Improving Health and Wellbeing in Regional Queensland

Assessing health needs and identifying evidence-based responses: a population health approach

Final Report April 2016

WESLEY MEDICAL RESEARCH

Acknowledgement of Country

We acknowledge the traditional owners of Country throughout the regions of Western Downs, Maranoa and Gladstone. We pay our respect to these traditional owners and their cultures, and to elders both past and present.

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www.wesleyresearch.org.au/wellbeing/

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Preface

It is well documented that regional and rural Australians have greater health needs than metropolitan populations. The Australian Institute of Health and Welfare (2016) notes that people living in rural areas tend to have higher levels of illness and disease risk factors than people living in major cities (AIHW, 2016).

This independent research project undertaken by Wesley Medical Research, investigated the health and wellbeing needs of three regional Queensland communities: Maranoa, Western Downs and Gladstone. The research project further sought to identify evidence-based approaches to meet the identified health and wellbeing needs.

A health needs assessment for each of the three regional Queensland communities has been published and provides a comprehensive summary of the health needs and wider social determinants affecting the health and wellbeing of the three communities. The four priority health issues identified from the needs assessment are improving mental health; improving access to health services; increasing physical activity and healthy eating; and managing alcohol and drug issues (WMR, 2015).

In order to identify a comprehensive range of potential approaches to meet the health needs of the communities, three levels of review were taken. Firstly, the global directions from the World Health Organisation for community-based health promotion approaches were reviewed. Secondly, a systematic review of the scientific literature was undertaken to identify effective approaches to address the identified health needs in the three communities. Thirdly, qualitative feedback from both the community and key stakeholders was sought to ensure local relevancy.

This report provides an overview of the findings from the three-armed approach and provides a series of suggestions and recommendations for considerations for future action.

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Chapter One: Introduction

Introduction

This independent research project, conducted by Wesley Medical Research, explores and identifies health and wellbeing needs in regional Queensland and effective community-based health promotion approaches to address the range of determinants of health and wellbeing.

Qualitative and quantitative research in the local government areas of Western Downs, Maranoa and Gladstone was undertaken to assess the health needs and opportunities within these communities.

Phase one of this research, included a quantitative questionnaire, in-depth interviews, workshops and key informant interviews within the project regions. These findings are presented in a comprehensive Health Needs Assessment document, along with a supplementary summary report designed as a useful tool for future stakeholder engagement.

Phase two included further community consultation to prioritise the health issues for action. This approach included community-based workshops and forums held in the project regions, engaging a range of key stakeholders including State Government, Local Government, health service providers and community members.

The final phase, phase three of this research marks the beginning of translating this research into action. This phase includes comprehensive strategies that can lay the foundations for future action towards improving health and wellbeing in the research areas in regional Queensland.

The original project proposal outline is presented in Figure One. It became evident to the research team that a large piece of work was required around both health service delivery and access, along with further exploration of strong themes in the data relating to the lack of joined-up, comprehensive activity in the regions between health services. We therefore restructured our translational component of the research to ask the question “So what does this mean for future action and the health of regional Queensland communities?”

