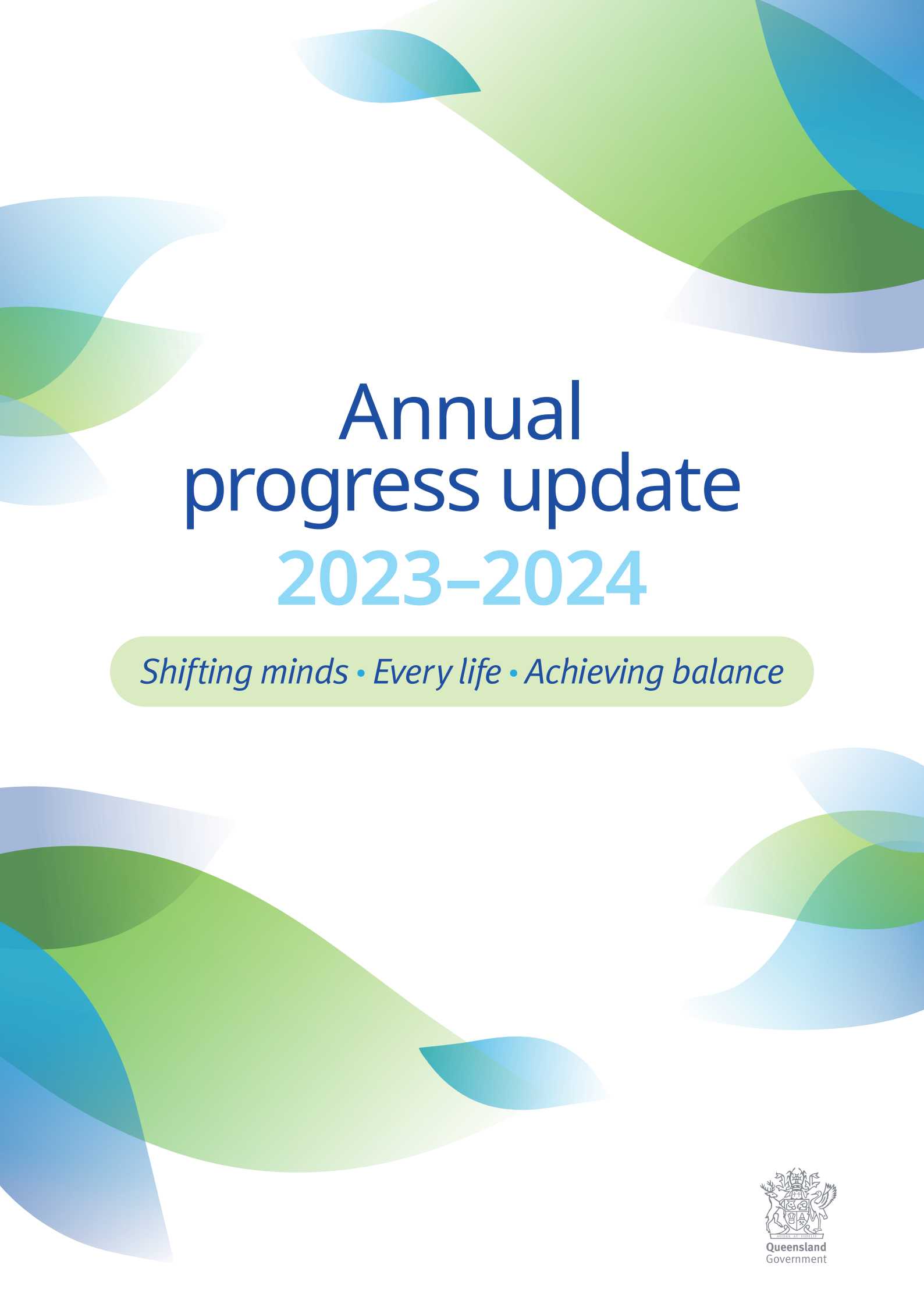




Annual progress update 2023–2024

Shifting minds • Every life • Achieving balance

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Message from the Queensland Mental Health Commissioner

I am pleased to share the first progress reports for *Shifting minds: The Queensland plan for Mental Health, Alcohol and Other Drugs, and Suicide Prevention 2023–2028*, and its associated sub-plans *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* and *Every life: The Queensland Suicide Prevention Plan 2019–2029*.

These plans set out a shared vision for improving the mental health and wellbeing of all Queenslanders, including actions to reduce suicide and alcohol and other drug related harm through a whole-of-government and whole-of-community approach.

These progress reports provide an overview of the many achievements in 2023–24 and reflect the Queensland Government's continued commitment to system-wide reform.

The strength of any plan rests heavily on its implementation, which can present many challenges, particularly in coordinating multiple Government agencies, partners, collaborators and sectors. I thank our many partners who stand beside us and collectively progress these plans in addition to their own work and challenges.

I extend my gratitude to everyone who has worked with us to deliver many of the actions in the plans and support the vision for a Queensland where everyone can be healthy, well and access the support they need.

I'm pleased to advise that in 2023–24, 232 activities were being implemented across the three plans by a range of Queensland Government agencies, to support the delivery of the 142 priority actions outlined in *Shifting minds*, *Achieving balance* and *Every life*.

These actions span the community, service and system levels, reflecting the diverse influence government agencies have on the mental health and wellbeing of Queenslanders—ranging from early intervention and community support to housing, justice, education and employment initiatives.

Progress has been made possible through strong cross-agency collaboration and the collective commitment of government, service providers, community organisations, and people with lived-living experience.

Within the progress reports, you'll find examples of work that is progressing across diverse population groups and areas of need. They also detail the foundations established to support governance, lived-living experience leadership, outcome monitoring and evaluation over time.

These reports help inform ongoing efforts to improve mental health, alcohol and other drug, and suicide prevention outcomes for all Queenslanders. Together, we are building a future where mental wellbeing is a shared responsibility, and where reform is not just possible—but already well underway.

Reform, of course, is often slow moving and while these reports detail some of the success we've had, it's also an important chance to reflect on what still needs to be done. This diverse, complex and important work is not without challenges and we will continue to strengthen our ability to drive outcomes, support implementation and embed responsibility across the system.



Ivan Frkovic
Queensland Mental Health Commissioner

Shifting minds

Annual progress update

2023–2024



Queensland
**Mental Health
Commission**

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Queensland Mental Health Commission
PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**

Email: info@qmhc.qld.gov.au

An electronic copy of this document is available
at www.qmhc.qld.gov.au.

Feedback

We value the views of our readers and invite
your feedback on this report.

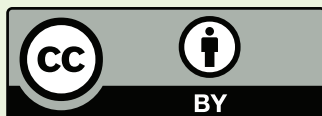
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Acknowledgements

Recognition of First Nations people

We respectfully acknowledge First Nations people in
Queensland as the Traditional Owners and Custodians
of the lands, waters and seas. We acknowledge those of
the past, who have imparted their wisdom and whose
strength has nurtured this land. We acknowledge
Elders for their leadership and ongoing efforts to
protect and promote First Nations people and cultures.

We recognise that it is our collective effort and
responsibility as individuals, communities and
governments to ensure equity, recognition and
advancement of First Nations Queenslanders across
all aspects of society and everyday life. We walk
together in our shared journey of Reconciliation.

Recognition of lived-living experience

We recognise the individual and collective contribution
of Queenslanders with lived-living experience of
mental health challenges, alcohol and other drug use,
and people, groups and communities impacted by
suicidal distress or suicide. We recognise families,
kin, unpaid carers and other unpaid supporters
who play a fundamental role in supporting people
with lived-living experience. We also recognise the
lived experience of people bereaved by suicide.

Each person's journey is unique and collectively
provides a valuable contribution to reforming
the mental health, alcohol and other drugs and
suicide prevention and related systems in Queensland.
Your voices and experiences are the core of our work.
We recognise and value your expertise.

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Introduction

Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028 (Shifting minds) is a whole-of-government plan to improve the mental health and wellbeing of all Queenslanders and reduce the impact and harms related to alcohol and other drugs (AOD) and suicide. The vision of *Shifting minds* is that Queenslanders are mentally healthy and well, connected with their communities, and supported by an integrated and coordinated mental health and wellbeing system. To achieve this vision, the plan sets out the strategic directions and priorities for action across Queensland Government agencies.

Implementation draws on collective effort from a wide range of contributors to mental health and wellbeing—including communities, individuals, organisations and workforces, and a range of health and social service systems. Fundamental to achieving the vision is a shift towards a whole-of-government, coordinated and collective approach to leadership and action that jointly addresses the wider determinants of mental health and wellbeing.

Shifting minds is complemented by subsidiary whole-of-government plans including:

- *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*
- *The Queensland Trauma Strategy 2024–2029.*

Sub-plans align with the overarching vision of *Shifting minds* and detail the specific approaches required to prevent and reduce the impact of suicide and suicidality, AOD harms, and preventing and reducing the impact of trauma.

The *Shifting minds annual progress report 2023–2024* is the first in a series of annual progress updates that highlight the actions across Queensland Government

towards the mental health, AOD and suicide prevention reform agenda. The progress update comprises of achievements during the period from 1 July 2023 to 30 June 2024. Progress towards implementing the subsidiary plans *Every life* and *Achieving balance* are detailed in separate progress reports.

Queensland's mental health, AOD and suicide prevention reform journey has continued to sustain and build momentum in the first year of implementation of *Shifting minds*. Across government, there is a greater recognition of the impact of reform in human services such as housing, education, law enforcement, justice, employment, and social and community services on the mental health and wellbeing of the Queensland community.

This is evidenced by the breadth of work being undertaken across government departments and agencies to directly address the social and systemic determinants of mental health, AOD use and suicidality. As implementation continues into the second year, opportunities to widen the positive impacts of *Shifting minds*, and to make further inroads into addressing service system gaps and reducing or preventing critical social determinants of mental health, AOD use, and suicidality will be a key focus.

Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028

Vision														
Queenslanders are mentally healthy and well, connected with their communities, and supported by an integrated and coordinated mental health and wellbeing system														
Governance	Guiding principles	Reporting and evaluation												
Strategic Leadership Group:	- Led by people with lived experience and their families, kin and other unpaid carers - Culture matters - Human rights and dignity - Social justice, belonging and equity - Getting in early - Community-led - Community first - Person-centred - Addressing stigma and discrimination - Collective responsibility and accountability - Driven by evidence and need	Quarterly and annual reporting across government departments												
Collective leadership, oversight and accountability for <i>Shifting minds</i>	Strategic directions <table> <tr> <th>Focus area 1 Whole-of-community</th><th>Focus area 2 Whole-of-person</th><th>Focus area 3 Whole-of-system</th></tr> <tr> <td>Strengthen mental health and wellbeing</td><td>Accessible, coordinated and integrated support, care and treatment</td><td>Shifting our approach</td></tr> <tr> <td>Getting in early</td><td>Person-led, trauma-informed and culturally responsive care</td><td>Enable change</td></tr> <tr> <td>Advance First Nations health equity</td><td>Active social and economic participation</td><td>Collective responsibility</td></tr> </table>		Focus area 1 Whole-of-community	Focus area 2 Whole-of-person	Focus area 3 Whole-of-system	Strengthen mental health and wellbeing	Accessible, coordinated and integrated support, care and treatment	Shifting our approach	Getting in early	Person-led, trauma-informed and culturally responsive care	Enable change	Advance First Nations health equity	Active social and economic participation	Collective responsibility
Focus area 1 Whole-of-community	Focus area 2 Whole-of-person	Focus area 3 Whole-of-system												
Strengthen mental health and wellbeing	Accessible, coordinated and integrated support, care and treatment	Shifting our approach												
Getting in early	Person-led, trauma-informed and culturally responsive care	Enable change												
Advance First Nations health equity	Active social and economic participation	Collective responsibility												
Government and non-government sector representation (including lived-living experience peaks)	Evaluation of systemic, collective and population impacts (not programmatic)													
System-level perspective on implementation	Priority actions 58 priority actions 118 activities/initiatives contributing to the 58 priority actions (<i>figures subject to change</i>) 18 government agencies leading implementation (<i>as at 2023–2024</i>) - Includes state-funded initiatives being implemented by government, non-government and others													
	Evaluation of the content, implementation and impact of <i>Shifting minds</i>													
	Evaluation conducted in partnership with lived-living experience													

Policy context

The levers for many of the social determinants of mental health, AOD harm and suicidality do not sit within the responsibility of any one organisation, agency or sector. Implementation of *Shifting minds* draws upon a collective whole-of-government approach involving coordination of policies, planning and implementation across government agencies.

Implementation of *Shifting minds* encompasses new and existing initiatives funded through a range of sources including a portion of the \$1.948 billion over 5 years investment from the Queensland Mental Health Levy, plus capital investment of \$118.1 million.

For the purposes of this report, the names of state government departments used throughout were the name current at 30 June 2024 (prior to the changes from the Administrative Arrangements Order (No. 2) 2024).

Governance, monitoring and evaluation

Comprised of government agencies and non-government and lived-living experience peak bodies, the Strategic Leadership Group ([Appendix 1](#)) provides collective leadership and accountability for the implementation of *Shifting minds*.

Agencies commenced quarterly progress reporting to the Strategic Leadership Group in late 2023 following the development of an implementation plan detailing activities to support priorities, assigning lead agencies and outlining key deliverables.

The Queensland Mental Health Commission (the Commission) is leading the monitoring, reporting and evaluation of *Shifting minds* on behalf of the Queensland Government. An independent evaluation

conducted over the life of the plan will assess its content, effectiveness and impact as a strategic whole-of-government plan.

A monitoring and evaluation framework was developed in 2024 detailing the scope of the evaluation, expected impacts and indicators of successful implementation. The framework was developed in collaboration with government agencies, people with lived-living experience and peak body representatives. A mid-point evaluation report will be delivered in 2026 to inform implementation for the remaining years of the plan. A final evaluation report in 2028 will provide an overall assessment of the plan's implementation and its impacts.

