

Mental Health Select Committee

Report No. 1, 57th Parliament,

Inquiry into the opportunities to improve mental health outcomes for Queenslanders (tabled 6 June 2022)

Queensland Government final response

The Mental Health Select Committee of the 57th Parliament was established by the Queensland Legislative Assembly on 2 December 2021 to conduct an inquiry into the opportunities to improve mental health outcomes for Queenslanders and report back to the House.

The Mental Health Select Committee undertook extensive consultation across Queensland to provide comprehensive advice to the Queensland Government about how to improve the mental health and wellbeing of Queenslanders. To inform its inquiry, the committee conducted four public briefings, four private hearings, 15 public hearings, and 11 site visits across Queensland. It received 164 submissions from organisations and individuals.

On 6 June 2022, the committee tabled *Report No. 1, 57th Parliament, Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

The Mental Health Select Committee's report reiterates how vital it is to support all pillars of the system, such as prevention, crisis response, harm reduction, treatment and recovery. It also emphasises the Queensland Government's important role in working across sectors to provide holistic responses and support for people, including working with people with lived experience to reform and improve the system.

Alongside recommendations for improvements to Queensland's state-funded mental health, alcohol and other drug services system, the Mental Health Select Committee made several broader recommendations which address some of the social determinants and influences that can promote mental health and wellbeing and reduce the impact of mental illness, problematic alcohol and other drug use and suicide. As a result, the response to the committee's inquiry requires a whole of government approach.

The Queensland Government supports 46 of the Mental Health Select Committee's 57 recommendations. The remaining 11 recommendations are supported in principle because, while the Queensland Government conceptually supports these recommendations, responsibility for implementation sits outside of the Queensland Government and/or further consideration and consultation is required before the recommendation can be implemented.

Queensland's whole of government approach to mental health and wellbeing

The Queensland Government has long committed to a whole-of-person, whole-of-community, whole-of-government approach to achieving improved outcomes. *Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018-2023* (Shifting minds) sets the whole of government five-year direction to improving the mental health and wellbeing of Queenslanders. Shifting minds will be renewed for 2023, taking into account the recommendations and findings of the Mental Health Select Committee.

Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027 (Achieving balance), a new sub-plan of Shifting minds, sets out a whole-of-government approach to guide Queensland's efforts and commitment to reducing and preventing the individual, family, social and economic impacts of problematic alcohol and other drug use.

Given the intersection of mental illness and problematic substance use with social determinants such as housing, education, criminal justice, child protection, disability and employment, the Queensland Government response recognises and strengthens the importance of working in partnership and through multi-agency models to achieve improved outcomes.

The 2023-23 Queensland Budget commits an additional \$1.645 billion over five years and a capital investment to improve mental health, alcohol and other drug services (through *Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* (*Better Care Together*)), to respond to the Mental Health Select Committee inquiry, *Achieving balance*, and to deliver Queensland's \$109.5 million contribution under the *Bilateral Schedule on Mental Health and Suicide Prevention* (Bilateral), part of the *National Mental Health and Suicide Prevention Agreement* with the Commonwealth Government.

Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027

Under the new five-year plan, *Better Care Together*, the Queensland Government commits to advancing healthcare and outcomes for Queenslanders experiencing MHAOD issues and suicide risk, through transforming, optimising and growing state-funded comprehensive treatment, harm reduction, care and support.

Better Care Together recognises that without sufficient high-quality care and appropriate access to services, individuals experiencing a mental health crisis and/or problematic substance use, risk worsening symptoms leading to longer stays in emergency settings and more hospital re-admissions.

The *Better Care Together* funding will support new beds for adolescent, young adults, adult, perinatal, eating disorder and older persons mental health services. It also supports beds for new crisis response services and will provide more than 1,400 new staff to operationalise this plan. Additional funding is also being provided to assist enhanced provision of psychosocial supports to be delivered by non-government providers.

Delivering improved services with First Nations peoples

The Mental Health Select Committee reported the consistent advice from Aboriginal and Torres Strait Islander peoples about the significant impact of colonisation, and resulting intergenerational trauma, on the mental health and wellbeing of their communities.

A key priority of *Better Care Together* is to deliver improved services with First Nations peoples that are culturally capable and safe. *Better Care Together* acknowledges the need to uphold a self-determined and community-driven approach to mental health, alcohol and other drugs, and suicide prevention policies and programs. It will support increases to the Aboriginal and Torres Strait Islander workforce; improved mechanisms to empower and include the voice of First Nations peoples in policy, planning, design and delivery of services, build cultural safety across the mental health, alcohol and other drug services system; and strengthen partnerships to redesign and better coordinate services at a state-wide, regional and local level.

Queensland Health recognises the importance of the nine principles of Aboriginal and Torres Strait Islander social and emotional wellbeing as listed in the *Gayaa Dhuwi (Proud Spirit)* declaration. *Better Care Together* supports Queensland Health's *Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework* and the *National Agreement on Closing the Gap*.

Commonwealth Government intersection with recommendations

The Queensland Government will work with the Commonwealth Government to address recommendations aimed at improving the mental health of Queenslanders. The Queensland and Commonwealth governments have agreed to contribute a combined investment of \$260.4 million under the Bilateral.

Queensland Government response

The final Queensland Government response to the recommendations of the Mental Health Select Committee is provided below.

Recommendation	Queensland Government response
<p>1. Fund and implement accountability reforms for the Queensland mental health and alcohol and other drugs service system</p> <p>The committee recommends the Queensland Government:</p> <ul style="list-style-type: none"> a) increases funding and expenditure for mental health and alcohol and other drugs services in Queensland. b) creates a dedicated funding stream for mental health and alcohol and other drug services and explores all options to create it. c) investigates and implements accountability mechanisms to ensure service providers are delivering agreed mental health and alcohol and other drugs services, including reporting expenditure in Hospital and Health Services annual reports. 	<p>The Queensland Government supports the recommendation.</p> <p>In the 2022–23 State Budget, the Queensland Government is providing an additional \$1.645 billion in operating funding and \$28.5 million in capital funding to support <i>Better Care Together: a plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027 (Better Care Together)</i>, Queensland’s obligations under the <i>National Mental Health and Suicide Prevention Agreement (NMHSPA)</i> and associated <i>Bilateral Schedule on Mental Health and Suicide Prevention (Bilateral)</i>, <i>Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027 (Achieving balance)</i>, and initiatives in response to the Mental Health Select Committee <i>Inquiry into the opportunities to improve mental health outcomes for Queenslanders</i>.</p> <p>To provide a sustainable funding source for mental health, alcohol and other drug (MHAOD) services, the Queensland Government has introduced a mental health levy on businesses with annual Australian taxable wages over \$10 million from 1 January 2023. Under this arrangement, large employers will pay 2.5 cents for every \$10 of taxable wages they pay over \$10 million, and very large businesses with annual Australian taxable wages over \$100 million will pay 5 cents for every \$10 of taxable wages they pay over \$100 million.</p> <p>To ensure transparency, amendments to the <i>Payroll Tax Act 1971</i>, that enable the levy, specify that the proceeds of the levy are to be spent on the provision of services and infrastructure that are consistent with the main objects of the <i>Mental Health Act 2016</i> or implementing the guiding principles in sections 5(2) to 5(5) of the <i>Queensland Mental Health Commission Act 2013</i>. Any proceeds that are not expended within a financial year will be retained in the Consolidated Fund for expenditure in a later year consistent with those purposes.</p> <p>Additionally, the Queensland Government is committed to ensuring appropriate accountability mechanisms are in place for the delivery of state-funded MHAOD services. As part of implementing <i>Better Care Together</i>, Queensland Health will establish an assurance committee, including external membership to provide financial accountability and oversight, and to monitor the delivery of <i>Better Care Together</i>.</p> <p>Queensland Health will also investigate, and implement, if appropriate, additional accountability mechanisms to ensure all services providers, including Hospital and Health Services (HHSs) and non-government organisations (NGOs) deliver on agreed state-funded MHAOD services.</p> <p>This response should be read in conjunction with the response to recommendation 2.</p>

Recommendation	Queensland Government response
<p>2. Fund consistency and service evaluation</p> <p>The committee recommends the Queensland Government:</p> <ul style="list-style-type: none"> a) applies 5-year funding cycles to state-funded mental health and alcohol and other drug services. b) sets measurable goals for state-funded programs to assist in service evaluation for funding purposes 	<p>The Queensland Government supports the recommendation in principle.</p> <p>The Queensland Government recognises the importance of having a funding cycle that supports ongoing MHAOD service delivery and helps to retain a highly skilled workforce. The Queensland Government is committed to exploring options for improving funding certainty.</p> <p>Queensland Health currently has three-year service agreements in place with HHSs, which includes MHAOD funding components. Funding agreements with state-funded NGOs, depending on the nature of the service or initiative, are usually for a period of three years, with an option to extend for two years.</p> <p>Queensland Health will investigate whether it is appropriate and feasible to transition to five-year agreements for HHSs and NGOs.</p> <p>The Queensland Government is committed to ensuring HHSs and NGOs meet deliverables identified under their service or funding agreements. State-funded MHAOD services collect a range of data/information to contribute to both state and national efforts to ensure the availability of quality clinical and administrative data that enables service and policy planning, implementation and evaluation.</p> <p>Queensland Health will examine if there are opportunities to strengthen measurable goals to assist evaluation processes, including enhanced monitoring and evaluation of care delivery and investment through the optimised use of information under the <i>Mental Health Alcohol and Other Drugs Healthcare Digital Information Strategy 2022-27 (Digital Information Strategy)</i>, to be implemented under <i>Better Care Together</i>.</p> <p>This response should be read in conjunction with the response to recommendation 1.</p>
<p>3. Include families, carers and support persons in Queensland's mental health system</p> <p>The committee recommends the Queensland Government investigates and implements strategies to better involve families, carers and support persons in the mental health care and treatment of individuals.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the importance of building collaborative partnerships with the families, carers and support people of those who receive care and treatment from Queensland's state-funded MHAOD providers.</p> <p>Queensland Health has funded the establishment of Mental Health Lived Experience Queensland, a new consumer led peak organisation to drive the voice of lived experience and inform policy development and planning. Queensland Health also funds Arafmi Queensland to provide carers of people mental illness with similar opportunities for policy advocacy.</p> <p><i>Better Care Together</i> recognises the importance of partnerships in care and communication which place the person at the centre</p>

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	<p>of their care, and recognises the critical importance of coordination between all members of the person's support network. This approach confirms the person with a lived experience as an expert in their own experience and enables them, and where appropriate their families, carers and support persons, to participate in decisions regarding their treatment, care and support. The MHAOD workforce will be supported to continue to embed this approach into their practice.</p> <p>This response should be read in conjunction with the responses to recommendations 4 and 21.</p>
<p>4. Include voices of lived experience in service delivery reform</p> <p>The committee recommends the Queensland Government evaluates Care Opinion Australia's consumer feedback model for implementation in Queensland, or other alternatives that incorporate independent consumer feedback.</p>	<p>The Queensland Government supports the recommendation.</p> <p>Queensland Health has funded the establishment of Mental Health Lived Experience Queensland, a new consumer led peak organisation to drive the voice of lived experience and inform policy development and planning. Queensland Health also funds Arafmi Queensland to provide carers of people with mental illness with similar opportunities for policy advocacy.</p> <p>The Queensland Mental Health Commission (QMHC) will continue to draw on the advice of QMHC's independent Queensland Mental Health and Drug Advisory Council (QMHDAC) to inform whole of government reform, including when developing the renewed <i>Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018-2023</i>.</p> <p>The QMHDAC acts as a champion for people living with mental health issues, problems related to alcohol and other drug (AOD) use or impacted by suicide. QMHDAC's functions are to provide advice to the QMHC on mental health or substance misuse issues and make recommendations to the QMHC regarding its functions. The QMHDAC brings together knowledge, skills and experience of MHAOD issues, including: people with lived experience; families, carers and support persons; Aboriginal and Torres Strait Islander Queenslanders; people living in rural and remote areas of Queensland; culturally and linguistically diverse communities; service providers; and academia.</p> <p>HHSs use several mechanisms to gather feedback from consumers, carers and families, including: the nationally endorsed Your Experience of Service (YES) survey; the Family of Youth survey; and the mental health Carer Experience Survey.</p> <p>The <i>Digital Information Strategy</i>, to be implemented under <i>Better Care Together</i>, provides an opportunity for Queensland Health to evaluate mechanisms for engagement, including the Care Opinion Australia consumer feedback model within the context of existing and emerging mechanisms for consumer and carer feedback.</p>

