

Inquiry into the opportunities to improve mental health outcomes for Queenslanders

Brisbane South Primary Health Network
submission

Introduction

Crisis point: The rising demand for mental health services

Primary Health Networks (PHNs) were established in 2015 to work with the primary care sector and local communities to increase access to primary care services and improve health outcomes. They are independent not-for-profit organisations funded by the Commonwealth Government.

PHNs analyse the local health system and health needs of their communities to identify service gaps or inefficiencies. They then commission services which respond to these needs or gaps and address the population's health needs.

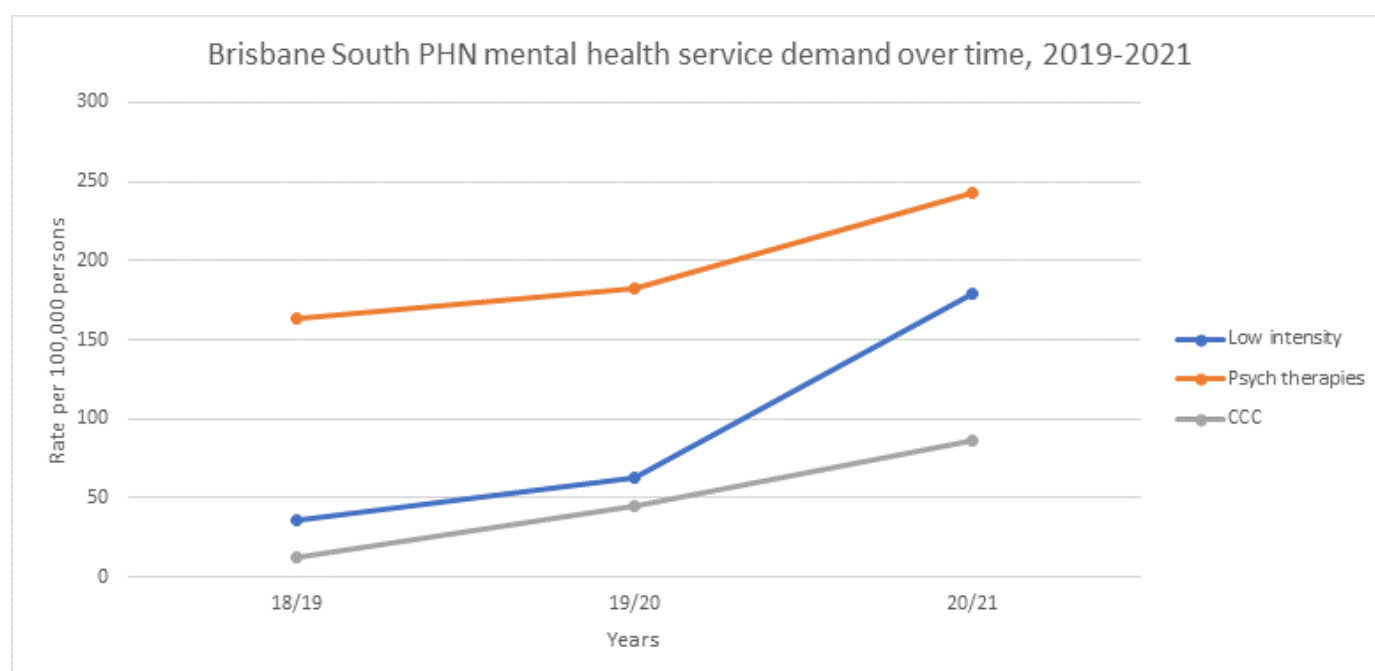
Representing about 70 per cent of the funding provided to PHNs, mental health and suicide prevention programs are a central focus and all PHNs work closely with their HHS partners to plan and commission these services.

Of the seven PHNs in Queensland, Brisbane South PHN is the largest by population, home to nearly a quarter of the state's population. The region covers a large area south of the Brisbane River, including metropolitan, rural and remote island locations.

The Brisbane south region has experienced increasing levels of demand for mental health services, consistent with similar increases across the state but particularly in South-East Queensland.

Demand on mental health services across primary care and tertiary services has continued to increase significantly over the past decade, but sharp increases have been recorded since the start of the COVID-19 pandemic in 2020.

Not only has the number of presentations continued to increase, but also the severity and acuity of these presentations.



This increasing demand results in services managing more complex clients and caseloads, meaning they are supporting fewer clients or are supporting clients with higher acuity and severity than the service was designed to support. This has a significant flow on effect to all services across the system.

Of the 54,000 service users and 460,000 service usages provided by the seven Queensland PHNs, Brisbane South PHN commissioned support for 13,606 participants accessing 158,556 service contacts.

Recent reviews and inquiries have examined the mental health service system and identified many different areas for improvement, especially the relationship between PHNs and state-funded Hospital and Health Services (HHS') and the services being commissioned both.

The effects of the pandemic have seen drastic increases for mental health services, but also provided an opportunity to re-examine the way services are planned, commissioned and delivered to improve the system and expand access for all.

HHS' need more flexibility in funding to respond to unique and emerging needs in the region and both levels of government should commit to the implementation of co-commissioning frameworks. The opportunity to co-commission across the region will enable a more integrated, connected and responsive system. Shared funding to respond to evolving needs that impact both the primary care and tertiary service is vital.

Recommendations

Designing a person-centred mental health system

1. HHS' should have the flexibility to co-design and co-commission initiatives that support integrated care pathways and place-based responses to the unique needs of their region.
2. Increase the availability of and access to family-based supports and access to child and youth psychosocial support in the community, ensuring they are integrated with CYMHS and headspace to enable smooth transitions as the needs of the young people and family change.
3. Consider the implications of transitioning from childhood to adulthood in the healthcare system and how patients can be better supported through this transition.
4. Prioritise prevention, early intervention and mental health wellbeing responses focused on children and their families from the perinatal period.
5. In consultation with PHNs and HHS', develop a state and/or regional Perinatal Mental Health to ensure integrated service delivery and smooth transitions of care across the health system.
6. Co-design and implement peer-led perinatal mental health supports.
7. Provide wraparound service responses for young people by integrating referral pathways across primary care, tertiary mental health services and specialist services.
8. Support and enable the development and employment of the peer workforce, including AOD, as part of a multidisciplinary team.

Working together differently

Responding to the changing and emerging needs of Brisbane south

In 2019, Brisbane South PHN and Metro South Addictions and Mental Health Services (MSAMHS) embarked on a journey to improve the delivery of mental health and suicide prevention services in Brisbane south.

The aim was partnering to build a health and wellbeing system in which every person in Brisbane south, especially those with the greatest need, receives care that is connected, high quality and easy to access.

We recognised early on that a meaningful blueprint for an integrated and effective service system required strong foundations. Following a series of workshops to launch our partnership journey, in December 2019 we established our joint governance group, which convenes monthly.

In July 2020 we published our *Working Together Differently – Brisbane South Mental Health, Suicide Prevention and Alcohol and Other Drug Foundation Plan 2020-2022* (Appendix A).

Our foundation plan prioritises establishment of shared governance, information and data, workforce capability and stakeholder engagement mechanisms. This will ensure that our integrated service planning and delivery is:

- informed by agreed priorities
- evidence-based and responsive to the needs of the community
- informed, understood and supported by all stakeholders including the broader community

- supported by a skilled and enabled workforce.

The plan is informing our collaboration on development of a comprehensive five-year Joint Regional Plan by June 2022, and the partnership is delivering key outcomes in the planning and commissioning of services.

Improved responsiveness and adaptability allowed us to come together in February 2020 to mobilise a community support and recovery response to a high-profile domestic violence tragedy in Camp Hill.

Collaborative regional responses have since been embedded in our joint approach to place-based planning work. Together we are improving information and data sharing arrangements and workforce capability across the region.

A shared focus on localised, place-based solutions is driving the response to increasing demand for mental health services, especially in communities with higher levels of disadvantage.

Community-led responses that respond directly to the unique needs of individual communities are evidenced to deliver greater outcomes for communities with complex needs.

This approach is being tested across multiple sites in the Brisbane South PHN region.

Child, youth and family mental health

A system under pressure

It has been widely acknowledged that Australia's mental health system is in a perpetual cycle of responding and reacting to severe and complex mental health presentations, and is under pressure to meet this huge and ever-increasing demand.

There are a number of changes that should be implemented to allow the system to pivot towards primarily supporting early intervention and prevention approaches by increasing focus on children and families.

This includes increasing family-based supports, access to child and youth psychosocial support in the community (which is a shared commonwealth and state response) and increasing the level and flexibility of funding to address the needs of severe and complex young people through Child and Youth Mental Health Services (CYMHS).

There should be co-commissioning of initiatives that support integrated care pathways and joined-up approaches.

Fragmented service system transitions across ages and stages of children and young people are resulting in children and families not receiving the level of care and treatment they require, or no treatment at all, at the time it's needed.

For example, infant mental health (0-4 years) can be a source of relatively consistent care via a single service, but children are then ineligible to continue with the service when they reach school age.

For young people who have been receiving care via CYMHS, the shift to adult mental health services can

be a very difficult transition and its timing is often misaligned with their needs and developmental stage.

More consideration must be given as to how to ensure a seamless transition from childhood to adulthood in the healthcare system.

Across the sector, an increasing number of children and young people are presenting to services with higher levels of severe and complex mental ill-health.

CYMHS are currently only able to accept small proportion of all referrals and have needed to implement prioritisation criteria based on levels of risk. As a result, more complex cases are being referred to and supported through primary care services, such as headspace.

headspace was established to manage mild to moderate mental health needs of young people, but centres are managing far more severe and complex cases with significant waitlists.

A tightening of access criteria to manage the demand increases the threshold for access. This then results in limited ability to provide early intervention supports, until a young person develops a more severe mental illness.

There are very limited alternative pathways to care for young people 12 – 25 years outside of headspace.

Additional funding and support is required to develop a community-based response to support children and young people, and their families with severe and complex mental health and psychosocial

needs. This service needs to be integrated with CYMHS and headspace to enable smooth transitions, as the needs of the young people and family change.

Children under 12 years

Mental health and wellbeing services and support for under 12-year-olds and their families has been identified as a significant gap across the region.

The current system focuses on specialist intervention rather than prevention and early intervention, and primarily on adults and adolescents rather than children.

Evidence suggests that 50 per cent of adult mental illness develops before the age of 14. The first 2,000 days are critical in a child's life, and interventions during this time can have a significant impact on childhood development, health and wellbeing¹.

Prioritisation of prevention, early intervention and mental health wellbeing responses focused on children and their families from the perinatal period is key.

Developing an integrated, coordinated service response across local, state and commonwealth funding from the perinatal period will result in improved health, social and economic outcomes for children and their families/carers.

Perinatal mental health

Perinatal mental health continues to be identified as an area of need and increased demand across the

region, however specific funding and resourcing for perinatal mental health is limited.

It is universally acknowledged that significant issues develop for both parent and baby without screening and access to suitable and safe services for parents experiencing perinatal mental health concerns. Much of the support offered to parents is only available for the first 6 weeks of the infant's life, whereas the perinatal period extends up to 2 years postpartum.

Whilst uncommon, death by suicide is the leading cause of maternal death during pregnancy up to 12 months after birth. Children of parents who experience postnatal depression and anxiety can experience significant cognitive, emotional and physical delays that can impact over their life.

Along with additional resourcing and funding to meet the true need in the community, a state and/or regional Perinatal Mental Health Strategy is required to ensure integrated service delivery and smooth transitions of care across the health system.

Brisbane South PHN doesn't receive funding to be specially directed to perinatal responses. However, having identified perinatal mental health as an area of need, the PHN has commissioned non-clinical/low intensity access to mental health peer support interventions for parents at risk or experiencing perinatal mental health concerns.

Emerging evidence indicates that peer-led perinatal mental health supports are well received by parents, and are destigmatising, promoting access, and achieving high levels of clinically significant change.

This service works closely with the perinatal wellbeing services within Metro South HHS.

