Strait Islander peoples have been involved in the planning process, we recognise the need for additional guidance and expertise as we work to implement this plan. An important next step will be to work with Aboriginal and Torres Strait Islander peoples to ensure our future processes are inclusive and trusted.

Culturally and Linguistically Diverse Community

The Gold Coast's culturally and linguistically diverse population faces unique challenges when it comes to mental health, suicide prevention, alcohol and other drugs. Culturally and linguistically diverse community members were engaged in the development process through the sector workshop and existing regional structures. Additionally, participation in consultation facilitated by the Multicultural Queensland Advisory Council informed this plan. The Plan strives to build and strengthen our local framework that is inclusive and responsive and supports all individuals within it, including people who are culturally and linguistically diverse. The implementation phase will require additional engagement with culturally and linguistically diverse communities to ensure an inclusive approach that meets specific service needs.

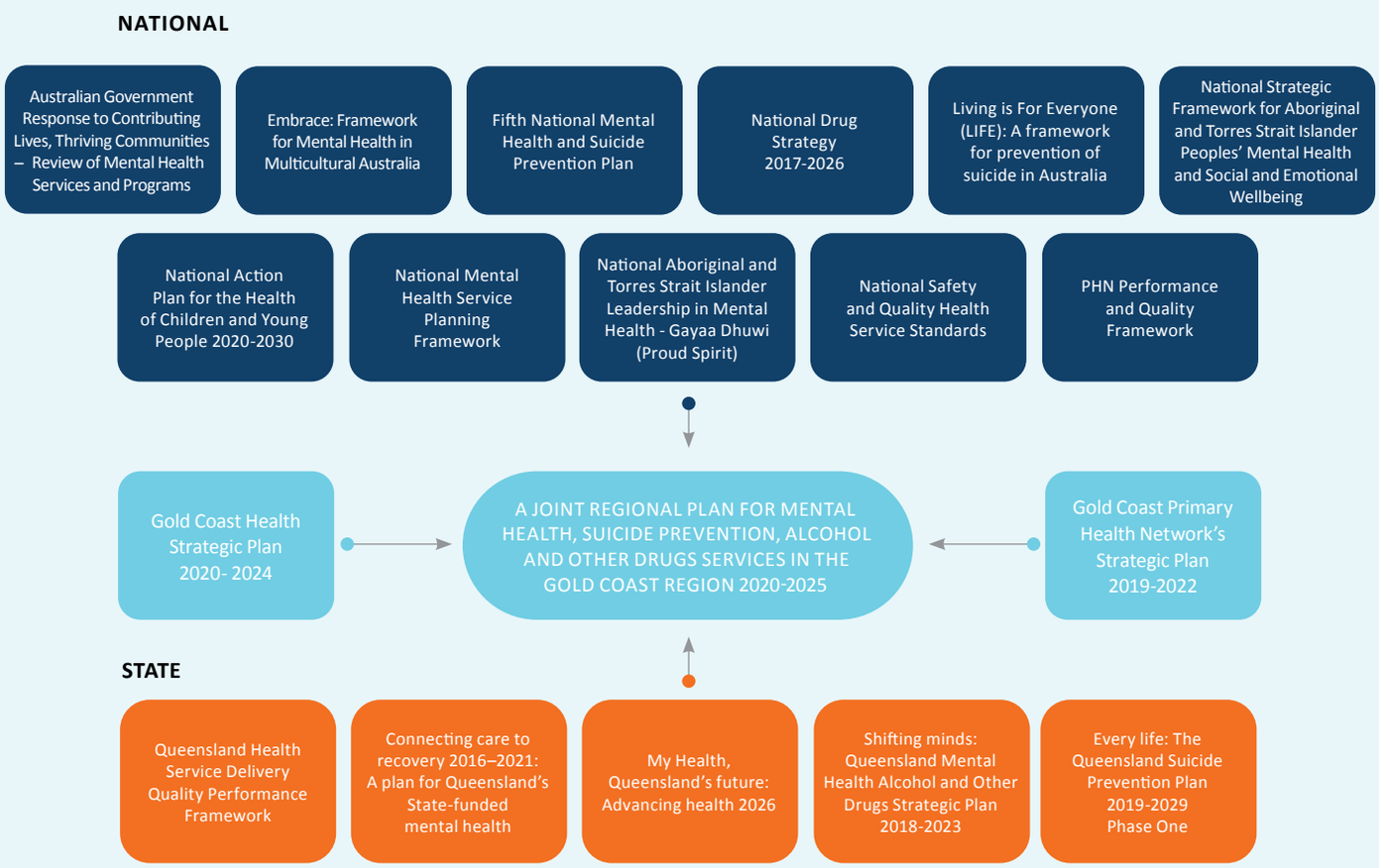
[3] LifeSpan Integrated Suicide Prevention, Black Dog Institute https://www.blackdoginstitute.org.au/research/lifespan

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 significant inequalities still exist, especially for Aboriginal and Torres Strait Islander peoples who continue to experience systemic racism. There is an increasingly urgent need for Australia's health system to evolve to be free from racism, 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



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 especially Aboriginal and Torres Strait Islander peoples
- Addressing stigma and discrimination and recognising culture as a protective factor
- 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 who 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, Gold Coast Health and GCPHN are key partners leading the implementation of this reform. This Joint Regional Plan demonstrates Gold Coast Health and GCPHN's commitment to translating national and state policy into action at a local level.

In 2017 the Joint Board of Gold Coast Health 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 of Directors committed to the development of this Joint Regional Plan with the work reporting to the Alliance Leadership Group of the Integrated Care Alliance. Since the development of this plan commenced, both boards have reaffirmed their commitment in November 2019 and both the Integrated Care Alliance and Boards of Directors have endorsed the Plan and will 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, Gold Coast Health 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 Gold Coast Health to partner in identifying gaps and priorities against the Stepped Care Framework[5], 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 workforce and technology resources available in the region.

While there are multiple levels with the 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.

Queensland Connecting care to recovery

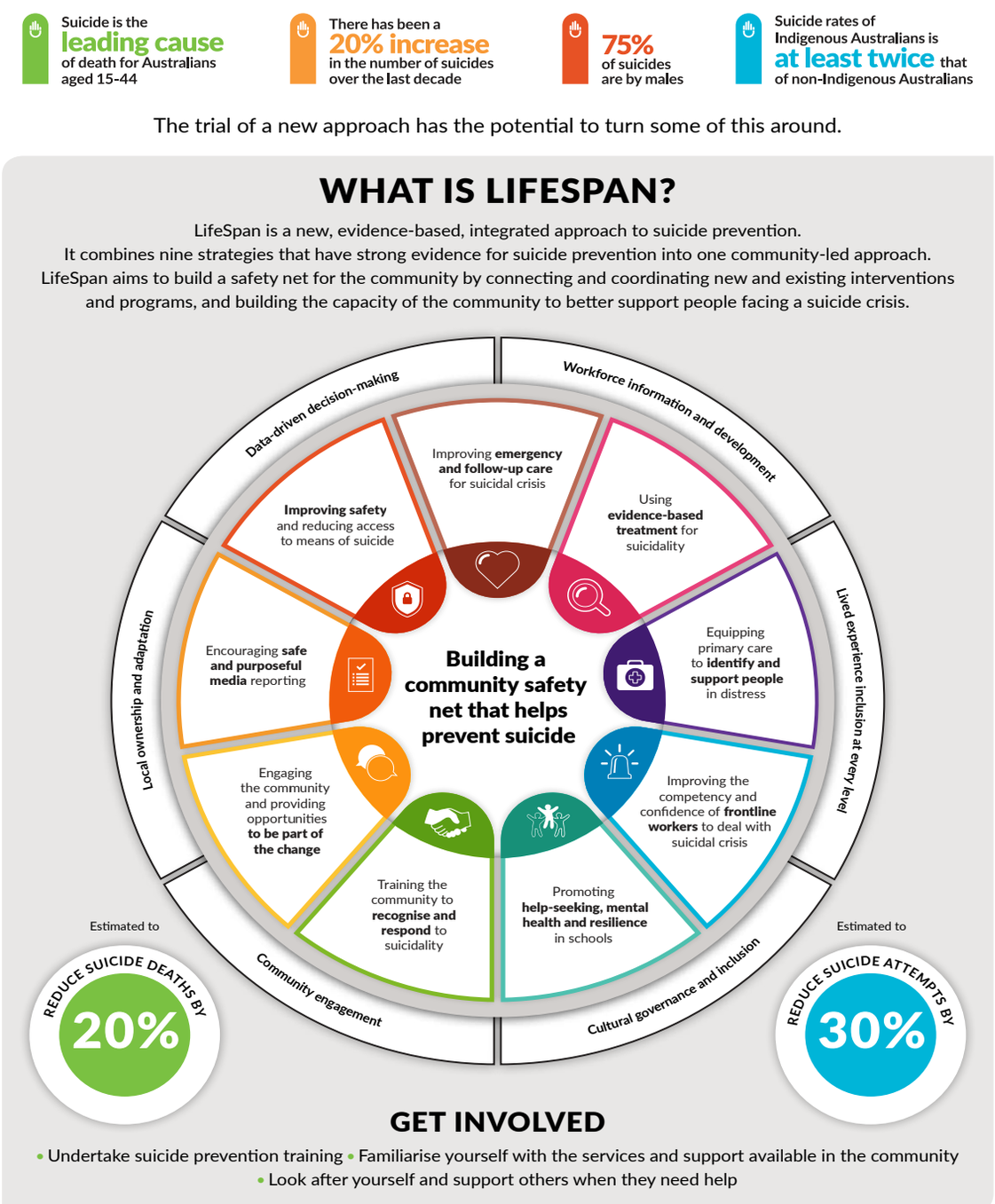
The Queensland Connecting care to recovery 2016–2021 plan[7] focuses effort across five priority areas. These priority areas aim to reform and improve the system for mental health, alcohol and other drugs consistent with the principles and directions outlined in My health, Queensland's future: Advancing health 2026[8]. 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.