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	This response should be read in conjunction with the responses to recommendations 3 and 21.
<p>5. Public health campaign to reduce stigma</p> <p>The committee recommends the Queensland Government:</p> <ul style="list-style-type: none"> a) develops and implements a public health campaign to reduce stigma associated with mental ill-health, alcohol and other drugs issues and eating disorders, which also encourages help-seeking and help-offering behaviours. b) in conjunction with the development of a public mental health campaign, develops mental health awareness training tools and programs for use in the public, private, not-for-profit and education sectors. c) encourages the uptake of Mental Health First Aid training. 	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government acknowledges stigma can affect anyone and can be experienced within a range of community settings, including health services and workplaces.</p> <p>The Queensland Government continues to support the work of the National Mental Health Commission to develop a <i>National Stigma and Discrimination Reduction Strategy</i>.</p> <p>Queensland Health will engage the QMHC to develop a culturally safe public health campaign to reduce the stigma associated with mental ill-health, AOD issues, and eating disorders, in conjunction with training tools and programs for use across a range of sectors.</p> <p>The Queensland Government will continue the <i>Dear Mind</i> public campaign designed to support positive mental health and wellbeing, which provides a range of activities and information to support help-seeking behaviours.</p> <p>The Queensland Government will examine opportunities to encourage the uptake of Mental Health First Aid training.</p> <p>This response should be read in conjunction with the responses to recommendations 17, 19 and 55.</p>
<p>6. Whole-of-Government Trauma Strategy</p> <p>The committee recommends the Queensland Government develops a whole-of-government trauma strategy to be implemented by the Queensland Government, and that the strategy:</p> <ul style="list-style-type: none"> a) considers multidisciplinary trauma research and implements best practice strategies for responding to people that have experienced trauma, including but not limited to physical and sexual abuse, domestic and family violence and adverse childhood experiences. b) considers how trauma-informed practice can be embedded in service provision in human services areas, including health, housing, education, corrective services and child safety. 	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the impact of colonisation and the ongoing trauma this has on First Nations families, extended kin, communities, and connections to culture and Country.</p> <p>The Queensland Government also recognises that people's exposure to traumatic events, especially as children, can have lifelong effects on their physical and mental health and wellbeing, resulting in poorer life outcomes for them and significant socio-economic costs for families, communities and governments</p> <p>Queensland Health will engage the QMHC to develop an evidence-based, whole-of-government trauma strategy that identifies how trauma-informed practice can be improved and embedded in service provision across the wide range of human and justice services delivered by Queensland Government agencies.</p> <p>It is noted the recommendation aligns with the Women's Safety and Justice Taskforce's <i>Hear her voice: Report 1</i>, which includes a commitment to embed trauma-informed practice across the domestic and family violence and sexual violence</p>

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	(DFVSV) sector under several recommendations. The Queensland Government will align the implementation of the recommendation with the work being undertaken in the DFVSV sector.
<p>7. Improve service provision to rural and regional Queensland</p> <p>The committee recommends the Queensland Government investigates the viability of expanding service models such as the Outback Futures Community Facilitation Model, the Royal Flying Doctor Service, or similar, to improve low and moderate intensity service provision in rural and regional Queensland.</p>	<p>The Queensland Government supports the recommendation.</p> <p>Rural and regional Queenslanders have less access to MHAOD services, experience volatile environmental and cost of living challenges and are socially isolated. Staff shortages, mental health stigma, and low mental health literacy are factors in poor presentations to regional mental health services.</p> <p>The Queensland Government, as part of the \$46.5 million <i>Mental Health and Wellbeing Community Package</i> provided \$3.4 million to 45 regional councils, to work with their local communities to deliver measures to mitigate the impact of COVID-19. The grants were used to improve community connectedness, revitalise local economies, increase mental health literacy and enhance financial and mental health capability. Some councils worked in partnership with Outback Futures to deliver on these initiatives.</p> <p>The Commonwealth funded Primary Health Networks (PHNs) are responsible for planning and commissioning of services for people experiencing mild to moderate mental health issues.</p> <p>The Queensland Government will continue to work with the Commonwealth Government, including through PHNs to consider co-designed, locally led service models in regional and remote areas, including telehealth services, low intensity clinical support and referral pathways, suicide prevention and intervention, follow-up support and promotion of stigma reduction and wellbeing.</p> <p>Under <i>Better Care Together</i>, Queensland Health will improve MHAOD service delivery in rural and remote areas by:</p> <ul style="list-style-type: none"> • Funding the Royal Flying Doctor's Drought Wellbeing Service (DWS) to continue to provide outreach and mental health supports to communities where there are gaps in mental health service delivery. • Expanding the <i>Tackling Regional Adversity through Connected Communities</i> program by employing additional clinicians to support people experiencing mental health issues impacted by drought, disasters and other adversity and connect people to mental health services. • Establishing additional dedicated rural generalist mental health medical positions to increase access to local health services and augment support provided by specialist psychiatry.

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	<ul style="list-style-type: none"> • Embedding locally sustainable Lived Experience (peer) support in rural and remote HHS regions, through strengthened hub and spoke arrangements. • Enhancing the availability of specialist AOD community treatment services in Queensland’s rural west. <p>This response should be read in conjunction with the responses to recommendations 41, 42 and 45</p>
<p>8. Improve access to secure and affordable housing in Queensland</p> <p>The committee recommends that the Queensland Government:</p> <p>a) investigates and implements options to increase the available stock of:</p> <ol style="list-style-type: none"> public, community and affordable housing supportive housing services, such as those provided by Common Ground Queensland. <p>b) increases case management support services to people living in public, community and affordable housing, including consideration of suitably qualified and/or additional staff to provide relevant psychosocial support.</p> <p>c) investigates and implements tenancy sustainment strategies and progresses rental reforms.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises that ending homelessness requires more than just housing. It requires affordable and stable housing, combined with appropriate supports to help people to stay in their homes and achieve improved whole-of-life outcomes.</p> <p>The recommendation broadly aligns with, and will be delivered through, existing reforms, actions, priorities and funding committed under the <i>Queensland Housing Strategy 2017-2027</i>, the <i>Queensland Housing and Homelessness Action Plan 2021-2025</i>, and the <i>Aboriginal and Torres Strait Islander Housing Action Plan 2019-2023</i>.</p> <p>Action 9 of the <i>Queensland Housing and Homelessness Action Plan 2021-2025</i> commits key government agencies to delivering integrated health and housing responses, including co-designing a multi-disciplinary case-management model for people at risk of or experiencing homelessness and who have multiple health needs.</p> <p>The Queensland Government, through the Department of Community, Housing and Digital Economies (DCHDE) provides case-management support through its homelessness funding to respond to housing needs. DCHDE and Queensland Health will work together to establish referral pathways to appropriately qualified workers, and services to provide relevant mental health psychosocial support to support better outcomes for clients receiving housing supports.</p> <p>Under <i>Better Care Together</i>, Queensland Health will enhance the provision of MHAOD treatment and psychosocial support services to people, including those who may be at risk of homelessness.</p> <p>This response should be read in conjunction with the response to recommendation 20.</p>
<p>9. Enhance mental health services for people living with intellectual and developmental disability</p> <p>The committee recommends that the Queensland Government:</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the importance of ensuring state-funded MHAOD services are accessible and able to effectively respond to the needs of people living with</p>

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<p>a) invests in a centre of excellence for intellectual or developmental disability and neurodivergent conditions, such as the Mater Intellectual Disability and Autism Service</p> <p>b) establishes more nurse navigator roles to help people living with intellectual or developmental disability and their families navigate the mental health services available to them.</p>	<p>intellectual and developmental disability and their families and carers.</p> <p>Under <i>Better Care Together</i>, Queensland Health will:</p> <ul style="list-style-type: none"> establish a Centre for Excellence with statewide capacity and networked to HHSs, and other models of service, focused on responding to the mental health needs of people living with intellectual or developmental disability, and their families and carers co-design a model of service to support improved mental health responses for children and adults living with intellectual or developmental disability, and their families and carers. <p>Queensland Health will collaborate with key stakeholders, people living with intellectual and developmental disability, and their families and carers to progress this work.</p> <p>This work will include consideration of the best approach to help people living with intellectual and developmental disability, and their families and carers, to navigate MHAOD services, including whether to establish more nurse navigator roles.</p>
<p>10. Improve health data for people from culturally and linguistically diverse communities</p> <p>The committee recommends the Queensland Government re-convenes data roundtables with the World Wellness Group and other key stakeholders to capture health data for culturally and linguistically diverse communities to inform public health service delivery.</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>The Queensland Government recognises data collection relating to people from culturally and linguistically diverse communities and backgrounds is imperative to understanding and analysing their experiences with health and MHAOD services</p> <p>Many people from culturally and linguistically diverse backgrounds may hold strong cultural beliefs about mental illness, consequently a person's ethnic and cultural background is relevant to informing assessment and treatment.</p> <p>Queensland Health is updating its Consumer Integrated Mental Health and Addiction Application (CIMHA) to ensure ethnicity data can be captured.</p> <p>Queensland Health in collaboration with key stakeholders will investigate how to improve the data collection, use and availability of information for people from culturally and linguistically diverse communities to inform and improve health and MHAOD service planning and design, and improve access to culturally appropriate and responsive services.</p> <p>Queensland will work with the Commonwealth and other states to develop a nationally consistent approach to data collection and data sharing, including data linkage, program evaluation, system evaluation and performance monitoring, including key</p>

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	<p>performance indicators. This work will be progressed through <i>Better Care Together</i>.</p> <p>This recommendation aligns with the Queensland Government's multicultural policy, <i>Our Story, Our Future</i>, which includes commitment to a consistent approach for collecting statistical information about the diversity of people who use Queensland Government services, to ensure services are accessible, inclusive and responsive to the needs of all people.</p>
<p>11. State-wide service to support the health and wellbeing of people from culturally and linguistically diverse backgrounds</p> <p>The committee recommends the Queensland Government reviews existing culturally and linguistically diverse health and wellbeing services, identifies opportunities for improvement and expands or establishes these services across the state to provide more support to culturally and linguistically diverse communities.</p>	<p>The Queensland Government supports the recommendation.</p> <p>Queensland Health will review existing culturally and linguistically diverse health and wellbeing services to identify opportunities for improvement and the expansion.</p> <p>The Queensland Government is committed to improving MHAOD services to ensure they are accessible to and respond to the specific needs of people from culturally and linguistically diverse communities and backgrounds, including refugees and migrants. A range of programs currently provide support, for example:</p> <ul style="list-style-type: none"> • The Queensland Transcultural Mental Health Centre provides specialist statewide consultation services for culturally and linguistically diverse individuals, families, communities and organisations to facilitate culturally responsive mental health care with a focus on complex mental health problems across all age groups and the continuum of care. • The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) provides counselling, connection and support to help people from refugee backgrounds to recover from trauma. • The Refugee Health Network which aims to improve the health and wellbeing of people of refugee backgrounds throughout Queensland by coordinating care across health, settlement agencies, communities, government and non-government sectors. <p>Under <i>Better Care Together</i>, Queensland Health will boost the capacity of the Queensland Transcultural Mental Health Centre to expand specialist consultation liaison across the continuum of care and provide state-wide coordination and mentoring and supervision support and capability to support the capacity of the MHAOD workforce to provide culturally responsive services.</p>
<p>12. State-wide service to support health and wellbeing of the lesbian, gay, bisexual, transgender, intersex, queer/questioning or</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the specific healthcare needs of LGBTIQ+ Queenslanders, including response to MHAOD issues and mental health crisis.</p>

Recommendation	Queensland Government response
<p>asexual (LGBTIQ+) community</p> <p>The committee recommends the Queensland Government reviews existing lesbian, gay, bisexual, transgender, intersex, queer/questioning or asexual (LGBTIQ+) health and wellbeing services, identifies opportunities for improvement and expands or establishes these services across the state to provide more support to LGBTIQ+ communities.</p>	<p>The Queensland Government is committed to improving the mental health and wellbeing of LGBTIQ+ Queenslanders and has undertaken a range of initiatives to support the MHAOD needs of people who identify as LGBTIQ+, including the following examples:</p> <ul style="list-style-type: none"> • legislatively prohibiting the practice of conversion therapy and funding ongoing work to raise community awareness about the harm caused by conversion therapy • establishing the Queensland Children’s Hospital Gender Clinic and Statewide Service for Queensland children who are diverse in gender identity • funding the Queensland Council for LGBTI Health which offers a range of programs and services to improve the health and wellbeing of LGBTI Queenslanders, including sexual health and MHAOD related programs and services. <p>Under <i>Better Care Together</i>, Queensland Health will partner with key stakeholders, including NGOs, to deliver enhanced MHAOD service responses to people who identify as LGBTIQ+.</p>
<p>13. Strengthen illicit drug diversion initiatives</p> <p>The committee recommends the Queensland Government reviews illicit drug diversion initiatives, including the Police Drug Diversion Program and the Illicit Drugs Court Diversion Program, and identifies opportunities to strengthen the initiatives.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to reducing the harmful impacts of illicit drug use for Queenslanders, their families and the broader community.</p> <p>The Queensland Government supports a whole-of-government approach to reducing harms from illicit drugs including through specialist health, policing and justice responses.</p> <p>The Queensland Government has committed to further develop health-based approaches to illicit substance use within the current legislative frameworks.</p> <p>Priority actions under <i>Achieving balance</i> include expanding the eligibility criteria of the current police drug diversion program increase the availability of health responses for people experiencing problematic AOD use.</p> <p>This recommendation also aligns with the comprehensive recommendations from the Women’s Safety and Justice Taskforce’s <i>Hear her voice: Report 2</i> (recommendations 97, 98, 99, 127, and 128) which recommends increased diversion initiatives to support improved outcomes for women interacting with the criminal justice system for minor offending, including associated with personal drug use. The Queensland Government will align the implementation of the recommendation with work being undertaken in the DFVSV sector.</p>