¹ National Mental health and Wellbeing Strategy, 2021

Although these services work closely together, they are unable to meet the increased demand in the region.

Very few no or low cost services exist outside of this service, with many options to support limited to national phone support lines or accessing psychological supports through a General Practice Mental Health Treatment Plan.

Through the Psychological Therapies program, the PHN has increased access for parents experiencing mental health challenges; but this has a small impact on a large need. As a result, many people become more unwell and require hospital and tertiary level intervention.

There are currently only four mother-baby beds available in the Brisbane South public system to support those mothers most in need of care.

Limited specialist services

In the Brisbane South region, there has been an increase in sexual abuse and assault reported over the last two years.

There is a limited number of specialist services that are available continue reporting burgeoning demand for services and lengthy waitlists, and there are no alternative specialist pathways within the region. This has a negative impact on recovery and mental health and the wellbeing of young people.

It also sees headspace centres managing the support of these young people as they wait for specialist service access. The headspace model has not been designed or resourced to manage clients with complex specialist care needs.

Limited specialist services are also impacting the response to a reported increase in presentations of

eating disorders across PHN funded services and tertiary services.

Huge waitlists for services result in this severe mental illness often being supported in primary care and headspace services that are not established to manage this complex specialist area.

The Gender Clinic run by Children's Health Queensland (CHQ) is another specialist service with no alternative or community-based pathways.

Brisbane South PHN, in partnership with Metro South CYMHS and CHQ Gender Clinic, has delivered a community education event to inform community and families on how to support young people who are transgender or questioning. It was a very well attended event and included managing health professionals (including GPs) seeking more support and advice on how to support young people on waitlists.

Integrated referral pathways and shared education events across primary care, tertiary mental health services and specialist services need to be prioritised so young people are provided wraparound service responses.

Psychosocial supports

In 2020, Brisbane South undertook a scoping study in partnership with Metro South CYMHS, to understand the mental health and wellbeing needs of children, young people and their families in the Logan Region of Brisbane South.

This study identified significant services gaps for children (under 12 years) and their families, with complex mental health needs and highlighted that the psychosocial health needs of vulnerable children (7 – 17 years) and their families/ carers were not being addressed.

With support from the Department of Health, Brisbane South PHN responded by implementing a pilot project to support children and their families within the region, to improve psychosocial health outcomes.

The Commonwealth Psychosocial Support Program (CPSP) for children and young people is being delivered across identified priority areas of Beaudesert, Browns Plains, Beenleigh and Eagleby and focuses on the delivery of holistic early intervention capacity building for children, young people and their families/ community.

During the first full year of the program, (1 January – 31 December 2021), 286 children and young people accessed the service, with 4151 service contacts delivered. This is a significant reach into the community, providing improved access to psychosocial supports for children, young people and their families resulting in improved outcomes including improved self-esteem, confidence, emotional regulation, communication, and ability to understand feelings and emotions.

The program evaluation also noted increased school engagement and attendance, and improved family routines and communication.

During the pilot implementation the CPSP program worked closely with key partners across the service system, developing integrated referral pathways between services including CYMHs, local schools and other community organisations.

The pilot highlighted a significant service gap in clinical service support for approximately 70 per cent of children and young people engaged in the service. Brisbane South PHN, secured additional non-recurrent funding to incorporate clinical care and coordination to further enhance the program. The outcomes of the enhanced model are currently being evaluated, however initial findings indicate

positive outcomes across both clinical and psychosocial measures.

The case studies provided at Appendix B highlight the experience of three young participants of the program. They provide practical examples of how children, young people and their families/carers can achieve significantly improved outcomes when psychosocial aspects are addressed along with mental health needs.

Suicide prevention

Children and young people

Across the region there are increased presentations of children and young people with suicidal behaviours and self-harm to emergency departments (EDs), emergency services and other health/mental health services.

The age of presentations continues to become younger, with some services reporting children as young as eight years old presenting with these high-risk behaviours.

There are currently no aftercare services available for children and young people under 16 and their families. Suicide prevention aftercare service funding is focused on people aged 16 and older.

Flexibility in funding to respond to current and emerging local needs is vital. PHNs and HHS' need to be supported to implement innovative responses to manage these emerging needs, while building an evidence base as it's being implemented.

Shared commonwealth and state funding for child and youth aftercare funding would have a significant impact on service demand and improve outcomes for children and their families.

Young people presenting to EDs and emergency services with at risk behaviours and psychosocial needs do not often require medical intervention, however frequently present to the ED in crisis.

CHQ is leading a pilot program in EDs that provides access to a social worker within the ED to manage and follow up with young people in crisis who do not require ongoing medical intervention.

Addressing the psychosocial needs of the young person and the family/carer should result in a reduction in ED representations and improve long term health and wellbeing outcomes.

Brisbane South PHN is engaging with CHQ to understand the impact of the project and develop integrated pathways from CHQ ED into the PHN's psychosocial program and other primary care support services.

The need for flexible and responsive programs that consider elements outside of traditional health intervention are vital to responding to crisis and reducing ED and system pressures.

Place-based responses

Responding to the unique needs of a region and its communities

Brisbane South PHN is partnering with community in a place-based way to support communities where there are high levels of disadvantage, such as the Southern Moreton Bay Islands and Beaudesert.

In Beaudesert, the community has collectively identified a focus on enhancing referral pathways with local schools and investing in co-designed mental health support structures with the school community. Locally, this offers the most significant enhancement to mental health and wellbeing outcomes.

Brisbane South PHN is working in a place-based way on Southern Moreton Bay Islands to better support the ambitions of the community to enhance outcomes towards child and youth mental health. This has resulted in joint approaches across multiple agencies, community services, GPs and allied health professionals, and community members.

A place-based approach to planning services led to recognition of the impact of housing stress and homelessness on those accessing mental health services in the region.

The rate of homeless persons for Brisbane South PHN region in 2016 was 39.6 per 10,000 persons, as high as 183 per 10,000 persons in the Inner Brisbane SA3.

Our data and feedback indicated that housing and homelessness issues were increasing in Brisbane south and that a significant proportion of participants accessing mental health services were being impacted by homelessness or housing insecurity issues.

The relationship between housing and homelessness, mental health, alcohol and other drugs concerns, and poor physical health is complex and interrelated.

In recognition of the increasing need, the Department of Health is supporting housing and homelessness system navigation. Given the scale of the issue presenting in Brisbane south and the strong link between positive mental health and secure housing, Brisbane South PHN have sought out a specialist psychosocial service response.

Micah Projects, YFS and ATSICHS have partnered to deliver the Home and Healthy program, which supports individuals with severe mental health concerns and complex housing support needs to secure and/or maintain stable, safe and appropriate housing and prevent entries into homelessness; and provide system navigation support for the Brisbane South PHN Commissioned service providers.

In response to Brisbane South PHN's place-based approach, Micah Projects provides services in the Brisbane South and Redlands sub-regions. YFS focuses on Logan and Beaudesert, and ATSICHS works across the whole region supporting First Nations people who prefer a community-controlled service response.

Workforce

Persistent shortages

There are significant workforce shortages reported across mental health and alcohol and other drugs (AOD) services. This shortage includes psychologists, who are sought as the preferred provider in new programs (for example, the Queensland Department of Education's student wellbeing program).

Fees available to practitioners through the NDIS are higher than those available through the MBS or PHN funded services, which means it's difficult to compete for practitioners in the context of pre-existing shortages. Further, the increase from 10 to 20 sessions under the Better Access to Mental Health initiative in response to the COVID-19 pandemic has seen private practitioners retain consumers for longer periods of time, effectively reducing availability of practitioners.

This is contributing to workforce shortages and high service provider turnover across the HHS and primary care/community services.

Brisbane South PHN is utilising the Metro South HHS Capability Framework to provide consistent upskilling across the primary care mental health sector on key areas including trauma informed practice, family therapy and physical health.

The first shared service provider capability training commenced with Dialectic Behavioural Therapy (DBT). DBT and DBT-based skills are effective in supporting people with emotional dysregulation

concerns, who may tend to repeatedly present in crisis to mental health and emergency services.

This project was co-commissioned by Metro South HHS and Brisbane South PHN in response to the clear shortage of DBT-informed practitioners in Brisbane South and high demand for the services.

We worked closely together to develop and implement a training package that provided multi-level DBT training across the HHS and primary care sector. Sharing resources and providing consistent skills-based training across the services has resulted in increased access to the evidence-based intervention in multiple touchpoints across the system. Early indications suggest this approach is improving patient outcomes, which decreases the need for these patients to access HHS services.

More information about how the DBT program was co-commissioned is provided at Appendix C.

Developing a peer workforce

The benefits of integrating peer workers into service delivery are well recognised, including reducing hospital admissions, improved social inclusion and reduction in stigma².

A stronger emphasis needs to be placed on funding bodies and governments to support and enable the development and employment of the peer workforce, including AOD, as part of a multidisciplinary team.

² [Queensland Health Mental Health Framework Peer Workforce Support and Development 2019](#)

General practice

The frontline of mental health support

The demand for support with mental health, AOD and suicide prevention continues to increase in general practice.

Waitlists are growing across the system so many GPs experience barriers to referring and accessing services for their patients.

Brisbane South PHN provides a number of training and learning opportunities for GPs in specialist areas of mental health however this can't replace specialist services.

We have funded a psychiatrist support line for GPs to enable GPs in the Brisbane south region to access support to manage the care of mental health consumers.

This can include diagnosis, treatment and medication planning, and review and safety planning. It enables specialist support and advice when GPs are managing mental health and suicidal patients in their practice. The overwhelming majority (90 per cent) of consults to the GP Psychiatry Support Line were in relation to medication planning and reviews.

It has had significant uptake and positive reviews from GPs. However, funding for direct service delivery has been redistributed to support GPs in the mental health space. There needs to be a balance between workforce support and direct funding for services to meet increasing demand.

MBS support to enable GPs to work with their patients to identify and access other support services is required.

Limited and very prescriptive MBS items do not allow GPs to provide additional care coordination responses for patients.

Commonwealth funding for GPs should support a peer/mental health worker to be engaged within the practice to provide low intensity support and care coordination.



Working Together Differently

Brisbane South Mental Health, Suicide Prevention and
Alcohol and Other Drug Foundation Plan 2020-2022

July 2020

Mental Health Select Committee



Metro
South
Health



Baugull nyungai Gurumba bigi Maroomba biggee

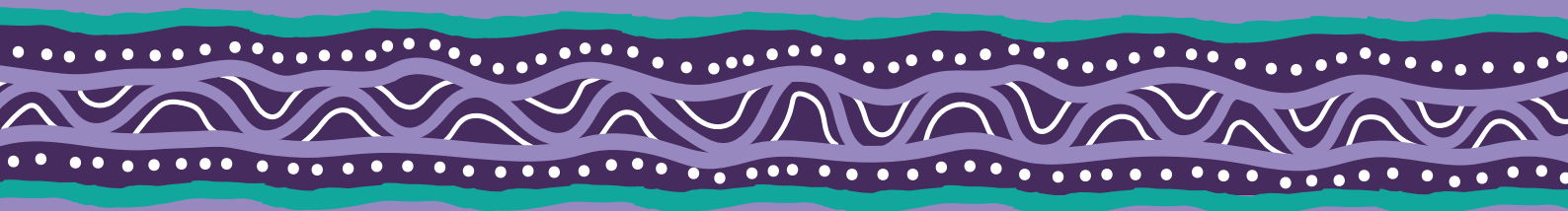
We acknowledge the Traditional Custodians of the land on which we live and work, and of the many different nations across the wider Brisbane south region.

We pay our respects to the Elders, past, present and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community.

Acknowledgment of lived experience

We acknowledge the lived experience of those impacted by mental health issues, substance use disorders and suicide, and the contributions made by families, friends, carers and service providers towards their recovery.