Overall progress

Key achievements of *Shifting minds* implementation in the first year



Expanding wellbeing workforces to support mental health and wellbeing of secondary school students



Expanding mental health supports and expertise within justice, child safety, emergency services and law enforcement systems



Strengthening capability within health and human service and public service workforces to recognise and respond



Expanding community-based and community-led responses to support localised and culturally responsive approaches to suicide prevention



Building understanding and skills of individuals and communities to achieve and maintain mental health and wellbeing



Expanding tailored responses to population cohorts who are disproportionately impacted



Strengthening of reforms to prevent experiences of discrimination and harassment as strong determinants of mental ill-health



Supporting business and industries to minimise and manage psychosocial hazards and risks at work

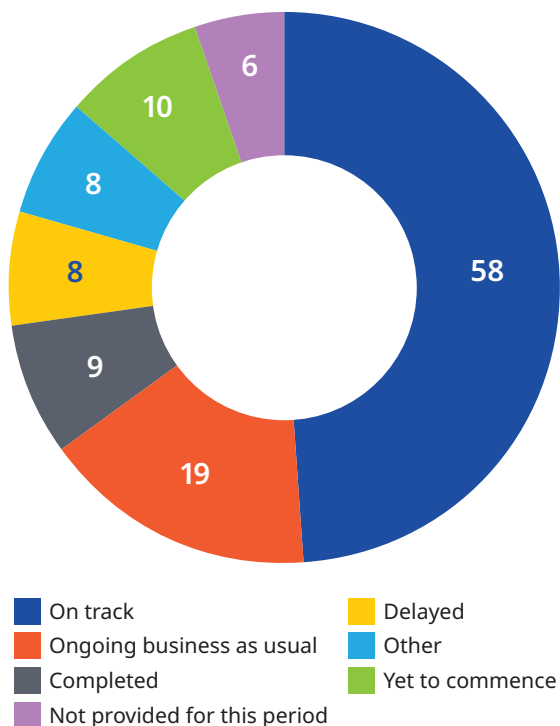
Overall progress

Shifting minds sets out strategic priorities and supporting actions under 3 key areas of focus. These include priorities at the whole-of-community, whole-of-person, and whole-of-system levels.

A total of 118 activities (which can be either discrete projects or initiatives, or larger work packages comprised of several activities) are being implemented by 18 lead government agencies. These 118 activities are being implemented toward 52 action areas. Almost half of all actions being led by government agencies are on track and close to a third have either been completed or are incorporated into business as usual operations.

While progress is being achieved within the health system to expand and build additional mental health, AOD treatment and support services and responses to mental health crisis and suicidality (refer to *Better Care Together Annual Progress Report 2023–24* for details¹), much of the reform required sits beyond the health system.

Progress status of all activities in *Shifting minds*
(as at 30 June 2024)



Mental health and wellbeing services and supports are increasingly being delivered in diverse settings and contexts to prevent and address issues earlier in life and earlier in illness. This requires service systems to think differently about the pathways and touchpoints where people interact with a range of government services, supports and systems, and to leverage these touchpoints to prevent or reduce the impact of mental ill-health or distress and to optimise mental health and wellbeing.

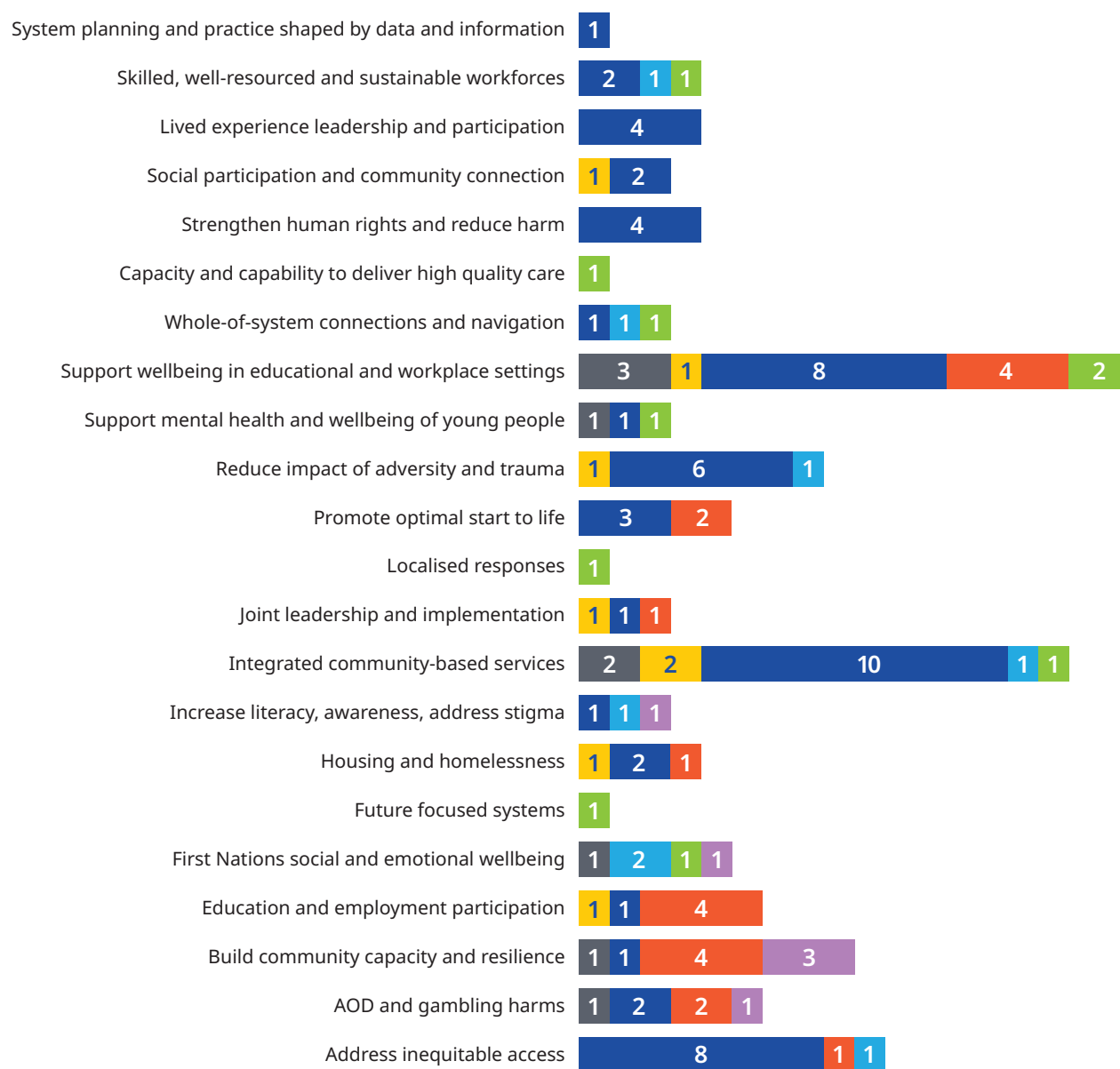
Lead government agencies implementing activities in <i>Shifting minds</i>	Number of activities
Department of Child Safety, Seniors and Disability Services	2
Department of Education	4
Department of Employment, Small Business and Training	8
Health and Wellbeing Queensland	1
Department of Housing, Local Government, Planning and Public Works	4
Department of Justice and Attorney-General	12
Office of Industrial Relations	7
Queensland Public Service Commission	1
Queensland Ambulance Service	3
Queensland Corrective Services	3
Queensland Family and Child Commission	1
Queensland Health	30
Queensland Mental Health Commission	25
Queensland Police Service	1
Department of State Development, Infrastructure and Planning	3
Department of Tourism and Sport	2
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	8
Department of Youth Justice	3
Total (subject to change)	118

Note: Queensland Government departments at 30 June 2024 (prior to changes in Administration Arrangements Order (No.2) 2024).

¹ https://www.health.qld.gov.au/data/assets/pdf_file/0027/1363383/Better-Care-Together-Annual-Update-2024.pdf

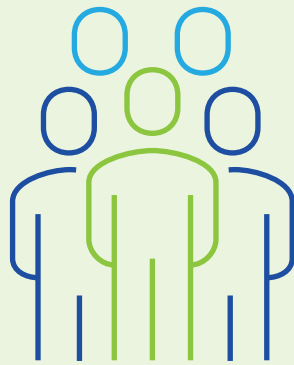
Progress status of activities in *Shifting minds* by priority action areas

(as at 30 June 2024)



■ On track
 ■ Completed
 ■ Other
 ■ Ongoing
 ■ Delayed
 ■ Yet to commence
 ■ Not provided for this period

Highlighted achievements



Whole-of-community

Actions in this area recognise the wider social, cultural, environmental and economic conditions that affect individual and community mental health and wellbeing. It is focused on equipping individuals and communities to maintain mental health and wellbeing, identify early signs of ill-health, and build capability to seek support when required. Actions in this area also relate to addressing the barriers that contribute to health inequity.

Direction: Strengthen mental health and wellbeing

Stigma campaign

Contributing to priority action:

Action 2 – *Integrate approaches across different tiers of government to address stigma and discrimination at individual, system and community levels, particularly for First Nations people.*

The Commission is leading work to address stigma associated with mental health challenges, AOD use, eating disorders and suicide in response to recommendation 5 of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. Over the past year, initial research has been conducted alongside detailed project planning, consultation, and the commissioning of market and social research to guide the behaviour change sought through a social marketing campaign. The project will include capacity and capability building initiatives targeting priority audiences and settings.

Wellbeing professionals in Queensland state schools

Contributing to priority action:

Action 3 – *Support mental health and wellbeing in early childhood education and care, and other educational settings including through the continued rollout of the Student Wellbeing Package, regular student wellbeing surveys, and enhanced access to evidence-based programs and resources for schools.*

Student wellbeing and engagement is a key focus area of the Equity and Excellence strategy and aligns with the *Student Learning and Wellbeing Framework*. Over 615 wellbeing professionals have been employed in Queensland state schools, including psychologists, guidance officers, social workers and youth workers. A centralised wellbeing service delivered via a telepractice model has also been established to support statewide access. Preliminary feedback indicates that wellbeing professionals are a welcomed addition to school teams and have improved student access to appropriate mental health and wellbeing supports. An independent evaluation is underway.

Supporting mental health in the workplace

Contributing to priority action:

Action 5 – *Strengthen the capability and capacity of organisations to foster mentally healthy workplaces, and identify and respond to psychosocial hazards, including across government agencies.*

Funded through the Back to Work program, the former Department of Employment, Small Business and Training (now the Department of Trade, Employment and Training) in collaboration with TAFE Queensland developed a microcredential short course to upskill small business owners and employers to effectively support mental health in the workplace. In partnership with the Department, the Commission collaborated with TAFE Queensland to provide mental health expertise and advice in developing course content. The 'Supporting mental health in the workforce' free micro-credential was launched online in May 2024 and covers understanding of mental health promotion, workforce management strategies, team and culture, and training and support. It aims to assist small business employers in identifying potential signs of mental health issues early and provide appropriate support to employees. The short course also provides guidance about adjustment strategies within the business, how to reduce or remove stigma, resources on support services and mental health first aid training.

Supporting mental health of small business

Contributing to priority action:

Action 5 – *Strengthen the capability and capacity of organisations to foster mentally healthy workplaces, and identify and respond to psychosocial hazards, including across government agencies.*

The Small Business Support Network provides wrap-around supports, including Small Business Wellness Coaching Services, the Small Business Financial Counselling Service, and a Small Business Support Service Fund. An evaluation of the program in 2023–24 found high levels of service satisfaction and perceived impact among clients with results exceeding or comparing favourably with outcomes of similar programs in other jurisdictions. The final evaluation report made several recommendations to address service challenges and enhance promotion, access and participation. Ongoing work will continue with stakeholders to assess the evaluation outcomes and prioritise recommendations for future action.

Direction: Strengthen mental health and wellbeing (continued)

Maintaining mental wellbeing through physical activity

Contributing to priority action:

Action 6 – Expand and strengthen community capacity to promote, support and facilitate mental health and wellbeing and community resilience. This includes a focus on neighbourhood centres, men's sheds, women's groups, sporting and active recreation organisations, playgroups, libraries, faith organisations and other community organisations.

The former Department of Tourism and Sport (now Department of Sport, Racing and Olympic and Paralympic Games) administered the FairPlay vouchers program and the Emerging Athlete Pathway grants program to increase participation in sport and active recreation, which are important to support mental health and wellbeing. From 1 July 2023 to 30 June 2024, 58,103 FairPlay vouchers were redeemed providing

families with up to \$200 for their children towards sport and active recreation membership, registration or participation fees. There were 9,550 grants provided as part of the Emerging Athlete Pathway to support the development of young athletes, coaches and officials aged 10 to 18 by alleviating some of the costs associated with attending state, national and international events.

Direction: Getting in early

Specialist community-based supports for children and families

Contributing to priority action:

Action 8 – Strengthen services and supports for children 5–12 years old and their families, focusing on those experiencing adversity, and those requiring additional support with parenting or transitioning children into schooling.

Head to Health Kids Queensland is a new initiative for infants, children and families with multiple vulnerabilities and co-occurring needs. Two new Head to Health Kids Queensland services have been established in the Gold Coast northern corridor, with satellite outreach to the southern Gold Coast, and in the Greater Brisbane metropolitan area, with presence in Logan-Beaudesert and Moreton Bay North.

Head to Health Kids Queensland services are the first of its kind and will offer a range of specialist supports for children under 12 years experiencing developmental, behavioural or emotional issues that may affect their mental health and wellbeing. Support is also provided for their families/carers. The aim is to enable earlier access to community-based services to improve mental health and wellbeing, reducing the risk of poor mental health outcomes in the development of a child.

Service delivery is at multiple locations in partnership with local services to provide coordinated interventions through shared and wrap-around services. This approach facilitates access to various levels of care and support across primary through to tertiary care, child development, education, social care, health, mental health and disability sectors, and not-for-profit and private sectors. Services are free, with priority for children and families who present with multiple, co-occurring and complex vulnerabilities.

Direction: Getting in early (continued)

Early response and diversion for young people

Contributing to priority action:

Action 9 – Embed early mental health and alcohol and other drug supports for infants, children, young people and families in contact with or at risk of contact with the child protection and/or youth justice systems.

The former Department of Youth Justice (now the Department of Youth Justice and Victim Support) delivered the Community Youth Response and Diversion program for young people aged 10 to 15 years. The program is tailored to young people who are at high risk of offending or reoffending but generally not involved in statutory youth justice interventions.