Recommendation	Queensland Government response
	<p>Through <i>Better Care Together</i>, Queensland Health will strengthen and grow AOD treatment and support services to better meet the need, minimise harm, and improve outcomes for Queenslanders by establishing new purpose-built AOD residential treatment services, expanding hospital and community-based treatment, care and harm reduction responses especially for young people, women, parents, and First Nations peoples, and enhancing workforce capacity through training and education.</p>
<p>14. Implement outstanding recommendations from the 2016 review of the forensic mental health service model</p> <p>The committee recommends the Queensland Government reviews recommendations 1 to 10 of Queensland Health's <i>When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services</i> report and implements any outstanding recommendations.</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>The Queensland Government is committed to strengthening Queensland's forensic mental health system.</p> <p>The Queensland Government has implemented recommendations 4 to 10 of the <i>When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services</i> report through clinical governance enhancements.</p> <p>Recommendations 1, 2, and 3 proposed an integrated state-wide forensic mental health service with a governance structure independent of HHSs, to enable the effective operation and maintenance of an integrated service across Queensland.</p> <p>Recommendations 1-3 have been considered by the Queensland Government and, under the current Queensland Health HHS structure, the establishment of a state-wide forensic mental health service, independent of HHSs, is not supported. However, Queensland Health is considering how to strengthen the governance and integration of Queensland's existing forensic mental health services.</p> <p>Under <i>Better Care Together</i>, Queensland Health will increase the capacity of child and youth and adult forensic mental health services, and strengthen responses to people interacting with the youth and criminal justice systems by:</p> <ul style="list-style-type: none"> • enhancing Court Liaison Services to increase coverage of court circuits across in regional, rural and remote areas • enhancing existing community forensic outreach services • expanding prison mental health services for people in adult correctional settings • increasing high secure and extended treatment bed capacity for people with complex and high-risk needs, including those who are transferred from custody. <p>Under <i>Better Care Together</i>, Queensland Health is boosting the capacity of the Queensland Forensic Mental Health Service to enhance provision of clinical and complex case advice,</p>

Recommendation	Queensland Government response
	statewide service development, and research and evaluation activities.
<p>15. Increase mental health and alcohol and other drugs service delivery in correctional facilities</p> <p>The committee recommends the Queensland Government funds:</p> <ul style="list-style-type: none"> a) more mental health services in Queensland’s correctional facilities and for people on remand, including delivery of one-to-one psychological treatment and group interventions. b) withdrawal and alcohol and other drugs recovery services in correctional facilities, including for people on remand. c) programs like ‘Sisters for Change’ facilitated by the Australian Red Cross across more correctional facilities. 	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is continuing to improve services for people in custody through implementing <i>The Queensland Prisoner Health and Wellbeing Strategy 2020-2025</i>.</p> <p>Key Queensland Government agencies, including Queensland Health, Queensland Corrective Services and the Department of Children, Youth Justice and Multicultural Affairs (DCYMA), will continue to collaboratively plan and deliver MHAOD services and fund programs such as Sisters for Change, for people in custodial settings. These processes will be supported by engagement with key stakeholders such as the non-government sector and people in custody.</p> <p>The Queensland Government has committed to implement other harm reduction measures and initiatives to improve health and wellbeing in prison health services and corrective services through <i>Achieving balance</i>.</p> <p>Under <i>Better Care Together</i>, Queensland Health will expand the capacity of prison mental health services and the support for programs that enhance social and emotion wellbeing support for First Nations young people in detention.</p>
<p>16. Expand employment opportunities for people experiencing mental ill-health and alcohol and other drugs issues</p> <p>The committee recommends the Queensland Government:</p> <ul style="list-style-type: none"> a) investigates ways to expand employment support programs such as <i>Skilling Queenslanders for Work</i> that are responsive to the needs of people experiencing mental ill-health and alcohol and other drugs issues, including implementing transitional employment programs similar to services provided by the Stepping Stone Clubhouse b) works with the Australian Government to identify ways to improve employment programs currently being delivered by the Australian Government. 	<p>The Queensland Government supports the recommendation.</p> <p><i>Skilling Queenslanders for Work</i> represents the Queensland Government’s commitment to support strategies that encourage equitable participation by a broad range of marginalised groups that generally face barriers to accessing training and getting a job.</p> <p>In 2021, the Queensland Government’s <i>Back to Work program</i> was extended with additional funding of up to \$140 million over four years for a revitalised program to provide businesses the confidence to employ Queenslanders who have experienced a period of unemployment and help workers facing disadvantage in the labour market.</p> <p>The Queensland Government recognises the importance of engaging in meaningful work as a part of a person’s recovery from MHAOD issues. Mental health community support services aim to build a person’s functional capacity and engagement in the community. Some of these services provide support for employment, such as the Stepping Stone Clubhouse.</p> <p>Under <i>Better Care Together</i>, Queensland Health will fund additional adolescent day programs to improve access to specialist treatment alongside educational and vocational</p>

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	<p>programs and continue to support the Clubhouse model of psychosocial rehabilitation.</p> <p>The Queensland Government is committed to working with all levels of government to address current and future workforce challenges, including maximising workforce opportunities for all Queenslanders. The Queensland Government will advocate to the Commonwealth Government for employment services and income support systems that facilitate effective pathways into work for Queenslanders.</p>
<p>17. Improve workplace mental health</p> <p>The committee recommends the Queensland Government:</p> <p>a) consults with relevant stakeholders to investigate a mechanism or body to monitor, assist and deliver mental health services to Queensland Government employed first responders post-separation from the workplace.</p> <p>b) expands workplace suicide prevention programs, particularly for small business, including continuing to expand the Kingaroy Chamber of Commerce and Industry's <i>SMILE</i> program across chambers of commerce in Queensland.</p> <p>c) investigates the viability of expanding the MATES in Construction model, or similar, to other industries such as health and ambulance services, Queensland Police Service, Queensland Fire and Emergency Services, and frontline workers in sectors including, but not limited to, child safety, community services, domestic and family violence, aged care, disability care, hospitality, retail, and transport/logistics.</p> <p>d) investigates and implements ways to provide greater flexibility to people accessing workplace bereavement leave entitlements, including transition back to work planning.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the importance of supporting workplaces to become mentally healthy and to support workers with MHAOD issues.</p> <p>There are a range of existing supports delivered by Queensland Government agencies to support current and former first responders and/or frontline staff, and their families. These include programs offered by QPS, the Queensland Ambulance Service (QAS), Queensland Fire and Emergency Service (QFES), Queensland Health, and DCYJMA, including for example: peer support; free counselling/ psychology services through employee assistance programs; chaplaincy services; tools, training and resources to support psychological health; programs to support staff transitioning from the workplace; post-incident interventions; resilience training; and stigma reduction campaigns.</p> <p>Many agencies use peer support models to support staff. QPS and QFES have implemented models similar to MATES in Construction, through peer support officers (PSOs). PSOs are QFES and QPS members who are trained to assist and support their colleagues through challenging times, in a voluntary capacity.</p> <p>Queensland Health has a Workplace Mental Health and Wellbeing Framework to support workplace wellbeing which includes objectives targeted at promoting mental health, prevention, early intervention and treatment or support for workers with mental health conditions. The framework integrates health, safety and wellbeing for mental health and its purpose is to demonstrate commitment at every level to a mentally healthy workplace and provide guidance to support the development and implementation of programs and activities within Queensland Health.</p> <p>The Queensland Government has simplified workers' compensation for first responders with post-traumatic stress disorder (PTSD). Current and former first responders and eligible employees diagnosed with PTSD can now access a streamlined pathway to make a workers' compensation claim. The new pathway means they will not need to prove their PTSD was caused by work. Due to the nature of the work they do, first</p>

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	<p>responders and eligible employees with diagnosed PTSD will be considered to have a work-related injury unless there is evidence to the contrary.</p> <p>Queensland Government agencies will investigate ways to improve and expand the delivery of MHAOD supports to first responders and frontline staff, including when they separate from the workplace.</p> <p>The Queensland Government is also committed to supporting the mental health and wellbeing of small business owners.</p> <p>The Queensland Government is supporting the state's 448,000 small businesses by providing them with psychological support and financial counselling through the <i>Small Business Support and Wellness</i> package. As part of this package, the Department of Employment, Small Business and Training (DESBT) will extend the successful proactive education program 'Small Business Smile4Biz' (developed by the Kingaroy Chamber of Commerce) to deliver mental health supports in more chambers of commerce across Queensland.</p> <p>The Queensland Government will continue to consider ways to provide greater flexibility for public sector employee access to workplace leave entitlements, including bereavement leave and planning for transition back to work.</p> <p>The Queensland Government will continue to investigate opportunities to improve workplace mental health and wellbeing and suicide prevention for Queenslanders, through advocacy and partnerships across the private sector.</p> <p>This response should be read in conjunction with the responses to recommendations 5, 19 and 55.</p>
<p>18. Consider person-centred human services care/case management model</p> <p>The committee recommends the Queensland Government investigates options to better share information across government agencies, such as Health, Housing, Child Safety, Youth Justice and Corrections, for the purpose of providing enhanced trauma-informed support and person-centred case management for people with mental health and/or alcohol and other drugs issues.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the value of sharing relevant information between agencies, including with primary care and NGOs to support the provision of coordinated, person-centred and trauma-informed care for people experiencing MHAOD issues, where it is appropriate, necessary, and in accordance with legislation.</p> <p>The Queensland Government will continue to support work within and between Queensland Government agencies to enable this to occur by examining existing information sharing agreements and processes, and case management models.</p> <p>The <i>Digital Information Strategy</i>, to be implemented under <i>Better Care Together</i>, will harness digital technology to enhance information exchange capabilities across government agencies, other service delivery partners, and with people accessing state-funded MHAOD services, to deliver coordinated, integrated and</p>

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	seamless treatment, care, and support, and to improve outcomes.
<p>19. Develop Mental Health and Wellbeing Strategy</p> <p>The committee recommends the Queensland Government considers the development of a population-based Mental Health and Wellbeing Strategy that works across human services portfolios and is aimed at improving community mental health and wellbeing with consideration of implementation by Health and Wellbeing Queensland, in partnership with the Queensland Mental Health Commission.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government will develop a culturally safe population-based mental health and wellbeing strategy to improve the mental health and wellbeing of all Queenslanders. The strategy will be developed in partnership with Health and Wellbeing Queensland (HWQ), QMHC, other Queensland Government agencies, and key stakeholders from across Queensland's diverse communities.</p> <p>This response should be read in conjunction with the response to recommendation 5.</p>
<p>20. Expand community-based services and programs</p> <p>The committee recommends the Queensland Government reviews existing community-based mental health services and programs and finds opportunities to expand services to support people recovering from and experiencing mental ill-health, such as the Stepping Stone Clubhouse model and other alternative models providing psychosocial interventions and supports.</p>	<p>The Queensland Government supports the recommendation.</p> <p>Mental health community support (psychosocial) services are a critical component along the MHAOD care continuum that enable people to live satisfying lives in the community.</p> <p>NGOs deliver individual and group psychosocial support and counselling, and family and carer support. In 2020-21, Queensland Health spent \$75.6 million on the growth and development of mental health community support services delivered by NGOs. <i>Better Care Together</i> will continue to support and strengthen these with new investment being provided to enhance and expand existing programs, establish new programs and support ongoing development and improvement of programs in response to evaluations.</p> <p>The Queensland Government will work closely with the Commonwealth Government under the NMHSPA to ensure efforts are made to address the gaps in service across the continuum of care for people who would benefit from these types of supports.</p> <p>As part of the Commonwealth Government's commitment under the Bilateral, Queensland Health will deliver early intervention community support programs services to better meet the needs of First Nations peoples, people from culturally and linguistically diverse backgrounds, people experiencing eating disorders, families and carers, and for mothers and babies, including Clubhouses.</p> <p>This response should be read in conjunction with the response to recommendations 8 and 16.</p>
<p>21. Co-design mental health and alcohol and other drugs services with people with lived experience</p>	<p>The Queensland Government supports the recommendation.</p>

Recommendation	Queensland Government response
<p>The committee recommends the Queensland Government embeds people with lived experience in co-designing all aspects of planning, delivering and reviewing mental healthcare and alcohol and other drugs services in Queensland.</p>	<p>The Queensland Government acknowledges that the active involvement of individuals, families, carers and support persons in the design, development, planning, delivery and evaluation of services is a hallmark of a quality MHAOD and suicide prevention system.</p> <p>Queensland Health's <i>Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework</i> reform agenda requires HHSs to co-design health equity strategies in partnership with the community-controlled health sector, First Nations staff, local Elders, traditional owners/ custodians, and the community.</p> <p>Queensland Health has funded the establishment of Mental Health Lived Experience Queensland, as a new consumer led peak organisation to drive the voice of lived experience and inform policy development and planning; and, under <i>Better Care Together</i>, it is boosting Arafmi Queensland to strengthen its role supporting carers and informing planning and services for state-funded mental health services.</p> <p>For people with lived experience of problematic AOD use, <i>Better Care Together</i> also provides additional investment to support a collaborative approach to ensuring the range of voices are incorporated into policy, planning and delivery of services.</p> <p>The Queensland Government's commitment to lived experience engagement is also reinforced under the NMHSPA and Bilateral, which commits the Queensland and Commonwealth governments to ensuring people with lived experience, and their families and carers, are consulted throughout implementation, and to seek advice and provide opportunities for people with lived experience, other experts including representatives from priority populations, and community groups to influence matters of service design, planning, implementation, evaluation, data and governance. This commitment will be delivered under <i>Better Care Together</i>.</p> <p>This response should be read in conjunction with the responses to recommendations 3 and 4.</p>
<p>22. Expand general practitioner mental health and alcohol and other drugs services</p> <p>The committee recommends the Queensland Government liaises with the Australian Government to explore ways to expand and evolve general practitioner services into enhanced fit-for-purpose services for people experiencing mental ill-health and alcohol and other drugs issues.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the vital role the primary health care system, including general practitioners (GPs), have in the continuum of care for people experiencing MHAOD issues.</p> <p>The operation of the general practice and primary health care system is primarily the responsibility of the Commonwealth Government. Queensland Health will continue to work collaboratively with the Commonwealth Government and PHNs to explore ways to expand and evolve GP services, including through its commitments under the NMHSPA and Bilateral.</p>