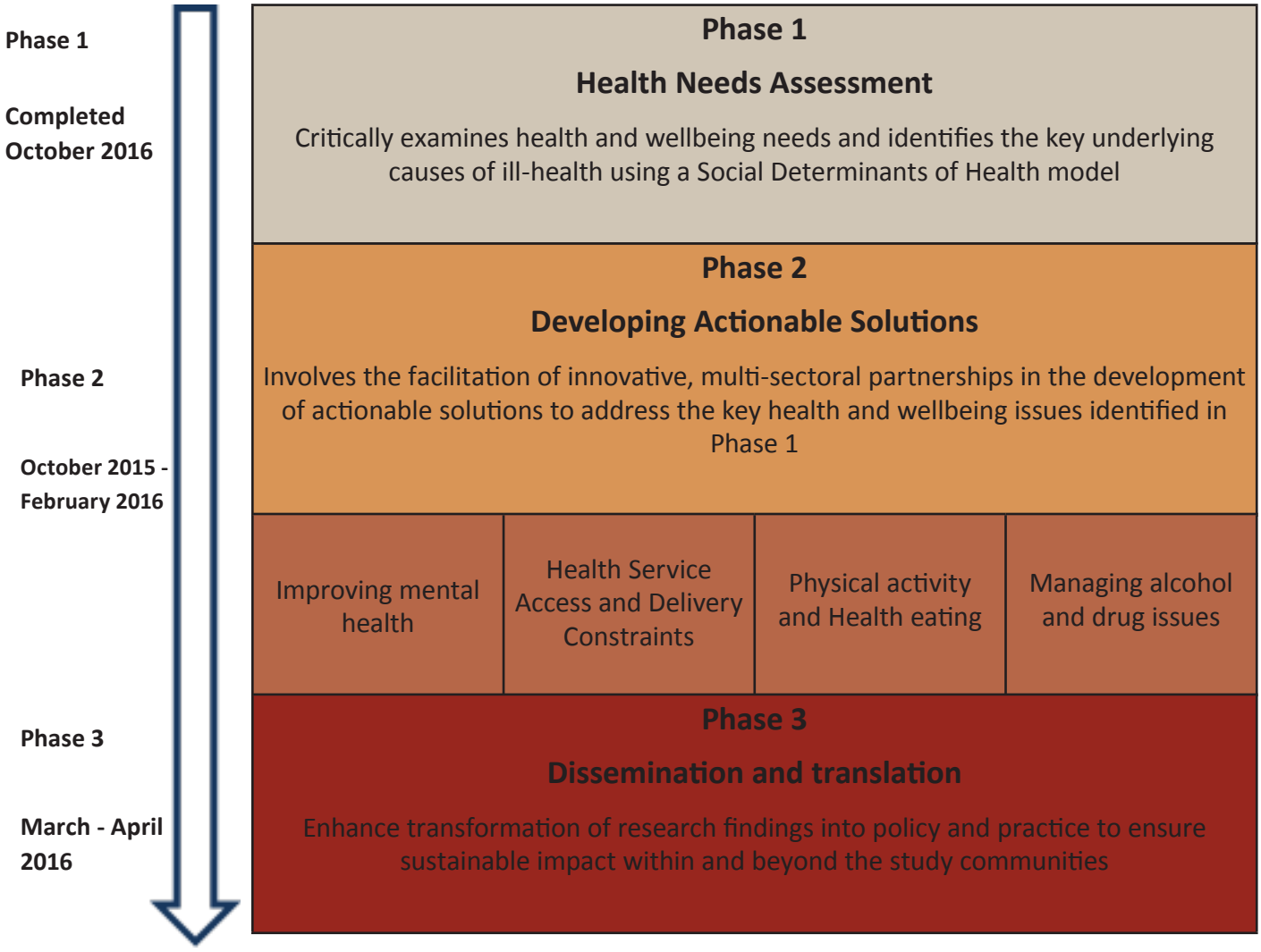


Figure One: Original project outline

Structure of this report

This report is structured around six key sections that aim to collectively respond to the question: "So what does this mean for future action and the health of regional Queensland communities?"