It consists of 4 complementary components that community-based organisations deliver. The components engage young people across various touchpoints to reduce the likelihood of offending behaviour. The program delivers a range of services in Cairns, Townsville, Brisbane CBD and Brisbane South, Logan, Ipswich and the Gold Coast. Services are locally driven and coordinated to deliver the best response for each location, including:

- **Diversion services** (including after hours) to help police divert young people toward support, rather than charging or remanding them in custody.
- **Intensive case management** for young people and their families, to improve behaviour and reduce offending.
- **Bridging support and alternative education** options for young people who have disengaged or are at high risk of disengaging from education and are not yet suitable to return to or engage with alternative or mainstream schooling (Bridging to Flexischool).
- **Aboriginal and Torres Strait Islander cultural mentoring support** with a trusted adult mentor who helps the young person to develop a better understanding of their history, kinship and cultural identity.

An outcome evaluation found that the Community Youth Response and Diversion program enhanced protective factors and positively influenced life trajectory. Key outcomes include:

- Increased access to prosocial activities and other services, including health, education and employment-related services and programs, with appropriate supports provided to young people who may not otherwise engage with them.
- 85 per cent of program participants either improved or maintained their assessed rating against youth justice outcomes.
- On average, there was a 14 per cent reduction in offences such as arson of building, dangerous driving, and non-aggravated sexual assault compared to an average of 2 per cent reduction for these offences for young people who did not participate in the program.
- Systemic benefits such as enhancing coordination between services, establishing strong links with other community organisations and government agencies, enabling integrated service responses, enhanced information sharing, and encouraging new partnerships and service models. Key factors associated with the successful implementation of the program included consideration of local demand and need, place-based procurement processes and consultation with First Nations groups.

Direction: Getting in early (continued)

Developing a whole-of-government trauma strategy

Contributing to priority action:

Action 13 – Enhance approaches to trauma and healing, including through the development and early implementation of a whole-of-system trauma strategy to reduce the incidence and impact of adversity and trauma across the life course.

Recommendation 6 of the *Inquiry into the opportunities to improve mental health outcomes for Queensland* called for a strategy to prevent and reduce the impact of trauma on individuals, families and communities. In 2023–24, the Commission has undertaken a multi-stage approach to develop a trauma strategy for Queensland, including:

- a) establishment of a time-limited External Advisory Committee to oversee development and make recommendations
- b) engagement of multidisciplinary subject matter experts to develop consultation papers and contribute to the evidence base, with 16 consultation papers prepared and published

- c) a phased approach to consultation, with over 800 individuals, families, carers and stakeholders consulted in communities across Queensland
- d) strategy development, refinement and finalisation with further consultation with government agencies to develop a high-level implementation plan.

The whole-of-government trauma strategy was to be released in 2024 and an implementation plan incorporating priority actions across government agencies and departments will be developed.

Direction: Advancing First Nations health equity

Community-led social and emotional wellbeing programs

Contributing to priority action:

Action 15 – Expand mental health and alcohol and other drug service capacity and capability within Aboriginal and Torres Strait Islander Community Controlled Health Organisations, and expand cultural capability in mental health and alcohol and other drug services.

Initiatives such as Yulu-Burri-Ba Aboriginal Corporation for Community Health's North Stradbroke Island Indigenous Youth Social and Emotional Wellbeing Program, Galangoor Duwulami Primary Health Care's Child and Youth Connect Program and the Coen Men's Centre Project are filling crucial gaps in culturally safe mental health and social and emotional wellbeing service offerings.

Initiatives funded through the Social and Emotional Wellbeing Program are supporting progress against Closing the Gap targets to promote improved social and emotional wellbeing in Queensland's Aboriginal and Torres Strait Islander communities. Examples include community-led suicide prevention approaches, after-hours supports for young people, early learning and development activities, and therapeutic mental health supports.

The Social and Emotional Wellbeing Program is also supporting several hub-based initiatives that aim to provide needs-based wrap-around supports to First Nations young peoples, their families and broader communities. Projects such as the Queensland Aboriginal and Islander Health Council Youth Hubs

initiative, Deadly Inspiring Youth Doing Good's Kunjur First Nations Men's Collective, and the Seventy7 Youth Hangout Centre at Inala have been successful at engaging closely with First Nations young peoples and co-designing services that adequately meet young people's needs, align with the community's broader priorities, and celebrate First Nations culture, vibrancy and excellence in community.

Through a partnership with the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts, the Commission is working to co-design initiatives with First Nations communities to improve social and emotional wellbeing. Grants have been allocated to support co-designed and community-led initiatives to improve social and emotional wellbeing, reduce AOD harms, and reduce suicide in Aboriginal and Torres Strait Islander communities throughout Queensland. The grant program was established and promoted during 2023–24 with successful applicants announced in early 2025. An evaluation of the initiatives has also been funded and will inform future investment decisions.

Direction: Advancing First Nations health equity *(continued)*

Addressing local priorities through shared decision-making

Contributing to priority action:

Action 16 – *Actively address the trauma experienced by First Nations people through whole-of-government promotion of the Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040.*

The former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (now the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism) has supported a total of 32 Aboriginal and Torres Strait Islander Local Decision-Making Bodies in various locations across the state. They are supported with grant funding to build upon the strengths of each unique group, including leadership development, broader community engagement, leadership capacity, mediation, prioritising community aspirations, maturing governance structures and opportunities for economic participation.

Local Decision-Making Bodies are a mechanism to progress local priorities, such as reducing suicide, under the priority reforms for the *National Agreement on Closing the Gap*. The localised bodies work by sharing decision-making and transforming government services to achieve better outcomes for Aboriginal and Torres Strait Islander communities.

The Mapoon Local Decision-Making Body, for example, has shared decision-making as equal partners with the Queensland Government on several priorities that relate to their community, including housing, community safety, social reinvestment and education. This highlights the importance of Priority Reform 1 of the *National Agreement on Closing the Gap*: Formal Partnerships and Shared Decision-Making, where government decision-makers engage meaningfully with the principles of self-determination and recognise the value of cultural and place-based perspectives to support the achievement of impactful outcomes for communities. Local Decision-Making Bodies will continue to be supported to engage within local and regional governance frameworks to progress their community priorities.

Highlighted achievements



Whole-of-person

Actions in this area aim to achieve better outcomes for people through timely and accessible whole-of-person mental health, AOD and suicide prevention services and supports across the continuum of needs and settings. Priorities include expanding services and supports in diverse community-based settings and environments and delivering tailored responses for populations who are disproportionately impacted.

Direction: Accessible, coordinated and integrated support, care and treatment

Online digital mental health support

Contributing to priority action:

Action 21 – *Strengthen the responsiveness and integration of community-based mental health and wellbeing, AOD and suicide prevention systems and services.*

Orygen Digital's Moderated Online Social Therapy (MOST) platform is a free online digital mental health platform designed for young people aged 12 to 25 years. It provides access to online support from mental health clinicians and career consultants, a varied toolkit of coping resources, and a clinician-moderated virtual support network to facilitate meaningful social connection.

Queensland Health and Children's Hospital Foundation funded Orygen Digital to pilot the platform in 7 Hospital and Health Services (HHSs) and 12 selected Headspace centres statewide between October 2021 and June 2024. This was known as the Q-MOST pilot. An independent evaluation was conducted by the

Queensland Centre for Mental Health Research. Learnings from the evaluation have informed a statewide service rollout of the platform to all 16 HHSs with a service agreement in place from July 2024 to the end of June 2027 under Queensland Health's *Better Care Together* plan.

This service continues the provision of digitally enhanced mental health support for young people attending youth mental health services to augment face-to-face clinical services. In addition, young people can register to access MOST through a 'Direct Access' pathway without a referral, ensuring young people needing supports anytime, anywhere, can access MOST: <https://bit.ly/QLDMOST>.

Direction: Accessible, coordinated and integrated support, care and treatment *(continued)*

Expanding capacity of ambulance services to support people in distress

Contributing to priority action:

Action 25 – *Continue to expand and enhance alternatives to emergency department presentations and hospital admissions, including co-responders and community-based supports for people experiencing distress.*

The Queensland Ambulance Service Mental Health Liaison Service (MHLS) involves a senior mental health clinician working in the Brisbane Operations Centre 24 hours a day, 7 days a week with 80 hours a day of clinician time.

In the 2023–24 financial year, the MHLS clinicians reviewed, on average, 250 emergency incidents per day. They provided clinical input into over 91,665 calls to Triple Zero (000) to ensure the best resource utilisation for people who are experiencing a mental health crisis or other incidents involving patients with complex care needs. This includes clinicians speaking to people experiencing crisis at the scene to provide verbal de-escalation or to obtain collateral from informants, carers or families; facilitating linkages with treating mental health teams in the public or private sector; and informing the clinical decision-making of paramedics.

In the 2023–24 financial year, the clinicians spoke to 34,967 people who called Triple Zero in an emergency situation, providing tele-triage, information, advice and assistance. Of these calls, 10,227 were a direct referral from an operator, and were from callers in a suicide crisis and who were, at the time, alone. The clinicians were able to offer a specialised mental health suicide risk assessment and management plan

for the person in suicide crisis. In the last financial year, the MHLS clinicians also spoke to paramedics on scene 13,450 times to offer information, advice, support and assistance via consultation liaison on risk assessments, decision-making, disposition planning and treatment options.

Under the Queensland Government's strategy to tackle ramping and health care pressures, additional clinicians have been allocated to the MHLS team, with the full-time staff for the program now at 23.5 specialist mental health clinicians.

The MHLS also extended access to social workers within the team to improve its response to the state's most vulnerable people. In 2023–24, social workers received on average 10 referrals per day. Calls for the service included people experiencing vulnerabilities associated with access to services for aged care, people requiring interventions to access or modify services provided through the National Disability Insurance Scheme, people experiencing homelessness or insecure housing, children experiencing distress or emotional dysregulation, and from carers experiencing fatigue. Further development of the program and formal evaluation will be a focus for the future of the service.

Direction: Accessible, coordinated and integrated support, care and treatment *(continued)*

Enhancing trauma-informed responses to sexual assault

Contributing to priority action:

Action 26 – *Build and enhance capacity and capability to proactively intervene early in distress, including beyond health services.*

A unique and highly effective multi-agency Sexual Assault Response Team operates in Townsville. The multidisciplinary team provides access to health and justice specialist professionals established to work collaboratively alongside victim-survivors of sexual violence. The team comprises support workers and counsellors from the Sexual Assault Support Service; investigators from the Sexual Crimes Unit of the Queensland Police Service; medical, nursing and allied health staff from the HHSs; and victim liaison officers and lawyers from the Office of the Director of Public Prosecutions.

The free and confidential services provided by the Sexual Assault Response Team to victim-survivors are available 24 hours a day and include psychosocial, general and forensic medical, and criminal reporting and support needs throughout the criminal justice system. Guided by a trauma and violence informed approach, the therapeutic framework adopted by the service aims to increase safety, rights, choice and control. This has improved the experiences of victim-survivors engaged with the criminal justice system, including decreased response times, increased reporting rates, and increased completion of forensic medical examinations.

Expansion of the police drug diversion program

Contributing to priority action:

Action 33 – *Review the implementation of diversion for all substances, and determine if legislative changes are required to optimise outcomes.*

The *Police Powers and Responsibilities and Other Legislation Amendment Act (No.2) 2023* (Qld) received assent on 2 May 2023, with the Queensland Police Service's Drug and Alcohol Coordination Unit leading whole-of-government implementation of the expanded Police Drug Diversion Program (PDDP), in partnership with Queensland Health. These changes commenced operation within the Queensland Police Service on 3 May 2024.

The implementation of the expanded PDDP has been a significant body of work with touchpoints across multiple agencies. Implementation has involved cross-agency coordination, peak body consultation, internal systems development, training package development and organisational change management. Statewide training has been developed and undertaken by police to support the expanded PDDP, which includes process changes for the police evidence-base, benefits of the legislative changes, the evidence-based supporting the expansion, unconscious bias and stigma awareness, as well as information to assist police navigate information technology system upgrades.

Some components of the training products and information for diverted persons have been developed in consultation with Queensland Health, peak bodies and lived experience representatives to ensure information, messaging and language is balanced and appropriate. The expanded program is being evaluated independently over a two-year period.

Direction: Person-led, trauma-informed and culturally responsive care

Enhancing approaches to trauma and healing

Contributing to priority action:

Action 36 – Continue to monitor and reduce involuntary treatment and promote least restrictive practice, including reviewing mental health legislation.

From 1 July 2024, Queensland abolished the directive to lock all public acute mental health wards, following sustained advocacy from lived-experience peak bodies and other key stakeholders to strengthen human rights protections for Queenslanders. HHSs now have the discretion to decide when the locking of a ward is required to ensure safe care is provided, with human rights considerations integral to all decisions made.

To identify reasons for an increase in involuntary psychiatric treatment in Queensland and to provide recommendations to implement evidence-informed alternatives to restrictive practices in Queensland's mental health services, the Commission funded a three-year research project to better understand the intersections of mental health and human rights in Queensland. The project is being delivered in partnership with the Mental Health Review Tribunal and Arafmi Queensland.

Direction: Active social and economic participation

Housing, support and tenancy sustainment

Contributing to priority action:

Action 39 – Explore housing with support for people living with mental ill-health and/or problematic AOD use, incorporating diverse models of integrated housing, support and tenancy sustainment.

In July 2023, the former Department of Housing, Local Government, Planning and Public Works (now the Department of Housing and Public Works) funded Common Ground Queensland to employ a tenant engagement officer to work collaboratively with tenants to identify and implement innovative and effective strategies to ensure a safe, healthy and inclusive community for tenants. The Commission is partnering with Common Ground Queensland and The University of Queensland to undertake a participatory action research project to provide a contemporary information base for the broader social and supportive housing systems across Queensland.

The Housing and Support Link Service supports young people exiting physical and mental health treatment. As a targeted initiative to facilitate sustainable housing and health outcomes, the project provides case management and seamless connections between housing services and other forms of support for clients with complex needs. In 2025, Mission Australia began delivering the service from the Mater Hospital Young Adult Health Centre. The project team is developing an evaluation framework that will assess the effectiveness of the service and the impact it has on young people accessing support.