Recommendation	Queensland Government response
	This response should be read in conjunction with the responses to recommendations 30, 32 and 50.
<p>23. Improve mental healthcare support to people at greater risk</p> <p>The committee recommends the Queensland Government establishes more nurse navigator roles to help families in high risk groups navigate perinatal and infant mental health services available to them.</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>The Queensland Government acknowledges the importance of MHAOD services, in particular for perinatal and infant mental health, that are accessible, safe and respond to the unique needs of individuals and their families in high risk cohorts.</p> <p>The Queensland Government will continue to consider opportunities to improve mental healthcare including support to respond to problematic AOD use for families in high risk groups.</p> <p>Through <i>Better Care Together</i>, Queensland Health is expanding perinatal and infant mental health services, by increasing the clinical and non-clinical workforce and investing in infrastructure to deliver additional hospital and community-based services and increase integration and in-reach into maternity services. This work will include consideration of the best approach to help people at greater risk navigate MHAOD services, including whether to establish more nurse navigator roles.</p> <p>Under the Bilateral, the Queensland and Commonwealth governments have committed to improve perinatal mental health screening and enhance capture and reporting of national consistent perinatal mental health data.</p> <p>This response should be read in conjunction with the response to recommendation 35.</p>
<p>24. Expand headspace services in Queensland</p> <p>The committee notes the work being undertaken as a result of the Bilateral Schedule and recommends the Queensland Government continues to expand headspace services in Queensland as needed.</p>	<p>The Queensland Government supports the recommendation.</p> <p>Through the Bilateral, the Queensland and Commonwealth governments continue to work together to enhance new and existing headspace services in Queensland to improve access to multidisciplinary team care for young people aged 12 to 25 years.</p> <p>Under the Bilateral, the Queensland and Commonwealth governments committed to enhance headspace centres to increase access to multidisciplinary youth mental health services in Queensland, with the Commonwealth funding the establishment of two new headspace sites and Queensland providing funding for clinical in-reach into new and existing headspace sites, with the aim of enhancing service integration.</p> <p>Queensland Health is implementing this commitment through <i>Better Care Together</i>.</p> <p>This response should be read in conjunction with the responses to recommendations 25 and 32.</p>

Recommendation	Queensland Government response
<p>25. Improve the delivery of mental health and alcohol and other drugs services for young people</p> <p>The committee recommends the Queensland Government reviews:</p> <ul style="list-style-type: none"> a) the delivery of its youth mental health services and considers how it could better integrate and co-locate services to provide more holistic care to young people with consideration given to models such as the Mater Youth Health Service. b) the age boundary between Child and Youth Mental Health Services and Adult Mental Health Services to help support the seamless transition between the two stages of healthcare and provide flexibility in transition planning based on an individual's needs. 	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government acknowledges the importance of service integration to ensure coordinated, holistic care and smooth transitions between and within service systems, particularly for adolescents and young people.</p> <p>Queensland Health offers a range of programs to provide MHAOD support for young people across the continuum of care, including, for example, Jacaranda Place, the Queensland Adolescent Extended Treatment Centre; youth step-up, step-down services in Caboolture and Logan; and adolescent day programs in Logan and the Gold Coast, as well as dedicated AOD treatment, harm reduction and care.</p> <p>In February 2022, Queensland Health, in partnership with the Queensland Children's Hospital Foundation, funded \$8 million for the Q-MOST pilot. This uses Orygen's existing and successful Moderated Online Social Therapy (MOST) platform by adapting it to suit local circumstances, including lowering the age range. Young people aged 12 to 25, who access Q-MOST receive 24/7 digital mental health support through online personalised therapy programs, moderated social networking, and evidence-based tools to complement existing face-to-face care. The Q-MOST pilot locations are Children's Health Queensland (south Brisbane areas), and Metro South, North West, Wide Bay, Central Queensland, Darling Downs, and West Moreton HHSs, and their local headspace centres.</p> <p>Queensland Health will continue to work across agencies and key stakeholders, including young people with lived experience, and their families and carers, to improve the delivery of MHAOD services that meet the developmental, family, social and educational needs of young people, and consider co-location opportunities, and models such as the Mater Young Adult Health Centre.</p> <p>Queensland Health will continue to examine the opportunities to support seamless transition of young people between child and youth mental health services and adult MHAOD services to ensure the services meet their individual needs and preferences rather than being defined solely by chronological age boundaries.</p> <p>Through <i>Better Care Together</i>, Queensland Health will support new adolescent and young adult acute inpatient beds and expand youth step up, step down services, to deliver developmentally appropriate treatment and care. It will also establish new and enhanced community-based AOD treatment and harm reduction for young people and delivery of services through the new purpose-built 10-bed residential treatment service in Cairns, with a suite of complementary non-residential services.</p>

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	<p>Queensland Health is also increasing the number of adolescent day programs which deliver specialist mental health treatment, integrated with access to education and vocational services.</p> <p>Under the Bilateral, the Queensland Government is working with the Commonwealth Government on several initiatives which promote integration, for example clinical in-reach to existing headspace centres by state-funded mental health services.</p> <p>This response should be read in conjunction with the responses to recommendations 24, 26 and 32.</p>
<p>26. Increase mental health support services in schools</p> <p>The committee recommends the Queensland Government increases the availability of general practitioner, psychologist, and nursing services available in Queensland schools, including encouraging the uptake of these services in non-government schools.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government has committed more than \$100 million over the next three years for the <i>Student Wellbeing Package</i>.</p> <p>Under the <i>Student Wellbeing Package</i>, the Department of Education is increasing the availability of psychologists, GPs and other wellbeing professionals available to support students in Queensland state schools.</p> <p>Over three years, up to 464 full-time-equivalent (FTE) psychologists and similar wellbeing professionals will be employed to ensure every Queensland primary and secondary state school student can access support for their mental health and wellbeing at school; and a pilot program placing GPs in 50 Queensland state schools with secondary students to provide a free GP service to students one day per week on school grounds.</p> <p>GPs and additional wellbeing professionals providing these services complement and add to the support already available to students in state schools through a range of support staff. This includes guidance officers, school-based youth health nurses and youth support coordinators.</p> <p>Since the <i>Student Wellbeing Package</i> commenced in July 2021, over 100 additional psychologists and other wellbeing professionals have been employed in Queensland state schools, and GP clinics are operating in 27 pilot schools.</p> <p>Queensland Health will continue to work with Commonwealth PHNs, HHSs, and other government partners to deliver and strengthen Ed-LinQ, an initiative which aims to improve the early detection and collaborative management of mental health issues affecting school-aged children and young people, through improved linkages between the education, primary health and mental health sectors.</p> <p>Under <i>Better Care Together</i>, Queensland Health is further strengthening responses to complexity and multi-agency efforts by creating additional adolescent day programs to improve</p>

Recommendation	Queensland Government response
	<p>access to specialist treatment alongside educational and vocational programs.</p> <p>The Queensland Government will continue to encourage the uptake of mental health services in non-government schools.</p> <p>This response should be read in conjunction with the response to recommendations 25 and 32.</p>
<p>27. Expand availability of Early Psychosis Service to support young people experiencing serious mental ill-health</p> <p>The committee recommends the Queensland Government expands the Early Psychosis Service currently operating out of The Prince Charles Hospital into each Hospital and Health Service.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the importance of providing evidence-based early psychosis services to ensure early detection and treatment for young people who are at high risk of or are experiencing early psychosis.</p> <p>Under <i>Better Care Together</i>, Queensland Health will develop and expand treatment, care and support for children, adolescents and young people by establishing new, and enhancing existing, early psychosis services for early detection and timely treatment, care and support. This includes application of models like The Prince Charles Hospital Early Psychosis Service across HHSs.</p> <p>Queensland Health will work with HHSs, PHNs, people with a lived experience, their families and carers, to collaboratively plan the location, development and delivery of these early psychosis services.</p>
<p>28. Expand co-responder model and develop and implement alternatives</p> <p>The committee recommends the Queensland Government:</p> <p>a) expands the current co-responder program, and considers expansion into other metropolitan areas, such as Rockhampton.</p> <p>b) coordinates across Hospital and Health Services, the Queensland Ambulance Service, and the Queensland Police Service the development and implementation of potential alternatives to the co-responder model in non-metropolitan areas.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the importance of state-funded MHAOD services collaborating with the QAS and the Queensland Police Service (QPS) to improve the experience of people experiencing mental health and/or substance use crisis, and to provide a pathway to timely appropriate care.</p> <p>The Queensland Government delivers various co-responder programs throughout Queensland:</p> <ul style="list-style-type: none"> • The QAS Mental Health Co-responder (QAS MH CORE) program is delivered in 12 sites throughout the state: Gold Coast (two sites), West Moreton, Metro South (two sites), Metro North (three sites), Sunshine Coast, Townsville, Cairns and Rockhampton. Through the <i>Care4QLD</i> package, the Queensland Government approved funding to expand the QAS MH CORE program to an additional four sites in the Darling Downs, Mackay, Wide Bay and Sunshine Coast HHSs. Expansion of this model is being considered for other regional and metropolitan areas in 2023-24. • The QPS partners with HHSs to deliver a co-responder program (QPS MH CORE) where a mental health clinician working alongside police officers assesses and responds to persons with mental illness who are experiencing crisis. QPS

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	<p>MH CORE programs are delivered in Cairns, Moreton, Ipswich, Gold Coast, South Brisbane, Logan, Sunshine Coast, and Townsville.</p> <p>In addition to co-responder models, the Queensland Government provides interagency services intended to improve the response to people in mental health crisis, including:</p> <ul style="list-style-type: none"> • The Mental Health Liaison Service - Police Communications Centre Program in which an experienced senior mental health clinician is co-located in the Brisbane Police Communications Centre, 16 hours a day. • The QAS Mental Health Liaison Service places mental health clinicians in QAS's Brisbane Operations Centre 24 hours a day to provide state-wide advice and assistance to paramedics, Triple Zero (000) operators and to patients who call Triple Zero (000) in crisis. • The Mental Health Intervention Program (MHIP) is a collaboration between Queensland Health, the QPS and the QAS which seeks to prevent and safely resolve mental health crises in the community. Mental health intervention coordinator positions are embedded across all three agencies to take a lead role in coordinating and facilitating collaborative efforts in response to mental health crises in the community. <p>A 2020 review of MHIP identified the need to implement governance frameworks for co-responder programs to enhance conformity, promote inclusion and re-align functions to meet the original intention of the program, and for a joint evaluation of the co-responder program and for subsequent findings to inform and develop standardised processes and procedures to guide program delivery.</p> <p>In consideration of the MHIP Review, Queensland Health is currently evaluating the operation and impact of co-responder models. The outcomes of this evaluation will drive the expansion of co-responder models to other metropolitan areas and support the development of alternatives to support a similar approach in non-metropolitan areas.</p> <p>This response should be read in conjunction with the response to recommendation 30.</p>
<p>29. Implement outstanding suicide prevention strategies</p> <p>The committee recommends the Queensland Government implements all outstanding suicide prevention strategies within the <i>National Mental Health and Suicide Prevention Plan</i> and</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government will continue to partner with the Commonwealth Government to implement suicide prevention and response strategies that fall within the Queensland Government's responsibility, including universal aftercare, additional postvention supports, earlier responses to distress,</p>

Recommendation	Queensland Government response
<p><i>The Queensland Suicide Prevention Plan 2019-2029: Phase One.</i></p>	<p>and empowering First Nations communities to prevent suicide. This includes:</p> <ul style="list-style-type: none"> • Expansion and enhancement of existing aftercare services to provide state-wide, universal aftercare to individuals following a suicide attempt and/or suicidal crisis • ensuring all people in Queensland who are bereaved or impacted by suicide can access postvention support services • implementation of a distress intervention trial program to prevent and reduce suicidal behaviour. <p>The Queensland Government committed \$80.1 million to implement <i>Every life: The Queensland Suicide Prevention Plan 2019-2029 (Phase 1)</i> (Every life), the Queensland Government's whole-of-government approach to suicide prevention. Significant progress has been made across each of Every life's action areas.</p> <p>Every life is currently being reviewed to inform the development of Phase 2. The Queensland Government is committed to addressing all outstanding Phase 1 actions.</p> <p>Queensland Health offers a range of services to support people at risk of suicide. For example, Sit, Talk and Yarn (STaY) is an innovative First Nations-led and designed mental health and suicide prevention initiative, implemented by the Darling Downs Indigenous Health unit, which dovetails best practice suicide intervention with a whole of community approach.</p> <p>The Zero Suicide in Healthcare initiative is another proven mechanism for driving changes in the care of people at risk of suicide within MHAOD services. Under this initiative, 12 participating HHSs have implemented a suicide prevention clinical pathway for people presenting to ED with suicidality. The pathway is an evidence based-structured approach to providing care and support to a person with suicide risk, it includes engagement, assessment, safety planning, treatment and care transition.</p> <p>Under <i>Better Care Together</i>, Queensland Health will expand the Zero Suicide in Healthcare initiative to every HHS, to drive a more consistent and evidence-based approach to suicide prevention in health services.</p> <p><i>Better Care Together</i> will also strengthen Queensland Health's commitment to excellence in the care of people at risk of suicide who come into contact with health services, by supporting strong leadership, workforce development and continuous quality improvement.</p> <p>Queensland Health will also work with NGOs, Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs), and PHNs to expand programs</p>