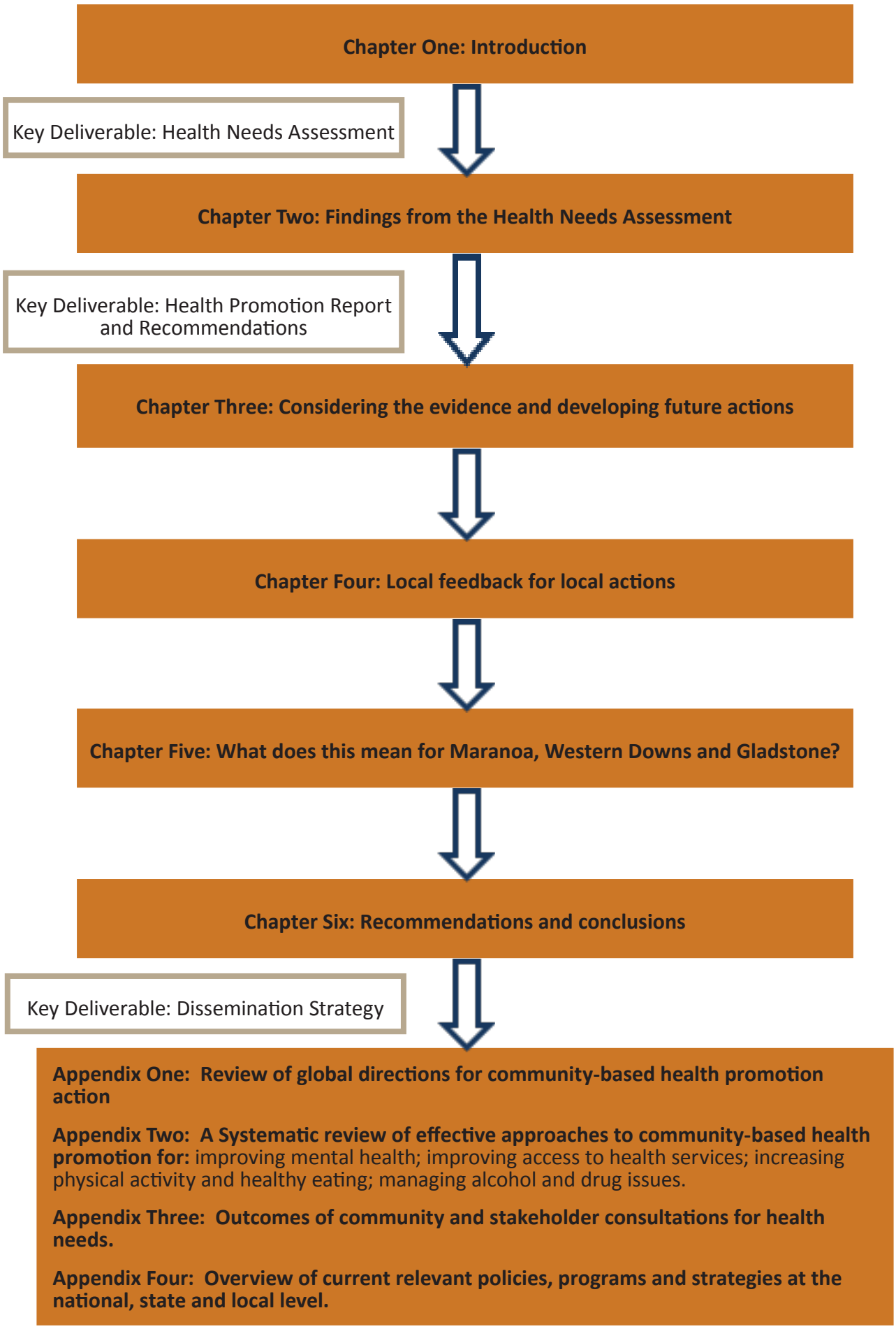


Figure Two: Pictorial version of report structure

Chapter Two: Findings from the Health Needs Assessment

Introduction

This chapter provides a succinct overview of the findings from the Health Needs Assessment conducted as Phase One of this project. It outlines a brief précis of the processes undertaken and a summary of key findings that have helped to shape the recommendations for future health promotion action in the regional Queensland communities of Maranoa, Western Downs and Gladstone.

Brief Needs Assessment

The initial phase of this project, the Health Needs Assessment identified the underlying causes of ill health and examined health and wellbeing issues in the Western Downs, Maranoa and Gladstone regional council areas. A Health Needs Assessment is a process by which the health issue and the context is clearly defined. This process utilises a combination of qualitative and quantitative data collection methods. This data then forms a baseline for the project, allowing comparison for any future health promotion action within the same population – in this case the communities of Maranoa, Western Downs and Gladstone (Fleming et al, 2015).

The needs assessment process for this project saw four distinct data collection and analysis phases during 2014/15:

1) an analysis of existing state and national data
2) a community survey
3) interviews with service providers
4) community interviews and group discussions.

The results of this process identified four key areas of need: overweight and obesity; alcohol and drug issues; health service access and issues surrounding mental health.

In 2015, these findings were prioritised through a series of community consultation forums. This process is important to enable community engagement with the research and to gain a deeper understanding of the real-world health priorities in these regional Queensland communities.

These forums resulted in similar findings across the three regional communities. In Western Downs, across all of the four community forums, improving mental health was the key issue identified by participants. However it was recognised that intrinsic to mental health was the impact of alcohol and drugs and limited access to adequate mental health care.

For the Maranoa region, health service access and delivery constraints was ranked as the most important health issue for action in the first community forum, while participants ranked improving mental health as the most important issue in the second community forum.

For the Gladstone region, health service access and delivery constraints was a primary area identified for action and followed by improving mental health.

A comprehensive health needs assessment report and accompanying summary report has been published (refer to link below). However to guide the future health promotion directions and recommendations in this report, it is pertinent to consider a summary of the key findings for each region. A summary of the key findings for each of the three regional areas is presented in the following tables.

Table one: Health and Wellbeing Needs Maranoa:

Health risks among Maranoa adults	Health risks compared to rest of Queensland	Health service delivery and access constraints	Health service delivery and access constraints compared to rest of Queensland
62% are overweight or obese 15% smoke daily 13% experience mental health issues 42% of men drink at risky levels 11% of women drink at risky levels 25% of women smoke during pregnancy 51% are sufficiently active 15% eat sufficient vegetables and 51% eat sufficient fruit.	Lower rates of preventative health checks (at ages 45 and 75+).	Access to health services is affected by affordability, limited transportation options and long travel distances. Recruitment and retention of health professionals is a key issue. Importance of funding continuation in rural areas was highlighted and the non-financial impacts of services and closing down needs to be considered.	Higher rate of hospital admissions. Lower number of GPs, specialist practitioners and dentists.

Table two: Health and Wellbeing Needs Western Downs:

Health risks among Western Downs adults	Health risks compared to rest of Queensland	Health service delivery and access constraints	Health service delivery and access constraints compared to rest of Queensland
59% are overweight or obese 19% smoke daily 14% experience mental health issues 34% of men drink at risky levels 11% of women drink at risky levels 29% of women smoke during pregnancy 57% are sufficiently active 11% eat sufficient vegetables 49% eat sufficient fruit.	Higher rates of premature mortality and avoidable deaths. Higher rates (triple the national rate) of transport accidents. Higher child mortality. Higher rates of profound or severe disability among those under 65 years. Lower rates of preventative health checks (at ages 45 and 75+).	Access to health services affected by affordability, limited public transport and long distances. Lack of or closure of health and community services a concern. High turnover of health workforce impacts on patients Outreach services are limited in terms of availability and capacity to meet local needs.	Higher rate of hospital admissions. Lower number of GPs, specialist practitioners and dentists.

Table three: Health and Wellbeing Needs Gladstone:

Health risks among Gladstone adults	Health risks compared to the rest of Queensland	Health service delivery and access constraints	Health service delivery and access constraints compared to the rest of Queensland.
71% of men are overweight or obese 59% of women are overweight or obese 17% smoke daily 14% experience mental health issues 43% of men drink at risky levels 15% of women drink at risky levels 20% of women smoke during pregnancy 50% are sufficiently active 10% eat sufficient vegetables 49% eat sufficient fruit.	Higher deaths from transport accidents (double the national rate). Higher rates of child mortality. Higher rates of overweight and obesity. Lower rates of preventative health checks (at ages 45 and 75+).	Community concern over lack of GPs, medical specialists and other health and community services. Limited access to health services and lack of public transport. High workforce turnover, higher proportion of overseas-trained and transient doctors. Need to improve outreach health services.	Higher emergency department presentations (almost double state and national rates). Higher hospital admissions due to injury and poisoning, respiratory and circulatory diseases and cancer. Lower number of GPs, specialist practitioners and dentists.