Direction: Active social and economic participation *(continued)*

Supportive housing plan

Contributing to priority action:

Action 39 – *Explore housing with support for people living with mental ill-health and/or problematic AOD use, incorporating diverse models of integrated housing, support and tenancy sustainment.*

The Commission has undertaken work to explore contemporary and evidence-based housing solutions to better support people with lived-experience of mental ill-health and/or AOD concerns. Supportive housing is a place-based approach designed to meet the needs of the community in which it is located. Types of supportive housing include high density sites, low-medium density sites, and scattered sites, and may include a mix of tenancies including social and affordable housing. Research indicates that permanent supportive housing reduces experiences of homelessness, increases housing tenure over time, and results in fewer interactions with the health system. Supportive housing has also been found to be cost-effective for the system, by reducing use of public resources across health, criminal justice and homelessness support services.

The Commission's work in this area has been informed by consultation with a broad range of mental health, AOD, and housing and homelessness service providers, as well as people with lived-experience.

Supporting employment participation

Contributing to priority action:

Action 40 – *Develop and implement innovative models that address barriers and expand employment pathways, programs and options for people living with mental ill-health and problematic AOD use, such as social enterprises.*

In January 2024, the former Department of Employment, Small Business and Training (now the Department of Trade, Employment and Training) awarded Sandbag Inc. funding under the Skilling Queenslanders for Work initiative to deliver a Work Skills Traineeship project to employ 30 disadvantaged job seekers facing challenges with mental health and AOD as trainees for 22 weeks.

Delivered over 2 intakes, trainees gained the skills and qualifications to equip them for employment in the construction industry. Trainees completed the Certificate I in Construction, Prepare to work safely in the construction industry, and first aid and CPR training on-the-job, while undertaking construction works at various local community facilities.

Trainees were actively involved in a variety of construction and community-focused initiatives. They also received job readiness skills and intensive wrap-around support, including support to address barriers to participation during the program, as well as support following the program to transition to employment. The project ended in January 2025. Twenty-three trainees were employed and 15 (65%) gained ongoing employment.

Direction: Active social and economic participation *(continued)*

Social prescribing

Contributing to priority action:

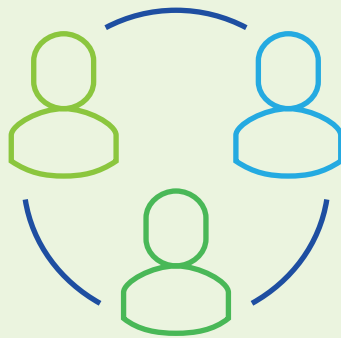
Action 41 – *Strengthen the skills and knowledge of the mental health, AOD and suicide prevention workforce to facilitate social participation and community connection.*

A feasibility study has been conducted by the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (now the Department of Women, Aboriginal and Strait Islander Partnerships and Multiculturalism) in partnership with Queensland Primary Health Networks to explore the range of scaling options required to operate social prescribing models. The feasibility report will include potential models for a statewide pilot.

Alongside the feasibility study, funding under *Putting Queensland Kids First* will enable a trial of a community-based approach to social prescribing among families with children. Ten Neighbourhood Centres across the state have received funding to operate a Social Prescribing Link Worker, which will significantly build local community capacity and capability for social prescribing.

Having a strong learning and adaptation focus, the trial will also strengthen the department's knowledge and evidence base on what works in social prescribing in different Queensland contexts, supporting future investment and scaling.

Highlighted achievements



Whole-of-system

Advancing Queensland's mental health, alcohol and other drug and suicide prevention reform agenda requires iterative and sustained shifts in the way health, social and community, and public service systems approach mental health and wellbeing. The priorities in this area focus on the systemic and structural changes required to drive and sustain reform. Actions relate to improvements to system enablers such as lived experience leadership and participation, funding and investment, workforce design and development, whole-of-system governance, and the use of data and information.

Direction: Shifting our approach

Funding innovative approaches

Contributing to priority action:

Action 43 – Strengthen research, innovation, knowledge translation and evaluation.

In late 2023, the Commission launched the Better Futures Grant Program (Better Futures) to fund innovative approaches and build the evidence base to:

- pilot innovations to service design or system reform
- evaluate or gather new evidence to support innovation in service or system planning and delivery
- develop resources for broadscale adoption and/or adaptation across the system, of innovative, evidence-based, best practice reforms, or
- build workforce capacity and capability.

Four applications were funded from the Better Futures grant pool. Recognising the value and quality of applications received, an additional 5 initiatives that met the grant criteria were also funded.

Suicide prevention research

Contributing to priority action:

Action 43 – Strengthen research, innovation, knowledge translation and evaluation.

In 2023–24, grants were released to fund research into suicide and suicide prevention via the Suicide Prevention Research Scheme. As part of the grant scheme's development, researchers and people with lived experience of suicide were consulted on a broader research agenda to help refine research priorities and ensure the grants can fund a range of suicide prevention research.

The grant program opened in 2023–24, with research grants awarded to Queensland universities to better understand suicide and enhance suicide prevention. Their research will help build the evidence on preventing suicide and strengthen Queensland's ability to deliver high quality, evidence-driven suicide prevention initiatives.

Funding recipients include the University of Southern Queensland, Griffith University, Bond University and Thompson Institute at the University of the Sunshine Coast. The supported research projects will determine:

- the primary drivers of suicide in fly-in fly-out and drive-in drive-out workers
- the impact of access to gender-affirming healthcare on suicide prevention
- how to keep safe online and improve online support for people in suicide distress
- assessing individual suicide risk with the aid of machine learning, and
- early suicide awareness and response for young people.

Direction: Enable change

Lived-living experience leadership

Contributing to priority action:

Action 44 – *Strengthen lived experience leadership and representation, with a priority focus on AOD, families and carers, and suicide prevention.*

The Commission has administered the Lived-Living Experience Development Grant Program to provide opportunities for organisations to establish and/or strengthen organisational capability and capacity to enhance lived-living experience participation and leadership in system reform and system advocacy.

In 2023–24, funding was provided to:

- QuIVAA to increase their capacity to support lived-living experience participation
- Queensland Lived Experience Workforce Network (QLEWN) to strengthen its core organisational governance
- Arafmi Queensland to implement activities to strengthen its ability to promote and support mental health carers in participation, leadership and collaboration across system advocacy and workforce reforms
- Roses in the Ocean to strengthen organisational governance, further develop lived experience leadership and capability, and enable enhanced participation in system advocacy activities, especially in rural and regional areas of Queensland.

Direction: Enable change (continued)

Lived-living experience workforce development

Contributing to priority action:

Action 44 – Strengthen lived experience leadership and representation, with a priority focus on AOD, families and carers, and suicide prevention.

Action 45 – Strengthen effective and meaningful engagement and participation of people with a lived experience, families and carers in policy, planning, evaluation, service delivery and governance.

In response to recommendation 54 of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, the Commission has been progressing work to continue to develop the lived-living experience (peer) workforce in Queensland, implementing a range of activities, including:

- evaluation and quality assurance of lived-living experience professional training and development
- working with rural and remote mental health and AOD services to develop and support lived-living experience practitioner roles in rural and remote communities
- increasing the number of lived-living experience (peer) service roles in Aboriginal and Torres Strait Islander communities
- investigating ways to encourage the uptake of lived-living experience roles by working to remove barriers, for example, by providing scholarships and reducing TAFE costs for requisite qualifications for lived-living experience (peer) mental health and AOD roles.

Research indicates exposure to lived-living experience concepts leads to increased understanding, valuing and willingness to engage with and embed the peer workforce, and that building whole-of-sector literacy

is the foundational step to developing organisational readiness. In 2023–24, the Commission explored the provision of accessible, standardised and recognised sector-wide, broad-based training for Queensland community sector organisations to support peer workforce development. The training is expected to become available sector-wide and across the state.

Currently, there are multiple AOD peer workforce practices, organisational frameworks, guidelines, networks and training activities developed across Queensland. However, the sector has not been resourced to leverage the existing work to elevate, enhance visibility, guide, grow and support the AOD peer workforce to the extent needed, and to fully realise the potential of this growing workforce. In 2023–24, the Commission partnered with QuIVAA, Queensland's AOD lived-living experience advocacy peak, and other AOD organisations to explore options to develop an AOD peer workforce framework and supporting materials.

To improve the availability and quality of professional development of the peer workforce, the Commission is supporting QLEWN to host a Queensland-based Lived-Living Experience Workforce Summit. The Summit program is being co-designed with key Lived-Living Experience stakeholders.

Direction: Enable change *(continued)*

Growing and developing the peer workforce

Contributing to priority action:

Action 46 – *Develop, grow and support a peer workforce across different contexts and environments.*

The Commission partnered with the Australian Government Department of Health and Aged Care to deliver a peer scholarship program to support the growth and development of the peer workforce with a formalised career pathway for people with lived-living experience, and address workforce shortages. Queensland delivered the largest scholarship pool with 124 scholarships (2023–24) to undertake Certificate IV in Mental Health Peer Work training. This included engaging the Queensland Alliance for Mental Health to administer and support the Queensland scholarship program, and for peer organisation BrookRed to provide peer mentoring and workforce induction to scholarship recipients.

Investing in training to support the mental health workforce

Contributing to priority action:

Action 49 – *Address barriers to commencing a career in mental health, AOD and suicide prevention. This includes career pathways that span across sectors, cross-sector professional development, and recruitment and retention practices and initiatives.*

Queensland Health is investing in training to support mental health workforce career and professional development opportunities. This includes:

- development of micro-credentials for the lived-living experience workforce and trauma-informed care training for the mental health, and AOD workforces
- an Allied Health Graduate program to support new allied health graduates to gain experience and skills in mental health and AOD in priority areas, with a focus on rural and regional hospital and health services. The 2025 cohort is due to commence in January 2025.

The Nursing Strength with Immersion Model to support nurses to develop skills in mental health and AOD through clinical immersion. The program has commenced in Townsville and will develop pathways for nurses into mental health and AOD services and build career opportunities.

Direction: Enable change *(continued)*

Tailored First Nations programs delivered in correctional centres

Contributing to priority action:

Action 53 – *Develop mental health, AOD, and suicide prevention skills and knowledge across government agencies.*

Queensland Corrective Services is working to build cultural understanding, cultural safety and culturally responsive support for First Nations peoples who are incarcerated. First Nations peoples in custody can access various programs that are developed and delivered by First Nations staff and/or service providers.

These include:

- **Offending Behaviour and Desistance Programs**—delivered by Queensland Corrective Services and funded service providers to provide culturally appropriate programs to correctional centres and community corrections jurisdictions, including arts, AOD programs, behavioural programs addressing reoffending, domestic violence and sexual offender treatment programs.
- **Positive Futures Program**—a culturally sensitive strengths-based program available to First Nations men on remand or sentenced. This program targets AOD use concerns and family violence with a focus on anger and violence, power and control, jealousy, trust and fear, family and community, and parenting. This program is available in most male correctional centres.
- **Strong Solid Spirit Program**—provides a co-designed, trauma-informed, culturally specific sexual offending program for First Nations men.

Next steps

Work is being undertaken to plan and conduct the evaluation of *Shifting minds*. A report on the early outcomes of the plan is expected to be completed in 2026, with a final evaluation report due in 2028.

The Strategic Leadership Group will continue to oversee the implementation of *Shifting minds*, as well as planning new activities that will help to progress priority actions in the plan.

Opportunities to make broader system change, particularly through cross-agency coordination and collaboration, will be a focus over the coming year. Achievement of the plan's vision requires the consistent application of a mental health and wellbeing lens across all government service systems, as well as a collective approach to promote, maintain and support the mental health and wellbeing of all Queenslanders, now and into the future.

Appendix 1

Agencies represented on Strategic Leadership Group

State Government and Statutory body representatives

(titles as at 30 June 2024)

Department of Agriculture and Fisheries

Department of Child Safety, Seniors and Disability Services

Department of Education

Department of Employment, Small Business and Training

Department of Environment, Science and Innovation

Department of Housing, Local Government, Planning and Public Works

Department of Justice and Attorney-General

Department of the Premier and Cabinet

Department of Regional Development, Manufacturing and Water

Department of Resources

Department of State Development and Infrastructure

Department of Tourism and Sport

Department of Transport and Main Roads

Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts

Department of Youth Justice

Health and Wellbeing Queensland

Office of the Health Ombudsman

Office of Industrial Relations

Public Sector Commission

Queensland Ambulance Service

Queensland Corrective Services

Queensland Family and Child Commission

Queensland Fire and Emergency Service

Queensland Health

Queensland Human Rights Commission

Queensland Mental Health Commission

Queensland Police Service

Queensland Treasury

Non-government, Lived-living experience and Peak body representatives

ARAFMI

Mental Health Lived Experience Peak Queensland

Primary Health Network CEOs

Queensland Aboriginal Islander Health Council

Queensland Alliance of Mental Health

Queensland Lived Experience Workforce Network Management Committee

Queensland Network of Alcohol and Other Drugs

QuIVAA

Roses in the Ocean



Every life

Annual progress update

2023–2024



Queensland
**Mental Health
Commission**

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Queensland Mental Health Commission
PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**

Email: info@qmhc.qld.gov.au

An electronic copy of this document is available
at www.qmhc.qld.gov.au.

Feedback

We value the views of our readers and invite
your feedback on this report.

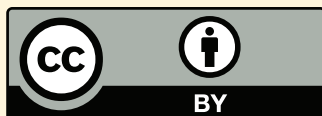
Please contact the Queensland Mental Health
Commission on **1300 855 945** or via email at
info@qmhc.qld.gov.au.

Translation



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and we will arrange one for you.



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In essence, you are free to copy, communicate and
adapt this report as long as you attribute the work
to the Queensland Mental Health Commission.

Acknowledgements

Recognition of First Nations people

We respectfully acknowledge First Nations people in
Queensland as the Traditional Owners and Custodians
of the lands, waters and seas. We acknowledge those of
the past, who have imparted their wisdom and whose
strength has nurtured this land. We acknowledge
Elders for their leadership and ongoing efforts to
protect and promote First Nations people and cultures.

We recognise that it is our collective effort and
responsibility as individuals, communities and
governments to ensure equity, recognition and
advancement of First Nations Queenslanders across
all aspects of society and everyday life. We walk
together in our shared journey of Reconciliation.