Contributions: Thank you to Johnstaff Advisory Pty Ltd and Six String Design

Cover image: Flowering Jacarandas, West End

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Our commitment to collaboration – a joint statement

To ensure we are best placed to adapt to the changing health and wellbeing needs of our communities and challenges made more complex by the COVID-19 pandemic, Brisbane South PHN and Metro South Addiction and Mental Health Services have been actively planning for better integrated mental health, suicide prevention and alcohol and other drug treatment services. Through this Foundation Plan we aim to:

- explore what can be done in the **short term** to make better use of existing resources to develop new ways of working together so that we can help improve outcomes for people in the region
- build the necessary **systems and processes** required to undertake more comprehensive Regional Planning in the long term.

This Foundation Plan prioritises four key action areas:

1. governance (including leadership and culture and quality and safety)
2. information and data
3. workforce capability
4. stakeholder engagement.

The core principle of the plan is to embed collaborative approaches at all levels. By ‘working together differently’ we seek to evolve and more clearly define the unique value that we jointly bring to the Brisbane south region.

We are committed to strengthening a culture of partnership and accountability between agencies which will see greater alignment and integration of planning, practice and services. We believe this will result in a more efficient and effective service system that enables better mental health, suicide prevention and alcohol and other drug treatment outcomes for the population of Brisbane south.

We will work together to convene, listen to and collaborate with our broader system partners and communities to strengthen our health system and leverage our respective strengths.

We are committed to ongoing work with the diverse community groups and organisations at the interface of community and health. This includes deeper and more responsive engagement with people with lived experience and their closest supporters, Aboriginal and/or Torres Strait Islander communities, multicultural and refugee communities, LGBTIQ+ communities, Pasifika and Māori communities, the disability community and other groups that make up the incredible diversity of this region.

Our agenda moving forward is an ambitious one, one that is as much about cultural and paradigmatic shifts as it is about specific projects that emerge in response to identified need. It’s also an agenda that is dependent on the remarkable teams of both organisations who are tasked with an immense responsibility and remit.

We look forward to “working together differently” with our stakeholders to improve the health and wellbeing of our community.



Mike Bosel
CEO, Brisbane South PHN



Dr Peter Bristow
CE, Metro South Health

About the plan

Brisbane South PHN (PHN) and Metro South Addiction and Mental Health Services (MSAMHS) are committed to the publication and implementation of a joint Brisbane South Mental Health, Suicide Prevention and Alcohol and Other Drug Foundation Plan 2020-2022. This plan will inform future collaboration with a commitment to develop the comprehensive Joint Regional Plan by June 2022.

At a national and state government level, addressing the impact of mental health issues, suicide, and problematic use of alcohol and other drugs on the lives of Australians, has been identified as a priority. One of the key commitments at all levels is the better integration of planning and service delivery at a regional level.

The Fifth National Mental Health and Suicide Prevention Plan 2017 – 2022 (the Fifth Plan) Priority Area 1: Achieving integrated regional planning and service delivery, describes integration as the *‘flagship of actions for ensuring that consumers and carers are at the centre of the way in which services are planned and delivered.’*¹ Other key strategies and frameworks that informed the development of this plan are included in Appendix I.

Foundation Plan

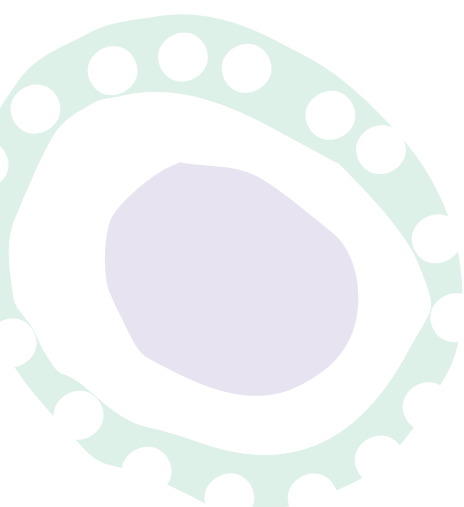
The PHN in partnership with MSAMHS have developed this Brisbane South Mental Health, Suicide Prevention and Alcohol and Other Drug Foundation Plan 2020-2022.

The Foundation Plan:

- describes the key actions and agreed priorities for new and joint services and service planning for the future
- provides the link between the work undertaken by the PHN and MSAMHS on the priority strategic domains of the Brisbane south mental health, suicide prevention and alcohol and other drug Strategy 2019-2022, and the detailed integrated service delivery plans to be delivered with the Joint Regional Plan
- embeds integration into our way of working by focusing on what can be done in the short term to make better use of existing resources to develop new ways of working together to improve outcomes and positively impact the wellbeing of the population for the Brisbane south region
- demonstrates the commitment to building the necessary capacity and resources (i.e. systems and processes) required to undertake detailed Joint Regional Planning.

The Foundation Plan fulfils the following objective of the Fifth Plan Priority Area 1 for joint regional mental health and suicide prevention planning for the Brisbane south region:

*Objective 1: Joint regional plans should embed integration of mental health and suicide prevention pathways and services for people with or at risk of mental illness or suicide through a whole of system approach.*²



¹ Commonwealth of Australia, 2017, The Fifth National Mental Health and Suicide Prevention Plan, 2017-2022
² Commonwealth of Australia, 2017, Joint regional planning guidance document for LHNs and PHNs

Joint Regional Plan

The PHN and MSAMHS have a shared commitment to developing a comprehensive Joint Regional Plan by June 2022.

The Joint Regional Plan will inform the coordinated commissioning of mental health, suicide prevention and alcohol and other drug treatment services and will support opportunity for coordinated regional implementation of priority areas, as identified through our regional needs assessment and in line with the Fifth Plan and other national and state policy frameworks.²

These priority areas from the Fifth Plan include better coordination of services for people with severe and complex mental illness, a systems-based approach to suicide prevention, improving Aboriginal and Torres Strait Islander mental health and suicide prevention and improving the physical health of people living with mental illness.^{2,3}

The Joint Regional Plan:

- requires detailed service mapping and rigorous systematic service and workforce planning
- accommodates new data, emerging gaps and workforce trends
- provides a comprehensive blueprint for service development.

The Joint Regional Plan will fulfil the following objective of the Fifth Plan Priority Area 1 for joint regional mental health and suicide prevention planning for the Brisbane south region:

Objective 2: Joint regional plans should drive and inform evidence-based service development to address identified gaps and deliver regional priorities.²

Working together differently

Our Foundation Plan is the framework for how the PHN and MSAMHS will work together in the short term to lay the foundations for working together differently in the future. This includes:

- responsive to the needs of the community and identified diverse population groups
- informed, understood and supported by all stakeholders including the broader community
- evidence-based approaches
- informed by agreed priorities
- supported by a skilled and enabled workforce
- open to innovation, new technology, and new models of care.

The below graphic depicts our 'whole' journey but clearly demonstrates three phases; 'how we are partnering' (page 18); the concepts of 'working together' now in the short term (page 20); to how we will work together 'differently' in the future (page 24).

Figure 1 - Working together differently



3 Commonwealth of Australia, 2017, The Fifth National Mental Health and Suicide Prevention Plan, 2017-2022

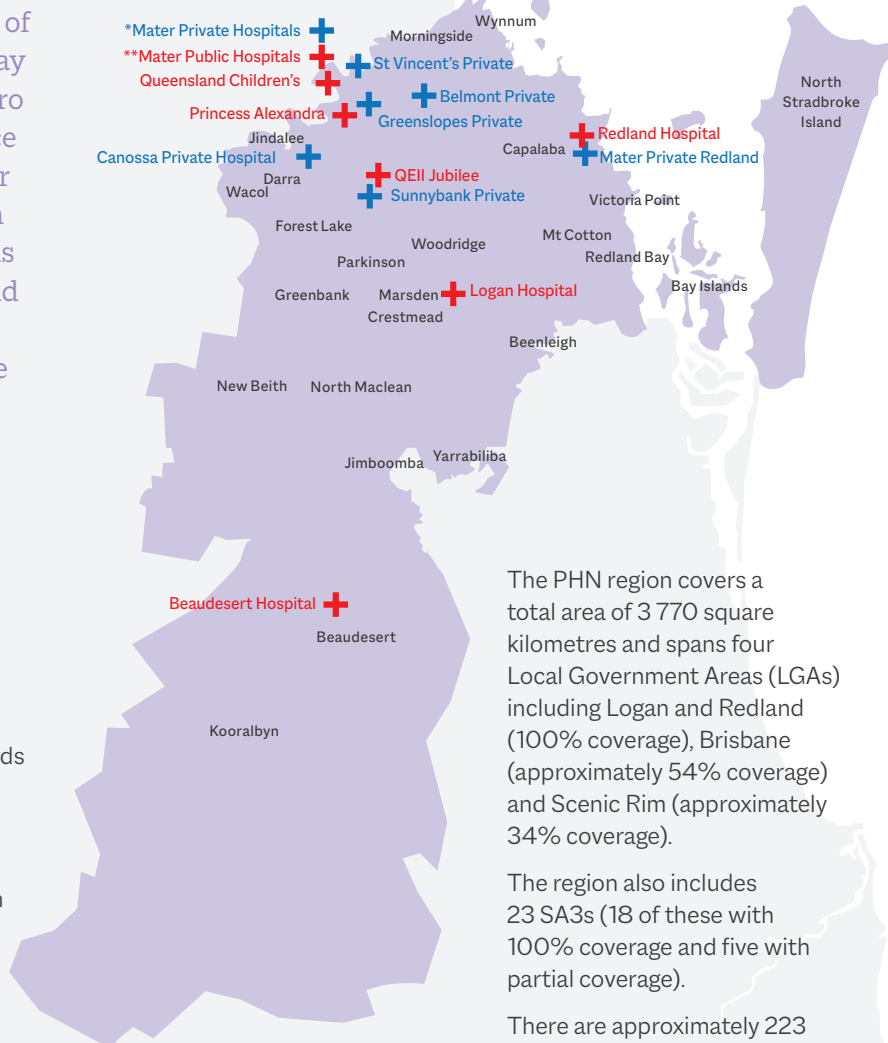
About us

Our region

The PHN region is predominately a metropolitan region with pockets of rural (Beaudesert) and remote (Bay Islands) areas. The PHN and Metro South Hospital and Health Service (Metro South Health) have similar geographical coverage which is an enabling factor for integration. It is acknowledged that Moreton Island is not covered by Metro South Health, but rather is located in the Metro North Hospital and Health Service catchment area.

The PHN region covers a large geographic area south of the Brisbane River which includes metropolitan, rural and remote island locations. The region has the largest catchment in Queensland by population size, and is home to 1.1 million people, approximately 23% of the Queensland population, from many different backgrounds and cultures.⁴

Population projections estimate that the PHN region will be home to approximately 1.4 million people by 2036. This is a growth rate of 2% per year over 25 years for the region (equivalent to the state average growth rate of 2%).



The PHN region covers a total area of 3 770 square kilometres and spans four Local Government Areas (LGAs) including Logan and Redland (100% coverage), Brisbane (approximately 54% coverage) and Scenic Rim (approximately 34% coverage).

The region also includes 23 SA3s (18 of these with 100% coverage and five with partial coverage).

There are approximately 223 suburbs in the region and five of these suburbs are shared with other PHNs.

* includes Mater Private Hospital Brisbane, Mater Children's Private Brisbane and Mater Mothers' Private Brisbane
 ** includes Mater Hospital Brisbane and Mater Mothers' Brisbane

In the Brisbane south region there are:

341

general practices
(as at June 2020)

8

Aboriginal and
Torres Strait Islander
health services

12

Community Health
Centres (Metro
South Health)

17

Hospitals
(8 public and
9 private)

Brisbane South PHN

Brisbane South PHN (primary health network) is a not-for-profit organisation that works in partnership with local community organisations, health care professionals, regional hospital and health services, state and federal governments and the public, private and not-for-profit sectors to support a high-quality health system.

The key objective of the PHN is to increase the efficiency and effectiveness of health services for the community, particularly those at risk of poor health outcomes. The PHN works at a system level through improving integration and coordination of care, as well as through commissioning mental health, suicide prevention and AOD treatment services.