[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)
[7] Connecting care to recovery 2016–2021, Queensland Government, 2016
[8] My health, Queensland's future: Advancing health 2026, Queensland Health, May 2016

LifeSpan framework for integrated suicide prevention

Developed by Black Dog Institute, the LifeSpan[3] framework 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 World Health Organisation guidelines. It does not specifically pull out postvention as a separate strategy. Black Dog Institute reports 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.

Diagram 5: LifeSpan framework for integrated suicide prevention



Queensland Alcohol and Other Drug Treatment Service Delivery Framework

The Queensland Alcohol and Other Drug Treatment Service Delivery Framework[9] 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

Gold Coast Health, GCPHN and the Queensland 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 providers 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 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.

- 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, Queensland Health or GCPHN can strengthen the framework by having these organisations assessed against a clinical set of standards that recognises the NGO service provider is providing safe and quality clinical services to its consumers if the organisation has achieved accreditation to either the following standards:

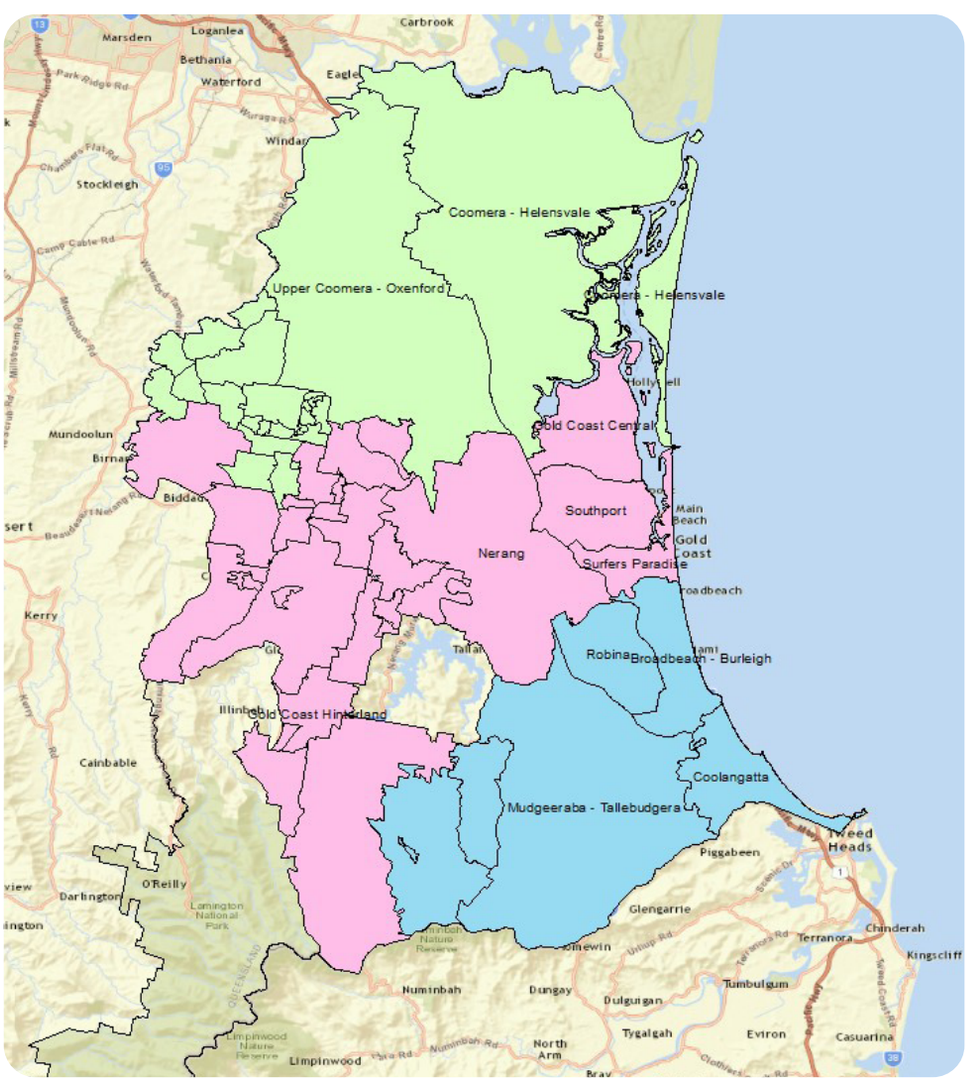
- Royal Australian College of General Practice Standards
- National Safety and Quality Health Service Standards

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

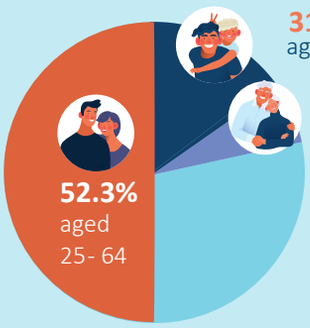
Overview of the Gold Coast region Part 2

2.1 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 Tamborine, Mt Tamborine, Canungra and Beechmont to the west. Gold Coast Primary Health Network (GCPHN) and Gold Coast Health 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 Gold Coast Council as well as neighbouring Tamborine – 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 accesses services within the Gold Coast region.



2.2 Our people



31.3%
aged 24 & under

16.4%
aged 65+

The Gold Coast's population is ageing and by 2030, one in five people will be 65 years and older.

As of 2019, the Gold Coast was home to an estimated **636,117** people.

Nearly **10,000** people in the region identify as Aboriginal and Torres Strait Islander (**1.7%** of the population).

28% of Gold Coast residents were born overseas.

POPULATION PROJECTION 2016 - 2026

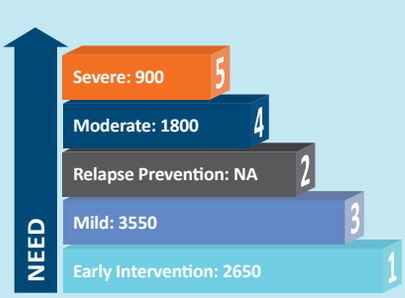
591,570	26%	739,186
2016	INCREASE	2026

Ormeau-Oxenford (SA3) has the largest population and fastest growth in population.