Recognition of lived-living experience

We recognise the individual and collective contribution
of Queenslanders with lived-living experience of
mental health challenges, alcohol and other drug use,
and people, groups and communities impacted by
suicidal distress or suicide. We recognise families,
kin, unpaid carers and other unpaid supporters
who play a fundamental role in supporting people
with lived-living experience. We also recognise the
lived experience of people bereaved by suicide.

Each person's journey is unique and collectively
provides a valuable contribution to reforming
the mental health, alcohol and other drugs and
suicide prevention and related systems in Queensland.
Your voices and experiences are the core of our work.
We recognise and value your expertise.

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Introduction

The Queensland Mental Health Commission (the Commission) is responsible for the development and implementation oversight of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*. *Every life* is Queensland's whole-of-government and whole-of-community plan to reduce suicide and its impacts. It is a sub-plan of *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*.

Every life was designed to be implemented in 3 phases across 10 years. Phase One consisted of 60 actions across Queensland Government agencies and was implemented between 2019 and 2022. Phase Two will be finalised in 2026, and Phase Three will begin in 2027 and conclude in 2029.

The *Every life annual progress report 2023–2024* is the second in a series of progress updates that highlight the contribution being made across government departments to drive suicide prevention reform in Queensland.

Suicide is complex, with no one cause or solution. Effectively reducing suicide takes strong collaboration and leadership across all levels of government and the suicide prevention system, as well as the broader community.

Every life lost to suicide is one too many. Over the past decade, we have tragically lost more than 700 Queenslanders each year to suicide. In the 2024 calendar year, 769 people died by suspected suicide¹ in Queensland. Each person's suicide has a major impact on their families, friends and whole communities.

¹ This figure is based on data from the interim Queensland Suicide Register (iQSR), which provides real-time information on suspected suicide deaths in Queensland. Suspected suicide refers to a person's death that appears to be by suicide, but the coronial investigation and determination of the type of death is still ongoing. Coroners are responsible for determining whether a person's death is formally recorded as occurring by suicide after investigating and considering all available evidence. Until a coroner finalises their investigation, deaths are referred to as suspected suicides.

Reform context

Every life contains 4 action areas to support the critical shifts needed for ongoing reform. Action areas in the plan are:

- Building resilience
- Reducing vulnerability
- Enhancing responsiveness
- Enabling reform.

The plan focuses on building and supporting joint initiatives, collective effort, and partnerships across agencies and sectors.

Every life Phase Two was developed through extensive consultation across government agencies, non-government organisations, people with a lived experience of suicide and the broader Queensland community. It builds on the progress achieved in Phase One and contains both new and existing activities funded through multiple budget initiatives.

Governance, monitoring and evaluation

The implementation of *Every life* is led and guided by the whole-of-government Strategic Leadership Group, along with the support of the Suicide Prevention Strategic Oversight Group (SOG). The SOG includes lived experience members, senior government representatives, non-government organisations and other stakeholders. The implementation of *Every life* was also supported by the Suicide Prevention Lived Experience Advisory Group (LEAG) in 2023–24.

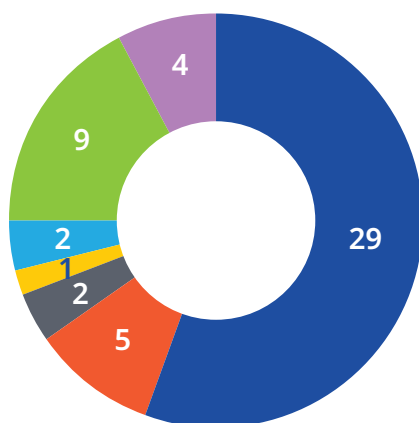
The Commission is leading the monitoring, reporting and evaluation of *Every life* on behalf of government agencies. The University of Melbourne has been engaged to conduct an independent evaluation of *Every life* across its lifespan and develop a Queensland suicide prevention monitoring and outcomes framework.

The evaluation of *Every life* Phase One is expected to be completed in 2025, and *Every life* Phase Two will be evaluated following its completion in 2026.

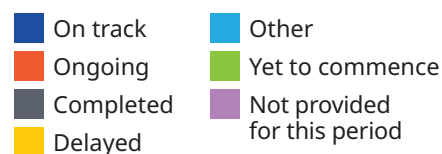
Overall implementation progress

In the first year of *Every life* Phase Two, government agencies continued to progress a range of initiatives and commenced new activities to prevent and respond to suicide in Queensland. In total, 52 activities are being progressed across the 4 action areas.

By June 2024, most activities (55.7 per cent) were 'on track' for implementation and 2 have been completed. One activity has been delayed and 9 are yet to commence. Progress is being led by 11 government agencies.



Progress status of all activities in *Every life*
(as at 30 June 2024)



Highlighted achievements



Building resilience

This action area focuses on the social determinants of health and wellbeing, and early intervention before suicidal behaviours develop.

Responding to student wellbeing needs

Contributing to priority: *Strengthen evidence-based suicide prevention strategies in places of learning.*

Contributing to action:

Action 9 – *Develop and implement effective multi-tiered approaches to support student mental health and wellbeing and suicide prevention activities that are tailored to the individual needs of students.*

The Department of Education has delivered a suite of training to school staff across Queensland. The delivery of this training supports staff to notice the early warning signs related to poor student wellbeing and respond appropriately. The training also builds staff knowledge and skills in responding to student suicide risk and events.

Black Dog Institute was contracted to deliver the evidence-based training program, *Youth in Distress – Managing suicidality and self-harm*. Black Dog Institute has specifically adapted this training for Queensland Department of Education wellbeing workforce professionals, including psychologists, social workers, and guidance officers working within primary and secondary schools.

Face-to-face training for school and regionally-based staff continues to be delivered in all 8 education regions. Early outcomes indicate the majority of participants were satisfied the learning outcomes were achieved, and the majority of participants would recommend the course to their colleagues.

Online training to support flexible delivery options are being investigated to maximise training attendance by staff across the state into the future. The training has facilitated refinement of statewide templates and processes.

Enabling Workforces and Organisations for Thriving Kids

Contributing to priority: *Enable Queensland children and families to thrive.*

Contributing to action:

Action 2 – *Develop a framework and professional development program for use across agencies addressing the acute and long-term effects of adverse childhood experiences.*

Overwhelmingly, the evidence suggests that supporting children and families as soon as possible at the early ages leads to better outcomes.

The Thriving Queensland Kids Partnership was engaged to deliver the Enabling Workforces and Organisations for Thriving Kids project. This project supports the development of a professional development program across Queensland Government agencies, to better equip government staff to respond to and support young Queenslanders and their families impacted by the acute and long-term effects of adverse childhood experiences.

Addressing and preventing the impacts of trauma and adversity in childhood reduces the likelihood that the person will experience mental ill-health and/or distress, including suicidal behaviour. To prioritise the delivery of trauma-informed services to Queenslanders,

it is important for all government agencies to have a shared understanding of the ongoing impacts of adverse childhood experiences, including building capabilities for organisations and workforces to support families and children to prevent and reduce the impacts of adversity and trauma.

The project is being co-designed, developed and delivered through collaboration with government agencies and authorities across the education, health and mental health, family wellbeing, child protection, disability, justice, community, housing, youth justice, and skills and training portfolios.

Piloting the newly developed professional development is underway and an evaluation of the project will provide insights on early implementation and scalability.

First Nations suicide prevention

Contributing to priority: *Build inclusive, resilient, socially connected and mentally healthy communities.*

Contributing to action:

Action 12 – *Identify and invest in community-led suicide prevention initiatives that prioritise community connection and responding to people in distress, with priority given to programs that reflect local issues and needs such as rural and remote areas, and First Nations communities.*

In 2023–24, funding was provided through *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* (*Better Care Together*) to address the increasing social and emotional wellbeing and suicide prevention needs of remote and discrete First Nations communities in North Queensland. The funding has enabled the development of the community-led First Nations Suicide Prevention Response Pilot Project in 4 remote First Nations communities. Coen has commenced the pilot, while negotiations are underway with another 3 communities.

In each community, there are natural community leaders who provide support to their peers. The pilot project focuses on supporting identified members of the community with skills, training, remuneration and supervision to better provide social and emotional

wellbeing support to their peers. It is intended to complement the existing fly-in, fly-out model of clinical care and support people who are already in the community with the necessary skills, training and employment to support other community members who are in distress or crisis. This project also includes funding for supervision, community capacity building and support from a culturally appropriate service. However, the model is different in each community, as ultimately the final support model is designed by the local community, based on their individual needs.

An independent evaluation of the initiatives will be undertaken using the principles of data sovereignty and self-determination. The evaluation will measure impact and outcomes of the initiatives and develop an evidence base to support longer-term sustainability.

Highlighted achievements



Reducing vulnerability

Some groups and communities are more likely to be exposed to or impacted by social, economic and other risk factors for suicide. This action area focuses on addressing those risk factors to reduce vulnerability.

Addressing male suicide

Contributing to priority: *Prioritise men's suicide prevention.*

Contributing to action:

Action 16 – *Develop strategies to address contributors to male suicide including service appropriateness, service gaps and system navigation.*

Men continue to experience disproportionately high rates of suicide, and targeted approaches to male suicide are required to better identify and support men experiencing distress or crisis.

The Commission is developing a targeted approach to male suicide prevention, which includes partnering with The Men's Table to establish services across urban and regional Queensland. In 2023–24, 8 men's tables across Queensland were established including a commitment to independently evaluate.

The Men's Table is a peer-led, multi-impact program that centres on prevention and:

- increases awareness of men's mental health, wellbeing and suicide prevention

- builds community resilience at the local level
- increases social connectedness, and
- enables help-seeking support pathways for men.

The Men's Table is a national program with a unique grassroots approach and has been shown to be sustainable in a range of locations. In other states and territories, the program was found to be successful in building men's health and wellbeing, reducing social isolation, and creating safe spaces and places for men to connect locally, share and belong. The project is being independently evaluated to consider the suitability of the program for the Queensland context and to provide recommendations regarding scalability.

Yarns Heal and Talking Heals suicide prevention project

Contributing to priority: *Tailor responses and supports for populations disproportionately impacted by suicide.*

Contributing to action:

Action 20 – *Identify and promote models of service that have proven effective in reducing suicide risk in groups disproportionately impacted by suicide.*

The Commission supported the Queensland Council for LGBTI Health to expand the Yarns Heal and Talking Heals suicide prevention project statewide, with a focus on 6 corridors across Queensland. The initiative is underpinned by the Council's 2Spirits Program that is aimed at supporting Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy communities.

The expansion of the Yarns Heal initiative supports the development and implementation of community-led and place-based suicide prevention initiatives. This includes empowering local communities to identify and respond to Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy social and emotional wellbeing needs through safe community conversations, suicide prevention training and resources, and therapeutic activities.

The project provided more than 150 people with access to training and education sessions on the following topics:

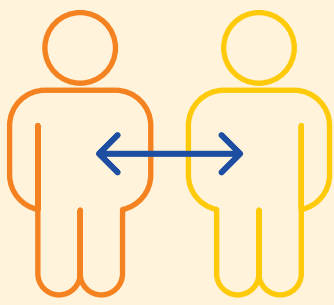
- 2Spirits 101 provides an introduction to understanding sex characteristics, gender, sexuality and relationships from an Aboriginal and Torres Strait Islander framework.
- Introduction to Trans, Gender Diverse, Non-Binary, Sistergirl and Brotherboy experiences.
- LivingWorks safeTALK supports the creation of suicide alert communities.
- Queering Sexual Health is a community-responsive sexual health workshop providing access to safer sex information and products.

The focus of the Yarns Heal initiative is on community-owned and community-based responses, and across the 6 corridors, the Yarns Heal team recorded over 6,000 engagements with the community, sector and government organisations. More than 11,000 community-developed resources were distributed statewide.

Feedback from these sessions has been overwhelmingly positive, with participants noting that they had improved their understanding of LGBTQIA+ Sistergirl and Brotherboy people, as well as concepts related to suicide.

The Yarns Heal initiative is being evaluated and this is expected to be finalised in early 2025.

Highlighted achievements



Enhancing responsiveness

This action area focuses on enhancing and improving the way we respond to people in crisis and distress, as well as supporting others who are affected by suicide.

Delivering new crisis support options

Contributing to priority: *Expand alternative entry points to support and emergency department diversion services, including after-hours support, non-medical and peer support options.*

Contributing to actions:

Action 29 – *Establish a range of alternative supports for people including new crisis support spaces and short-stay services, offering peer and multidisciplinary clinical support in home-like settings, as an alternative or adjunct to emergency departments.*

Action 30 – *Expand the operating hours for existing crisis support spaces to meet increasing demand, provide greater after-hours support, and expand crisis support spaces across Hospital and Health Services (HHSs) including regional areas.*

The Lighthouse Crisis Support Space (The Lighthouse) in Bundaberg is one of Queensland's newest crisis support spaces. The Lighthouse is available at the Bundaberg Hospital for people experiencing mental health distress, providing an alternative to the emergency department.

Wide Bay HHS engaged a local artist who specialises in artwork collaboration to create a co-designed wall of art. This artwork allowed people with a lived experience to express a narrative towards hope and recovery. This artwork has resulted in a co-designed visual identity for the Lighthouse Crisis Support Space reflective of the people it serves.

The Lighthouse is one of up to 11 new hospital-based Crisis Support Spaces being established under the *Better Care Together* plan. These services are designed to complement community-based peer support options, including services offered by the 20 new

Medicare Mental Health Centres to be established across Queensland by 2026.

An independent evaluation of crisis support spaces carried out by the Queensland Centre for Mental Health Research has found that these spaces are effective at reducing visitors' experiences of psychological distress, and contribute to reduced presentations and time spent in emergency departments and need for inpatient care.

Through funding from both Australian and Queensland Government sources, the Brisbane North Primary Health Network established the Brisbane North Safe Space Network. This includes 4 Safe Spaces in Bardon, Caboolture, Strathpine and Redcliffe, providing inclusive and accessible crisis support as an alternative to emergency departments. These are peer-led, non-clinical spaces that offer compassionate support in the community for people experiencing distress.

Queensland Ambulance Service Mental Health Liaison Service

Contributing to priority: *Improve service accessibility, responsiveness and appropriateness by expanding existing initiatives and developing new practice models.*

Contributing to action:

Action 35 – *Explore opportunities to expand or support the development of innovative suicide prevention models in regional, rural and remote areas and communities, including through co-production and flexible funding.*

The Queensland Ambulance Service Mental Health Liaison Service (MHLS) involves a senior mental health clinician working in the Brisbane Operations Centre 24 hours a day, 7 days a week with 80 hours a day of clinician time.