Figure 2 – Brisbane South PHN strategic goals⁵



Metro South Health

Metro South Health is one of 16 Hospital and Health Services in Queensland. It is the major provider of public health care, teaching, research and other services to the Brisbane south, Logan, Redland and eastern portion of the Scenic Rim Local Government Areas. It provides these services through five major hospitals – Beaudesert, Logan,

Princess Alexandra, Queen Elizabeth II Jubilee and Redland Hospitals – and a number of community health centres and oral health facilities. A full suite of specialties is delivered through 13 Hospital and Health Service-wide clinical streams and sub-streams: Addiction and Mental Health, Cancer, Children's, Clinical Support, Emergency, Endoscopy (GI), Intensive Care, Medicine and Chronic Disease, Older Persons, Oral Health, Rehabilitation, Surgical and Women's Services.

Metro South Health is a Planetree Affiliate Member. Planetree is a non-profit organisation that provides education and information to facilitate person-centred care in healing environments which means:

- caring for each person as an individual
- recognising their mental, social, emotional, spiritual and physical care needs.

Figure 3 – Metro South Health strategic plan⁶



Metro South Addiction and Mental Health Service (MSAMHS)

The MSAMHS provides mental health and addiction services in community-based, inpatient services and acute care and residential settings, including in the home, in General Practitioner (GP) surgeries and in emergency departments.

Services are provided for all age groups across a range of programs, from child and youth, to adult, to older persons, and specialist programs.

⁵ Brisbane South PHN Strategic Plan January 2018 and onwards

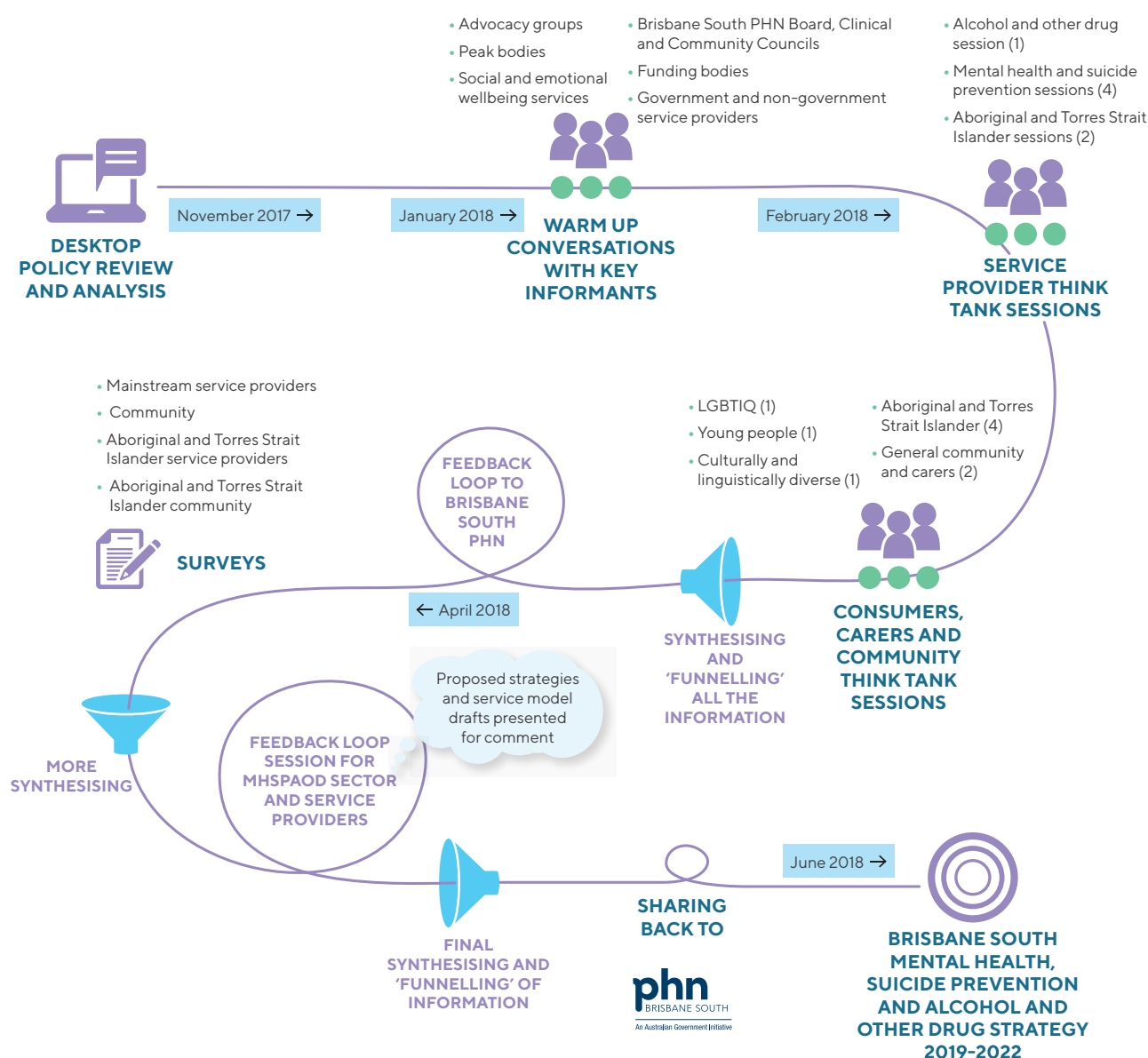
⁶ Metro South Health Strategic Plan 2019 – 2023, reviewed/updated 2020

Our health partners

In November 2017, the PHN led the development of the Brisbane South Mental Health, Suicide Prevention and Alcohol and Other Drug Strategy 2019-2022 (the Strategy).⁷

The approach was highly collaborative with significant input from the MSAMHS Executive leaders and clinical staff from across the region. It was also informed by extensive consultation with other public sector, private and non-government service providers, consumers and their closest supporters. The input from all stakeholders during the Strategy development, including genuine consultation with consumers and their closest supporters, has significantly informed the development of this Foundation Plan.

Figure 4 - Brisbane South Mental Health, Suicide Prevention and Alcohol and Other Drug Strategy 2019-2022 approach



The resulting Strategy articulated an agreed system wide vision for the future provision of services in Brisbane south including strategies and specific actions required to promote integrated planning and service delivery and build strong partnerships.

7 Brisbane South Mental Health Suicide Prevention and Alcohol and Other Drug Strategy 2019 - 2022



Wellington Point

The priority strategies include:

Strategy 1:

Promote integrated planning and service delivery

Strategy 2:

Enhance community and stakeholder engagement

Strategy 3:

Build strong partnerships

Strategy 4:

Develop new models of care

Strategy 5:

Improve services for priority population groups

Strategy 6:

Improve access to services

Strategy 7:

Develop workforce capability.

The below health partners alongside a broad range of additional stakeholders, including people with lived experience and their closest supporters, will be actively engaged in the implementation of the Foundation Plan and the development of the subsequent comprehensive Joint Regional Plan.

Children's Health Queensland

Children's Health Queensland (CHQ) are key players in the delivery of services in Brisbane south and there is a strong commitment to working with Metro South Health and the PHN towards a regional planning and commissioning approach.

The Child and Youth Mental Health Service (CYMHS) at CHQ specialise in helping children and young people up to 18 years of age who are struggling with anxiety, depression, their attachment-relationships, eating disorders, school refusal, psychosis, suicidal and/or self-harming behaviours and/or trauma. CHQ provides both inpatient and community CYMHS teams for Brisbane south in the Princess Alexandra Hospital catchment area.

Mater Hospital Brisbane

The Mater Young Adult Health Centre Brisbane is a specialised service providing adolescents and young adults with high quality care, as well as uniquely tailored programs that address their emotional, social and developmental needs.

Services include an Emotional Health Unit dedicated to young adults aged 16-25 (a private inpatient unit), and the Recovery College which uses a consumer driven educational framework focused on assisting young people to recover from their mental health issues. In addition, the Young Adult Health Centre runs the Clarence Street service to support young people seeking to make positive changes to their alcohol and drug use. Clarence Street includes a residential program for young people aged 13 to 18, a day program and a community team.

Queensland Mental Health Alcohol and Other Drugs Branch

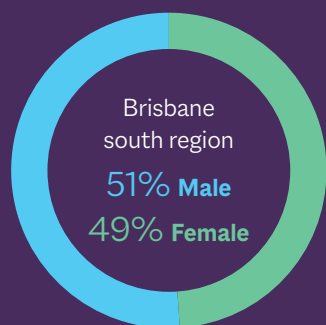
Clinical Excellence Queensland, through the Mental Health Alcohol and Other Drugs Branch (MHAODB), facilitates regional mental health and suicide prevention planning by supporting Hospital and Health Services (HHSs) to work with their respective PHNs and other stakeholders. Additionally, the MHAODB, as commissioner of mental health community support services delivered by non-government organisations (NGOs), works with HHSs and PHNs to ensure alignment of commissioning activities.

HHSs and PHNs are encouraged to use the support provided by the MHAODB to:

1. ensure alignment of joint regional plans against national and jurisdictional planning strategies and frameworks
2. ensure consistency in using the National Mental Health Service Planning Framework to inform regional planning
3. facilitate knowledge transfer between HHSs and PHNs in regional mental health and suicide prevention planning
4. support alignment and consistency in commissioning of mental health and suicide prevention services delivered by NGOs.

Our communities

Gender



Median age

Brisbane south region



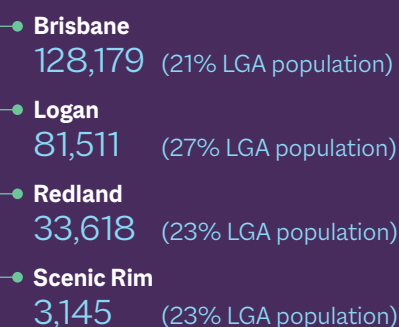
Children and youth (0-17 years)⁸

Brisbane south region

246,453

(Queensland: 1,090,180)

Source: ABS, 2016



People from culturally and linguistically diverse backgrounds



1 in 5 Brisbane south region residents were born overseas in a non-English speaking country.

Aboriginal and Torres Strait Islander peoples



23,122 (2%)
(Australia-wide: 4%) (2016 Census)

Aboriginal and Torres Strait
Islander peoples
(Brisbane south region)

41% children and young people
(Australia-wide: 41%)

Total population
(Brisbane south region)

23% children and young people
(Australia-wide: 22%)



Approx.
200
Languages

The three most frequently used languages are:

1. **Mandarin**
(4% of our population)
2. **Vietnamese**
(2% of our population)
3. **Cantonese**
(1% of our population)

People from LGBTIQ+ communities



Approx.
120,000

There are limited publicly-available statistics of LGBTIQ+ residents in our region. This figure is based on an estimation that 11% of the Australian population identify as LGBTIQ+.

Our conceptual frameworks

The Brisbane south mental health, suicide prevention and alcohol and other drug service model

The overarching Brisbane south mental health, suicide prevention and alcohol and other drug (MHSPAOD) service model, as demonstrated below, represents the framework for the way in which mental health, suicide prevention and alcohol and other drug treatment services will be developed. It is based on a philosophy that health is a state of physical, social, cultural, historical and emotional wellbeing.

The model puts the person at the centre surrounded by their natural supports and expands to include the many other steps or layers of support that a person may need. It is underpinned by a recovery-based approach that encourages people to move up and down the levels of care as their needs change.