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	<p>providing peer-led community-based services for carers supporting people experiencing a suicidal crisis.</p>
<p>30. Expand alternative entry points and emergency department diversion services</p> <p>The committee recommends the Queensland Government expands alternative entry points and emergency department diversion services, including consideration of all tiers of the extended model of safe spaces at hospitals and in the community, or other innovative models of care, giving consideration to extended hours of operation.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government will continue to consider opportunities to expand alternative entry points and emergency department diversion.</p> <p>Queensland Health currently supports a range of initiatives that provide alternative entry points and emergency department diversion in multiple locations across Queensland, including:</p> <ul style="list-style-type: none"> • 1300 MHCALL which connects people to their nearest specialised public mental health service for telephone-based triage, assessment and advice. • QAS and QPS communication centre liaison teams which provide real-time telephone based mental health advice to ambulance and police officers who are responding to mental health related calls. • QAS and QPS co-responder teams which pair experienced mental health clinicians with ambulance and police officers to attend mental health related calls for assistance. • Crisis support spaces which offer a combination of peer and clinical support to people in home-like settings adjacent or nearby existing emergency departments. These are currently operating in the Cairns, Mackay, Prince Charles, Princess Alexandra, Ipswich and Hervey Bay hospitals and at the Southport Health Precinct. • The Robina Hospital Yalburro' angabah unit provides up to 23 hours of intensive multidisciplinary support for people in crisis as an alternative to the emergency department. <p>Under the Bilateral, the Queensland and Commonwealth governments have committed to work together to establish a network of five new Head to Health adult mental health centres and seven satellites across Queensland. These services will address gaps in the mental health system by providing more integrated, seamless mental health care for adults and older adults and improving access to community-based mental health and crisis supports, including afterhours crisis support.</p> <p>These are in addition to Queensland's first Head to Health centre that opened in Townsville in January 2022.</p> <p>Under <i>Better Care Together</i>, Queensland Health is expanding alternative entry points and emergency department diversion services by:</p> <ul style="list-style-type: none"> • establishing new crisis support spaces, offering Lived Experience (peer) and clinical support in home-like settings,

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	<p>as an alternative or adjunct to emergency departments. This initiative builds on the success of crisis support spaces already operating in seven Queensland hospitals.</p> <ul style="list-style-type: none"> • expanding the operating hours for existing crisis support spaces to meet increasing demand and provide greater afterhours support • establishing new crisis support short stay services, offering intensive multidisciplinary clinical and Lived Experience (peer) support as an alternative to emergency departments • creating new crisis care coordination roles to help improve people's journey through emergency, specialised and follow-up treatment, care and support • expanding police and ambulance co-responder models to mental health crisis and suicidality in metropolitan areas and examining alternative models for non-metropolitan and regional and rural Queensland. <p>This response should be read in conjunction with the responses to recommendations 22, 28, 31, 33, 34 and 38.</p>
<p>31. Expand aftercare services for people discharged from healthcare settings</p> <p>The committee recommends the Queensland Government increases aftercare services for people being discharged into the community after a mental health and/or suicidality related presentation.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government acknowledges the importance of aftercare services to support individuals in the immediate and critical period following a suicide attempt or crisis.</p> <p>The Way Back Support Service is an assertive aftercare support service for people who have attempted suicide or are in a suicidal crisis. It currently operates across ten HHSs and seven PHN regions.</p> <p>Through the Bilateral, the Queensland and Commonwealth governments will ensure aftercare services are expanded and universally available to people discharged from hospital after a suicide attempt and to implement a pilot to expand referral and entry pathways to aftercare services from other health settings to support those who have experienced a suicidal crisis without attending or being admitted to hospital. Universal aftercare is an expansion of the successful The Way Back Support Services.</p>
<p>32. Expand child and youth mental health services</p> <p>The committee recommends the Queensland Government:</p> <ol style="list-style-type: none"> a) increases child and youth mental health inpatient beds and services, particularly in regional Queensland. b) reviews discharge planning for children and young people, particularly with 	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government continues to develop comprehensive, contemporary, flexible, and integrated community and hospital bed-based child and youth mental health services, including in regional areas. Existing services support young people across the continuum of care, including Jacaranda Place, the Queensland Adolescent Extended Treatment Centre; two youth step-up, step-down services in</p>

Recommendation	Queensland Government response
<p>regards to school re-integration.</p>	<p>Caboolture and Logan; and two adolescent day programs in Logan and the Gold Coast.</p> <p>The Queensland Government is working with the Commonwealth Government under the Bilateral on several initiatives to improve access to multidisciplinary mental health care for children and young people, including Head to Health child hubs and an enhancement of headspace services. The Queensland and Commonwealth governments have committed:</p> <ul style="list-style-type: none"> • establish two new Head to Health Kids Hubs to improve access to multidisciplinary team care for children to support their mental health and social and emotional wellbeing. • enhance headspace centres to increase access to multidisciplinary youth mental health services in Queensland, with the Commonwealth funding the establishment of two new headspace sites and Queensland providing funding for clinical in-reach into new and existing headspace sites. <p>Queensland Health, through <i>Better Care Together</i>, will:</p> <ul style="list-style-type: none"> • develop models to support availability of adolescent and young adult beds in regional Queensland, and increase child and youth mental health services • support new acute adolescent and young adult mental health inpatient beds • establish additional community bed-based youth step up, step down services • increase access to adolescent day programs that provide specialist mental health care integrated with educational or vocational programs that enable adolescents to re-engage or remain engaged with education and to optimise their recovery • enhanced community treatment, child and youth forensic mental health services, eating disorder services, and enhanced child and youth acute responses for young people experiencing mental health crisis and suicidality (including in regional areas). <p>The Queensland Government recognises discharge and transitional care planning as a critical element of service delivery. The Queensland Health guideline, <i>Transition of care for young people receiving child and youth mental health services</i>, provides specific guidance regarding effective transitional care planning and processes. This includes collaboration with the young person's education providers, as appropriate, to support school and/or vocation reintegration.</p> <p>The Queensland Children's Hospital School delivers education programs at 25 HHS locations (22 onsite delivery and three</p>

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	<p>virtual delivery) across Queensland to ensure continuity of learning for students, including supported educational transitions back to school or another learning pathway. Of these hospital education programs, 12 are delivered in partnership with existing child and youth mental health services inpatient units and day programs.</p> <p>The Department of Education also has eight specialist mental health guidance officers who support students returning to school following specialist mental health treatment.</p> <p>Queensland Health will continue to improve discharge and transition planning to ensure, where appropriate, it includes collaboration with the young person's education providers to support school and/or vocation reintegration.</p> <p>This response should be read in conjunction with the responses to recommendations 22, 24, 25, 26, and 39.</p>
<p>33. Expand provision of Hospital in the Home care model</p> <p>The committee recommends the Queensland Government increases Hospital in the Home options of mental health support.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to ensuring there are sufficient hospital bed-based MHAOD services across Queensland and that these are used appropriately and efficiently.</p> <p>When suitable, Hospital in the Home can replace a hospital admission or an extended stay in an inpatient unit. This approach helps to improve comfort, maintain routine at home, allow continued contact with family, pets and other supports, and improve the recovery journey.</p> <p>The Queensland Government established a two-year pilot of the first mental health Hospital in the Home program in Hervey Bay, which commenced in July 2021. This pilot has been a success and has allowed for the provision of high-level care in a community setting for acute mental health conditions, that would otherwise require treatment in acute mental health inpatient units.</p> <p>Building on the success of the Hervey Bay pilot, under <i>Better Care Together</i> Queensland Health will expand the mental health Hospital in the Home to several new locations over the next four years.</p> <p>This response should be read in conjunction with the responses to recommendations 30 and 36.</p>
<p>34. Expand adult mental health services</p> <p>The committee recommends the Queensland Government expands the availability of adult mental health beds and services in Queensland.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises the right of people living with mental illness to access services at the right place and at the right time, to ensure they are effectively supported to live lives that are meaningful to them.</p>

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	<p>Treatment and responses for MHAOD and crises take place in a complex health system which spans public, private, and non-government sectors; primary health care through to specialist care; and a wide range of interventions (for example, promotion, prevention, early intervention, harm reduction, emergency care, acute care, ongoing care, psychosocial supports and rehabilitation). HHSs and NGOs deliver specialist MHAOD treatment and support services for people with severe mental illness and problematic AOD use.</p> <p>Mental health services delivered by NGOs include individual and group psychosocial support and counselling, and family and carer support. In 2020-21, Queensland Health spent \$75.6 million on the growth and development of mental health community support services delivered by NGOs. <i>Better Care Together</i> will continue to support and strengthen these with new investment being provided to enhance and expand existing programs, establish new programs and support ongoing development and improvement of programs in response to evaluations.</p> <p>Queensland Health is expanding and enhancing existing services and developing new models of treatment, care and support to better meet people's needs and address existing gaps and maintain pace with expected population growth and increasing demand and pressure on the state-funded mental health system.</p> <p>Under the Bilateral, the Queensland and Commonwealth governments have committed \$49.9 million to work together to establish a network of five new Head to Health adult mental health centres and seven satellites across Queensland.</p> <p>Under <i>Better Care Together</i>, Queensland Health will increase MHAOD services to maintain pace with expected population growth and to address existing demand and pressure on the system. This will be achieved by growing the workforce and building the infrastructure required to deliver safe, high-quality and contemporary models of care and services in hospitals and in the community.</p> <p>Queensland Health will support: mother-baby inpatient perinatal mental health beds; new adult step up, step down services; community care unit beds across priority HHSs; adult acute mental health beds; sub-acute beds for older persons; new secure mental health rehabilitation units; and a trial of new models to address mental health rehabilitation and acute needs of Queenslanders living in regional and rural communities.</p> <p>This response should be read in conjunction with the response to recommendation 30.</p>
<p>35. Expand perinatal and infant mental health services</p>	<p>The Queensland Government supports the recommendation.</p>

Recommendation	Queensland Government response
<p>The committee recommends the Queensland Government expands the availability of perinatal and infant mental health beds and services in Queensland, including community-based solutions.</p>	<p>The Queensland Government recognises that the early years of a child's life, from conception through infancy, are critical to the development of solid foundations for lifelong mental health and wellbeing.</p> <p>State-funded specialist perinatal and infant mental health services are offered within the context of the broader continuum, including MHAOD care and support for new parents and their infants provided through maternity services, private midwifery/obstetrics, general practice and child health, primary and secondary care (for example, through general practice, private midwifery/obstetric providers, child health and early education).</p> <p>Queensland Health funds Queensland's first public mother-baby mental health unit, Lavender Mother and Baby Unit at Gold Coast University Hospital; community-based care across the state through perinatal and infant mental health specialist positions; the Together in Mind perinatal and infant mental health Day Program; the e-PIMH telepsychiatry service; and community support funding delivered by NGOs, for example Peach Tree Perinatal Wellness, and the Early Social Emotional Wellbeing infant service.</p> <p>Queensland Health, through <i>Better Care Together</i>, will increase the number of specialist inpatient mother-baby mental health beds, and strengthen community-based treatment and care options for new parents, infants and their families through the employment of more clinical and non-clinical roles and supporting service delivery through telehealth approaches.</p> <p>Under the Bilateral, the Queensland and Commonwealth governments have committed \$10.3 million to support improved perinatal mental health screening, expand the range of early community supports for new parents, infants and their families, and enhance capture and reporting of national consistent perinatal mental health data.</p> <p>This response should be read in conjunction with the response to recommendation 23.</p>
<p>36. Expand and improve older persons mental health services</p> <p>The committee recommends the Queensland Government:</p> <p>a) explores ways for Hospital and Health Services to support the implementation of relevant recommendations of the 2021 Royal Commission into Aged Care Quality and Safety.</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>The Queensland Government recognises the importance of balancing the provision of care across the age spectrum.</p> <p>Through <i>Better Care Together</i>, Queensland Health will increase investment in mental health infrastructure for older persons including support for acute and sub-acute beds. This will expand access and support safe, high-quality, safe and contemporary models of care and service delivery.</p> <p>Queensland Health will explore whether the mental health Hospital in the Home approach is a viable service model for</p>