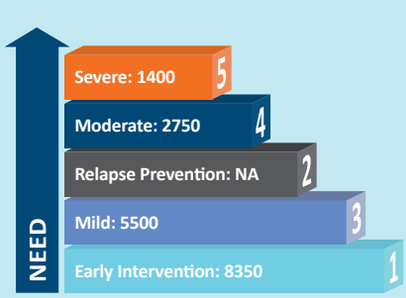
2.3 Our identified needs

Estimated prevalence of mental health issues in Gold Coast region as at 2024- 25

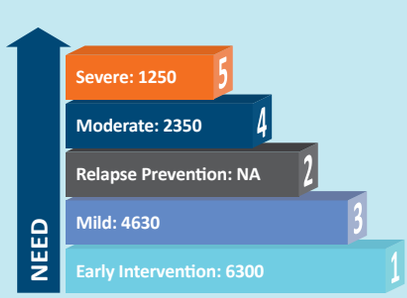
CHILD & YOUTH



0-4 YEARS OLD

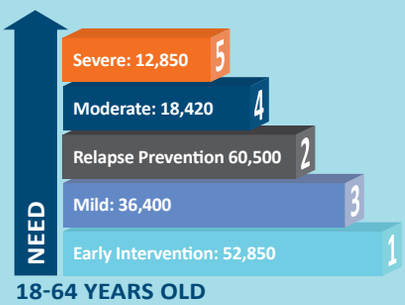


5-11 YEARS OLD



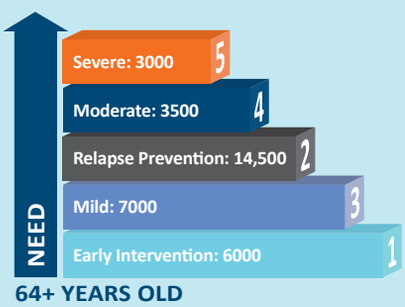
12-17 YEARS OLD

ADULT

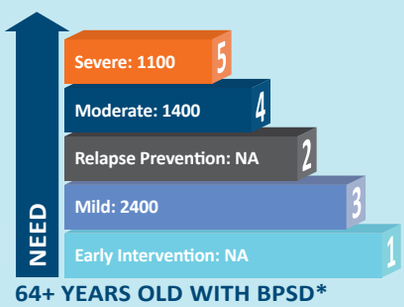


18-64 YEARS OLD

OLDER PEOPLE



64+ YEARS OLD



64+ YEARS OLD WITH BPSD*

*Behavioural and psychological symptoms of dementia

Information sourced from GCPHN's 2019 Needs Assessments

MENTAL HEALTH

DEPRESSION

15% people on the Gold Coast aged 15 and older will experience this in their lifetime.

30,698 people over 15 are currently experiencing this.

ANXIETY CONDITIONS

26% people on the Gold Coast aged 15 and older will experience in their lifetime.

71,300 people over 15 are currently experiencing this.

ALCOHOL AND OTHER DRUGS

Cannabis, alcohol and **amphetamines** are the most common drugs of concern, with ice reported as an emerging concern.

Nearly **1 out of 5** people on the Gold Coast have more than 2 standards drinks on average per day. This is higher than national rates.

2.4 Our service utilisation

MENTAL HEALTH IN GENERAL PRACTICE

- The GCPHN Primary Health Care Team indicates that mental health services comprise a large proportion of services provided by local general practices.
- Compared to national and state rates, the Gold Coast region had higher rates of people accessing MBS GP mental health-related services.

Medicare Benefits schedule services per 100 people, 2017-18

14.41 National **17.82** Gold Coast

398,470 services delivered through enhanced primary care on the Gold Coast in 2017/18, (40.22%) services were for mental health.

MENTAL HEALTH-RELATED PRESCRIPTIONS

19% of patients on the Gold Coast received a mental health-related prescription.

This is above the national percentage (17.1)%.

EMERGENCY DEPARTMENT MENTAL HEALTH PRESENTATIONS

7,847 presentations to Gold Coast Public Hospitals for mental health-related ED presentations in 2018.

- Average of **150 presentations** per week.
- Alcohol intoxication was the leading mental health related ED presentation.

ALCOHOL AND OTHER DRUGS

5,097 people on the Gold Coast sought treatment for alcohol and other drug issues from health service providers in 2017-2018.

Over **1 in 4 people** were under 20 years old.

SUICIDE

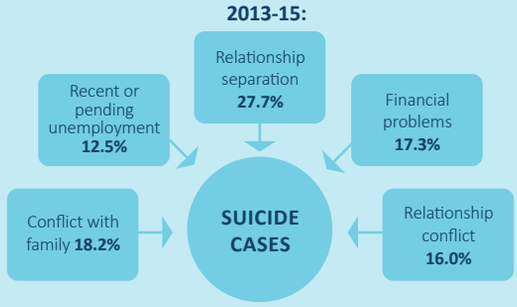
2,058 people presented to Gold Coast Public Hospitals Emergency Departments for suicidal ideation in 2019.

Age-standardised suicide rate per 100,000 people 2016-2018

National	Queensland	Gold Coast
12.1%	15.3%	14.86%

Males accounted for 59.4% of people dying of suicide on the Gold Coast in 2018.

Prevalence of life events in Queensland suicide cases 2013-15:



Information sourced from GCPHN's 2019 Needs Assessments

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 and historical determinants of health including inequity, stigma and discrimination, environmental and socio-cultural factors, including exposure to racism, 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 Plan[7], 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 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 Service, 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 Health provides mental health and alcohol and other drug services through its Mental Health Service funded by the Queensland Government through Queensland 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 Health (diagram 6a) and the Commonwealth (diagram 6b) for the Gold Coast region.

Diagram 6a: NHMSPF service types diagram (based on Connecting care to recovery 2016–2021[7])

State Government Funded Services

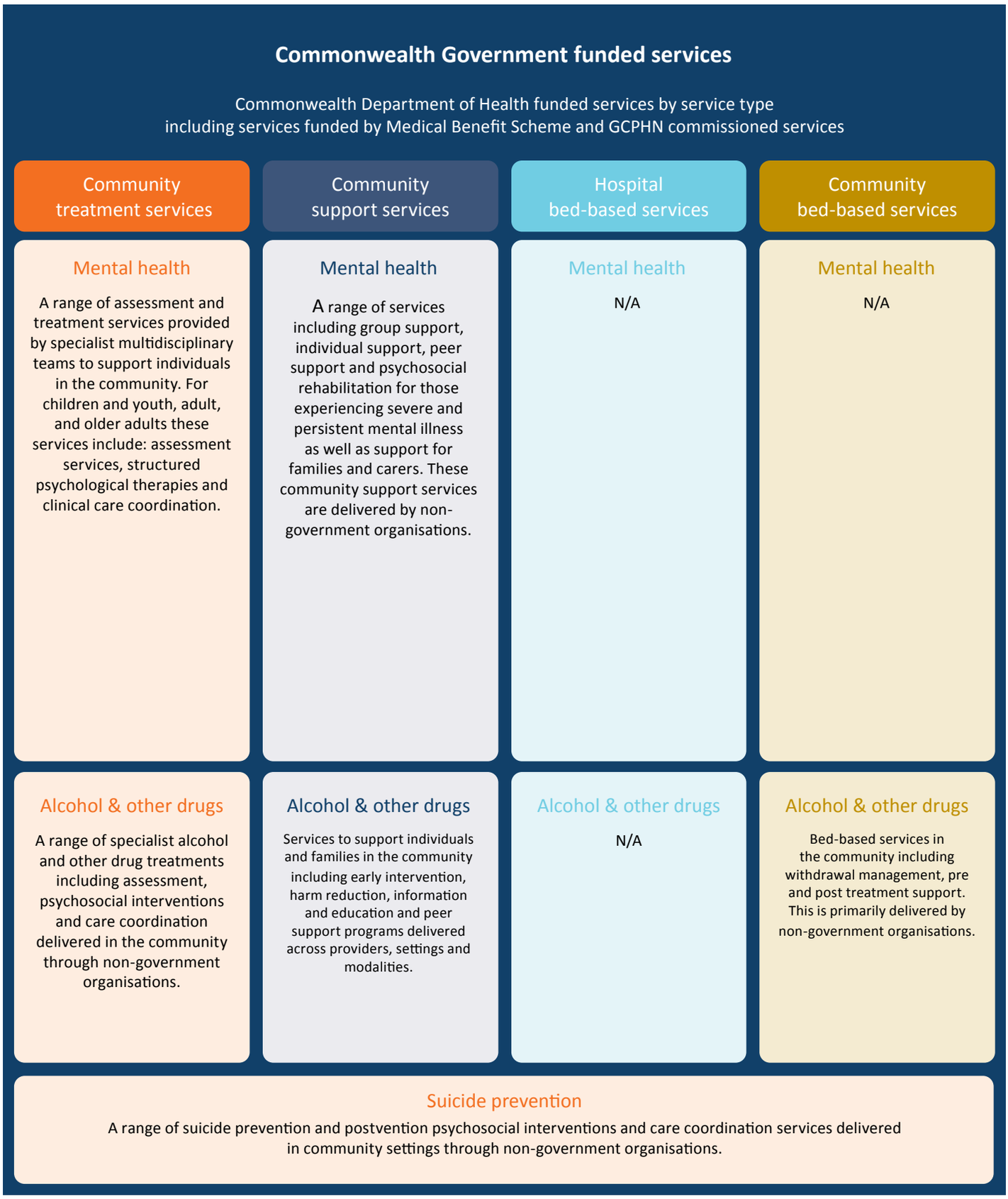
Queensland Department of Health Funded Services by Service Type
including Gold Coast Health Services

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

Suicide prevention

A range of specialist suicide prevention and postvention assessment, psychosocial interventions and care coordination services delivered in the hospital and community settings through HHSs and non-government organisations.