Figure 5 - Brisbane south mental health, suicide prevention and alcohol and other drug service model



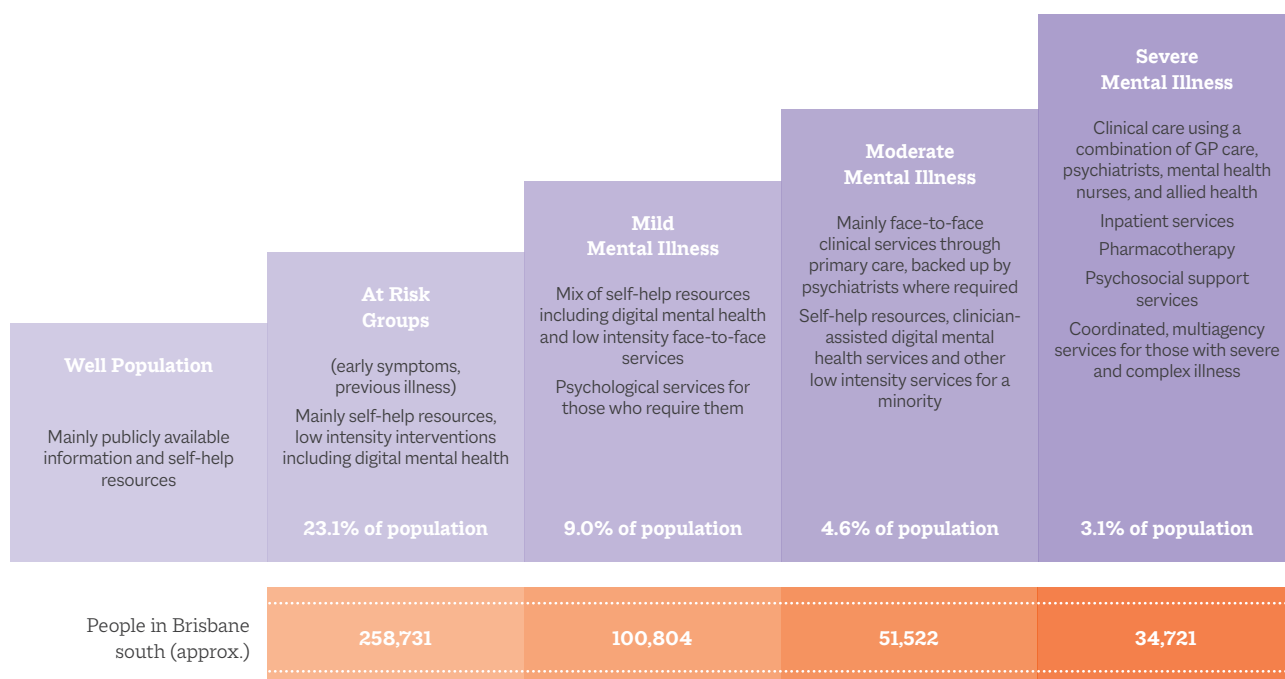
The Brisbane south mental health, suicide prevention and alcohol and other drug service model will support integrated planning and service delivery and is underpinned by the following conceptual frameworks used by both the PHN and MSAMHS.

Mental health

The Stepped care model for mental health is an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition up to higher-intensity services or transition down to lower-intensity services as their needs change.⁹

Figure 6 - Stepped care model for mental health

The estimated resident population for the Brisbane south region in 2016 was 1,120,048. Based on the Stepped care model for mental health this equates to the following numbers of people across the stepped care model of need.^{9,10}

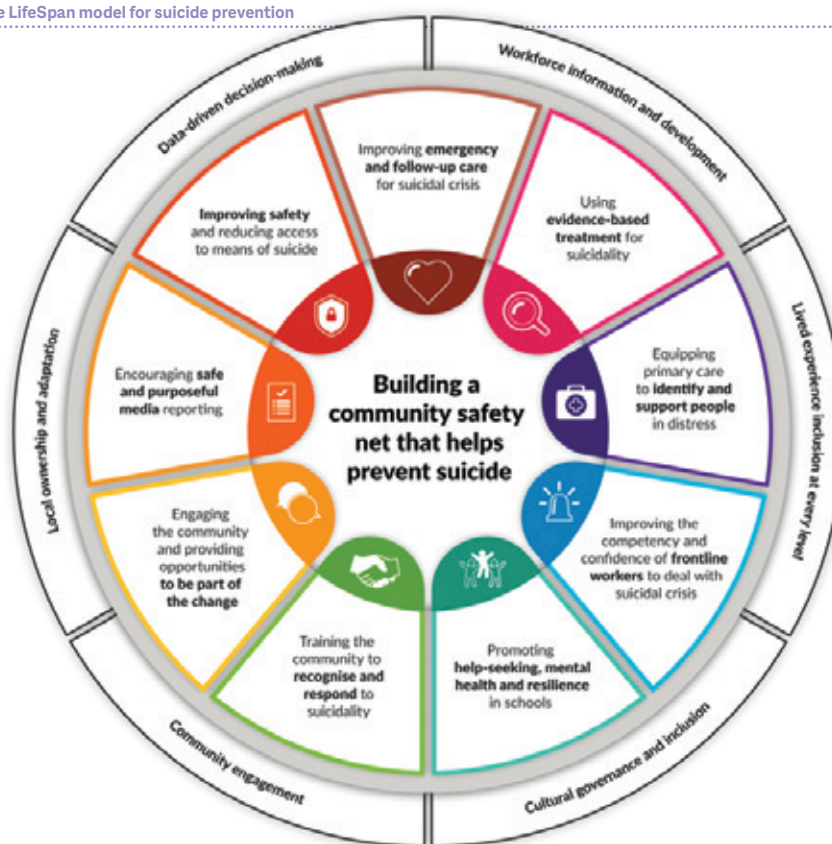


9 Commonwealth of Australia, 2017. The Fifth National Mental Health and Suicide Prevention Plan, 2017-2022. Department of Health
10 The University of Queensland, 2016. The National Mental Health Service Planning Framework - Care Profiles - All Ages - Commissioned by the Australian Government Department of Health. The University of Queensland, Brisbane.

Suicide prevention

The Black Dog Institute LifeSpan model for suicide prevention is a systems approach to suicide prevention that includes nine evidence-based strategies that are intended to be implemented simultaneously within a localised area. It is a community wide approach with strong collaborations needed across many sectors within a community.¹¹

Figure 7 – Black Dog Institute LifeSpan model for suicide prevention



The Scenic Rim region

¹¹ Commonwealth of Australia, 2016. An evidence-based systems approach to suicide prevention: Guidance on planning, commission and monitoring



North Stradbroke Island

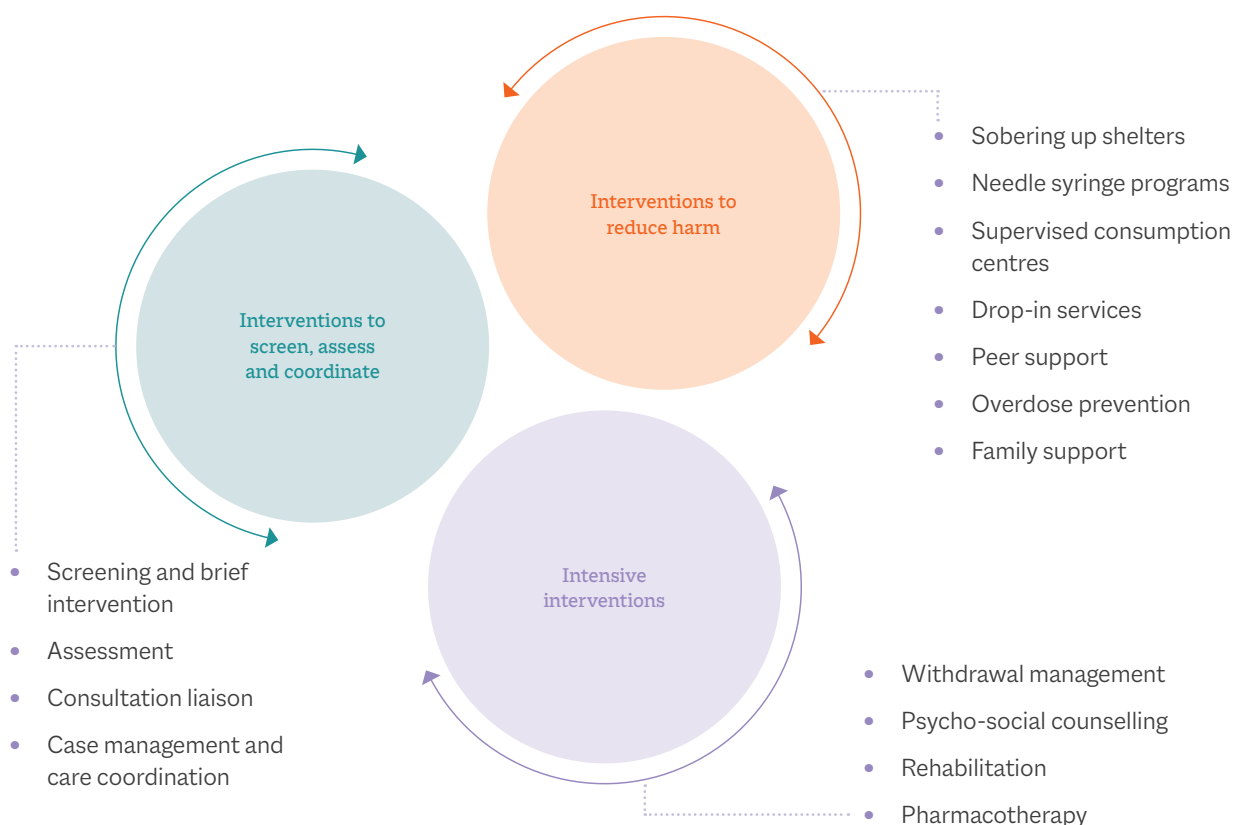
Alcohol and other drugs

The National Framework for Alcohol, Tobacco and Other Drug Treatment guides a national response, and focuses on treatment interventions, addressing how harms from alcohol, tobacco, prescribed medications or currently illicit drugs are reduced based on individual needs and goals. The Framework does not cover primary prevention, which focuses on preventing the commencement and delaying the update of alcohol and/or other drugs.¹²

The Framework aims to provide a nationally endorsed shared understanding, and common reference point for alcohol and other drug treatment funders, treatment providers and practitioners, and people who use substances and their families, friends and significant others. The Framework facilitates strategic planning for the Australian treatment service system and provides the context for national and state treatment processes, programs and policies.¹²

Note: The National Framework diagram referenced is yet to be published.

Figure 8 – National Framework for Alcohol, Tobacco and Other Drug Treatment 2019 – 2029¹²



¹² National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29, Australian Government, Department of Health (2019)



Mt Razorback, Beaudesert



Our commitment

Focus areas

The PHN and MSAMHS will continue to plan, implement and deliver core services across the Brisbane south region. There is agreement that across the mental health stepped care spectrum:

- the core focus of MSAMHS will be the moderate and high acuity / severe and complex components of the service model
- the core focus of the PHN (the NGO commissioned services) will be the mild to moderate and lower acuity end components of the service model
- the core focus of the primary care sector will be the primary prevention, mild to moderate and lower acuity components of the service model.

There are areas of service delivery overlapping each of these core focus areas, this area of overlap will be the focus of joint service delivery and planning opportunities through the life of the Foundation Plan. There will also be scope for the PHN and MSAMHS to apply some focus towards early intervention and prevention in the future.

Any other opportunities to partner across the spectrum of need and focus areas will also be considered for joint service and delivery if appropriate. These opportunities could include other partners such as housing, education, business and other social and community services, and include services outside of current core focus areas such as prevention and activities on specific social determinants of health.