The key findings are published in two reports:

- Wesley Medical Research (2015) Improving Health and Wellbeing in Regional Queensland – Surat Basin and Gladstone: Summary Health Needs Assessment (Report 1) October 2015 Brisbane: Wesley Medical Research.
- Wesley Medical Research (2015) Improving Health and Wellbeing in Regional Queensland – Surat Basin and Gladstone: Complete Health Needs Assessment (Report 2) 2014 – 2015 Brisbane: Wesley Medical Research.

A copy of the complete downloadable report can be found at http://www.wesleyresearch.org.au/research/rural/wellbeing/

Conclusion

Whilst a complex range of health issues and contributing factors were identified throughout this extensive process, four key priorities have emerged. Whilst much of the data identified a high prevalence of modifiable risk factors for chronic disease including overweight and obesity issues, the community consultation revealed priority need around access to health services, health service delivery constraints and issues surrounding mental health.

Best practice in health promotion identifies the need to engage, listen and respond to community needs in order to develop trust, engagement and mobilisation for future actions.

Therefore, recommendations for future action for health promotion in the three regional communities that are presented in Chapter Six, are based around the priority areas of health service access and improving mental health. However, a long term, sustainable approach is recommended, that recognises the intrinsic and interrelated nature of all four key health issues on the overall future health and wellbeing needs of Maranoa, Western Downs and Gladstone communities.

Chapter Three:

Considering the evidence and developing future actions

Introduction

Learning from international and national directions to guide local approaches is important in health promotion as it enables an evidence–based and effective approach to population health to be undertaken.

To address a broad range of complex needs, as identified in the communities of Maranoa, Western Downs and Gladstone, a population-based approach provides an opportunity to respond to health needs across the community and consider the whole 'continuum of care' for each health issue, from prevention, early intervention, clinical diagnosis and treatment, secondary prevention, survivorship and returning to prevention to continue to reduce health risks. In addition, a population-based approach enables modifiable lifestyle risk factors to be addressed across the whole population such as lack of physical activity, unhealthy diet, tobacco smoking and alcohol overconsumption, which all increase the risk of chronic disease. A population-based approach therefore focuses on the whole population for greater collective health outcomes, whereas an individual approach, focuses solely on an individual's needs such as personal medical needs.

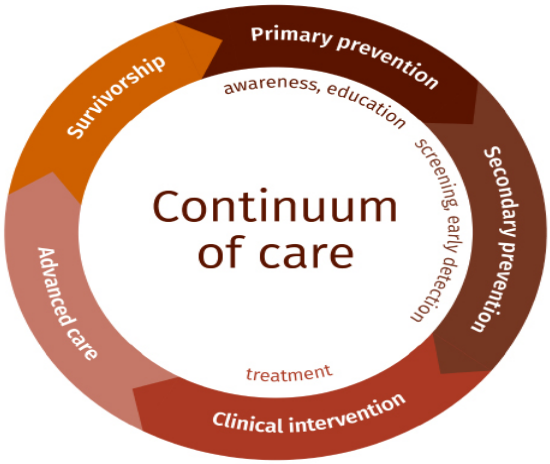
Chapter three considers how to respond to the identified needs that have emerged from the health needs assessment. As such, the community-based health promotion approaches presented in this chapter of the report consider two specific areas:

– global directions from the World Health Organisation on how to respond effectively and sustainably to community-based health issues and

– a review of the evidence from scientific literature for effective programs and strategies implemented either within Australia or internationally, addressing the four priority health issues.

To consider the evidence in context, a systematic review has been undertaken examining strategies and programs implemented in schools, workplaces, communities and health services.

A comprehensive review of global direction for health promotion can be found in appendix one. A summary of findings from the systematic review of effective approaches to community-based health promotion can be found in appendix two.



What is health promotion?

Health promotion is a multi-strategy, intersectoral whole-of-population approach to addressing community health needs. The World Health Organisation (WHO) (1986) notes that:

- health promotion is a process of enabling people to increase control over and to improve their health;
- to achieve health, communities must identify and realise aspirations, satisfy their needs and change and cope with the environment;
- that health focuses on personal and social resources and physical capabilities and
- health is not just the responsibility of health sector (WHO, 1986).

The Ottawa Charter for Health Promotion is a multi-strategy framework used to guide the rigorous development, implementation and ongoing evaluation of health promotion policies, programs and strategies. This approach is based around the principles of healthy public policy, creating supportive environments, developing personal skills, strengthening community action and reorienting health services. This strategy is outlined in figure three:

The WHO Healthy Cities and Towns approach

The Healthy Cities and Towns approach is a broad form of the healthy settings approach and recognises that 'health is everybody's business.' It works with local government, health services and a range of key stakeholders including business and industry to take local action to address the social determinants of health. These determinants acknowledge that there are multilayers and complex influencing factors which impact upon the health of individuals and communities. Such factors include age, sex and constitutional factors, individual lifestyle factors, social and community networks, education, work environments, agriculture and food production, living and working conditions, unemployment, water and sanitation, health care services, housing, and general socioeconomic, cultural and environmental conditions (Dahlgren et al, 1991; WHO, 2015).