In the 2023–24 financial year, the MHLS clinicians reviewed, on average, 250 emergency incidents per day. They provided clinical input into over 91,665 calls to Triple Zero (000) to ensure the best resource utilisation for people who are experiencing a mental health crisis or other incidents involving patients with complex care needs. This includes clinicians speaking to people experiencing crisis at the scene to provide verbal de-escalation or to obtain collateral from informants, carers or families facilitating linkages with treating mental health teams in the public or private sector and informing the clinical decision-making of paramedics.

In the 2023–24 financial year, the clinicians spoke to 34,967 people who called Triple Zero in an emergency situation, providing tele-triage, information, advice and assistance. Of these calls, 10,227 were a direct referral from an operator, and were from callers in a suicide crisis and who were, at the time, alone. The clinicians were able to offer a specialised mental

health suicide risk assessment and management plan for the person in suicide crisis. In the last financial year, the MHLS clinicians also spoke to paramedics on scene 13,450 times to offer information, advice, support and assistance via consultation liaison on risk assessments, decision-making, disposition planning and treatment options.

Under the Queensland Government's strategy to tackle ramping and health care pressures, additional clinicians have been allocated to the MHLS team, with the full-time staff for the program now at 23.5 specialist mental health clinicians.

The MHLS also extended access to social workers within the team to improve its response to the state's most vulnerable people. In 2023–24, social workers received on average 10 referrals per day. Calls for the service included people experiencing vulnerabilities associated with access to services for aged care, people requiring interventions to access or modify services provided through the National Disability Insurance Scheme, people experiencing homelessness or insecure housing, children experiencing distress or emotional dysregulation, and from carers experiencing fatigue. Further development of the program and formal evaluation will be a focus for the future of the service.

Suicide aftercare offered to more Queenslanders

Contributing to priority: *Improve service accessibility, responsiveness and appropriateness by expanding existing initiatives and developing new practice models.*

Contributing to action:

Action 33 – *Embed psychosocial connections and referrals into follow-up procedures for people after a suicide attempt or crisis presentation, including when discharged from hospital settings.*

Suicide aftercare is now available across most of Queensland, providing people at risk of suicide with crucial psychosocial support to assist them to meet their recovery goals, maintain the best possible social and emotional wellbeing, and live satisfying lives.

In partnership with the Australian Government, during 2023–24 access was expanded to community-based psychosocial aftercare support for people presenting to a HHS following a suicide attempt or suicidal crisis, with people now able to access this crucial service in 10 of the state's 16 HHS regions. Aftercare Support Services are expected to commence in the remaining 6 HHS regions during 2024–25.

Emergency departments are not the best option for people experiencing suicidality. Planning has started for a trial to assess the value of expanding access pathways into aftercare, to commence in the Gold Coast and Brisbane South regions in 2024–25. The intent of these trials is to allow people who

are experiencing a suicidal crisis to access an aftercare support service without having to present to the hospital first.

The experience of children and young people with suicidality is unique and as such, requires a unique solution. In partnership with the Australian Government, funding has been provided for the design and development of a suicide aftercare service that meets the unique needs of children, young people, and their carer and support networks. This service will commence operation in the Brisbane metropolitan area in 2024–25.

Ensuring continual improvement of the suicide aftercare support available to Queenslanders is a priority. As such, a trial of the expanded pathways model and the dedicated aftercare service for children and young people will be closely monitored with a view to expanding this support statewide in coming years.

Evaluation of Q-MOST pilot

Contributing to priority: *Improve service accessibility, responsiveness and appropriateness by expanding existing initiatives and developing new practice models.*

Contributing to action:

Action 34 – *Evaluate digital and online support options for people in distress to identify high-quality, effective resources and promote those to individuals, communities and services.*

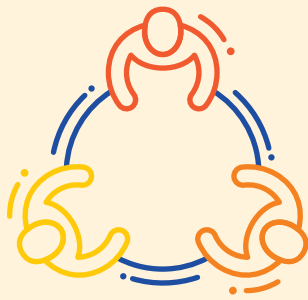
Orygen Digital's Moderated Online Social Therapy (MOST) platform is a free online digital mental health platform designed for young people aged 12 to 25 years. It provides access to online support from mental health clinicians and career consultants, a varied toolkit of coping resources, and a clinician-moderated virtual support network to facilitate meaningful social connection.

Queensland Health and Children's Hospital Foundation funded Orygen Digital to pilot the platform in HHSs and 12 selected Headspace centres statewide between October 2021 and June 2024. This was known as the Q-MOST pilot. An independent evaluation was conducted by the Queensland Centre for Mental

Health Research. Learnings from the evaluation have informed a statewide service rollout of the platform to all 16 HHSs, with a service agreement in place from July 2024 to the end of June 2027 under Queensland Health's *Better Care Together* plan.

This service continues the provision of digitally enhanced mental health support for young people attending youth mental health services to augment face-to-face clinical services. In addition, young people can register to access MOST through a 'Direct Access' pathway without a referral, ensuring young people needing supports anytime, anywhere, can access MOST: <https://bit.ly/QLDMOST>.

Highlighted achievements



Enabling reform

This action area focuses on strengthening the systemic enablers for reform through greater governance and accountability; embedding lived experience of suicide leadership; enhancing data, research and evaluation; and building greater workforce and community capability.

Suicide prevention research

Contributing to priority: *Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention.*

Contributing to actions:

Action 46 – *Create a suicide prevention research program and establish an appropriately skilled, diverse and representative advisory group to develop the suicide prevention research agenda.*

Action 47 – *Build the evidence base to understand what works to prevent suicide.*

In 2023–24, grants were released to fund research into suicide and suicide prevention via the Suicide Prevention Research Scheme. As part of the grant scheme's development, researchers and people with lived experience of suicide were consulted on a broader research agenda to help refine research priorities and ensure the grants can fund a range of suicide prevention research.

The grant program opened in 2023–24, with research grants awarded to 4 Queensland universities to better understand suicide and enhance suicide prevention. Their research will help build the evidence base on what works to prevent suicide and strengthen Queensland's ability to deliver high quality, evidence-driven suicide prevention initiatives.

Funding recipients include the University of Southern Queensland, Griffith University, Bond University and Thompson Institute at the University of the Sunshine Coast. The supported research projects will determine:

- the primary drivers of suicide in fly-in fly-out and drive-in drive-out workers
- the impact of access to gender-affirming healthcare on suicide prevention
- how to keep safe online and improve online support for people in suicide distress
- assessing individual suicide risk with the aid of machine learning, and
- early suicide awareness and responses for young people.

Supporting research into youth suicide and domestic and family violence

Contributing to priority: *Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention.*

Contributing to actions:

Action 47 – *Build the evidence base to understand what works to prevent suicide.*

In partnership with Griffith University, the Commission has funded research exploring the link between childhood exposure to domestic and family violence and youth suicide.

The longer-term impact of exposure to domestic and family violence in childhood is an area of emerging research. The aim of the research is to:

- examine trends to identify how domestic and family violence plays out in the lives of young people, and current visibility and invisibility in different forms of service system contact
- identify opportunities to improve social and emotional wellbeing outcomes for Queensland children, young people and their families, and
- incorporate findings into future directions for early intervention and prevention strategies, and trauma-informed responses related to domestic and family violence, mental health and suicide prevention.

Expansion of Peer CARE Companion in Community

Contributing to priority: *Create a more coordinated and integrated approach to suicide prevention.*

Contributing to action:

Action 38 – *Pilot and evaluate new approaches to integrating services and community-based supports, based on best practice models.*

In partnership with Queensland Health and Roses in the Ocean, the Commission is piloting and evaluating a community-based and lived experience-led suicide prevention model of support across multiple locations in Queensland.

Peer Care Companions are trained community members with lived experience of suicide. The volunteer-based service strengthens the existing network of suicide prevention services including aftercare, postvention and safe spaces.

Investment has been made towards supporting the design, delivery and evaluation of 3 Peer CARE Companion in Community (PCCiC) services across Queensland. The PCCiC service will be expanded to 3 new regional, remote and rural locations, with the evaluation to assess impacts and scalability.

Reforming suicide surveillance

Contributing to priority: *Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention.*

Contributing to actions:

Action 45 – *Develop and implement an enhanced model for surveillance of suicide, suicide attempts and self-harm in Queensland, and identify and implement opportunities to improve data collection, quality, consistency, linkages and integration across agencies and sectors.*

Action 48 – *Use geospatial mapping and other analytical techniques to identify locations with a higher frequency of suicide and emerging issues around access to lethal means, and collaborate with relevant organisations to address those issues.*

Action 49 – *Consolidate existing data on issues affecting children and young people to identify trends and risk factors and provide timely access to that data to all relevant government agencies.*

Queensland's primary suicide surveillance systems are the Queensland Suicide Register (QSR) and the interim Queensland Suicide Register (iQSR). The QSR records all confirmed suicides by Queensland residents after a coronial investigation is finalised. The iQSR is a real-time suicide monitoring system that records interim data on suspected suicides soon after they occur.

In mid-2023, the Queensland Government returned Queensland's suicide surveillance systems into government custodianship, in response to key recommendations of an independent review into suicide surveillance in Queensland. Management of both the QSR and iQSR transitioned to the Commission and in 2023–24, the Commission began the Reforming Suicide Surveillance Project.

As part of the Reforming Suicide Surveillance Project, the Commission:

- commenced autonomous operational management of the surveillance systems
- introduced monthly publication of Queensland's interim suicide data from October 2023, bringing Queensland into alignment with all major Australian jurisdictions

- introduced a streamlined engagement process to improve response times to relevant stakeholders seeking access to information in the iQSR and QSR
- completed a comprehensive analysis and assessment of Queensland's suicide surveillance systems, and as result,
- identified the need to improve and modernise both the iQSR and QSR information technology systems, establishing a three-year work plan to 30 June 2027.

As part of the first stage of the work plan, the Commission is undertaking work to redesign and streamline the scope of the iQSR and QSR, replace the current data models, and develop an interim interface designed to improve data capture, quality and reporting.

The Commission also commenced work utilising a range of advanced tools and methodologies to explore the geospatial distribution of suicides across Queensland. Geospatial mapping and other analytical techniques are being used to identify locations with a higher frequency of suicide and emerging issues around access to lethal means, with work done to collaborate with relevant organisations to address those issues.

Embed lived experience of suicide in suicide prevention reform

Contributing to priority: *Strengthen governance and accountability mechanisms.*

Contributing to action:

Action 51 – *Develop a Suicide Prevention Lived Experience Advisory Group to work alongside the Queensland Suicide Prevention Strategic Oversight Group to oversee implementation of Every life.*

The Commission partnered with Roses in the Ocean to pilot a dedicated Suicide Prevention Lived Experience Advisory Group (LEAG) in 2023–24. The purpose of the LEAG was to enable the perspectives of people with lived experience of suicide to be embedded in the Commission's suicide prevention work.

This included:

- promoting and supporting lived experience engagement in key suicide prevention projects led by the Commission
- identifying emerging issues and priorities relevant to suicide prevention from a lived experience of suicide perspective, and
- planning for *Every life* across all of its phases, including the development of a suicide prevention monitoring and outcomes framework for Queensland, and the development of the Queensland Suicide Prevention Research Agenda.

Roses in the Ocean recruited people with lived experience of suicide to the LEAG, delivered orientation and upskilling workshops, and continued to provide ongoing support, mentoring and guidance. A review of the LEAG was conducted in 2024 to inform the next steps to embed lived-experience perspectives in suicide prevention reform.

Strengthening First Nations social and emotional wellbeing

Contributing to priority: *Strengthen First Nations leadership in suicide prevention.*

Contributing to action:

Action 42 – *Work with remote and discrete communities through the Local Thriving Communities reform to develop community-led responses to local issues to reduce suicide.*

The Commission partnered with the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts (now Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism) in a Memorandum of Understanding (MoU) to deliver social and emotional wellbeing programs through the Local Thriving Communities reform agenda.

The purpose of the MoU is to fund 5 place-based initiatives, co-designed with local leadership, that aim to improve mental health and social and emotional wellbeing outcomes, reduce harm associated with substance use, and reduce rates of suicide in First Nations communities. The grant recipients are based in Barcaldine, Cherbourg, Kowanyama, Logan, Pormpuraaw and Wujal Wujal.

The partnership has been designed to deliver on shared priorities under the *National Agreement on Closing the Gap* and Queensland's implementation of priority reforms, specifically Priority Reform 2: Building the Community-Controlled Sector and Target 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotion wellbeing.

In 2023–24, an evaluation of the funded initiatives to build the evidence base of what works to strengthen social and emotional wellbeing in First Nations communities was commenced. The evaluation is a critical component for the outcomes of the initiatives and for developing an evidence base to support longer-term sustainability of the programs. This knowledge will be used to drive continuous improvement in prevention policies, programs and initiatives, and to inform future investment decisions and give Aboriginal and Torres Strait Islander communities a greater voice in shaping their future.

Next steps

Work is being undertaken to finalise the evaluation of *Every life* Phase One in 2025 and conduct the evaluation of Phase Two. Work is also progressing to independently evaluate *Every life* across its 10-year lifespan and to develop a suicide prevention monitoring and outcomes framework for Queensland.

Contributing to priority: *Strengthen governance and accountability mechanisms.*

Contributing to actions:

Action 50 – *Develop and implement a suicide prevention monitoring and outcomes framework including with people with lived experience of suicide, to inform independent monitoring and annual reporting on suicide prevention in Queensland.*

Action 53 – *Develop and implement an *Every life* evaluation framework in consultation with people with lived experience of suicide, including regular feedback to stakeholders and annual progress updates.*

The Strategic Leadership Group will continue to oversee the implementation of *Every life* through progressing current commitments and identifying additional opportunities to advance priority actions.



Achieving balance

Annual progress update

2023–2024



Queensland
**Mental Health
Commission**

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Queensland Mental Health Commission
PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**

Email: info@qmhc.qld.gov.au

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Feedback

We value the views of our readers and invite
your feedback on this report.