Moreton Bay

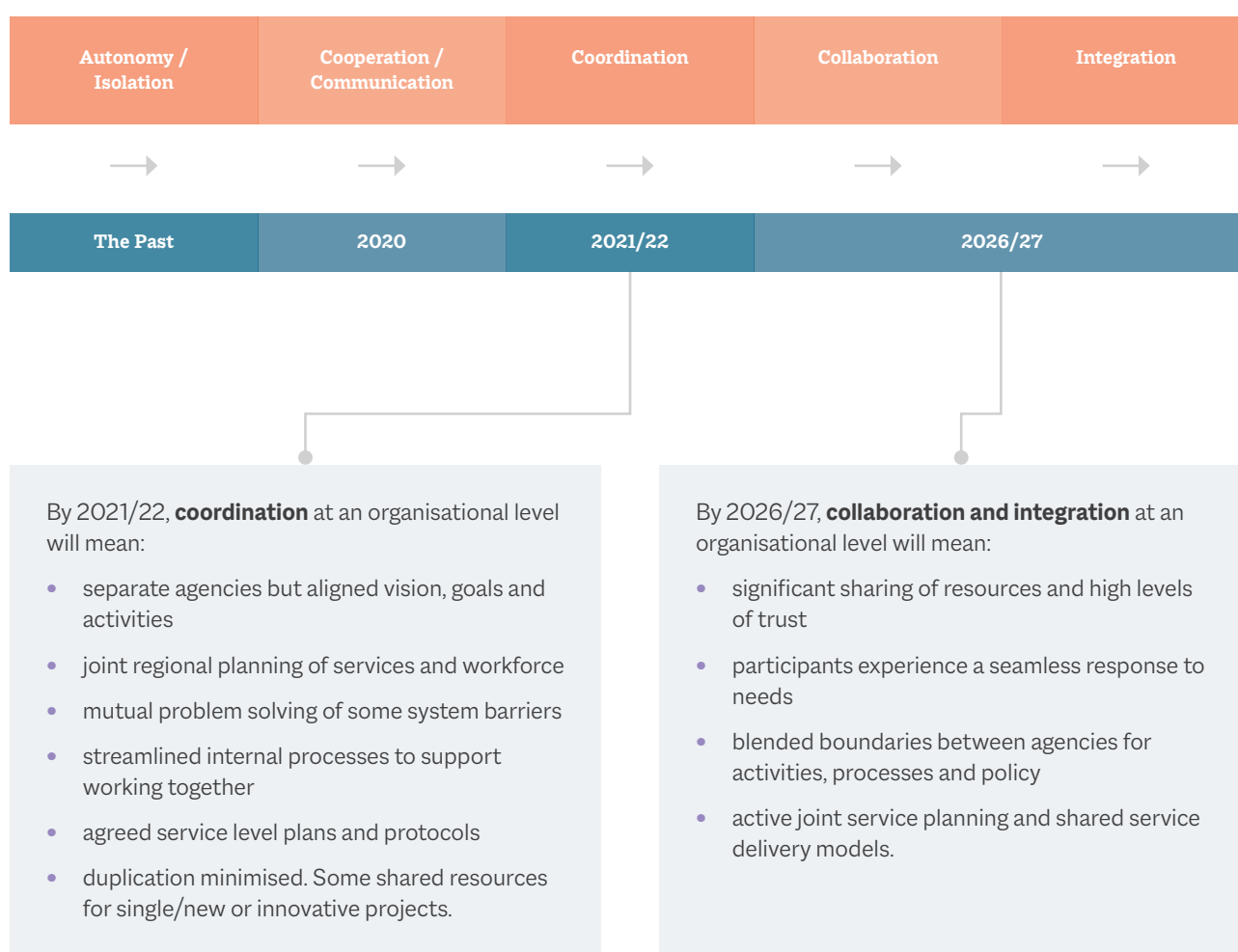
Integration

Integration requires ongoing commitment to developing strong local partnerships and supporting collaborations. The PHN and MSAMHS are committed to strengthening our partnership to ensure our capacity to undertake integrated service planning and delivery where appropriate.

Work done to date has focused on building cooperation and communication. The time is right to progress on to systematically embedding coordination, collaboration and integration. We are strongly committed to aligning our vision and priorities as well as open transparent communication at every level of both organisations. Strong organisational level policies and protocols aimed at reducing fragmentation and increasing linkages between various components of the system will be developed and implemented.

Our integration pathway and objectives are described below.

Figure 9 - The integration continuum



Our partnership journey so far

Since the release of the Strategy 2019-2022, the PHN and MSAMHS have achieved key milestones that have been necessary in developing the level of coordination and collaboration required for integrated service planning and delivery.

July – October 2019 Working together differently

Three joint workshops were delivered to strategically co-design a shared vision, targets and principles for how we plan and deliver consumer-centric addiction and mental health services within the PHN region. The workshops:

- cultivated an appetite to ‘do things differently’ within addiction and mental health service planning and delivery for our region
- were a means of bringing us together “in the same bus” to map out the journey ahead together
- provided dedicated time to determine priorities in working together differently – at intra organisational, interorganisational and system levels.

July 2019 – MSAMHS organisational realignment

- Re-configured organisation to be more place-based (Princess Alexandra Hospital catchment, Logan-Beaudesert, Bayside), enabling better connections with other service providers and improved responsiveness to the needs of the local populations.

September 2019 – Brisbane South PHN Commissioning Framework

- Implementation of place-based commissioning, in recognition of the distinct social and environmental characteristics and unique strengths and challenges within a community. It targets investments towards priority places, balanced with a regional approach.
- Person-centred approach ensures that people who access services are at the centre of planning and decision-making.
- Includes framework for transformational change in commissioning.

December 2019 – established Joint PHN/MSAMHS Strategic Governance Group to:

- share in leadership and accountability for achieving individual, population and system outcomes across the Brisbane south region.
- oversee development and implementation of the Foundation Plan.



Joint activities – to date

In 2019, the following key joint activities commenced in support of the ongoing development of the partnership between agencies, as well as the delivery of a range of proactive and responsive joint service delivery initiatives:

- joint Board meetings
- embedded routine meetings at management and leadership levels to embed collaboration operationally and strategically
- joint representation on committees, panels and reference groups, examples include:
 - PHN representation on the MSAMHS Serious Incident Review Committee
 - PHN representation on the MSAMHS Patient Flow Optimisation Governance Group
 - MSAMHS representation on Recruitment Panels for the PHN (and vice versa)
 - MSAMHS inclusion on PHN mental health, suicide prevention and alcohol and other drug tender evaluation panels
- joint scenario testing and response (e.g. disaster/incidents management and planning, COVID-19)
- joint engagement in presenting at public facing events (e.g. Mental Health Week, COVID-19 Community Health Provider Virtual Forum 16 April 2020)
- operational partnerships between MSAMHS and PHN Regional Support Coordinators (previously known as Area Account Managers) and PHN Education teams resulting in joint education initiatives e.g. with General Practitioners, practice nurses, general practice administration staff.

Our future

The PHN and MSAMHS partnership's key message is “Working together differently”. The long-term aim is to develop a highly collaborative and integrated service system to meet the needs of the community of the Brisbane south region and enable better health outcomes. The process to achieve this is seen as a continuum as shown in Figure 10 below.

An immediate focus on embedding high levels of coordination is a fundamental step to achieving the long-term aim of integration. This Foundation Plan therefore focuses heavily on “Working together” at an organisational level to embed the systems and processes necessary to support better coordinated person-centred service delivery. It also embeds the key elements of an integrated approach to comprehensive joint regional planning.

The Foundation Plan will be supported by the development of a detailed implementation plan which will identify critical dependencies, responsibilities, timeframes and outputs for each action.

Partners for innovative services

The PHN and MSAMHS have commenced joint planning, development and delivery of a range of innovative service models. In addition to providing access to new evidence-based services for Brisbane south communities, these services are also being used as pilots for testing policies, procedures and protocols developed at part of the implementation of the Foundation Plan as well as to identify any additional areas of work required.

These future joint services include:

- Safe Haven
- response for under 12's place-based approach (Logan)

- integration services for people with co-occurring chronic physical and mental health conditions through shared care responses (Nurse Navigators)
- suicide prevention and postvention activities:
 - Zero Suicide reference group
 - shared funding arrangement to support the implementation of ‘The Way Back Service’ through a dedicated role
 - suicide prevention (Logan Emergency Department).
- joint response to addressing physical health needs for people with mental health needs (e.g. nutrition).

Other opportunities currently under consideration include:

- providing specialist outpatient clinics in general practices
- developing Community Assessment Hubs in partnership with other health and social support services such as education, housing and employment
- mental health “wellness” initiatives through partnering with private providers, local government, education sector, business sector, NGOs, sport, recreation and arts sectors.

The Foundation Plan confirms MSAMHS and the PHN's commitment to progressing these joint service improvements and innovative service models as well as committing to a comprehensive joint regional planning process.

Figure 10- Working together differently



Working together – The Foundation Plan

The Foundation Plan describes our key priorities and actions in the short term to enable integration and support service planning now and into the future. It provides a bridge between the work already commenced, detailing the path required to develop the more comprehensive Joint Regional Plan.

The following table indicates actions that will be undertaken within the short term (within the next two years), as well as those that will be ongoing and incorporated into the Joint Regional Plan. These actions are provided under the following agreed key priority areas:



- 1. governance**
- 2. information and data**
- 3. workforce capability**
- 4. stakeholder engagement.**

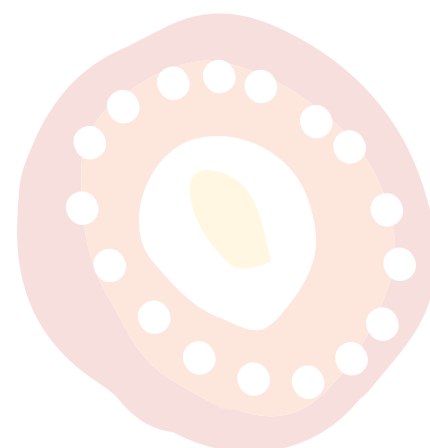


Table 1 – The Foundation Plan key priorities

Key priorities		Short term priorities	Longer term priorities
Governance			
1.0	Organisational structures and partnerships		
1.1	Formalise the structured implementation of the Joint Strategic Governance Group arrangements.	✓	
1.2	Establish a Strategic Coordination Group as a sub working group of the Joint Strategic Governance Group to support the development of the next comprehensive Joint Regional Plan. The Strategic Coordination Group to include representation from Children's Health Queensland, Mater Hospital Brisbane, the Mental Health, Alcohol and Other Drugs Branch of Queensland Health, major peak bodies in the Brisbane south region including Aboriginal and Torres Strait health services, and people with lived experience and their closest supporters.	✓	
1.3	Develop and implement formal joint partnerships with community controlled Aboriginal and Torres Strait Islander health services as a preferred model for providing mental health and alcohol and other drug services for Aboriginal and Torres Strait Islander peoples.	✓	
1.4	Formalise arrangements for MSAMHS involvement in PHN commissioning processes.	✓	
2.0	Leadership and culture		
2.1	Develop a joint marketing and communication strategy to ensure a consistent narrative and vision for "Working together differently" and support organisational buy-in at all levels.	✓	
2.2	Identify individual clinical and service provider "leaders" and build their capability to provide transformational system leadership and culture change.	✓	✓
2.3	Identify resources to drive initiatives generated by the partnership.	✓	✓
2.4	Continue to work together to enhance financial models and commissioning processes that provide incentives for change and innovation.	✓	✓
2.5	Promote the importance of Aboriginal and Torres Strait Islander leadership and support implementation of the Gayaa Dhuwi (Proud Spirit) Declaration.	✓	✓
2.6	Joint sponsorship and presentations at relevant conferences, forums and events, for example Mental Health Week.	✓	✓
3.0	Accountability and transparency		
3.1	Clarify roles and responsibilities for clinical governance at organisational and service delivery levels.	✓	✓
3.2	Ensure joint processes are in place to locally monitor indicators of community wellbeing, service user experience satisfaction, individual and community outcomes.	✓	✓
3.3	Embed joint program evaluation and performance monitoring of all pilot projects.	✓	✓
3.4	Develop a shared tool for measurement of the extent of integration to enable ongoing self-assessment of the organisational relationship.	✓	✓
3.5	Collect evidence of the impact of the partnership at all levels to undertake formal evaluation.	✓	✓
3.6	Monitor, report and review on progress of implementation of this Foundation Plan.	✓	✓
3.7	Align shared performance indicators and reporting systems.	✓	✓