The Healthy Cities and Towns approach provides a framework and 'umbrella' model under which a variety of locally relevant health promotion policies, programs and strategies can be developed and implemented to meet local needs. This framework ensures that separate programs are embodied in a collective structure and enables evaluation and ongoing monitoring to capture whole-of-community progress and improvements around health issues. Well-designed evaluation frameworks which support the Healthy Cities model also capture contemporary health influences which may arise over time and enables suitable health responses to be developed and implemented.

The Healthy Cities and Towns framework complements and allows extension of current health initiatives within regional Queensland, including those currently occurring within the three research communities.

A Healthy Cities approach enables a 'jigsaw' of complementary health policies, programs and strategies to be embraced in a coordinated and measured focus, allowing achievements to be celebrated and ongoing gaps and health needs to be addressed. In the future, if the establishment of a program based on the WHO Healthy Cities and Towns approach across multiple regional Queensland towns was possible, this would allow the development of a network of regions, enabling learnings to be shared and the volume of health impacts to be measured in a comprehensive manner. This approach, if well coordinated, could collectively improve the health of regional Queensland communities.

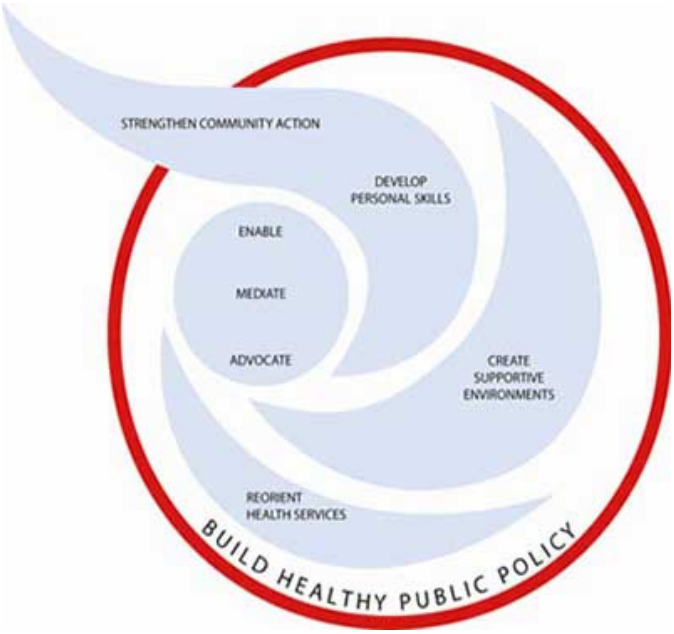


Figure three: The Ottawa Charter for Health Promotion (WHO, 1986)

Learning from the evidence

The findings from the health needs assessment present an opportunity for a well coordinated, multi strategic approach to be developed and implemented within the three communities. Such an approach needs to be 'evidence based' whereby learnings from programs and interventions published in the peer-reviewed scientific literature are summarised and adapted for implementation. This section of chapter three provides a succint summary of key learnings from the scientific evidence of effective approaches for addressing the four key health priorities of 1) improving mental health, 2) improving access to health services, 3) increasing physical activity and 4) healthy eating and managing alcohol and drug issues. This evidence has been based around a settings approach for schools, workplace and communities, with a specific intent that translation of these findings for future action in regional Queensland will have the greatest impact through a settings approach. A summary of findings and references for the systematic review can be found in appendix two.

Improving mental health

School settings approaches

A summary of the evidence on effective approaches to improving mental health through schools showed that:

– Essential elements for school-based mental health promotion programs are:
  - consistent implementation
  - the involvement of the whole school community
  - the use of many teaching modalities
  - integration into curriculum content and
  - developmentally appropriate components of the program.

– Effective impacts on mental health were found for programs based around:
  - social and emotional learning curriculum programs
  - cognitive based resiliency programs
  - parenting skills programs
  - exercise and physical activity interventions
  - programs that focus on the prevention of substance misuse
  - embracing a whole-of-school approach.

Community setting approaches

Programs that focussed on the following areas were shown to have positive impacts on aspects of mental health in community settings:

- family and parenting programs
- gatekeeper training
- mental health first aid programs
- volunteer programs
- community awareness campaigns
- online programs for youth
- recommendations from the World Health Organisation on suicide prevention.

Workplace setting approaches

A series of reviews identified effective elements of mental health programs in the workplace. These include:

- an inclusive work environment
- training and awareness raising
- managing performance
- inclusive recruitment

Specific elements of workplace strategies include:

- problem solving, stress reduction/ management and self scheduling of shift work
- physical activity
- counselling
- exposure therapy.

Attributes of effective workplace mental health promotion include:

- designing and managing work to minimise harm
- promoting protective factors to promote resilience
- enhancing personal resilience
- promoting and facilitating early help-seeking
- supporting workers recovering from mental illness.