Recommendation	Queensland Government response
<p>b) increases Older Persons Mental Health Services in Hospital and Health Services.</p> <p>c) considers using Hospital in the Home services for persons who reside in aged care facilities.</p>	<p>expansion into aged care facilities, along with other in-reach options.</p> <p>Queensland Health is partnering with HHSs to explore ways to support the implementation of recommendations of the 2021 Royal Commission into Aged Care Quality and Safety final report <i>Care, Dignity and Respect</i>.</p> <p>Increasing older persons mental health services aligns with recommendation 59 of <i>Care, Dignity and Respect</i>. The former Commonwealth Government accepted recommendation 59 in principle, noting it requires consultation with states and territories and consideration in the context of broader mental health reform. The Queensland Government will continue to work with the Commonwealth Government to consider the implementation of recommendation 59.</p> <p>This response should be read in conjunction with the response to recommendation 33.</p>
<p>37. Expand alcohol and other drugs inpatient services</p> <p>The committee recommends the Queensland Government identifies locations in Queensland requiring additional alcohol and other drugs withdrawal beds and increases services as needed.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government continues to invest in, and identify, a range of AOD withdrawal management and care options across Queensland, including community-based ambulatory and residential services, as well as access to hospital bed-based care. Queensland Health uses health planning tools, engagement with key stakeholders and feedback from regional consultation to identify and prioritise MHAOD service delivery.</p> <p>The following new AOD residential treatment services are under development:</p> <ul style="list-style-type: none"> • Ipswich – 45 bed adult service with 10 withdrawal management beds and 35 residential rehabilitation beds • Bundaberg – 28 bed adult service with eight withdrawal management beds and 20 residential rehabilitation beds • Cairns – 10 bed service for young people with a suite of additional non-residential services. <p>Specialist AOD treatment is provided through HHSs and funded NGOs and ATSI CCHOs. HHSs deliver a range of treatment and care including assessment, psychosocial interventions, withdrawal management, opioid dependence treatment, specialised programs for people engaged with the criminal justice system and needle and syringe programs.</p> <p>State funding for NGOs and ATSI CCHOs supports the delivery of residential withdrawal management and rehabilitation, psychosocial interventions for adults and young people, non-residential rehabilitation programs, police and court diversion</p>

Recommendation	Queensland Government response
	<p>and family support programs. Opioid dependence treatment is also delivered through private prescribers and pharmacies.</p> <p>Under <i>Better Care Together</i>, Queensland Health will support new community withdrawal management beds in the Rockhampton adult AOD residential treatment service, which commenced operation in December 2021.</p> <p>Queensland Health, through <i>Better Care Together</i>, is improving AOD service delivery by:</p> <ul style="list-style-type: none"> • supporting the employment of additional medical, nursing and allied health positions across HHSs • delivering opioid dependence treatment and harm reduction through employment of additional clinical and non-clinical positions in certain HHSs • enhancing delivery of AOD responses in emergency departments and hospital inpatient settings • expanding the capacity of Adis (24/7 drug and alcohol support) to respond to growing demand for telephone and online services. • delivering new and enhanced specialist AOD community treatment for young people delivery through NGOs and ATSI CCHOs • developing new and enhancing culturally safe AOD treatment and harm reduction responses in communities with Alcohol Management Plans to support implementation of Community Safety Plans • expanding access to specialist AOD treatment for parents and women experiencing problematic AOD use. <p>This response should be read in conjunction with the responses to recommendations 38 and 39.</p>
<p>38. Expand availability of step up, step down and rehabilitation alcohol and other drugs services</p> <p>The committee recommends the Queensland Government expands step up, step down and rehabilitation alcohol and other drugs services in Queensland.</p>	<p>The Queensland Government supports the recommendation</p> <p>The Queensland Government acknowledges the need to expand the range of treatment, care, rehabilitation and support delivered in the community, in particular through bed-based step up, step down services.</p> <p>Queensland Health delivers community bed-based services, such as residential supports, intensive clinical treatment and intervention, and peer support, through its community care units, step up, step down units, and residential rehabilitation units. This care is delivered in partnership with NGOs and provides short to medium to long term recovery-oriented treatment for individuals, delivered in a least restrictive environment, in the community, and as close to home as possible. Key AOD bed-based services</p>

Recommendation	Queensland Government response
	<p>include residential rehabilitation and withdrawal management services delivered by NGOs and ATSCCHOs.</p> <p>Through <i>Better Care Together</i>, Queensland Health continues to strengthen the capacity and capability of community-based MHAOD services to improve access for Queenslanders with mental health issues to appropriate services as close to home as possible and in a timely manner, by:</p> <ul style="list-style-type: none"> • establishing new adult step up, step down services • establishing new community-based youth step up, step down services • bolstering existing community treatment AOD services provided through HHSs • enhancing the availability of specialist AOD community treatment services in Queensland’s rural west • supporting existing state funded rehabilitation services to deliver enhanced treatment and care. <p>The Queensland Government also recognises that AOD residential (bed-based) and non-residential rehabilitation services are an integral part of the care continuum, providing more intensive treatment and care for people experiencing substance dependence.</p> <p>Through <i>Better Care Together</i>, Queensland Health will also deliver new and enhanced AOD residential services by:</p> <ul style="list-style-type: none"> • establishing an AOD rehabilitation treatment service for young people in Cairns, including cultural programs and services for First Nations young people and their families • establishing AOD residential rehabilitation and withdrawal management services for adults in Ipswich and Bundaberg • providing capital grants to refurbish existing state-funded AOD residential treatment services required to support the delivery of clinically safe and contemporary models of care that support recovery • enhancing existing residential withdrawal management and rehabilitation services to support delivery of quality treatment and care through enhanced clinical capability. <p>This response should be read in conjunction with the responses to recommendations 30, 32, 37 and 39.</p>
<p>39. Expand community-based alcohol and other drugs bed-based care</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises that community bed-based services are an important part of the care continuum and</p>

Recommendation	Queensland Government response
<p>The committee recommends the Queensland Government increases the number of community-based alcohol and other drugs beds and expands residential alcohol and other drugs rehabilitation services for mothers/parents and their children.</p>	<p>provide more intensive, structured and medium-to-longer term treatment and care for people experiencing AOD dependence.</p> <p>NGOs and ATSI CCHOs deliver Queensland’s bed-based AOD services including residential rehabilitation and withdrawal management services.</p> <p>Service delivery at the new purpose-built 42-bed AOD residential rehabilitation and withdrawal management service in Rockhampton commenced on 6 December 2021. Treatment for parents with young children in their care at the on-site family units commenced in May 2022. The service, called Binbi Yadubay, is the first of its kind in Queensland and offers a combination of withdrawal, rehabilitation and family support all on the one site. Lives Lived Well is funded by Queensland Health to deliver the service.</p> <p>The Queensland Government has committed to the establishment of three more AOD residential treatment services, which are currently under:</p> <ul style="list-style-type: none"> • Ipswich – 45 bed adult service with 10 withdrawal management beds and 35 residential rehabilitation beds • Bundaberg – 28 bed adult service with eight withdrawal management beds and 20 residential rehabilitation beds • Cairns – 10 bed service for young people with a suite of additional non-residential services. <p>Queensland Health, through <i>Better Care Together</i>, will continue to enhance community bed-based AOD treatment service delivery through NGOs and ATSI CCHOs.</p> <p>Under <i>Better Care Together</i>, Queensland Health will:</p> <ul style="list-style-type: none"> • enhance existing state-funded NGO services delivering residential rehabilitation and residential withdrawal management, to respond to demand and support continuous quality improvement • enhance AOD treatment and care for women and mothers/parents with their young children, including residential and non-residential programs. <p>This response should be read in conjunction with the responses to recommendations 32 and 38.</p>
<p>40. Review regulation and accreditation requirements of alcohol and other drugs services</p> <p>The committee recommends the Queensland Government reviews the regulation of alcohol and other</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to continuously improving the quality and safety of health services and the outcomes of treatment for individuals experiencing AOD issues and their families.</p>

Recommendation	Queensland Government response
<p>drugs services provided by non-government organisations and the private sector, including standards of practice and the accreditation of staff.</p>	<p>Queensland Health currently supports compliance of AOD service delivery across sectors through a range of current mechanisms including national and state policy, regulation, licensing, accreditation standards, service frameworks, clinical guidelines and service agreements.</p> <p>Queensland Health will work with key stakeholders across sectors, peak bodies, and people with lived experience to review the regulation of AOD services provided by NGOs and the private sector.</p>
<p>41. Apply governance principles for regional mental healthcare planning</p> <p>The committee recommends that, in considering the recommendations in Chapter 6 regarding delivering mental healthcare and alcohol and other drugs services as part of a regional planning process, the Queensland Government:</p> <ol style="list-style-type: none"> applies overarching governance principles in a standard format. co-designs and uses appropriate governance models for Aboriginal and Torres Strait Islander communities as part of the process. collaborates with people with lived experience as part of the regional planning process. clearly documents funding commitments and, as part of the governance structure, monitors services delivered against those funding commitments. reviews the Victorian Department of Health's regional planning model and considers it for application in Queensland. 	<p>The Queensland Government supports the recommendation in principle.</p> <p>The Queensland and Commonwealth governments have reaffirmed a commitment under the NMHSPA for further development of comprehensive regional plans. Application of governance principles for regional mental health care planning must align with Queensland's commitments under the NMHSPA.</p> <p>Under the NMSPA, the Commonwealth and all states and territories:</p> <ul style="list-style-type: none"> have agreed to work together to strengthen regional planning and commissioning of mental health and suicide prevention and psychosocial services to provide person-centred care and place-based care. recognise that strengthened regional planning and commissioning aims to drive better outcomes for communities by improving system integration and coordination; addressing gaps, duplication and fragmentation in services; and evidence-based decision making to inform future policy and planning strategies. have agreed to work together within the first twelve months of the NMHSPA to develop national guidelines on regional planning and commissioning to provide enhanced direction that includes minimum national standards while recognising the unique requirements and needs in each jurisdiction and region. <p>The Queensland Government actively supports the existing joint regional mental health and suicide prevention planning activities undertaken by HHSs and PHNs, including governance of the process. HHSs and PHNs in Queensland have well established governance structures that embed consumer and carer participation.</p> <p>HHSs, along with their PHN partners, develop joint regional mental health and suicide preventions plans under a commitment in the <i>Fifth National Mental Health and Suicide Prevention Plan</i>.</p>

Recommendation	Queensland Government response
	<p>Queensland Health will continue to work with HHSs, Commonwealth Government PHNs, other regional partners, First Nations communities, and people with lived experience to consider the application of governance principles for regional mental healthcare planning, through its regional planning networks. This will include:</p> <ul style="list-style-type: none"> • consideration of standard overarching governance principles, in alignment with work undertaken to develop national guidelines on regional planning and commissioning under the NMHSPA • use of co-design and appropriate governance models for collaboration with Aboriginal and Torres Strait Islander communities, consistent with <i>Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework</i> • collaboration with people with lived experience • consideration of how to document funding commitments and monitor services delivered against those funding commitments • consideration of the Victorian Department of Health's regional planning model and its application in Queensland. <p>The first Queensland Government <i>Local Thriving Communities Action Plan 2022-2024</i> must also be considered as part of this recommendation. It sets out the steps to ensure the Queensland Government continues its transition towards shared decision-making, shared accountability, and shared commitment with First Nations local decision-making bodies. Under the <i>Local Thriving Communities</i> reforms, the Queensland Government has committed to enabling local decision-making and facilitating changes to government systems and practices so that self-determination and local decision-making are embedded in the design and delivery of policies and programs that will impact First Nations peoples. Under <i>Better Care Together</i>, Queensland Health commits to strengthening partnerships with First Nations stakeholders and communities to redesign and support the delivery of culturally safe, capable and appropriate MHAOD services at a state-wide, regional and local level, and to investing in more First Nations models of care delivered by ATSI CCHOs.</p> <p>This response should be read in conjunction with the response to recommendation 42.</p>
<p>42. Develop mental healthcare regional plans</p> <p>The committee recommends the Queensland Government develops mental healthcare</p>	<p>The Queensland Government supports the recommendation in principle.</p>