Diagram 6b: NHMSPF service types diagram (based on Connecting care to recovery 2016–20217)



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

A shared vision and strategic framework for the Gold Coast Joint Regional Plan

Part 3

3.1 The strategic framework

Introduction

This section outlines the shared vision and strategic framework for the Gold Coast's Joint Regional Plan (the 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 2 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:

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:

Planning for a common agenda
When working with multiple stakeholders to address complex issues there is a need for a shared approach to change, including a shared understanding of the issues, desired outcomes and agreed upon actions.

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 and cultural knowledge to come together as partners to guide this work, mobilise resources, influence policy and actions.

Responsive and connected workforce
Ensure the people who deliver services are skilled, culturally safe and supported to be able to confidently and compassionately meet the needs of people in the region.

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.

Coordinated activities that leverage and enhance strengths
Individual activity, people's strengths and scope of practice can be optimised when organised in a coordinated approach as opposed to operating in isolation.

Diagram 7: Shared vision and strategic framework for the Joint Regional Plan

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 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 Gold Coast Health and Gold Coast Primary Health Network (GCPHN) play an important role in each of these sectors, responsibility for driving these priorities is not the sole responsibility of Gold Coast Health 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

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-serviced 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 who 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 (0-18 years), Department of Health (0-12 years and 12-25 years), Queensland Health (0-18 years – 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 such as 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, community controlled organisations 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.

Gold Coast Health and GCPHN acknowledge 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 has devastating effects on individuals, their loved ones and the broader Gold Coast community. While this is recognised as a priority issue for our region, preventing suicide 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 making it difficult for people to get the help they need. 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.

However, 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. This 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 they need including the development of the 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. For Aboriginal and Torres Strait Islander peoples, the issues of suicide are also interconnected with the historical and current experiences of dislocation, trauma, racism, and many other complex social, cultural and political determinants. 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 this planning process. 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.

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

STRATEGY	GOLD COAST HEALTH	GCPHN	COMMUNITY
Improving emergency and follow up care for suicidal crisis	• 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 resource), Carer Support Program
Using evidence-based treatment for suicidality	• 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 Gold Coast Health	Private psychologists, Mental Health Professional Network (GCMHPN), University partnerships - Bond University & Griffith University
Equipping primary care to identify and support people in distress			Wesley Lifeforce, ASIST Training, Mental Health First Aid Training (MHFA), mental health skills training for GPs, 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 Gold Coast Health	Wesley Lifeforce, ASIST 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, Aboriginal and Torres Strait Islander 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			

While these current responses include some Aboriginal and Torres Strait Islander focussed programs, only a limited number of responses inlcude a specific Aboriginal and Torres Strait Islander service model.

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, is culturally unsafe 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 services that are joined up, integrated, culturally appropriate and safe, and designed to holistically meet their social and emotional wellbeing needs of the community. These needs and responses must be culturally informed and community led, including healing initiatives to more sustainably address the ongoing effects of colonisation and forced removal policies. 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, an understanding of the broader cultural determinants of health and wellbeing, including colonisation, stolen generations and racism that continue to impact on the lives of Aboriginal and Torres Strait Islander peoples.

While many service providers identify Aboriginal and Torres Strait Islander peoples 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 the Aboriginal and Torres Strait Islander Health Service - Gold Coast Health, offers 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.

Krurungal 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 a range of services to the Aboriginal and Torres Strait Islander community with the Yan-Coorara and Hospital Liaison Services providing advocacy and cultural support to assist the Aboriginal and Torres Strait Islander community to access services. This service within Gold Coast Health also provides cultural awareness training and has recently introduced the Courageous Conversations(TM) About Race Program to support and build cultural capability and provide tools to have conversations about race and racism.

Mental health crisis reform

Crisis is best considered from the individual's perspective and experience (self-defined) and needs to be more broadly defined than a service-based definition that might look at development of certain symptoms. Instead the definition needs to incorporate where the person is at in terms of the crisis continuum, it should be person-centred, strength-based, non-coercive and self-management-focused.

While there has been important progress in improving mental health systems in general, there is widespread acknowledgement locally, nationally and internationally that the current system for responding to mental health crisis is frequently inadequate and not fit for purpose. There is an urgent need to address the whole mental health crisis care system in order to effectively, sustainably and compassionately respond to the needs of consumers and their families.

Gold Coast Health commenced the Mental Health Crisis Reform initiative in the second half of 2019 with a consideration of the Crisis Now Framework, [10] which emphasises a number of care elements including: regional or state-wide crisis call centres coordinating in real time: centrally deployed, 24/7 mobile crisis teams; short-term, "sub-acute" residential crisis stabilisation programs; and essential crisis care principles and practices including recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

Feedback was obtained through a range of stakeholder meetings held on the Gold Coast across the second half of 2019 and early 2020. There was a very positive response to the core elements as outlined in the Crisis Now Framework. However, it was felt by many stakeholders that it was important to emphasise other aspects of the system and go beyond those presented within Crisis Now. There was strong feedback that any plans around crisis reform on the Gold Coast needed to have due consideration of the whole continuum of care, and to be well integrated into the community, and recovery focused. A model for Mental Health Crisis Reform in the Gold Coast region has been developed with core elements of the model highlighted in the Strategic Roadmap in section 4.

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, people with lived experience, service providers, commissioners, and cultural expertise 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
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. Organisations invest proactively to connect and collaborate to deliver high quality care. 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.	1. Organisations are supported to work together towards shared outcomes.	• Joint working arrangements established for significant pieces of work • Lived experience involvement at every level (individual, service, organisational, strategy) • Gold Coast Health, GCPHN agreement on quality and safety standards for commissioned services	Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care. Services are sustainable and appropriately funded to meet the prioritised needs of the local community. A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need. The appropriate health services are available to respond to needs in the community and intervene early.
Service providers within the hospital and health services and non-government organisations are assessed against agreed quality and safety standards. There are opportunities to align the required standards for clinical services provided in the region, where appropriate.	2. All services are accredited or working towards recognised quality and safety standards.		
All commissioned services through Queensland Health and GCPHN operate within the principles of the Recovery Paradigm. Despite this, people who are affected by decisions provided feedback that they may not always be included in decision-making processes at all levels.	3. Established culture of openness, trust and inclusion that supports people with lived experience at all levels.		

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
The mechanisms to support coordination of mental health and alcohol and drug services exist in the region through the Gold Coast Health Mental Health and Specialist Services and the GCPHN and related commissioned organisations. There are health services beyond those supported by Gold Coast Health 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. 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.	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.	• 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	Regional focus on collaborative suicide prevention with the intention of reduction in suicide rates in the region. A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need. Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care. The appropriate health services are available to respond to needs in the community and intervene early. A range of support options are available to respond to the diversity of the region.
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 used to inform decision making at a regional level. 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. 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.	5. Improved quality and utilisation of Gold Coast data.		

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
Feedback has identified that people accessing services feel that service providers do not coordinate care well. This includes: • 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.	6. Improved information flows, including clinical handover processes and cultural handover, that support continuity of care.	• % increase in completion rate of electronic discharge summaries/transfer of care letters within 1 working day • Rate of completeness of recording indigenous identification • Agreements and systems in place that enable timely data exchange	People are supported early to be able to maintain the best possible mental health across their life stages. Service users have a compassionate and safe experience. Distress and crisis is responded to in a timely and appropriate manner. People are matched with the service which optimally matches their needs. Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care.