Key priorities		Short term priorities	Longer term priorities
4.0	Quality and safety		
4.1	Jointly develop written endorsed policies and procedures for agreed critical areas.	✓	✓
4.2	Formalise operational processes for critical incident review and patient flow analysis to ensure joint involvement of both the PHN and MSAMHS.	✓	✓
4.3	Align and monitor shared quality and safety KPI dashboards.	✓	✓
4.4	Ensure compliance with National Safety and Quality Digital Mental Health (NSQDMH) Standards when available.	✓	✓
Information and data			
5.0	Evidence informed planning		
5.1	Work with the Mental Health Alcohol and Other Drugs Branch Queensland Health to utilise the National Mental Health Services Planning Framework tool to map service provision, identify areas of duplication, inefficiency and service gaps and analyse regional workforce requirements.	✓	✓
5.2	Embed place-based mapping of services and referral pathways.	✓	✓
5.3	Foster and cultivate research evaluation partnerships to build an understanding of the impact of co-designed models of care on the individual, the community and the health system.	✓	✓
5.4	Joint review of population data and needs assessment with broader stakeholders to support a collective impact approach to regional mental health and wellbeing.	✓	✓
6.0	Systems and processes		
6.1	Progress the development of shared information systems and shared platforms for data reporting and digital health solutions.	✓	✓
6.2	Formalise data sharing protocols at an organisational level for service utilisation and performance data.	✓	✓
6.3	Improve the quality and accuracy of identification of diverse population groups including Aboriginal and Torres Strait Islander peoples and information systems.	✓	✓
6.4	Build on the foundation established by My Health Record, Queensland Health's Integrated Electronic Medical Record (ieMR) and the Health Provider Portal to develop effective systems and processes to support sharing of consumer clinical information between service providers and consumers.	✓	✓
Workforce capability			
7.0	Workforce planning		
7.1	Develop a joint regional workforce plan to support transforming service models	✓	✓
7.2	Develop specific joint workforce plans for:	✓	✓
7.2.1	lived experience workforce including diverse groups such as LGBTIQ+ people, Aboriginal and Torres Strait Islander peoples, people with culturally and linguistically diverse backgrounds, young people and people living with a disability	✓	✓
7.2.2	growing the professional workforce for Aboriginal and Torres Strait Islander mental health services	✓	✓

Key priorities		Short term priorities	Longer term priorities
8.0	Workforce development		
8.1	Share workforce education programs and resources to build workforce capability in:	✓	✓
8.1.1	delivery of physical health care	✓	✓
8.1.2	psychosocial therapy services	✓	✓
8.1.3	responding to someone in crisis	✓	✓
8.1.4	trauma-informed care	✓	✓
8.1.5	consumer, carer and family engagement	✓	✓
8.1.6	cultural responsiveness to LGBTIQ+ people, Aboriginal and Torres Strait Islander peoples, people with culturally and linguistically diverse backgrounds, young people and people living with a disability.	✓	✓
8.2	Support community leaders/Elders to build appropriate capacity within their communities to provide first response to the needs of people with mental health issues, substance use and suicidality.	✓	✓
Stakeholder engagement			
9.0	Stakeholder engagement and consultation		
9.1	Develop and implement a joint stakeholder engagement framework.	✓	✓
9.2	Undertake joint stakeholder satisfaction/experience surveys.	✓	✓
9.3	Develop joint place-based community representative bodies.	✓	✓
9.3.1	conduct regular joint lived experience forums/focus group/s.	✓	✓
9.4	Embed a shared co-production approach for planning and implementing all future programs and services.	✓	✓
9.5	Develop a joint program of co-production activities for diverse groups i.e. Aboriginal and Torres Strait Islander communities, LGBTIQ+ people, people from culturally and linguistically diverse backgrounds, young people and people living with a disability.	✓	✓
9.6	Promote endorsed shared digital evidence-based online resources to encourage engagement with the broader community for education and early intervention purposes such as promotion of harm reduction, suicide prevention and mental wellness maintenance.	✓	✓



Working together differently – The Joint Regional Plan

The implementation of the Foundation Plan will provide the capacity for the PHN and MSAMHS to undertake comprehensive regional planning, and embed service planning as a key part of the way we work together.

Development of the Joint Regional Plan will be an output of implementation of the Foundation Plan. The key actions, including those implemented, and ongoing, will ensure that future planning will be:

- evidence-based and informed by agreed priorities
- informed, understood and supported by all stakeholders
- responsive to the needs of the community and identified diverse populations
- supported by an informed and engaged community
- supported by a skilled and enabled workforce
- open to innovation and new models of care.

Implementation of the Foundation Plan will embed the policies, procedures and protocols needed to make these essential planning steps part of ongoing everyday business. In addition, it will enable examination of funding models and opportunities for joint commissioning, development



of multi-agency agreements, information sharing protocols and shared clinical governance models.

The Joint Regional Plan will inform the coordinated commissioning of services and will support opportunity for coordinated regional implementation of priority areas, as identified through our regional needs assessment and in line with the Fifth Plan and other national and state policy frameworks. It will have a strong focus on a population health approach to mental health, suicide prevention and alcohol and drugs as well as providing the roadmap to further reform in line with national, state and local priorities.



Moreton Bay island ferry



The Joint Regional Plan provides a comprehensive blueprint for service development and will require:

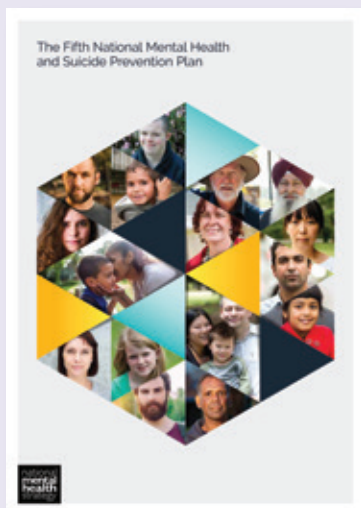
- leadership to support cultural change. This will be achieved through implementation of key actions outlined in the key priority area: **governance**
- priority setting based on information from data analysis and stakeholder input. It is recommended that the Joint Strategic Governance Group identify the priorities to be progressed in the Joint Regional Plan. The consultation forums and processes implemented as part of the Foundation Plan should be used to test the acceptability and feasibility of the directions and priorities that the Joint Strategic Governance Group have proposed. This will be achieved through implementation of key actions outlined in the key priority area: **governance and stakeholder engagement**
- data analysis including completion of detailed service and workforce mapping and analysis of service gaps and duplications. This will be achieved through implementation of key actions outlined in the key priority area: **information and data and workforce capability**
- systematic use of the National Mental Health Service Planning Framework to estimate need and expected demand for mental health care and the level and mix of mental health services and workforce required for a given population. This will be achieved through implementation of key actions outlined in the key priority area: **governance, workforce capability and information and data**
- meaningful engagement and input from all stakeholders including people with lived experience and their closest supporters, government, non-government and private service providers. It would be recommended that the PHN and MSAMHS internal resources regularly collate stakeholder feedback and provide it to the Joint Strategic Governance Group. This will be achieved through implementation of key actions outlined in the key priority area: **governance and stakeholder engagement**.



North Gorge, North Stradbroke Island

Appendix I

National and State policy frameworks



The Fifth National Mental Health and Suicide Prevention Plan 2017 – 2022 (the Fifth Plan), articulates a cross- jurisdictional framework for implementing national action.

The Fifth Plan Priority Area 1: Achieving integrated regional planning and service delivery, describes integration as the *'flagship of actions for ensuring that consumers and carers are at the centre of the way in which services are planned and delivered.'*¹⁴

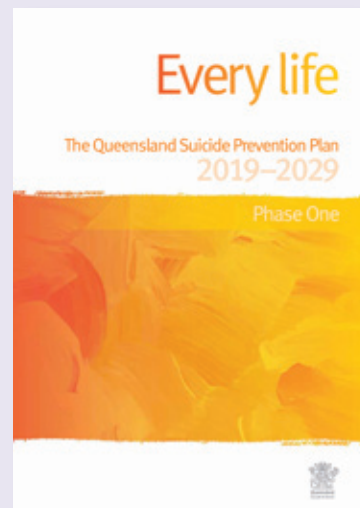
Integration starts with building relationships between organisations that have similar aims and are seeking to improve the outcomes and experiences of consumers and carers. Integration can be implemented at different levels, but integration at any level can deliver better experiences and outcomes for consumers and carers.

A number of other key documents commit governments at all levels to working together to better integrate planning and service delivery at a regional level.



Underpinning principles¹⁵

- Evidence informed responses – funding resource allocation and implementation of strategies should be informed by evidence-based practice.
- Partnerships – includes government and non-government agencies, researchers, families and communities, peer educators, drug user organisations, Aboriginal and Torres Strait Islander communities and other priority populations.
- Coordination and collaboration – coordination and collaboration at the international and national level and within jurisdictions leads to improved outcomes, innovative responses and better use of resources, and allows shared practices and learnings.
- National Direction, jurisdictional implementation – Commonwealth, state and territory governments and local governments are all responsible for regulation and the funding of programs. Jurisdictional implementation allows strategies that reflect local circumstances and address emerging issues.



Action Area 4: Working together¹⁶

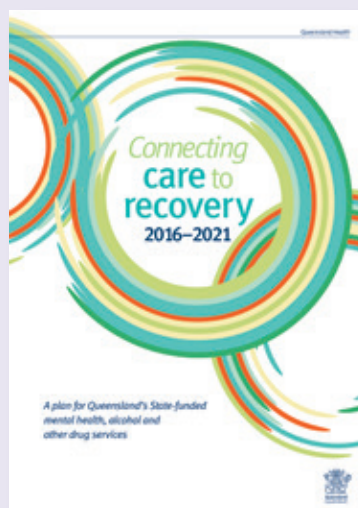
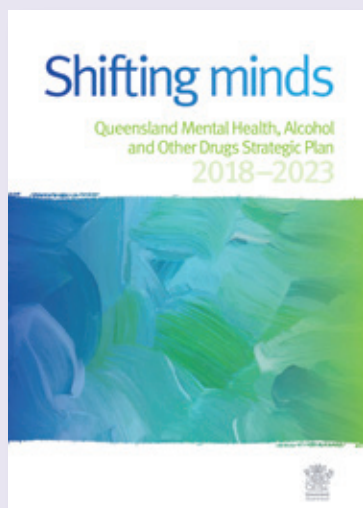
Achieve more by working together

- Every Life requires connected and informed planning, shared information, leveraging national, local and regional experience and knowledge, and growing and expanding partnerships.
- Creates opportunities to work together through shared plans, and coordinated networks and actions, towards a shared goal.

¹⁴ Commonwealth of Australia, 2017, The Fifth National Mental Health and Suicide Prevention Plan, 2017–2022

¹⁵ Commonwealth of Australia, 2017, National Drug Strategy 2017 – 2026

¹⁶ Queensland Mental Health Commission, 2019, Every Life: The Queensland Suicide Prevention Plan 2019 – 2029 (Phase 1)



Focus Area 3:

Whole-of-system improvement¹⁷

1. Drive reform through strategic leadership
2. Build on reform
3. Adopt needs-based planning
4. Renew cross-sectorial suicide prevention and AOD responses
5. Renew cross sectorial approaches to social and emotional well being

Whole-of-system outcomes

- Integrated planning, funding and commissioning are embedded practices to achieve balanced growth across the continuum of interventions.
- Shared leadership and accountability is embedded across sectors for achieving individual and population outcomes.

Priority 1: Access to appropriate services as close to home as practicable and at the optimal time¹⁸

Focus – strengthening cross sector partnerships and collaborative relationships to ensure coordinated service delivery

- Access to care and treatment supported by formalised pathways and models of care.
- New and expanded services to take place through joint needs identification and planning.
- Promotion to optimise the skills and scope of practice of the clinical and non-clinical workforce.
- Commissioning and procurement underpinned by joint planning.