Recommendation	Queensland Government response
<p>regional plans, with consideration to:</p> <p>a) applying recommendation 23 of the Productivity Commission, which states—<i>Governments should strengthen cooperation between Primary Health Networks (PHNs) and Local Hospital Networks (LHNs) by requiring comprehensive joint regional planning and formalised consumer and carer involvement.</i></p> <p>b) engaging with the following stakeholders in the development of the plans: Hospital and Health Services; private hospitals; primary health networks; community stakeholders; people with lived experience and their families, carers and support persons; non-government organisations; community controlled health organisations; Queensland Departments of Education and Housing; Australian Government Department of Veterans' Affairs; National Disability Insurance Scheme administrators and managers; Health & Wellbeing Queensland; the Queensland Mental Health Commission; the Mental Health Branch of QH; and local governments.</p> <p>c) referencing services across the continuum of mental healthcare and alcohol and other drugs, and ensure services are responsive to the needs of at-risk groups, with consideration given to those groups identified in section 5.5 of this report.</p> <p>d) considering the mental health and alcohol and other drugs services required across an individual's lifespan, including but not limited to, early psychosis services to support children and young people, as well as mental healthcare services for individuals within perinatal and infant, adult, and older persons population groups.</p>	<p>Joint regional mental health plans are already developed and implemented by HHSs and PHNs under the <i>Fifth National Mental Health and Suicide Prevention Plan</i>.</p> <p>Any work to develop regional plans must be undertaken in alignment with the NMHSPA. The Queensland and Commonwealth governments have reaffirmed a commitment under the NMHSPA for further development of comprehensive regional plans. Furthermore, the Queensland and Commonwealth governments will work collaboratively to address gaps in the system by ensuring community-based services are effective, accessible and affordable.</p> <p>Under the NMSPA, the Queensland Government is working with the Commonwealth Government to support PHNs and other commissioning bodies (in Queensland these are HHSs, NGOs and ATSICCHOs) to develop and/or strengthen joint regional plans with an agreed terms of reference to improve how they work together to:</p> <ul style="list-style-type: none"> • Determine the needs of local communities, including identifying gaps, duplication and inefficiency, within their region based on evidence and data and consultation within their communities, including consumers and carers with lived experience representative of local communities. • Plan, design and fund mental health care, suicide prevention and psychosocial supports to respond to the needs of local communities. • Coordinate and integrate care across the stepped care model and support transition between mental health and non-health services. • Implement an agreed framework for ongoing monitoring, reporting and evaluation of regional plans. <p>As part of this work, the Queensland Government will consider the application of recommendation 23 of the Productivity Commission and continue to engage across Queensland Government agencies with: HHSs; PHNs; private hospitals; community stakeholders; people with lived experience and their families, carers and support persons; NGOs; ATSICCHOs; the Australian Government Department of Veterans' Affairs; National Disability Insurance Scheme administrators and managers; HWQ; the QMHC; and local governments.</p> <p>Under <i>Better Care Together</i> and the Bilateral, Queensland Health will continue to consider the services required across the continuum of MHAOD, including services that are responsive to the needs of at-risk groups, with consideration given to populations at greater risk of experiencing poor mental health, and the MHAOD services required across an individual's lifespan, including early psychosis services to support children and young people, as well as mental healthcare services for</p>

Recommendation	Queensland Government response
<p>e) prioritising consideration of strategies to address the 'missing middle' services gap.</p> <p>f) clearly identifying which agency is funding which aspect of the plan.</p> <p>g) in relation to Aboriginal and Torres Strait Islander discrete communities, establishing the community controlled health organisation as the lead agency for service delivery, workforce planning and funding; and in other locations with Aboriginal and Torres Strait Islander populations, establishing a sub-regional plan led by the community controlled health organisation.</p>	<p>individuals within perinatal and infant, adult, and older persons population groups.</p> <p>In relation to First Nations discrete communities, the Queensland Government supports joint planning activities to consider establishing ATSI CCHOs as lead agency for service delivery, workforce planning and funding; and in other locations with First Nations populations, establishing a sub-regional plan led by ATSI CCHOs, consistent with <i>Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework</i> and the <i>National Agreement on Closing the Gap</i>.</p> <p>Under <i>Better Care Together</i>, Queensland Health will strengthen partnerships with First Nations stakeholders and communities to deliver culturally safe, capable and appropriate MHAOD services at a state-wide, regional and local level, and invest in more First Nations models of care delivered by ATSI CCHOs.</p> <p>Under <i>Better Care Together</i>, Queensland Health will renew efforts to strengthen clinical service planning to inform planning of services at a local level between HHSs and PHNs. Queensland Health will continue to work with the Commonwealth Government under the NMHSPA to ensure joint regional and comprehensive mental health and suicide prevention planning between HHS and PHNs takes place inclusive of key stakeholders, is evidence-based, and reflects community need.</p> <p>As part of progressing this recommendation, Queensland Health will establish a governance process and work closely with HHS to support their engagement and planning with PHNs and key stakeholders.</p> <p>This response should be read in conjunction with the response to recommendation 41.</p>
<p>43. Support clinical supervision and training and development</p> <p>The committee recommends that the Queensland Government:</p> <p>a) explores ways to improve opportunities for:</p> <ol style="list-style-type: none"> i. clinical supervision for mental health and alcohol and other drugs staff ii. meaningful training and development opportunities that will upskill staff in providing mental health and alcohol and other drugs related care. <p>b) identifies opportunities to remove financial and other barriers to practitioners</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises that clinical and non-clinical supervision, training and development is critical to the provision of safe and high quality, evidence-based care and ensuring better outcomes for people accessing these services, and for the recruitment and retention of a highly-skilled MHAOD workforce. Queensland Health staff access a broad range of training and development opportunities:</p> <ul style="list-style-type: none"> • The Insight Centre for AOD training and workforce development and the Queensland Centre for Mental Health Learning are funded to provide training and resources, including supervision training modules which provide fundamental and advanced training for supervisors and supervisees in MHAOD services.

Recommendation	Queensland Government response
<p>providing clinical supervision and incentivise clinical supervision accreditation to support workforce development.</p>	<ul style="list-style-type: none"> • Nurses in MHAOD settings are supported through the <i>Clinical Supervision Framework for Queensland Nurses and Midwives</i>. • A supervision reference group provides a statewide mechanism to engage clinician expertise in informing and guiding best practice supervision for Queensland Health's MHAOD workforce. The group reports to the MHAOD Statewide Clinical Network. • Queensland HHSs undergo accreditation against the <i>National Safety and Quality Health Service Standards. Standard 1 Clinical Governance</i>, which outlines the responsibilities of health services to ensure the workforce has the right qualifications, skills and supervision to provide safe, high-quality healthcare. • Post Graduate Training in Psychiatry is a statewide service funded by Queensland Health. Training is undertaken in Royal Australian and New Zealand College of Psychiatrists (RANZCP) accredited positions in a variety of locations including public hospitals, communities and private settings. <p>Under <i>Better Care Together</i>, Queensland Health is investing in a training, mentoring and supervision strategy for MHAOD staff, and projects for skills development and career enhancement. Initiatives to be delivered by Queensland Health include:</p> <ul style="list-style-type: none"> • training, mentoring and supervision coordinators (including for Lived Experience (peer) workers and Aboriginal and Torres Strait Islander health workers) • enhanced support for Queensland Health funded training providers • grants and scholarships for staff to update skills, particularly in evidence-based care and key modalities such as trauma informed care, multidisciplinary team delivery and culturally secure service delivery. <p>Queensland Health will continue to look for innovative approaches to removing the barriers to clinical supervision and skill development.</p> <p>This response should be read in conjunction with the response to recommendation 46.</p>
<p>44. Mental health and alcohol and other drugs workforce planning and development</p> <p>The committee recommends the Queensland Government re-establishes the Mental Health Workforce Planning and</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises that the health workforce is central to ensuring that Queenslanders have access to a high quality, responses and sustainable healthcare system.</p>

Recommendation	Queensland Government response
<p>Development Branch within the Department of Health and that the branch engages with the secondary and tertiary education sectors in developing the mental and alcohol and other drugs workforce.</p>	<p>In relation to state-funded MHAOD services, Queensland Health will examine the best approach to systemically support MHAOD workforce planning and development, including the departmental structures required to support this work.</p> <p>Through <i>Better Care Together</i>, Queensland Health will develop a dedicated MHAOD workforce plan underpinned by Queensland Health's existing strategies, <i>Advancing health service delivery through workforce: A strategy for Queensland 2017-2026</i> and the <i>Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026</i>.</p> <p>Queensland Health will support career awareness and pathway programs, including liaison with secondary and tertiary education sectors and trainers to raise the profile of MHAOD careers and encourage the MHAOD sector as a career of choice.</p> <p>This response should be read in conjunction with the responses to recommendations 43, 47, 54, 55, and 57.</p>
<p>45. Incentivise rural and regional Queensland Health jobs in mental health and alcohol and other drugs</p> <p>The committee recommends that the Queensland Government:</p> <ul style="list-style-type: none"> a) reviews employee entitlements for clinical and non-clinical mental health and alcohol and other drugs roles to incentivise work in regional, rural and remote communities, including housing entitlements. b) investigates and implements additional strategies to attract and retain skilled mental health and alcohol and other drugs practitioners to regional, rural and remote parts of Queensland, and considers safe working conditions for people working in these locations. c) that formal certification of advanced credentialed practice for Mental Health and/or Addiction Medicine for Rural Generalists be formally recognised by Queensland Health. 	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to promoting incentives to attract MHAOD workers in regional, rural and remote parts of Queensland, and to ensuring safe working conditions across the MHAOD service sector.</p> <p>Existing incentives under Queensland Health's <i>Advancing health service delivery through workforce: A strategy for Queensland 2017-2026</i> and the <i>Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026</i> include appointment and relocation costs, accommodation, enhanced professional development allowances and leave, rurality loadings and allowances, bonus payments for years of service, annual family holiday flights, and locum release.</p> <p>Queensland Health will continue to identify opportunities to expand access to entitlements and incentives across the MHAOD workforce.</p> <p>Queensland Health's response to the <i>Occupational Violence Prevention in Queensland Health's Hospital and Health Services Taskforce Report 2016</i> introduced several initiatives to support the safety of its staff, including standardised occupational violence prevention training for staff, standardised incident response kits, more security staff, more closed-circuit television cameras, and more duress alarms across Queensland's public health facilities.</p> <p>Queensland Health recognises and employs medical and allied health rural generalists with advanced practice skills, including in MHAOD, across Queensland, and will continue to identify</p>

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	<p>options for employing and supporting an appropriate scope of practice for rural generalists operating in MHAOD services.</p> <p>Queensland Health, through <i>Better Care Together</i>, will build on these strategies to increase the clinical and non-clinical MHAOD workforce in regional, rural and remote Queensland and ensure that this workforce is appropriately supported.</p> <p>This response should be read in conjunction with the responses to recommendations 7, 47 and 54.</p>
<p>46. Support scholarships to pursue mental health qualifications</p> <p>The committee recommends the Queensland Government funds scholarships for nurses, midwives, medical officers and allied health professionals, such as occupational therapists and counsellors, to pursue mental health and alcohol and other drugs qualifications.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to ensuring staff employed in the MHAOD sector have the necessary skills and competencies to deliver safe, high-quality and contemporary MHAOD services.</p> <p>Under Queensland Health's <i>Advancing health service delivery through workforce: A strategy for Queensland 2017-2026</i> and the <i>Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026</i> a range of scholarships, grants and other schemes are offered to support health practitioners, nurses, midwives, allied health staff, rural generalists, and others to pursue MHAOD qualifications.</p> <p>Queensland Health, through <i>Better Care Together</i>, will expand existing scholarships, training, grants, and other supports to also include Live Experience (peer) workers, Aboriginal and Torres Strait Islander health workers, and the multicultural workforce, to encourage them to work in MHAOD services across regional, rural, and remote areas of Queensland.</p> <p>This response should be read in conjunction with the responses to recommendations 43, 44, 47, 54, 55, and 57.</p>
<p>47. Review health practitioner structure</p> <p>The committee recommends the Queensland Government reviews how the health practitioner structure operates within Queensland Health, including whether there are sufficient clinical roles across the 8-level structure to attract and retain clinical staff.</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>Queensland Health is committed to supporting a health practitioner structure that ensures sufficient clinical and management roles across the 8-level structure, to attract and retain clinical staff in MHAOD services, and to enable allied health professionals to work to their full scope of practice.</p> <p>Queensland Health's <i>Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019-2029</i> sets out the overarching vision, strategic priorities and associated initiatives for building the future of allied health for Queensland Health. Under the strategy, the health practitioner structure was reviewed, and a new health practitioner structure was implemented to support structured career progression for allied health professionals through recognition of increasing levels of responsibility across clinical and management streams.</p>

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	<p>Queensland Health will continue monitor the effectiveness of the new structure and look for opportunities to attract and retain highly skilled and capable staff to work in MHAOD services.</p> <p>This response should be read in conjunction with the responses to recommendations 44, 45, 46, 48, 51, 52 and 53.</p>
<p>48. Utilise mental health workforce to full scope of practice</p> <p>The committee recommends the Queensland Government, in partnership with Hospital and Health Services, non-government organisations and private sector employers, supports employees in the mental health and alcohol and other drugs workforce to work to their full scope of practice across the continuum of care settings.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to supporting initiatives that optimise models of care to enable staff across the MHAOD workforce to work to their full scope of practice, to alleviate workforce and service delivery pressures.</p> <p>The Queensland Health Statewide Allied Health MHAOD Advisory Group provides strategic direction and advice on workforce development and service issues that build the capability of the allied health MHAOD workforce and support the delivery of safe and sustainable allied health services in MHAOD services.</p> <p>Building on the recommendations from the 2014 Ministerial Taskforce on expanded scope of practice, the <i>Allied Health Workforce Plan 2022-2026</i> recognises that supporting employees to work to full scope of practice can deliver improved health outcomes. Queensland Health has committed to enabling employees to work to full scope of practice, including through:</p> <ul style="list-style-type: none"> • The Allied Health Brief Therapies Clinic Model of Service pilots in the Darling Downs, Metro South and West Moreton HHSs, which provide timely access to a coordinated treatment approach for consumers presenting to emergency departments with suicidality. In addition to positive outcomes for consumers, clinicians gave feedback that the clinics enabled them to refine and develop new skills and deliver therapies in keeping with scope of practice. • The Metro South Addiction and Mental Health Service <i>Therapy Capability Framework</i> aims to strengthen workforce capabilities to deliver evidenced based interventions and promote clinicians working to full scope of practice. The framework helps clinicians to reflect on existing skills, recognise barriers for improvement, develop plans to address any skills deficit and monitor progress. <p>Nurse practitioners are endorsed speciality practitioners with capacity to diagnose and independently treat certain conditions. Nurse practitioners form a valuable part of the MHAOD workforce and represent an existing workforce strategy to promote full scope of practice.</p> <p>Under <i>Better Care Together</i>, Queensland Health will undertake a workforce services improvement project to enhance the capacity of multidisciplinary team members to work to full scope of practice to deliver integrated services across HHSs. The</p>