Coordinated activities that leverage and enhance strengths: Strategic Roadmap

Individual activity, people's 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
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. The consultation process highlighted: • 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.	7. Region is working towards a more coordinated and consistent approach to intake, assessment, and referrals.	• 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	People's mental health and physical health are both supported to optimise quality of life. Regional focus on collaborative suicide prevention with the intention of reduction in suicide rates in the region. People are supported through their life and service transitions. People are matched with the service which optimally matches their needs. A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need.
Referrals to services are often inappropriate, resulting in people being under or over serviced. Service navigation support is highly sought after to address the lack of clarity about services.	8. Service providers and people understand the service infrastructure (availability and capability of services).		
Social determinants of health play an important role but funding responsibility often sits outside the health system. For example, we know homelessness, unstable housing is a barrier to AOD treatment and maintenance of recovery. Social supports and non-clinical options can be important aspects of recovery.	9. Developed relationships that provide opportunities for more meaningful interactions within and between sectors (e.g. housing).		

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
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. 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 are also varied views on which model or approach is most effective and suitable within and between services, sectors and individuals.	10. Identification and access to shared development and networking to develop more standardised skills across the sector.	• 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 Aboriginal and Torres Strait Islander workforce	People who deliver services are adequately trained and supported to fulfil their roles with compassion and confidence. People are supported by a robust lived experience workforce that is valued, supported and integrated across service providers. The above workforce related outcomes will contribute to: • 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) • Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care.
GPs are the gatekeepers to many services. Variability in formal education and practical experience of GPs and other primary care providers in relation to mental health, alcohol and other drugs and suicidal ideation limits capacity and confidence of GPs to address issues in primary care. Gaps in clinical resources, knowledge and supports in the community result in people referring to tertiary services as a default option or last resort.	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.		
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. 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. Mainstream services may not have the cultural capability or access to cultural liaison support to be able to respond to specific cultural practices.	12. Increased capacity in the region to deliver culturally safe and responsive services.		
Inconsistent approach to employing and supporting lived experience peer workers in the region. Organisations are at differing levels of maturity in terms of capacity to employ and support peer workers.	13. Strengthened role of lived experience and peer workers in the region through expanded opportunities and consistent support.		

Children, youth and families: Strategic Roadmap

Current state and identified gaps	Desired state	Headline measures	Long term outcomes
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. 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.	1. Collaborative service development for youth specific services.	• 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	People are supported early to be able to maintain the best possible mental health across their life stages. A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need.
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 traumatisation, service fatigue & disengagement.	2. Strengthened system response for children and young people in care.		
Schools play an important role in the community and early intervention has potential to prevent longer term ramifications. 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.	3. Schools and services providers are aligned in their knowledge, resources, and strategies to support children and young people's mental health and wellbeing.		
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. 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.	4. Child and youth service providers have knowledge, resources, and capability to effectively engage with families and carers.		

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
- Early intervention for families and young children 0-12.

Adults: Strategic Roadmap

Current state and identified gaps	Desired state	Headline measures	Long term outcomes
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. 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. Review of this infrastructure will help to further refine and target these services ensuring they best meet the needs of the region.	1. Current psychological services optimally meet the needs of the region.	• 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 Gold Coast Health specialist community services (clinical staff) • Rate of adult population accessing GCPHN and Queensland Health Community support services (psychosocial)	A coordinated approach to healthcare planning ensures a balanced, whole-of-population response based on need. People are supported early to be able to maintain the best possible mental health across their life stages. Services are sustainable and appropriately funded to meet the prioritised needs of the local community.
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. The Gold Coast Psychosocial Alliance has been established to coordinate services between Queensland Health, PHN and NDIS providers of psychosocial services.	2. Non-clinical supports are easily accessible.		
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.	3. People's vulnerability to social determinants is reduced through improved coordination of services across sectors.		
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.	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
Mental health and aged care related issues (e.g. dementia) are often treated in isolation of each other or as separate disciplines. Limited access to assessment and treatment by public sector geriatricians to patients in the community	1. Improved co-working across mental health and aged care disciplines to address comorbidities.	• Rate of RACF residents accessing psychological services (PHN funded) • Rate of older people receiving access to mental health specialist support (Gold Coast Health) while in RACF • Rate of older people presenting to Gold Coast Health Emergency Departments with mental health concerns • Rate of older people admitted to Gold Coast Health mental health wards and case management team • Rate of older people accessing MBS mental health services	Improved trust, confidence, and transparency across the sector to facilitate more comprehensive care. People who deliver services are adequately trained and supported to fulfil their roles with compassion and confidence. People's mental health and physical health are both supported to optimise quality of life. People's complexity is recognised to ensure a holistic response (physical, mental health, suicide prevention, AOD, family, culture).
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.	2. Increased older person's mental health specialist support to primary care and RACFs, including training updates and telephone advice.		
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. 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.	3. Enhanced community connections to reduce the impact of social isolation and loneliness.		

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
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. Suicide is often a 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.	**1. People with lived experience are supported to share and contribute their knowledge and experience in a safe and meaningful way at every level.**	• Number of identified people trained to safely share their lived experience story • Deliverable: Endorsed Black Dog Institute's LifeSpan Lived Experience Framework • 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	Regional focus on collaborative suicide prevention with the intention of reduction in suicide rates in the region.
Currently we don't know enough about what evidence-based treatments are being delivered, by whom or what the quality of these services is. 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. 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.	**2. Support people in distress in the community through:** • 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.		
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. 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.	**3. Improve support for carers and families impacted by suicide through:** • Information and connection to supports including online. • Prioritisation for care and support alongside people who have attempted suicide or have suicidal ideation.		

Suicide prevention: Strategic Roadmap (continued)

Current state and identified gaps	Desired state	Headline measures	Long term outcomes
Suicide prevention efforts are often fragmented and have not always been strategically planned or coordinated. 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. 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. People living with mental illness are up to 30 times more likely to die by suicide than the general population. 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. Many people lack the confidence and skills to address people in suicidal distress or crisis.	**4. Develop a responsive workforce and community where:** • 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. • General Practitioners 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.		

Suicide prevention: Strategic Roadmap (continued)

Current state and identified gaps	Desired state	Headline measures	Long term outcomes
Representations and portrayals of suicide in the media can be sensationalised and can increase the risk of suicide for vulnerable people and can perpetuate stigmatising attitudes towards people experiencing suicidal thoughts or behaviours, or towards people who have died by suicide. Suicide prevention activities are frequently fragmented. Individuals who naturally have the influence to drive suicide prevention activities in their communities may not be connected with or aware of regional suicide prevention initiatives and how they could contribute.	**5. Develop a regional communication strategy/plan to build awareness and maintain momentum** • The Gold Coast region has shared leadership and commitment to clear, consistent and safe messaging around the topic of suicide and suicide prevention. • Partner with community champions to promote and market suicide prevention activities.	• 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

Complex service system means people are unclear about which services are available and what service is the most appropriate fit.
 	
There is a high demand for service navigation support and working with people to assess and determine suitable options.
 	
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.
 	
Referrals are often inappropriate, resulting in people being under or over serviced.
 	
AOD services all fielding information calls from community which could be handled through ADIS.
	1. Increased awareness and utilisation of Alcohol and Drug Information Services (ADIS).	• Number of re-ferrals to/from ADIS
		• Proportion of Gold Coast pop-ulation access-ing ADIS
		• Proportion of Gold Coast population accessing:
		  • Withdrawal management and support
		  • After hours support
		  • Residential rehab
		  • Private Psychi-atry
			Harmful effects of alcohol and drug use are minimised for people and their families.
			
			People are matched with the service which optimally matches their needs.
			
			Services are sustainable and appropriately funded to meet the prioritised needs of the local community.

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. Current capacity of withdrawal management and support, 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. Perception that withdrawl can only occur in a bed-based facility, whereas in-home and outpatient withdrawal management and support can be highly effective and would increase access to this treatment type.	2. Improved accessibility and timeliness of alcohol and other drugs treatment services and specialist services including psychiatry.		
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. It can be difficult for service providers to know what capacity services have, particularly for withdrawal and rehabilitation bed availability, which can delay access for clients while capacity is confirmed.	3. Proactive communication between services supports improved continuity of care.		

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 peoples: Strategic Roadmap

Current state and identified gaps	Desired state	Headline measures	Long term outcomes
The link between racism and poor health outcomes is well established, and a high proportion of Aboriginal and Torres Strait Islander peoples experience high levels of direct and indirect racism on a daily basis. 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. 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.	1. Mental health, suicide prevention, alcohol and other drugs services are actively working towards reconciliation and health equity.	• % of GCPHN and Queensland Health funded services with Reconciliation Action Plans or documented health equity strategies • 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	Service users have a compassionate and safe experience. People's complexity is recognised to ensure a holistic response (physical, mental health, suicide prevention, AOD, family, culture).
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. 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.	2. Mainstream services have the capacity to safely and effectively work with Aboriginal and Torres Strait Islander peoples.		
The percentage of the health workforce that identifies as Aboriginal and Torres Strait Islander is not proportionally representative. 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.	3. Aboriginal and Torres Strait Islander mental health, alcohol and other drug workforce is supported to grow and develop at all levels.		