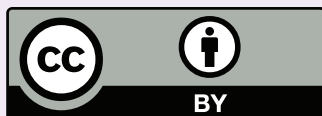
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Translation



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Acknowledgements

Recognition of First Nations people

We respectfully acknowledge First Nations people in
Queensland as the Traditional Owners and Custodians
of the lands, waters and seas. We acknowledge those of
the past, who have imparted their wisdom and whose
strength has nurtured this land. We acknowledge
Elders for their leadership and ongoing efforts to
protect and promote First Nations people and cultures.

We recognise that it is our collective effort and
responsibility as individuals, communities and
governments to ensure equity, recognition and
advancement of First Nations Queenslanders across
all aspects of society and everyday life. We walk
together in our shared journey of Reconciliation.

Recognition of lived-living experience

We recognise the individual and collective contribution
of Queenslanders with lived-living experience of
mental health challenges, alcohol and other drug use,
and people, groups and communities impacted by
suicidal distress or suicide. We recognise families,
kin, unpaid carers and other unpaid supporters
who play a fundamental role in supporting people
with lived-living experience. We also recognise the
lived experience of people bereaved by suicide.

Each person's journey is unique and collectively
provides a valuable contribution to reforming
the mental health, alcohol and other drugs and
suicide prevention and related systems in Queensland.
Your voices and experiences are the core of our work.
We recognise and value your expertise.

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Introduction

The Queensland Mental Health Commission (the Commission) is responsible for the development and implementation oversight of *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*.

Achieving balance is Queensland's whole-of-government and whole-of-community plan to prevent and reduce the harms related to alcohol and other drugs (AOD), through the identification of a shared strategic direction and priorities and collective leadership. It aims to improve coordination across systems of care and strengthen evidence-based approaches to improve outcomes for individuals, families, communities and the economy.

The *Achieving balance annual progress report 2023–2024* is the first in a series of annual progress updates that highlight the contributions being made across government departments to drive AOD reform in Queensland.

For many Queenslanders, AOD use is a part of life and occurs along a continuum—from occasional use through to dependence. According to the latest National Drug Strategy Household Survey data,¹ approximately 18.4 per cent of Queenslanders used illicit drugs in the last 12 months and 78.6 per cent consumed alcohol.² These figures are consistent with national trends.

Globally, the World Health Organization estimates that between 11 and 12 per cent of people who consume alcohol develop an alcohol use disorder.³ Similarly, according to the United Nations Office on Drugs and Crime, around 13 per cent of people who use illicit drugs develop a drug use disorder, though this varies depending on the type of drug used.⁴ While people in higher socioeconomic groups are more likely to initiate drug use than those in lower socioeconomic groups, people in lower socioeconomic groups are more likely to experience drug use disorders as a result of marginalisation and social disadvantage.⁵

These figures underscore the importance of a whole-of-system approach to reducing AOD harm and improving community safety. This approach should be grounded in a shared understanding of how AOD-related issues impact Queenslanders across the broad social, structural, historical and cultural determinants of health.

While many people who use AOD don't experience significant short or long-term harm, every Queenslanders should have access to evidence-based information, education, advice and support when they need it. This ensures people are equipped to reduce their risk of harm, regardless of where they sit along the continuum of use.⁶

1 <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/data>

2 <https://www.aihw.gov.au/reports/illicit-use-of-drugs/state-alcohol-drug-use>

3 <https://www.who.int/publications/i/item/9789241565639>

4 <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html>

5 https://www.unodc.org/res/WDR-2023/WDR23_B3_CH5_substance_use.pdf

6 <https://www.health.gov.au/sites/default/files/documents/2020/08/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.pdf>; <https://insight.qld.edu.au/shop/queensland-aod-treatment-services-delivery-framework-2022>

Reform context

Achieving balance is underpinned by 5 strategic priority areas. These are:

- Prevention and early intervention
- Enhance treatment and support systems
- Expand diversion
- Reduce stigma and discrimination
- Reduce harm.

Implementation of *Achieving balance* encompasses new and existing initiatives funded through a range of budget measures, including a portion of the Queensland Mental Health Levy, as well as investment sourced from a range of aligned state government strategies and plans.

This includes initiatives and priorities under *Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* (*Better Care Together*) and the former Queensland Government's response to the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* in 2022.

Governance, monitoring and evaluation

Implementation of *Achieving balance* is guided by the whole-of-government Strategic Leadership Group and supported by the *Achieving balance* Strategic Implementation Group (SIG). The SIG is a cross-agency and cross-sector group with representation from government agencies, peak bodies and other non-government partners, and people with a lived-living experience of AOD use.

In 2023–24, the SIG met on 6 occasions and supported the implementation of *Achieving balance* through identifying gaps and priorities, coordination and information sharing, and monitoring progress.

The Commission is leading the monitoring, reporting and evaluation of *Achieving balance* on behalf of

government agencies. An independent evaluation of *Achieving balance* will be conducted over the life of the plan to assess its impact and effectiveness in progressing AOD reform.

This will be supported by the *Achieving balance* monitoring and evaluation framework, which has been developed to guide evaluation scope and the indicators by which progress can be measured. The monitoring and evaluation framework was developed in collaboration with the SIG, other government agencies, people with lived-living experience and peak body representatives.

Further work to commence the independent evaluation will progress during 2025.

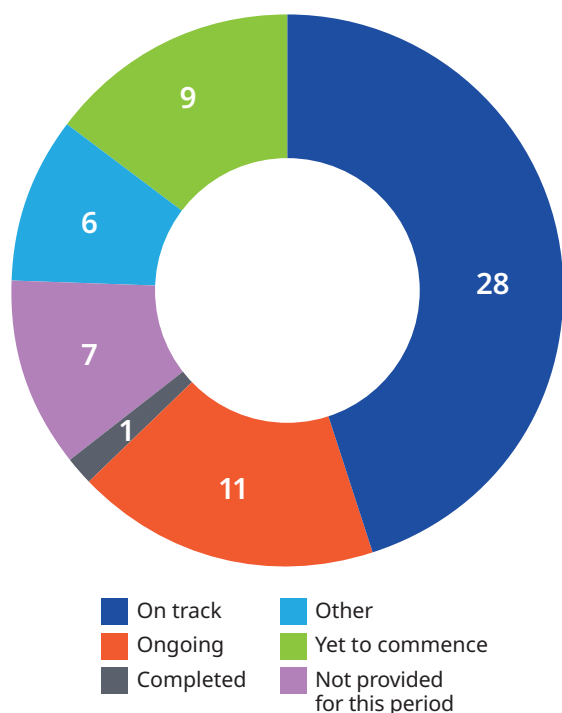
Overall implementation progress

Under *Achieving balance*, government agencies have progressed a wide range of activities. A total of 62 activities are being implemented across the 5 strategic priority areas. The status of these activities is shown below.

Over 60 per cent of all actions being implemented by government agencies are 'on track' or 'ongoing'. Most activities (22) are occurring in prevention and early intervention, and enhancing treatment (17 activities).

Activities are being led by 12 government agencies.

Progress status of all activities in *Achieving balance*
(as at 30 June 2024)



In addition to supporting the implementation of *Achieving balance* across government agencies, the Commission is delivering on a number of key initiatives.

This included:

- new initiatives that develop resources and programs to address AOD harm in culturally and linguistically diverse communities
- an initiative supporting greater access to fetal alcohol spectrum disorder (FASD) screening and assessment
- *Keep an eye on your drinking*, a social marketing campaign that aims to reduce alcohol-related harm
- new AOD early intervention programs for First Nations communities
- peer-led programs supporting people with lived-living experience of AOD use to lead the prevention of AOD harm in their community
- new community-based AOD prevention programs
- development of online resources and tools for families and loved ones of people who use AOD
- addressing stigma and discrimination towards people who experience AOD harms across a range of contexts and settings
- initiatives aimed at preventing overdose in Queensland, including research to understand lived-living experience of overdose and scoping an overdose monitoring system for Queensland.

Highlighted achievements

Prevention and early intervention

Actions in this priority area encompass evidence-based early intervention and prevention programs across a range of sectors, increasing community awareness and health literacy, and initiatives aimed at supporting young people as early as possible.

FASD Tracking Cube

Contributing to priority actions:

Action 1.1.5 – Increase risk-awareness and support options for fetal alcohol spectrum disorder across communities and within workforces.

Action 1.3 – Improve prevention and early intervention through earlier identification and provision of appropriate child, youth and family services for children and young people experiencing vulnerabilities, such as trauma, fetal alcohol spectrum disorder, disability, developmental delay, and risky or challenging behaviours.

In 2023–24, the Commission commenced work with Griffith University to investigate a pilot initiative ‘Expanding the Tracking Cube across sectors’. This pilot aims to equip communities with the necessary tools to navigate their children’s neurodevelopmental health locally, enabling earlier identification and support for children with FASD.

In Queensland, FASD is a significantly underdiagnosed condition. The Tracking Cube model is designed to assist non-specialist workers in community organisations and other agencies (e.g. early learning, education, child safety, and youth justice settings)

to identify, screen and support children living with FASD sooner. The comprehensive neurodevelopmental assessment is broken down into 6 manageable parts (or tiers)—informed consent, history taking, rapid assessment, collaborative information, feedback and support, and comprehensive assessment. This model also aims to reduce waitlists and burden on specialist practitioners, who have traditionally been responsible for all tiers.

In 2024–25, the pilot will commence roll out to 3 regions (North West Queensland, Townsville and Gold Coast).

Revised AOD program for schools

Contributing to priority actions:

Action 1.2.2 – *Continuously improve school-based alcohol and other drug education, focusing on informed decision-making for young people and demonstrated evidence of program effectiveness.*

The Department of Education's AOD program, which is available to all state and non-state schools for years 7–12, was reviewed in 2023 by The University of Queensland's National Centre for Youth Substance Use Research (NCYSUR). Fourteen recommendations were identified by NCYSUR to strengthen the program. The department has accepted all recommendations and commenced work to:

- improve logic of guiding principles across documents and program content
- progress skill development over time and consistently and sequentially build on concepts
- adjust content delivery to ensure material is communicated to meet the current needs and contexts of young people in Australia
- adopt a co-design approach involving stakeholders
- introduce substance types in the program to reflect typical age of onset and increase focus on multiple drug use (polysubstance use)
- adjust content to better include and celebrate the diverse cultural, gender and identity experiences of students
- include media and social media to reflect contemporary patterns of use and influence
- integrate harm minimisation concepts more holistically
- integrate more socialcultural perspectives when examining factors influencing substance use
- expand content on correcting normative expectations
- expand substance resistance skills
- strengthen emphasis on developing help-seeking skills
- integrate student self-assessments to evaluate effectiveness of developing AOD knowledge and skills.

The department has been updating all content and as a result, a strengthened program is being developed to address the identified recommendations. The new program will be made available to schools in 2025.

In parallel with the review, the department has arranged approval to provide all high schools with access to an externally developed program, Blurred Minds Academy. The ready-to-use online resources are in line with the department's *Equity and Excellence: Realising the potential of every student* strategy, with system initiatives to maximise learning in schools by fostering student wellbeing and engagement.

The revised and updated program will provide schools with an evidence-based, curriculum-aligned program that has flexibility to address the diverse health and wellbeing issues identified within schools. The program features include a holistic and comprehensive approach covering a broad range of substances, interactive and engaging teaching methods, and program design grounded in evidence and theory.

Keep an eye on your drinking campaign

Contributing to priority actions:

Action 1.2.3 – *Strengthen alcohol and other drug literacy through sustained and integrated communication campaigns to improve community awareness, attitudes, and behaviours.*

Action 5.4 – *Develop alcohol awareness campaigns based on harm minimisation principles, involving a strong and clear focus on outcomes and a rigorous approach to evaluation.*

The Commission continues to support the *Keep an eye on your drinking* campaign. The social marketing campaign is designed to encourage positive behaviour change and is part of Queensland Health's strategy to improve healthy behaviours to reduce harms from risky alcohol consumption.

The *Keep an eye on your drinking* campaign aims to increase Queenslanders' knowledge and understanding of the harms of risky alcohol consumption, the benefits of reducing alcohol consumption, and awareness of the Australian recommended alcohol consumption guidelines. It targets Queenslanders who are typically consuming 3 or more drinks on a single occasion and drinking more than twice a week.

Phase 3 of the campaign began in mid-April 2024 and concluded in June 2024. In phase 3, the campaign website incorporated the drinking guidelines in a more engaging manner through a drink calculator. Messaging was tailored to emphasise the benefits of reducing alcohol consumption, provide more information on both short- and long-term harms, and offer initial strategies to help reduce intake.

An evaluation of previous phases of the campaign found it successfully achieved campaign message recall, encouraged self-reflection about alcohol consumption and improved understanding of the recommended alcohol consumption guidelines. It is also anticipated that long-term outcomes would include a cultural shift towards positive perceptions of low risk drinking and promote healthier behaviours to change attitudes towards drinking.

Reducing AOD harm in culturally and linguistically diverse communities

Contributing to priority actions:

Action 1.3.4 – *Provide resources and community-based programs tailored to culturally and linguistically diverse communities.*

Action 4.1 – *Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic alcohol and drug use and encourage help-seeking and acceptance of support.*

The Commission funded 2 organisations to deliver an initiative aimed at reducing and preventing AOD-related harms within culturally and linguistically diverse communities. The 2 successful applicants—World Wellness Group, and QuIHN and Ethnic Communities Council of Queensland in a strategic partnership—will contribute to building understanding of, and improving

access to, culturally safe AOD resources, programs and services across Queensland.

This work will also contribute to meeting the needs of culturally and linguistically diverse individuals and communities being supported through AOD services.

Community prevention guide

Contributing to priority actions:

Action 1.2.1 – *Improve shared understanding of alcohol and other drug-related harm and protective factors from the early years through to older people.*

Action 1.2.3 – *Strengthen alcohol and other drug literacy through sustained and integrated communication campaigns to improve community awareness, attitudes, and behaviours.*

Action 4.4 – *Promote language guidelines to encourage objective and non-judgmental conversations about substance use and people who use drugs.*

The Commission engaged the Alcohol and Drug Foundation to develop a guide to support communities to develop evidence-based AOD primary prevention initiatives. The guide includes a range of tools and resources to help identify and prioritise local needs, engage communities and evaluate the impact of initiatives.