Health service setting approaches

Key strategies, which have shown to be effective for managing mental health promotion approaches provided through primary care health services, have included:

- personal connections between local health service providers
- improving mental health literacy through mental health first aid
- a specific role for community pharmacists in multidisciplinary teams and collaborative drug management
- online resources for clinicians, however noting that some caution to online resources was displayed by rural clinicians
- collaborative care models for adults with severe mental illness.

Access to health services

Recommendations from the scientific literature relates to core primary health care services available in Australian communities, along with population thresholds for medical services, with specific recommendations for rural and remote Australian communities.

Further evidence points to medication pathways in rural Queensland and provides a range of recommendation relating to improving medication pathways such as considering strategies for:

- alternate prescribers
- medication recommendations services
- electronic technology for prescriptions and
- enhanced transfer of medication from metropolitan and rural public and private facilities.

The literature notes that take up of mental health services in rural and remote Australia faces many barriers. These barriers have been identified as: population obstacles, environmental obstacles, health behaviours and health outcomes.

Physical activity and healthy eating

The World Health Organisation provides a comprehensive global direction based on evidence for physical activity and healthy eating health promotion approaches. The essential elements include:

- mass media to promoting physical activity and healthy eating and address local barriers to physical activity
- school interventions that focus on diet and/or physical activitythat are comprehensive including curriculum; supportive school environments and policies; a physical activity program; healthy food options onsite and a parental/family component
- workplace multi component programs that provide healthy food options onsite; space for fitness or encouraging signage for fitness activity; involve workers in program planning and implementation; include family interventions and provide individual change and self monitoring
- community programs which include multicomponent diet programs targeting high risk sub groups of the population; community development campaigns; group based physical activity programs; programs that target low income and low literacy populations; web based interventions for high risk groups with personalised feedback; supermarket tours and the walking school bus approach.

In addition, local governments have been shown to be crucial in the long term success of physical activity and other community based health promotion programs based on the supportive regulatory environment and ability to support long term attitudinal and cultural changes.

Managing alcohol and drug use

Managing alcohol and drug issues at the community-level require a range of effective strategies. The scientific evidence of successful evaluated interventions, programs and strategies highlights that:

- whilst there is a lack of evaluated curriculum resources and tools, one program aimed at teaching resilience and social skills for self-esteem, decision-making, and communication skills was effective.
- multicomponent school interventions involving policy, parents and the wider school community are effective for preventing smoking.
- in male-dominated workplaces, multi strategy interventions including policy, screening, brief counselling and peer-based workplace interventions have been shown to be effective for alcohol interventions.
- online interventions for alcohol use may be useful as preventative measures for groups who do not access traditional alcohol and other drug services. Current research on the effectiveness of online interventions is fragmented and further randomised controlled trials are required.

Conclusion

This summary of evidence from the scientific literature provides a snapshot of findings which can be adapted to guide future programs and strategies to meet identified health needs in the research communities. This evidence, combined with consideration for global recommendations from the World Health Organisation and local feedback from key stakeholders can provide a robust foundation for community-based health promotion action.

Chapter Four:
Local feedback for local actions

Introduction

To ensure local, relevant feedback could be considered in the shaping of future recommendations for a community-based health promotion program, qualitative feedback was sought from key stakeholders and the community. A summary of key themes from the qualitative feedback is presented here in chapter four.

Qualitative feedback from key stakeholders

A series of qualitative interviews was undertaken with key stakeholders across the three regional areas. These key stakeholders included health service providers, community members, government representatives and other local representatives. Overwhelming consistent feedback was received regarding the need for both mental health programs and services and access to health services.

Summary of key themes:

- problems with access to and quality of health services and programs
- obstacles within referral pathways for individuals within and between mental health programs and services
- an opportunity for improved knowledge by health professionals and the community of available programs and services within the region
- a need for easy to access referral systems for health services – up to date and relevant for client needs
- a need to focus on high risk individuals and the coordination of their care pathways, especially for timely access to programs and services
- physical transport needs to access health services
- internet and phone services can be unreliable and therefore use of these services can be difficult
- need to overcome barriers for clients attending appointments – failure to attend appointments can be common and is difficult for visiting specialists or services
- limited prevention and health promotion work occurring in relation to mental health and other health issues in the regions provides an imminent opportunity to focus on prevention and potentially reducing the overburdened impact on clinical services.

Qualitative feedback from the community

As part of the data collection process for the health needs assessment, a suite of qualitative feedback was obtained from local communities. A summary of this feedback is presented below and is complemented by a more comprehensive overview in appendix three.

In summary, broad themes of the feedback related to:

- lack of education and limited awareness relating to mental health
- the need for prevention and early intervention and engagement in relevant programs
- awareness of, access to and integration of health services
- quality, consistency and longevity of services
- work that engages with schools and families
- support for high risk individuals
- connections and collaboration between health professionals
- support for transport and travel to access health services and appointments.

Existing policies, programs and strategies at the national, state and local level

In addition to the scientific evidence presented in this report, along with feedback from qualitative interviews from key stakeholders, it is imperative to consider other existing activities relevant to the regions in which this research was conducted.

Integrating into existing programs and services, rather than 'adding on' or further duplicating services is important in considering further action within the research regions.