Mental health crisis reform: Strategic Roadmap

Current state and identified gaps	Desired state	Headline measures	Long term outcomes
There is a need for health services (physical health, mental health, alcohol and other drugs services), social services and emergency response services (e.g. police and ambulance) to work together on coordinated and strategic approaches to transforming mental health crisis care across the Gold Coast region. When challenges occur during a crisis, it is often at the points of intersection of these agencies. These entities have their own points of entry, and staff with significant variation in skills, training, and experience in mental health crisis. There are complex questions regarding who takes the lead for certain situations and how does integration and communication occur.	1. Local leadership working together to coordinate a network for responding at a regional level and leading the development of a comprehensive continuum of care available to meet the needs of people who experience mental health crisis.	• Establishment of a Gold Coast regional multiagency leader-ship group to oversee the progress of crisis reform on the Gold Coast	Distress and crisis is responded to in a timely and appropriate manner. Regional focus on collaborative suicide prevention with the intention of reduction in suicide rates in the region. Service users have a compassionate and safe experience. People are supported by a robust lived experience workforce that is valued, supported and integrated within service providers.
While principles related to best practice crisis care have been driving reform at a regional level for many years, there is a need to continue to embed these principles in our service and system, both existing and new initiatives.	2. Ongoing work to embed core principles in all aspects of the crisis continuum will underpin any new models of service: • Recovery orientation • Trauma informed • Lived experience and involvement of families central to all models of care • Continuing to build on Zero Suicide principles • Adopting a Journey to Zero Seclusion and Restraint • Integrated mental health, alcohol and other drug and physical health care • Comprehensive care • Culturally safe, responding to diversity.	• Evidence that all services developed as part of the crisis care continuum adopt these core principles	
A narrow focus on how we respond once a significant crisis has developed will not meet the needs of our community, nor will it align with a growing evidence base internationally. Only with an adequate continuum of service will we be able to prevent crises from developing or reduce likelihood of re-presentations in the future. A comprehensive system needs to include social and housing support to enable recovery and prevent a cycle of repeated crises.	3. A continuum of care is able to prevent crises from developing or reduce likelihood of re-presentations in the future: • Early Intervention • Responding to crisis • Crisis resolution • Prevention.	• Establishment and commissioning of a Stabilisation Unit in 2021 • Establishment and commissioning of a Crisis Safe Space in 2021	

Mental health crisis reform: Strategic Roadmap (continued)

Current state and identified gaps	Desired state	Headline measures	Long term outcomes
There is a need for real-time response and data driven decision making. Current electronic systems limit communication and shared care planning with consumers across the network or services. Evaluation and research opportunities using local data and learnings are needed	4. Improved access to data drives a continuous improvement approach to mental health crisis reform and contributes to the evidence base.	• Establishment and commissioning of a 24/7 1300 Hub with capacity for real-time reporting in 2021	
New models of service to respond to mental health crisis will require training and support to ensure success. There is a need for a shared understanding across the diverse workforces involved to facilitate improved collaboration. With peer workers a central component of the model, there are specific needs to ensure enough peer workers and appropriate support systems are in place.	5. Training and workforce development to support all underlying principles and new models of service.	• Development of an evaluation strategy by 2021 to support a continuous improvement approach to crisis reform on the Gold Coast	

Accountability and Implementation

Part 5

5.1 Governance and oversight of implementation

An implementation governance structure will be established to guide the next phase of the Joint Regional Plan. This implementation governance structure will include people with lived experience and cultural knowledge as well as clinicians.

The strategic roadmaps of this Joint Regional Plan are supported by complementary documents outlining more detailed actions that will contribute to the agreed upon outcomes. These action plans will be further refined through collaborative processes as part of the implementation phase. Working groups will be established with joint leadership from both Gold Coast Health and GCPHN to progress specific scopes of work.

People with lived experience will be actively engaged in implementation processes. To ensure people are engaged in the most meaningful and effective way, engagement mechanisms may vary depending on the nature of work being progressed.

In addition, Gold Coast Health and GCPHN are committed to ongoing review and improvement to ensure that moving forward, our processes are as culturally safe, inclusive and as trusted as possible. Strengthened relationships and dedicated engagement with Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities will ensure our implementation approach meets the specific needs of the diverse communities within the Gold Coast region.

Both Gold Coast Health and GCPHN will continue to commit staff time to coordinate the implementation of this Joint Regional Plan. This will ensure initiatives in the region are guided by the strategic roadmaps in this Plan, and the multiple activities and working groups are progressed in a coordinated approach.

5.2 Reporting and reviewing progress

The governance structure will regularly review progress on the Joint Regional Plan activity, including review of the headline measures (Appendix 4) to assess progress towards our shared outcomes. Reports will also be provided to both Gold Coast Health and GCPHN Boards of Directors through existing processes.

As part of our ongoing commitment to open communication, the Gold Coast community will also receive annual updates on progress towards the Plan.

5.3 Development of comprehensive services development plan

While this Plan sets out a five-year strategic agenda, both Gold Coast Health and GCPHN are committed to more comprehensive service development and detailed planning. Building on this foundational Plan, more detailed service planning forms part of our commitments made in the 'Planning for a Common Agenda Strategic Roadmap' and will contribute to the desired state of:

Leaders and decision makers have a shared understanding of the region's mental health, suicide prevention and alcohol and other drugs infrastructure to inform decision making.

Delivery of a more detailed comprehensive services development plan by mid-2022 is a key headline measure for this foundational Joint Regional Plan. Additionally, this is a requirement as part of the commitments made by the Commonwealth and State governments as part of the Fifth National Mental Health and Suicide Prevention Plan.

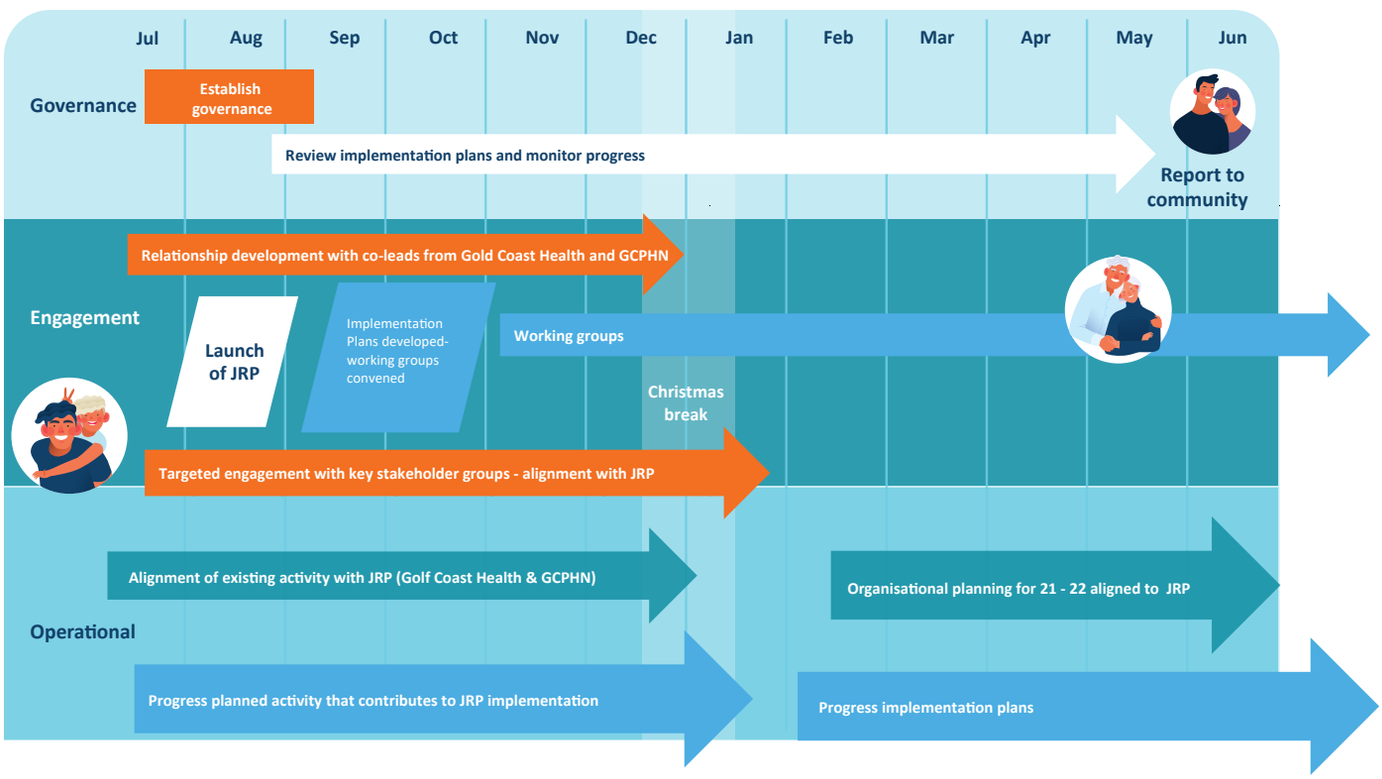
5.4 Working with other sectors

The Productivity Commission's Mental Health, Draft Report recognises 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.