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	<p>project will support HHSs to develop and implement local projects with the potential to optimise scope of practice. Learnings will be shared and promoted to all HHSs.</p> <p>While the case management model has been the cornerstone of care, Queensland Health, through <i>Better Care Together</i>, will continue to explore and promote initiatives in MHAOD services that improve efficiencies and increase the opportunity for staff to work to their full scope of practice.</p>
<p>49. Leverage the counselling workforce</p> <p>The committee recommends the Queensland Government, in partnership with the Hospital and Health services, investigates how to leverage the counselling workforce in community-based primary healthcare settings, hospitals, private and state-funded schools, and in crisis support spaces where not already employed.</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>While the Queensland Government recognises the potential value of employing counsellors with appropriate training, qualifications and experience in suitable roles as part of the broader health workforce, a lack of regulation within the counselling industry creates challenges in implementation.</p> <p>Counsellors with suitable qualifications and experience are most appropriate in community-based primary healthcare settings to meet the needs of people with mild to moderate MHAOD issues to provide effective early intervention and to decrease the pressure on specialist services.</p> <p>The Commonwealth Government has responsibility for primary healthcare services and community-based crisis support spaces.</p> <p>The Queensland Government will work with the Commonwealth Government and other key stakeholders to investigate how the counselling workforce could be better leveraged to increase Queenslanders' access to timely, MHAOD treatment, care and support across a range of settings.</p>
<p>50. Expand Medicare Benefit Scheme rebates</p> <p>The committee recommends the Queensland Government collaborates with the Australian Government to ensure Medicare rebates are available to customers for all mental health and alcohol and other drugs practitioner services.</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>The Commonwealth Government is responsible for the operation of the Medicare Benefits Schedule and the subsidisation of services provided by eligible practitioners, including responding to areas of market failure in the private healthcare sector.</p> <p>The Queensland Government will work with the Commonwealth Government to advocate for Queenslanders to have better access to Medicare subsidised MHAOD through primary health services.</p> <p>This response should be read in conjunction with the response to recommendation 22.</p>
<p>51. Treat mental and physical health comorbidities</p> <p>The committee recommends that Queensland Government</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to supporting initiatives that provide holistic treatment for mental and physical</p>

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<p>integrates dietitians and exercise physiologists within the mental health workforce to provide more holistic care to people experiencing mental and physical health comorbidities.</p>	<p>health comorbidities in line with the National Mental Health Commission's <i>Equally Well: improving the physical health and wellbeing of people living with mental illness in Australia</i>.</p> <p>Queensland Health funds a range of programs that provide a holistic approach to improving physical health and wellbeing, including, for example:</p> <ul style="list-style-type: none"> • In North Queensland, MIND Australia is a state-funded NGO offering community-based services for people with severe mental illness. To bridge intersectoral partnerships, MIND peer-workers cofacilitate lifestyle interventions with PCYC Queensland's PHN-funded exercise physiology service, and PCYC Queensland's exercise physiologist provides in-reach exercise interventions to enhance Cairns and Hinterland HHS multidisciplinary metabolic clinics. • Metro South Addictions and Mental Health Service and Brisbane South PHN have embarked on a process to co-commission a program of therapeutic interventions for child and youth consumers in partnership with Orygen. Metro South also has a nurse-led model involving physical health assessments and health literacy, peer-worker, occupational therapist, exercise physiologist and dietitian on a rotating basis. • a multidisciplinary clinic in the Sunshine Coast community care unit includes a GP, exercise and dietetics, sexual health, podiatry, sleep, and dental health. • the Cairns and Hinterland HHS metabolic clinic based on the Diabetes Prevention Program involves an endocrinologist, behavioural therapy delivered by a psychologist, a dietitian and an exercise physiologist. <p>Queensland Health will continue to integrate physical and MHAOD services to improve outcomes for people experiencing MHAOD issues. The Queensland Government will investigate opportunities to provide better access to dietitians and exercise physiologists in the provision of integrated care.</p> <p>Under <i>Better Care Together</i>, Queensland Health will improve outcomes by using structured improvement methods to more effectively respond to complex needs and multimorbidity, including co-occurring disorders across substance use, other mental health disorders and physical health risks.</p> <p>This response should be read in conjunction with the responses to recommendations 46, 48 and 53.</p>
<p>52. Leverage the allied health workforce</p> <p>The committee recommends the Queensland Government</p>	<p>The Queensland Government supports the recommendation in principle.</p> <p>While the Commonwealth Government has responsibility for primary health care, the Queensland Government supports and</p>

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<p>increases the role of allied health professionals in primary health care settings with the process receiving input from general practitioners and people with lived experience.</p>	<p>will advocate for an increased role for allied health professionals in primary health care settings.</p> <p>This response should be read in conjunction with the responses to recommendations 30, 48, and 50.</p>
<p>53. Role of pharmacists in mental health and alcohol and other drugs workforce</p> <p>The committee recommends the Queensland Government investigates the role of pharmacists in the mental health and alcohol and other drugs workforce.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to supporting the vital role pharmacists play in the delivery of MHAOD services to Queenslanders.</p> <p>Medication therapy is an important form of treatment for MHAOD illnesses. The Queensland <i>Clinical Services Capability Service Framework</i> outlines a requirement for dedicated pharmacist support into both acute and community MHAOD services.</p> <p>Suitably trained and qualified pharmacy assistants, technicians and other support staff also perform non-clinical functions, such as medicine acquisition and distribution, manufacturing and data entry.</p> <p>Queensland Health is currently partnering with community pharmacists in certain areas across Queensland to support access to vital health services. Queensland Health will continue to explore opportunities to enhance the role of pharmacists in MHAOD treatment, care and support, and support initiatives for pharmacists working within MHAOD services, including in full scope roles that support the needs of consumers.</p> <p>This response should be read in conjunction with the responses to recommendations 48 and 51.</p>
<p>54. Expand and regulate Queensland's lived experience (peer) workforce</p> <p>The committee recommends the Queensland Government:</p> <p>a) progresses work to develop Queensland's lived experience (peer) workforce, including:</p> <ol style="list-style-type: none"> i. the standardisation and regulation of the lived experience workforce ii. the evaluation and quality assurance of lived experience professional training and development. <p>b) works with rural and remote mental health and alcohol and other drugs services to develop and support lived experience practitioner roles</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises and supports the development of the Lived Experience (peer) workforce in Queensland and values their contribution to improved outcomes for people living with mental illness or AOD issues, their families and carers.</p> <p>Queensland Health is implementing strategies under <i>Better Care Together</i>, including the review of the <i>Queensland Health Mental Health Framework Peer Workforce Support and Development 2019</i>, to align with the recent review of the <i>National Lived Experience (Peer) Workforce Guidelines</i>.</p> <p>Under <i>Better Care Together</i>, Queensland Health will increase the Lived Experience (peer) workforce, and provide further support, practice supervision, and professional development.</p> <p>Through <i>Better Care Together</i>, Queensland Health will increase First Nations representation in the MHAOD workforce and</p>

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<p>in rural and remote communities.</p> <p>c) increases the number of lived experience (peer) service roles in Aboriginal and Torres Strait Islander communities.</p> <p>d) investigates ways to encourage the uptake of lived experience roles by working to remove barriers, for example providing scholarships and reducing TAFE costs for requisite qualifications for lived experience (peer) mental health and alcohol and other drugs roles.</p>	<p>increase Lived Experience (peer) positions in rural and remote communities.</p> <p>The Queensland Government, through DESBT, will continue to provide accessible and affordable vocational education and training programs that support individuals to participate in training and skills development that leads to sustainable employment. In 2020-21, almost \$0.5 million was provided to subsidise 390 students to access the <i>Certificate IV in Mental Health Peer Work</i> qualification, primarily through TAFE Queensland.</p> <p>The Queensland Government is committed to ensuring consistency and quality of practice for the Lived Experience (peer) workforce. Queensland Health will work with the Queensland Alliance for Mental Health, the Queensland Lived Experience Workforce Network, the Queensland Network of Drug and Alcohol Agencies, and the Queensland Aboriginal and Islander Health Council to investigate how best to improve standardisation and quality of professional training and development for the Lived Experience (peer) workforce across Queensland.</p> <p>This response should be read in conjunction with the responses to recommendations 43, 45, 46 and 57.</p>
<p>55. Strategies to support the mental health and alcohol and other drugs workforce</p> <p>The committee recommends the Queensland Government develops and implements strategies to foster a supportive and safe workplace culture within state-funded mental health and alcohol and other drugs services, and in partnership with non-government organisations and private sector service providers where relevant.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government recognises that supportive and safe workplace cultures within state-funded MHAOD services are integral to attracting and retaining a highly-skilled workforce and ensuring people accessing these services receive safe, high-quality care.</p> <p>Queensland Health has a range of existing programs to support the wellbeing of the MHAOD workforce. These programs will be complemented by additional workplace wellbeing and support initiatives under <i>Better Care Together</i>, including:</p> <ul style="list-style-type: none"> • developing and delivering a statewide stigma reduction program to support the mental health and wellbeing of the MHAOD workforce • delivering training about strategies to support and improve mental health and wellbeing of the MHAOD workforce including adequate security, physical safety, stigma reduction, stress mitigation measures and support services. <p>Queensland Health also developed a range of initiatives to manage occupational violence in Queensland Health settings in response to the <i>Occupational Violence Prevention in Queensland Health's Hospital and Health Services Taskforce Report (2016)</i>.</p>

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	<p>Queensland Health will continue to consider strategies to foster a supportive and safe workplace culture, including in partnership with NGOs and private sector service providers.</p> <p>This response should be read in conjunction with the responses to recommendations 5, 17 and 45.</p>
<p>56. Review administrative health systems and their impact on non-clinical workload</p> <p>The committee recommends the Queensland Government reviews administrative health systems, such as the electronic records system, to determine their impact on non-clinical workloads, and explore ways to increase clinicians' time with consumers in the public health system.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government is committed to maximising the time spent by clinicians on the provision of direct clinical care to people accessing state-funded MHAOD services, while balancing the need to collect information and maintain records to support safe, high-quality and coordinated service delivery.</p> <p>Queensland Health is currently investigating ways to reduce the administrative burden and create efficiencies across Queensland Health services.</p> <p>Under the <i>Better Care Together Digital Information Strategy</i>, Queensland Health will optimise how information can be collected, used, and shared to deliver safe care efficiently. In partnership with clinicians, work will be undertaken to examine the impact of current administrative and clinical systems, including documentation, on non-clinical workloads, and identify and implement system, policy, and procedural changes to increase time spent on direct care activities. By optimising how information is shared and used, the administration can be reduced, capacity can be freed, and service providers enabled to deliver care more safely and efficiently. This will enable a more effective and resource-optimised MHAOD healthcare system.</p>
<p>57. Expand the Aboriginal and Torres Strait Islander mental health and alcohol and other drugs workforce</p> <p>The committee recommends the Queensland Government funds scholarships to support Aboriginal and Torres Strait Islander peoples to attain accreditation to work in mental health and alcohol and other drugs service roles.</p>	<p>The Queensland Government supports the recommendation.</p> <p>The Queensland Government commits to improving employment opportunities for First Nations Queenslanders.</p> <p>For the first time in Queensland, a united Aboriginal and Torres Strait Islander health workforce strategy is being developed for Queensland's health system. Building on existing state and national Aboriginal and Torres Strait Islander health workforce policies, Queensland Health is working with the Queensland Aboriginal and Islander Health Council to develop the new <i>Queensland First Nations Health Workforce Strategy for Action</i> to be implemented across the health system, including the public health and ATSI/CHO sectors.</p> <p>Through <i>Better Care Together</i>, Queensland Health will grow the Aboriginal and Torres Strait Islander MHAOD workforce. This will be supported through a range of incentives, in alignment with Queensland Health's <i>Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026</i> and underpinned by <i>Making Tracks Together - Queensland's</i></p>

Recommendation	Queensland Government response
	<p><i>Aboriginal and Torres Strait Islander Health Equity Framework</i>, including:</p> <ul style="list-style-type: none"> • increasing the MHAOD workforce by employing additional Aboriginal and Torres Strait Islander health workers in ATSI CCHOs • expanding multi-disciplinary access to MHAOD scholarships for Aboriginal and Torres Strait Islander workers, to obtain a MHAOD accreditation • supporting enhanced skills of existing multi-disciplinary workforce to deliver high quality, evidence-based, integrated and comprehensive MHAOD care and support by establishing dedicated First Nations coordinator positions. <p>The Queensland Government is committed to expanding the Lived Experience (peer) workforce. Queensland Health will work with the Queensland Alliance for Mental Health, the Queensland Lived Experience Workforce Network, the Queensland Network of Drug and Alcohol Agencies, and the Queensland Aboriginal and Islander Health Council to continue to investigate improvements.</p> <p>This response should be read in conjunction with the responses to recommendations 43, 46 and 54.</p>