As such, an overview of policies, programs and services occurring at the national, state and local level is presented in appendix four. It should be noted that the effectiveness of these programs has not been assessed as part of this process, yet the tables in appendix four provide an overview of the existence and relevance of these programs and services.

Chapter Five:

What does this mean for Maranoa, Western Downs and Gladstone?

Introduction

The four priority health issues identified in the health needs assessment, present a range of complex issues relevant across many Australian communities. These are not just health issues alone but are interrelated with a number of social, economic, political, cultural and environmental issues (Fleming et al, 2015). Given the geographic and social diversity of Australian regional communities, including those in the present study of Gladstone, Maranoa and Western Downs, any strategies that are considered for development, implementation and evaluation should be carefully adapted to suit the local community characteristics and needs.

A community development approach embraces a 'bottom up' community-based approach whereby the community, key stakeholders, government and other relevant agencies are engaged to guide the development, implementation and evaluation of strategies and programs to meet identified needs (Dooris et al, 2013).

Adapting these Learnings for Regional Queensland

Interpreting information presented in this report and adapting this for regional Queensland requires some specific considerations.

Such considerations include but are not limited to:

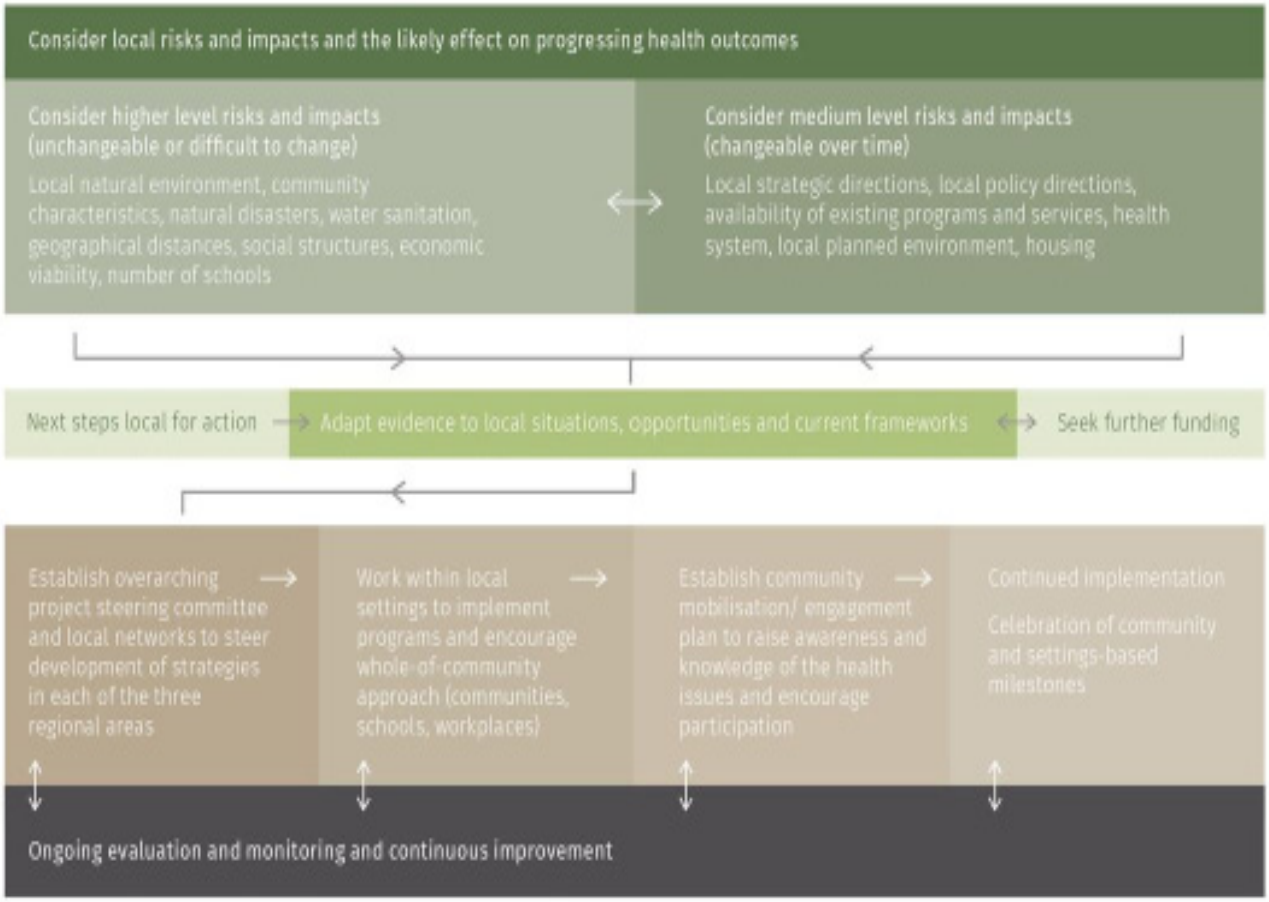
- the characteristics of the community
- local social structures
- strategic directions and policy directions
- economic viability and options
- geographical considerations
- nature and scope of existing programs and services
- nature of health system and services including number of general practitioners, health workers, visiting specialists and community health services.