As part of the implementation of this foundational Joint Regional Plan both Gold Coast Health and GCPHN will work to develop relationships with other sectors to enhance our responses. Additionally, the more comprehensive service development plan will further explore multi-sectoral approaches.

5.5 High-level timeline for the first year of implementation



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 or working towards recognised quality and safety standards.**
3. Established culture of openness, trust & inclusion that supports people with **lived experience at all levels.**

PLANNING FOR A COMMON AGENDA

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.
5. Improved quality and utilisation of **Gold Coast data.**

EFFECTIVE, TIMELY AND SAFE INFORMATION EXCHANGE

6. Improved **information flows**, including clinical handover processes and cultural **handover**, 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 **development 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 service 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. People with lived experience are supported at every level. 2. People in distress are supported in the community. 3. Improved support for carers and families impacted by suicide. 4. A responsive workforce and community. 5. A regional communication strategy builds awareness and maintains momentum.
Alcohol and other drugs	1. Increased awareness and utilisation of Alcohol and Drug Information Services. 2. Improved accessibility and timeliness of alcohol and other drugs treatment services and specialist services including psychiatry. 3. Proactive communication between services supports improved continuity of care.
Social and emotional wellbeing for Aboriginal and Torres Strait Islander peoples	1. Mental health, suicide prevention, alcohol and other drugs services are actively working towards Reconciliation and health equity. 2. Mainstream services have the capacity to safely and effectively work with Aboriginal and Torres Strait Islander peoples. 3. Aboriginal and Torres Strait Islander mental health, alcohol and other drug workforce is supported to grow and develop at all levels.
Mental health crisis reform	1. Local leadership working together to coordinate a network for responding at a regional level. 2. Ongoing work to embed core principles in all aspects of the crisis continuum will underpin any new models of service. 3. A continuum of care is able to prevent crises from developing or reduce likelihood of re-presentations in the future. 4. Improved access to data drives a continuous improvement approach to mental health crisis reform and contributes to the evidence base. 5. Training and workforce development to support all underlying principles and new models of service.

Governance group members Appendix 1

GCPHN and Gold Coast Health 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
- Dr Kathryn Turner, Clinical Director, Mental Health & Specialist Services – Gold Coast Health
- 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
- Dr Hesitha Abseyundera, Consultant Psychiatrist and Addiction Medicine Specialist, Clinical Lead, Alcohol and Other Drug Services – Gold Coast Health
- Alice Almeida-Crasto, Divisional Allied Health Lead, Mental Health & Specialist Services – Gold Coast Health
- Dr Susie Radford, General Practitioner
- Anna Davies, Director, Strategy, Planning & Partnerships Unit, Mental Health Alcohol & Other Drugs Branch – Queensland Health
- Adam Connell, Principal Project Officer, Strategy, Planning & Partnerships Unit, Mental Health Alcohol & Other Drugs Branch – Queensland Health
- Michelle Edwards, Carer Consultant, Consumer, Carer and Family Participation Team, Mental Health & Specialist Services – Gold Coast Health
- Marina Cover, Carer Peer Worker, Carer and Family Participation Team, Mental Health & Specialist Services – Gold Coast Health
- Fern Hunter, Lived Experience Representative
- Michelle Powell, Lived Experience Representative
- Shalon Hunte, Lived Experience Representative
- Amy Petrocy, Senior Project Officer – Mental Health Regional Plan – Gold Coast Primary Health Network

Clinical Leaders Advising on Wellbeing (CLAW)

- Dr Hesitha Abseyundera, Consultant Psychiatrist and Addiction Medicine Specialist, Clinical Lead, Alcohol and Other Drug Services – Gold Coast Health
- Dr Susie Radford, General Practitioner
- Alice Almeida – Crasto, Divisional Allied Health Lead, Mental Health & Specialist Services – Gold Coast Health
- Renee Kay, Acting Team Leader, Adolescent Day Program, Child and Youth Mental Health Service – Gold Coast Health
- Dr Ravi Krishnaiah, Clinical Director, Adult and Older Persons Mental Health – Gold Coast Health
- Jean Lightbody, Clinical Psychologist
- Sean Hynes, Senior Program Manager – Therapeutic Services – QuIHN Ltd
- Nathan Campbell, Senior Case Manager, Social Health Program – Kalwun Development Corporation
- 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-Gold Coast Health, 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 Hunte, Lived Experience Representative
- Duane Katene, Lived Experience Representative
- Cheryl Frank, Lived Experience Representative
- Louise Starr, Lived Experience Representative
- Shalon Hunte, 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
- Michelle Edwards, Carer Consultant, Consumer, Carer and Family Participation Team, Mental Health & Specialist Services – Gold Coast Health

Suicide Prevention Leadership Group

- Dr Kathryn Turner, Clinical Director, Mental Health & Specialist Services – Gold Coast Health
- Philip Williams, Program Manager (Commissioning) – Gold Coast Primary Health Network
- Sara Dixon, Senior Project Officer Suicide Prevention – Gold Coast Primary Health Network
- Cindy Heddle, Lived Experience Committee Member, Suicide Prevention Research Advisory Group
- Leila Farahani, Lived Experience Representative
- Toni Eachus, Operations Manager/Assistant CEO – Goldbridge Rehabilitation Services
- Pauline Coffey, Suicide Prevention Services Manager – Wesley Mission Queensland
- Dr Susie Radford, General Practitioner
- 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-ordninator, 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 of collaboration between Gold Coast Health and GCPHN and close engagement with the sector. Especially in recent years, people have engaged closely with GCPHN and Gold Coast Health 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 Gold Coast Health 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.

Public consultation opportunities were also available online throughout the planning process, including an opportunity to provide feedback on drafts of the Plan prior to publication.

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**

Current GCPHN Funded Services by Service Type

Appendix 3

Gold Coast Primary Health Network commissions a range of services to meet different needs across the Stepped Care continuum.
These services are available at no cost to patients.
Health professionals can complete a referral using the Mental Health Stepped Care Referral Form.
Some services accept referrals from any source including self, family, friends, teachers, counsellors, doctors, psychologists and/or psychiatrists. Enquiries can be made directly with the provider.