RA2: Connecting healthcare: Integrating mental health and social and emotional wellbeing services¹⁹

Actions – Improving service integration

RA 2.1: Collaborate with A&TSICCHSs and PHNs to improve the alignment and integration of plans for mental health services and social and emotional wellbeing programs for Aboriginal and Torres Strait Islander people. Lead area – HHSs. Funded by HHSs – core business.

¹⁷ Queensland Mental Health Commission, 2018, Shifting Minds: Queensland Mental health, Alcohol and Other Drugs Strategic Plan 2018 – 2023

¹⁸ State of Queensland (Queensland Health), 2015, Connecting Care to recovery 2016 – 2021. A plan for Queensland's State funded mental health, alcohol and other drugs services

¹⁹ State of Queensland (Queensland Health), 2016, Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021







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BETTER SYSTEM, BETTER HEALTH

APPENDIX B

NPSM Child and Youth Pilot

Case Study 1: Jason*, 11 years

Jason is an Aboriginal child who was referred to the Accoras NPSM pilot in January 2021 by a community service who have been providing support to his family. He is involved with the Queensland Child Protection system, living in a kinship care arrangement with his grandmother after being removed from his parents three years earlier.

Jason deals with significant mental impairment – he has diagnosed mental illness (Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder) in addition to an Intellectual Impairment. He experienced significant trauma while living with his parents, including exposure to substance abuse, domestic violence and the neglect of his physical and emotional needs.

Jason was referred to the NPSM pilot for some focused support to improve his behavioural and emotion regulation. He was displaying behaviours often seen in children who have experienced abuse and neglect:

- stealing food
- destroying property and clothes
- regressed behaviour (including reliance on drinking baby bottles throughout the night)
- emotional outbursts
- yelling and swearing at his siblings and friends and
- being physically aggressive towards his siblings and carers (hitting, biting).

Jason had previously received clinical mental health assessments, but was not connected to any mental health service at the time of his referral. Given his constellation of difficulties and his cognitive functioning, he was much better suited to a non-clinical psychosocial approach to support than clinical counselling.

The NPSM team started by undertaking a holistic assessment that identified the pressure points for Jason and his family, as well as their strengths. Jason identified the things that bothered him most were feeling stressed, having difficulty with his school peers, and feeling angry and frustrated most of the time. His grandmother was most concerned about Jason's troubled relationships (family and at school) as well as his PTSD symptoms.

Jason has a complex presentation and faces many challenges, but he also has significant strengths. These include a strong and loving relationship with his grandmother and her partner, self-awareness of his difficulties with his behaviour and emotions, some positive peer relationships at school, a strong connection with his teacher, and connection to cultural supports in his community. Based on the full picture of his functioning and life, it was the assessment of the NPSM team that, with the right supports and skills, Jason has the ability to live a successful life without the need for disability supports.

A Family Action Plan was developed that was suited to Jason's cognitive ability, focused on his goals, and engaged the resources of the support systems around him. Weekly sessions delivered in his family home, in addition to regular communication with his school, has seen the plan well implemented.

The Family Action Plan is multifaceted, and includes:

- Actions focused on helping Jason better manage his emotions and behaviours. This includes simple practical strategies such as
 - learning to recognise body cues associated with anger
 - communicating rising anger to others using a traffic light model
 - progressive muscle relaxation
 - breathing exercises
- Actions focused on giving Jason more tools to form and maintain health relationships. This includes
 - practical boundary setting training for friends and siblings
 - social skills training
- Actions focusing on equipping Jason's family with the skills they need to scaffold healthier and stronger life skills
 - noticing and reinforcing Jason's positive behaviour
 - implementing in-home rules to support private space and boundaries
- Actions focused on advice in the health system
 - help navigating the health system and accessing additional health, mental health and family supports

Implementation of the Family Action Plan is occurring in partnership with the community service who referred Jason to ensure coordinated family care. There are internal oversight mechanisms, including supervision and the involvement of an Aboriginal NPSM practitioner, to support the primary NPSM practitioner to deliver supports that are culturally safe and appropriate.

Jason is mid-way through his Family Action Plan, and continues to take part in NPSM intervention. There have already been significant improvements – he is now engaged in sports activities, his family has a system in place where he is rewarded for good behaviour, he is sleeping better, and he is showing the ability to make better choices at home and at school. These interventions will also see him better placed to benefit from simple clinical counselling in the future.

The NPSM Pilot (child and youth)

Jason's story puts a face to a number of key NPSM pilot learnings.

- The NPSM pilot is supporting children and adolescents with serious mental illness and accompanying reduced psychosocial functional capacity. All of the children and adolescents accessing the pilot having reduced psychosocial functioning and a diagnosed mental illness (or are displaying psychological and behavioural symptoms indicative of significant mental illness, but have not had access to services that provided mental health diagnosis). Despite this, **only 11% of NPSM clients were accessing clinical mental health support at the time of referral.**
- Despite their high needs, **only 33% of NPSM clients are linked with any community support service at all.**
- Historical trauma is a consistent theme for children and adolescents. **More than half (56%) have experienced significant trauma**, including: abuse, neglect, exposure to domestic and family violence, parental substance abuse, physical or sexual abuse, and/or loss of a parent relationship. **Nine percent are involved with child protection services.**

The importance of trauma-informed care

The NPSM pilot service model has been responsive to the emerging patterns of need identified. With over half of all children and young people / family members reporting significant childhood trauma in the first three sessions, and knowing that some families will choose not to disclose historical trauma, a trauma-informed service model is critical to providing safe and effective support.

Accoras is a trauma informed organisation, and all services are built on foundational understanding that:

- the experience of trauma is far-reaching and impacts across mental, social and occupational life domains throughout the lifespan.
- the way mental health organisations are structured, and the way they deliver services and supports, can impact on the recovery and wellbeing of traumatized individuals.

As such, the NPSM pilot service model is structured to allow a safe, collaborative approach to assessment and intervention where practitioners and children/families are equal partners, and the goals of the child and family are paramount. Interventions are strengths-based and designed to empower individuals and families over the long term, reducing future reliance of support services and empowering families with the tools and skills they need to confidently navigate health and care systems where required. Psychosocial supports are delivered in a way that avoids retraumatisation and promote a sense of control and empowerment for children and families.

Case Study 2: Luis*, 11 years

Luis was referred to the NPSM pilot in March 2021. Luis was referred with concerns related to damaging property, family difficulties, deliberate self-harm and harm to others. Secondary concerns related to low self-esteem, stealing and difficulties with peer relationships. Luis lives with his two brothers, sister, mother and father. Luis's father has been diagnosed with a life-long mental illness and has been hospitalised three times since Luis was born; his mental health had been deteriorating in the weeks leading to referral.. Luis's mother has concerns that the father's deteriorating mental health is greatly affecting the children and the family unit.

Luis has never been engaged with any services prior to NPSM engagement.

Luis was receptive to engaging with the program and developed his action plan goals with the NPSM Practitioner and his mother.

1. Reduce self-harm and harm towards others
2. Boundary setting / healthy relationships (inc peer relationships)
3. Confidence building / identity
4. Perspective building
5. Coping strategies for anger and frustration

Action Plan

A Family Action Plan was developed that spoke to the goals Luis had agreed to work towards. Actions collaboratively undertaken by the NPSM Practitioner, Luis, and his family were multifaceted and included:

- Confidence and identity building through identifying and reinforcing positive characteristics and achievements.
- Perspective building through the use of role-play, and perspective taking through the use of comic strip characters.
- Developing emotional awareness, particularly regarding his anger, through mapping/identification and learning positive anger management strategies to better deal with his anger and frustration.
- Safety planning with the family, incorporating the use of an evidence-based electronic app to reduce self-harm.
- Social skills coaching to equip Luis with the skills and confidence to engage with some of his peers.
- Identifying exiting strengths, and using these to develop strategies to deal with bullying at school.

Outcomes to date

Luis has made good progress on his Family Action Plan and

- Luis' self-reported and mother-reported mood has improved.
- Luis is better able to regulate his emotions using positive strategies developed with his NPSM Practitioners.

These skills have generalised into other areas of his life.

- Luis reports he is better able to listen to instructions.
- Mother reports Luis is no longer stealing, no longer self-harming or harming others.

- Mother reports she is pleased with Luis's improved mental wellbeing. Mother reports Luis's confidence has increased and this was an initial concern for her.
- Luis has made progress in developing friendships.
 - Luis and his mother have reached out to one of his peers he plays with at school, and organised times to play online together on the weekends.
 - Luis was able to speak confidently and assertively to one of the young people at school who had bullied him previously and he has since requested to be his friend online.

Luis continues as a client with the NPSM, as there is still work to be done in achieving his goals. Both Luis and his mother are happy with his progress to date, and are confident Luis will achieve his goals.

Case studies supplied by Accoras, Brisbane South PHN's commissioned service provider for the NPSM Child and Youth Pilot program.

**Names have been changed.*

APPENDIX C

Dialectical Behavioural Therapy

Identifying the gap

Within Metro South Health Services, a gap in service provision and clinical interventions that support individuals who have been diagnosed with BPD was identified. Similar gaps were identified within the Non-Government Organisations (NGO). Allied health professionals, GP and nursing staff alike reported a lack of capacity, competence and confidence in responding to the overwhelming needs of people living with BPD.

Within Metro South there is an estimated 15,000 individuals who would benefit from accessing DBT and many more from DBT-informed practice. As a strategic response and as a result of the 'Working Together Differently – Joint Foundation Plan' partnership between Brisbane South PHN and Metro South Addiction and Mental Health Service, the DBT Project was formed.

Metro South proposed training the Brisbane south sector using the Spectrum competency framework. This would ensure all those who need it receive flexible treatment from "practice-informed" staff from across the mental health, suicide prevention and alcohol and other drugs sector including Metro South Addiction and Mental Health Service (MSAMHS) clinicians, non-government organisations (NGOs), General Practitioners (GP) and private allied health (AH).

The model is a sector-wide proposal where all public, private and NGO services would have the opportunity to receive training appropriate to the stepped care level they provide. The Clinical Director of Spectrum provided complete endorsement and support for MSAMHS to utilise their specialist resources including training manuals, competency frameworks and evaluation methodologies to enhance the existing Therapy Capability model as a shared partnership approach.

Co-commissioning opportunity

The DBT Project is jointly funded by the Brisbane South PHN and the Mental Health, Alcohol and Other Drugs Branch (Queensland Health) and is currently implemented across the Metro South/Brisbane south region. As part of the roll out, two MSAMHS HP5 positions were initially created to develop and deliver the training. The PHN provides resources to support this joint initiative including project management. This partnership also works with local NGOs and GPs, initially using the structures that are already in place (such as Sub-regional Action Groups). Lived experience advisors are also involved in the training component and are remunerated for their valuable engagement and participation.

Project scope

The DBT project addresses the roll out of 'Working better with Borderline Personality Disorder from a Dialectical Behaviour Therapy perspective' training to key practitioners and stakeholders in the Metro South/Brisbane south region who are likely to work with people whose behaviours are amenable to DBT. This project also addresses the progression towards capability building to enable a co-facilitation of DBT training sessions by MSAMHS and NGO sectors, and the monitoring and evaluation of the project. The project end date is June 30 2022.

Roll out of the DBT project to date has included a variety of training opportunities as a result of different DBT capability levels and skill across the region. A strategic workforce development/mapping of current capabilities was initially undertaken to understand current levels of competency across the region. Upskilling the workforce will ensure that the service not only has the capacity and capability to deliver this therapy but also to train and supervise the workforce.

The training is delivered in a stepped approach, where the combined cross-sectoral workforce is trained using a core competencies framework. The majority of therapists are trained to become DBT practice-informed practitioners. A small proportion of the workforce is trained to deliver DBT as a therapist or advanced therapist and also how to run DBT groups. The workforce is supported by ongoing mentoring and the establishments of community of practice groups. Avenues of DBT online and telehealth models are also explored as part of this roll out.

It is anticipated that having a workforce that can respond to the needs of people experiencing BPD without having to refer them to specialist services will reduce hospital presentations.