The resources include:

- [Bringing communities together: A guide on how to prevent alcohol and other drug harm in the community](https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Bringing%20communities%20together%20-%20AOD%20prevention%20guide.pdf)⁷
- [Overview of prevention response activities and evaluation](https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Appendix%20-%20Overview%20of%20Prevention%20activities%20and%20evaluation.pdf)⁸

In 2024–25, the Commission will progress further work to support community-based and community-led AOD prevention initiatives.

⁷ <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Bringing%20communities%20together%20-%20AOD%20prevention%20guide.pdf>

⁸ <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Appendix%20-%20Overview%20of%20Prevention%20activities%20and%20evaluation.pdf>

Highlighted achievements

Enhance treatment

Through *Better Care Together*, actions in this priority area encompass expanding AOD treatment services to better meet demand, with targeted investments in workforce development, particularly in regional and remote areas.

AOD residential treatment services

Contributing to priority actions:

Action 2.4 – *Ensure individuals with complex and high-level needs have access to responsive, timely and intensive mental health and alcohol and other drug services—the right treatment at the right place and the right time.*

Priority actions under *Better Care Together*, which also deliver on *Achieving balance* include:

- investing in existing state-funded AOD residential treatment services to enhance the quality of treatment and care
- supporting refurbishments to existing state-funded AOD residential treatment services to strengthen the delivery of safe and contemporary care
- delivering 2 new, purpose-built adult residential rehabilitation and withdrawal services at Ipswich and Bundaberg and a youth residential rehabilitation service in Cairns.

In 2023–24, additional funding was allocated under service agreements to 8 non-government organisation providers, enabling service enhancements such as the expansion of multi-disciplinary teams, higher-qualified staff, extended service hours, additional treatment programs, and improvements in cultural safety, governance and coordination.

Operational funding was also allocated under service agreements to support additional Family Recovery Units at Logan House.

An infrastructure grants program was established to support state-funded residential treatment services to improve the quality, safety and amenity of their existing facilities.

Significant progress was also made in the development of new residential treatment centres. Contracts were awarded for the final design and construction of purpose-built centres in Bundaberg, Cairns and Ipswich. Construction commenced on-site in Bundaberg in March 2024 and community information sessions were held in Ipswich to share information about the project. Tender processes to procure specialist AOD service providers to deliver the 3 new services were developed in 2023–24 and released to the market for the Bundaberg and Cairns services.

Growing the lived-living experience workforce

Contributing to priority actions:

Action 2.1 – Provide appropriate training and support to the AOD specialist workforce and supporting workforces in other sectors to enable them to effectively respond to problematic AOD use, including managing complexity.

Action 2.7 – Build workforce capacity to recognise and respond to underlying vulnerabilities that could contribute to problematic AOD use by clients.

Action 4.2 – Implement lived-experience-led training initiatives to improve workforce understanding of the effects of stigma, such as Putting Together the Puzzle training.

Action 4.3 – Establish pathways into the specialist AOD workforce through identified peer roles.

Action 4.5 – Improve the cultural capability of the AOD and supporting workforces to strengthen understanding of healing and how experiences of stigma, discrimination and racism can affect recovery.

The development of a skilled and culturally capable workforce is a key enabler underpinning *Achieving balance*, and growing the AOD workforce is identified as critical to a well-functioning service system. This includes growing the AOD Lived-Living Experience or peer workforce.

Queensland Health has established 2 identified Lived-Living Experience roles within the Mental Health Alcohol and Other Drugs Strategy and Planning Branch, to strategically align lived-living experience leadership with a focus on growing and supporting the lived-living experience/peer workforce within Hospital and Health Services and across the system.

An action under priority 4 of *Achieving balance* is to implement lived-living experience training initiatives to improve the understanding across the workforce of the impact of stigma. Queensland Health is supporting the implementation of this priority by adding a further 2

permanent AOD Lived-Living Experience educator roles at the Insight: Centre for AOD Training and Workforce Development (Insight). These roles contribute lived-living experience expertise into workforce training and lead the development of specific AOD lived-living experience resources for peer workers and organisations.

Insight has also been funded to develop a training package on trauma-informed care for the mental health AOD workforce, which includes developing e-learning modules and a range of tools and resources.

Queensland Health has also provided funding to the Queensland Injectors Voice for Advocacy and Action (QuIVVA) and Queensland Network of Alcohol and other Drug Agencies (QNADA) to support effective representation and participation of people with a lived experience of AOD in programs, planning and policy development.

Highlighted achievements

Expand diversion

Actions under this priority area focus on increasing the availability of health responses for people in contact with the criminal justice system.

Expansion of the Police Drug Diversion Program

Contributing to priority actions:

Action 3.1 – Broaden options for police diversion to health responses to encompass people facing minor charges for substance use and possession.

Action 3.2 – Ensure police are supported and equipped to implement diversionary options.

The *Police Powers and Responsibilities and Other Legislation Amendment Act (No.2) 2023* (Qld) received assent on 2 May 2023, with the Queensland Police Service's Drug and Alcohol Coordination Unit leading whole-of-government implementation of the expanded Police Drug Diversion Program (PDDP), in partnership with Queensland Health. These changes commenced operation within the Queensland Police Service on 3 May 2024.

The implementation of the expanded PDDP has been a significant body of work with touchpoints across multiple agencies. Implementation has involved cross-agency coordination, peak body consultation, internal systems development, training package development and organisational change management. Statewide

training has been developed and undertaken by police to support the expanded PDDP, which includes process changes for the police, benefits of the legislative changes, the evidence base supporting the expansion, unconscious bias and stigma awareness, as well as information to assist police navigate information technology system upgrades.

Some components of the training products and information for diverted persons have been developed in consultation with Queensland Health, peak bodies and lived experience representatives to ensure information, messaging and language is balanced and appropriate. The expanded program is being evaluated independently over a two-year period.

Tailored First Nations programs delivered in correctional centres

Contributing to priority actions:

Action 2.5 – *Improve AOD treatment options for people involved in the criminal justice system.*

Action 3.5 – *Introduce arrangements to encourage effective health-led support options for people who come into contact with the criminal justice system with holistic and coordinated intervention commencing at the point of contact with the system.*

Action 4.1 – *Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic AOD use and encourage help-seeking and acceptance of support.*

Queensland Corrective Services (QCS) is working to build cultural understanding, cultural safety and culturally responsive support for First Nations peoples who are incarcerated. First Nations peoples in custody can access various programs that are developed and delivered by First Nations staff and/or service providers.

These include:

- **Offending Behaviour and Desistance Programs**—delivered by QCS and funded service providers to provide culturally appropriate programs to correctional centres and community corrections jurisdictions, including arts, AOD programs, behavioural programs addressing reoffending, domestic violence and sexual offender treatment programs.
- **Positive Futures Program**—a culturally sensitive strengths-based program available to First Nations men on remand or sentenced. This program targets AOD use concerns and family violence with a focus on anger and violence, power and control, jealousy, trust and fear, family and community, and parenting. This program is available in most male correctional centres.
- **Strong Solid Spirit Program**—provides a co-designed, trauma-informed, culturally specific sexual offending program for First Nations men.

Community Youth Response and Diversion

Contributing to priority actions:

Action 1.1.4 – *Improve early identification of vulnerability and provide targeted programs for children and young people, including Aboriginal and Torres Strait Islander people-specific initiatives, and initiatives for people involved with youth justice and out-of-home care systems.*

Action 1.3.3 – *Prioritise programs incorporating connection to Country and culture with Aboriginal and Torres Strait Islander peoples and services co-designed in partnership with local communities.*

Action 3.1 – *Broaden options for police diversion to health responses to encompass people facing minor charges for substance use and possession.*

The former Department of Youth Justice (now Department of Youth Justice and Victim Support) delivered the Community Youth Response and Diversion program for young people aged 10 to 15 years. The program is tailored to young people who are at high risk of offending or reoffending but generally not involved in statutory youth justice interventions.

It consists of 4 complementary components that community-based organisations deliver. The components engage young people across various touchpoints to reduce the likelihood of offending behaviour. The program delivers a range of services in Cairns, Townsville, Brisbane CBD and Brisbane South, Logan, Ipswich and the Gold Coast. Services are locally driven and coordinated to deliver the best response for each location, including:

- **Diversion services** (including after hours) to help police divert young people toward support, rather than charging or remanding them in custody.
- **Intensive case management** for young people and their families, to improve behaviour and reduce offending.
- **Bridging support and alternative education** options for young people who have disengaged or are at high risk of disengaging from education and are not yet suitable to return to or engage with alternative or mainstream schooling (Bridging to Flexischool).
- **Aboriginal and Torres Strait Islander cultural mentoring support** with a trusted adult mentor who helps the young person to develop a better understanding of their history, kinship and cultural identity.

An outcome evaluation found that the Community Youth Response and Diversion program enhanced protective factors and positively influenced life trajectory. Key outcomes include:

- Increased access to prosocial activities and other services, including health, education and employment-related services and programs, with appropriate supports provided to young people who may not otherwise engage with them.
- 85 per cent of program participants either improved or maintained their assessed rating against youth justice outcomes.
- On average there was a 14 per cent reduction in offences such as arson of building, dangerous driving, and non-aggravated sexual assault compared to an average of 2 per cent reduction for these offences for young people who did not participate in the program.
- The program has also found systemic benefits such as enhancing coordination between services, establishing strong links with other community organisations and government agencies, enabling integrated service responses, enhanced information sharing, and encouraging new partnerships and service models. Key factors associated with successful implementation of the program included consideration of local demand and need, place-based procurement processes and consultation with First Nations groups.

Highlighted achievements

Reduce stigma and discrimination

Actions under this priority seek to build the capacity of all systems to provide strength-based, culturally safe and person-centred responses to people experiencing problems related to AOD use.

Queensland Police Service (QPS) training module

Contributing to priority actions:

Action 3.2 – *Ensure police are supported and equipped to implement diversionary options.*

Action 4.1 – *Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic alcohol and drug use and encourage help-seeking and acceptance of support.*

As part of the expansion of the Queensland Police Drug Diversion Program, the Commission supported the development of the stigma awareness and anti-bias component of training for officers. The training was rolled out in 2024 and is now a core training component completed by police officers across Queensland. This work supports broader initiatives to reduce stigma in relation to health issues in Queensland.

Highlighted achievements

Reduce harm

Actions under this priority focus on reducing the likelihood of people experiencing harm associated with AOD use, including the impact of systemic harms. It emphasises lived-living experience involvement, especially young people, and involves building on existing harm reduction services and programs, and exploring additional interventions, policy and regulatory changes.

Overdose monitoring system

Contributing to priority actions:

Action 5.1 – Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.

Queensland does not have a system that readily captures, connects and responds to data about fatal and non-fatal overdoses. In response to this identified need, the Commission has initiated a project that scopes an overdose monitoring system for Queensland.

In 2023–24, the Commission engaged QNADA to investigate options and approaches to overdose monitoring systems, nationally and internationally. The paper provided a brief overview of the background, evidence and opportunities for establishing an

overdose monitoring system in Queensland and identified key issues for consideration in establishing a system.

In 2024–25, the Commission will continue scoping for an overdose monitoring and response system in Queensland. This work will include engagement of key stakeholders and establishment of a formal governance group to provide advice regarding the design of the model for Queensland and to support planning, design and implementation.

Understanding overdose experiences

Contributing to priority actions:

Action 4.1 – *Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic AOD use and encourage help-seeking and acceptance of support.*

Action 5.1 – *Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.*

Overdoses pose a significant public health concern and contribute to a high number of drug-related deaths, both in Australia and globally. Despite this, there is currently a lack of peer-reviewed evidence representing the voices of lived-living experience of overdose.

The Commission funded QuIVAA to undertake qualitative research exploring firsthand accounts of people who have experienced overdose, including experiences of overdose prevention measures and interactions with the healthcare system. Many individuals reported this project was their first opportunity to openly discuss and, at times, emotionally confront their experiences of overdose, offering a therapeutic outlet for the often-challenging process of revisiting trauma.

The research findings show that various factors, including the unknown potency of substances, availability and accessibility of harm reduction services, and the need to manage acute withdrawal symptoms can increase the risk of overdoses. Stigma, especially in the context of law and health settings, can also prevent people from seeking timely medical assistance. A range of system reform options from a lived-living experience perspective are also presented in the research paper.

Voices of lived experience: understanding overdose narratives among people who use drugs in Queensland is available via the QuIVAA website.⁹

Drug checking

Contributing to priority actions:

Action 5.1 – *Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.*

Queensland Health-funded drug checking services were introduced in Queensland in March 2024. An evaluation of these initial services was undertaken by The University of Queensland.

⁹ https://quivaa.org.au/app/uploads/2024/03/Overdose_Report_29022024.pdf

Peer-led harm reduction initiative

Contributing to priority actions:

Action 5.1 – Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.

Action 5.7 – Listen to the voices of young people involved with youth justice, child safety, AOD services, housing and other support services, and involve them in co-designing solutions, and the services and systems that impact on them.

The Commission engaged QuIVAA to deliver a peer-led harm reduction initiative through their online harm reduction and education platform, Hi-Ground. This initiative focuses on key population groups and people who attend music festivals and nightlife events.

In 2023–24, Hi-Ground developed a range of educational resources targeted at key populations, including young people, people who use anabolic-androgenic steroids (AAS), people who have a sight impairment, culturally and linguistically diverse communities, women, people who are pregnant and breastfeeding, and parents who use drugs.

These educational resources have been developed collaboratively by healthcare workers and people with lived-living experience for their peers and the wider

community. The Hi-Ground team also supported drug checking services by developing supporting resources and peer-led outreach activity.

In addition, the peer-led project identified an increase in non-medical use of AAS among non-athlete populations and a lack of education among medical and health professionals. To support AAS users, QuIVAA, in partnership with Griffith University, focused on building awareness of the impacts these substances can have on aspects of physical and psychological health, and harm reduction. This included developing peer-led and accessible harm reduction information for AAS users, and trialling the checking of the composition and purity of AAS through the new drug checking service to guide harm reduction responses.



Next steps

Work is being undertaken to independently evaluate *Achieving balance* across its lifespan. The SIG will continue to support the implementation of *Achieving balance* during 2024–25 by providing guidance and input, and identifying additional opportunities and potential priority areas for implementation.