Primary and Specialised Community Mental Health (Clinical Support Services)									Specialised Mental Health Community Support Services
NEED	LOW INTENSITY	MILD TO MODERATE INTENSITY			MODERATE INTENSITY	HIGH INTENSITY			
SERVICE	**Clinical Care Coordination - Kalwun Social Health -** offering **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: 07 5526 1112								
	Head to Health	**New Access**	**headspace**	**Psychological Services in Residential Aged Care Facilities**	**Psychological Services Program**	**Youth Clinical Care Coordination - Lighthouse**	**headspace Early Psychosis**	**Clinical Care Coordination - Plus Social**	**Psychosocial Support**
TARGET AUDIENCE	**All ages**	People **12 years and older** who are finding it hard to manage life stress	**Young people 12-25 years** with emerging mental health needs	**Older people living in Residential Aged Care Facilities** experiencing mild depression or anxiety and those having trouble adjusting to changes or coping with loss	People who have a **current health care/pension card and identify with any of the target groups** (*exceptions for suicide prevention, homelessness, children in out of home care 0-12 years)	**Young people 12-18 years** with severe and/or complex mental health needs	**Young people 12-25 years** at risk of or experiencing a **first episode of psychosis**	Adults **18 years and older** who experience the impact of severe mental illness and who are not currently case managed or accessing Gold Coast Health mental health services	**Adults 18 years and older** who have a severe mental illness and/or complex life stressors
DESCRIPTION	**Online portal** that brings together apps, online programs, online forums, and phone services, as well as a range of digital information resources	A mental health **coaching program,** designed to provide accessible, quality **structured psychological therapy** services. People can access six coaching sessions delivered over the phone, via Skype or in person by trained mental health coaches	An accessible **'one-stop-shop' for young people** that helps promote wellbeing: mental health, physical health, work/study support and alcohol and other drug services	Offers **structured psychological** therapies and can also support people experiencing dual diagnosis of mental health and dementia or neurocognitive disorder (including brain injury/developmental disability) where behaviours are identified as mental health related	Offers short term **structured psychological therapies.** Target groups include people who identify as: • Aboriginal and Torres Strait Islander • Culturally and Linguistically Diverse • LGBTIQAP+ • Perinatal - have had a baby in the last 12 months • Children up to 12 years old • *Children in out of home care (up to 12 years old) • *Experiencing or at risk of homelessness • *People who have attempted or are at risk of suicide or self-harm	Provides trauma informed, recovery-orientated **clinical care coordination and specialised treatment**	A **multidisciplinary service** of consultant psychiatrists, peer workers and clinicians that support young people aged 12-25 at risk of or experiencing a first episode of psychosis. The Early Psychosis team is equipped to intervene early to improve the lives of young people, and their families, who are impacted by psychosis	**A comprehensive, high intensity clinical support service** that includes structured, recovery and goal-oriented services focused on creating significant improvements in quality of life, health and wellbeing	A high intensity service which provides practical assistance and personalised support. Through **individual and group based support,** the service includes activities such as life skills development, employment and education goals and learning how to maintain health and wellbeing
PROVIDER(s)	**Various - www.HeadToHealth.gov.au**	**Lives Lived Well for ages 12 -25** 1 300 971 309 **Primary and Community Care Services (PCCS) for 25+** 07 3186 4000	**Lives Lived Well** 07 5509 5900	**Changes Futures** 07 5648 0424	**Various** 07 3186 4000	**Lives Lived Well** 07 5699 8248	**Lives Lived Well** 07 5509 5900	**Primary and Community Care Services (PCCS)** 07 3186 4000	**Primary and Community Care Services (PCCS)** 07 3186 4000 **Stride** 07 5562 4300 (for existing NPST & COS clients)

Assessment services: The Primary and Community Care Services (PCCS) Referrals and Triage service provides a central point for receiving and assessing GP and psychiatrist referrals for people who are not in crisis and require mental health, drug and alcohol and suicide prevention support. The multi-disciplinary team coordinates intake for Gold Coast Primary Health Network's mental health care services. **07 3186 4000**

Current GCPHN Funded Services by Service Type

Appendix 3

NEED	SUICIDE PREVENTION COMMUNITY SUPPORT	ALCOHOL AND OTHER DRUGS TREATMENT SERVICES			ENGAGEMENT SUPPORTS			PRIMARY AND COMMUNITY CHRONIC DISEASE SERVICES	
SERVICE	**The Way Back Support Service**	**QuIHN**	**Lives Lived Well**	**Kalwun**	**Community Pathway Connector**	**Expanded Horizons**	**After Hours Drop-In Service**	**Persistent Pain Program**	**Integrated Team Care**
TARGET AUDIENCE	Adults **18 years and older** that have presented or been discharged from either Robina or Gold Coast University Hospital **following a suicide attempt or suicidal crisis**	Adults **18 years and** older impacted by alcohol or drugs, including impacts associated with mental health issues	People **12 years and older** impacted by alcohol or drugs, including impacts associated with mental health issues	People of **all ages** impacted by alcohol or drugs, including impacts associated with mental health issues	People of **all ages** who identify as **Aboriginal and Torres Strait Islande**r or people from **culturally and linguistically diverse backgrounds**	**LGBTIQAP**+ young people a**ges 12-25**	Adults **18 years and older** who are seeking a supportive and friendly space to be during times of **distress**	People with **persistent pain which has lasted for more than 3-6 months** and are not suitable for surgical or urgent pain specialist interventions	**Aboriginal and Torres Strait Islander people with chronic health issues** who require help in coordinating their care and accessing services
DESCRIPTION	Delivers personalised **non-clinical psychosocial support** for up to three months after discharge. This service supports people to stay safe, to keep connected with others and to access health and community services as part of their recovery	Treatment and support to reduce problematic substance use and achieve recovery goals. Services include **outreach in the Northern Corridor, in-home support, group programs, long term case management and counselling**	**Short to medium term treatment** and support to reduce problematic substance use, with **access to all Lives Lived Well programs** including family support and therapy, dual-diagnosis and complex care, residential rehabilitation and transitional housing supports	Treatment and support to reduce problematic substance use. Program works within a **social and emotional wellbeing** framework, using a person and **family-centred** approach with the ability to link to a range of internal and external supports	Provides a culturally safe **connection point and referral service**, assisting people and agencies through tailored information, one-on-one support to navigate the services system, working with interpreters and linking with cultural awareness education as needed	Offers **group based support**, resources, guest speakers, peer support and information to build a positive sense of identity and connection with peers	A confidential community **safe space** with peer workers and clinical staff available to provide **individual support** 6pm-10pm Monday-Friday and 11am-10pm Saturday and Sunday	Supports people to explore a range of different strategies through **education program, individual case management, peer support**, goal setting and improved use of community health services	Provides **assessment, clinical care coordination, individual support, outreach, transport and monitoring and ongoing management**
PROVIDER(s)	**Wesley Mission Queensland** 1 800 448 448	**QuIHN** 07 5520 7900	**Lives Lived Well** 1 300 727 957	**Kalwun** 07 5526 1112	**CURA Community Services Multicultural Communities Council Gold Coast** 07 5527 8011 **Krurungal Aboriginal and Torres Strait Islander Corporation** 07 5536 7911	**Wesley Mission Queensland** 1 800 448 448	**Primary and Community Care Services** 07 3186 4000	**Pain Wise** 0412 327 795	**Kalwun** 0429 908 281
REFERRAL INFO	Must be made via Queensland Health Acute Care Team	Accepts referrals from any source, including self-referrals and walk ins			Accepts referrals from any source, including self-referrals and walk ins	Accepts referrals from any source, including self-referrals	Walk in 2580 Gold Coast Highway Mermaid Beach QLD 4218	Requires GP referral	Requires GP referral

Summary of Headline Measures

Appendix 4

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)
	Gold Coast Health, 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

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 Gold Coast Health specialist community services (clinical staff)
	Rate of adult population accessing GCPHN and Queensland Health 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 (Gold Coast Health) while in RACF
	Rate of older people presenting to Gold Coast Health Emergency Departments with mental health concerns
	Rate of older people admitted to Gold Coast Health mental health wards and case management team
	Rate of older people accessing MBS mental health services

Summary of Headline Measures

Appendix 4

Suicide Prevention	Number of identified people trained to safely shared their lived experience story
	Deliverable: Endorsed Black Dog Institute LifeSpan Lived Experience Framework
	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
	Deliverable- communications strategy
	Engagements (events attended, communiques out)
Alcohol and other drugs	Number of referrals to/from ADIS
	Proportion of Gold Coast population accessing ADIS
	Proportion of Gold Coast population accessing withdrawal management and support
	Proportion of Gold Coast population accessing after hours support
	Proportion of Gold Coast population accessing residential rehab
Social and emotional wellbeing services for Aboriginal and Torres Strait Islander peoples	% of GCPHN and Queensland Health funded services with Reconciliation Action Plans or documented health equity strategies
	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 and private allied health professionals completing GCPHN Cultural Competency Training
Mental health crisis reform	Establishment of a Gold Coast regional multiagency leadership group to oversee the progress of crisis reform on the Gold Coast
	Evidence that all services developed as part of the crisis care continuum adopt these core principles
	Establishment and commissioning of a Stabilisation Unit in 2021
	Establishment and commissioning of a Crisis Safe Space in 2021
	Establishment and commissioning of a 24/7 1300 Hub with capacity for real time reporting in 2021
	Development of an evaluation strategy by 2021 to support a continuous improvement approach to Crisis Reform on the Gold Coast.

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Gold Coast Health
Building a healthier community

phn
GOLD COAST
An Australian Government Initiative