Other factors include

- services for children including schools, early childhood and other services
- local industries
- number of industry and other workplaces,
- climate
- availability of healthy and fresh food options
- telephone and internet access
- local natural and planned environments
- natural disasters, water, sanitation and housing
- political support
- presence of community leaders and community trust and cohesion.

To guide the next phase of this work into translation and implementation, a pictorial flow chart is presented in Figure 4. Here we propose a multi stage model which encourages evidence to be translated into relevant, community-driven action for improved health outcomes. This model represents a step-by-step approach and aims to enable learnings from global directions, scientific evidence and local consultation to be adapted into action for improved local health outcomes.

Adapting findings for regional Queensland



There is an enormous wealth of good will amongst the three local government areas and this can be further utilised to build strong and resilient communities that can meet the challenges facing rural and regional communities. Wesley Medical Research and its partners will continue to work with various applicable organisations to determine how the findings of this research may be applied to improve the outcomes of regional Queenslanders.

Wesley Medical Research (WMR) (2015) Improving Health and Wellbeing in Regional Queensland – Surat Basin and Gladstone – Summary Health Needs Assessment (Report 1) Wesley Medical Research: Brisbane.

Wesley Medical Research (WMR (2015a) Improving Health and Wellbeing in Regional Queensland – Surat Basin and Gladstone Health Needs Assessment 2014-2015 Wesley Medical Research: Brisbane.

Wesley Medical Research (WMR, 2016) Improving health and wellbeing in regional Queensland - Assessing health needs and identifying evidence - based responses: a population health approach Brisbane: Wesley Medical Research.

Figure 4: Adapting findings for regional Queensland

Suggestions for priority action

Maranoa, Western Downs and Gladstone

In consideration of the triangulation of evidence from an analysis of global directions for health promotion, evidence from systematic reviews of effective community-based health promotion interventions, strategies and programs and local feedback, the following suggestions are made to guide the next steps for local action.

Along with considering the applicably of the evidence based approaches reviewed above, the following are suggested short, medium and long term actions for the future.

Overarching suggestion

That a comprehensive, multi-strategy, community-based health promotion program be developed, based on the evidence presented herein, to respond to the identified health and wellbeing needs within the communities of these regional Queensland areas. This program should be developed with a view to translating findings broadly across regional Queenslandand and embrace a variety of strategies based around the health promotion principles of local community plans, programs and policies.

Improving Mental Health:

Short term opportunities – Raise awareness (Develop Personal Skills) and Strengthen Community Action – low cost		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Promote awareness of mental health issues utilising low cost education and communication resources.	Utilise existing communication channels and community connections Federal Government	Increased awareness of mental health issues and how to action early signs.
Develop community based plans for actioning mental health strategies, adapted locally.	State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs.	Creates a solid foundation for long term action.

Medium term opportunities – local and state based action – create supportive environments		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Develop a comprehensive community-based health promotion approach to focus on prevention and early intervention. Investigate provision of increased services and programs to communities – using existing programs and resources.	Utilise existing communication channels and community connections Federal Government State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs.	Improved health outcomes, greater focus on prevention and early intervention. Improved access to services. Ability to seek support and raise awareness of mental health issues.

Long term opportunities – Reorient the Health System and Influence Healthy Public Policy.		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Work with key state based agencies to influence policy and where relevant legislation.	As above	Improved mental health outcomes.

Improving Access to Health Services:

Short term opportunities – Raise awareness		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Develop community-based plans for accessing health services, adapted locally. Review current recommendations in current national, state and local reports and prioritise for action. Advocacy and awareness raising with key State and federal Government agencies.	Utilise existing communication channels and community connections Federal Government State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs Local Government Queensland Health Aust Govt Department of Health Leading issue-based agencies Community representation Relevant local politicians.	Improved access to health services and models of care. Translation of recommendations into practice.

Medium and long term opportunities – Create supportive environments, Reorient the Health Systems and Influence Healthy Public Policy.		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Develop a comprehensive community-based health promotion approach to focus on prevention and early intervention. Implementation of recommendations for change for access to health services and improved referral pathways and delivery models.	Utilise existing communication channels and community connections Federal Government State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs.	Greater community health outcomes.

Increasing physical activity and healthy eating:

Short term opportunities – raising awareness (Develop Personal Skills) and Strengthen Community Action - low cost		
Possible action	Possible stakeholders / partners not limited to:	Possible benefits to community
Develop community-based plans for increasing physical activity and improving healthy eating adapted locally. Promote healthy lifestyle initiatives currently conducted in the community in local media and news and issue a challenge to other organisations in the region to do the same and promote through social media or relevant local avenues.	Federal Government State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs.	Low cost and potential high awareness raising of physical activity and nutrition to motivate community interest in actioning further strategies.
Raise awareness of the importance of physical activity and nutrition through existing community media channels.		
Work with local groups to action existing physical activity initiatives.		

Increasing physical activity and healthy eating (continued):

Medium term opportunities – local and state based action – create supportive environments		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Develop a comprehensive community based health promotion approach to focus on prevention and early intervention.	Federal Government State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs	Ability to translate education and awareness of physical activity into practice.
Local Government strategies to create healthy and active environments including safe walking paths, outdoor activity areas, physical activity programs and bicycle paths.		
Workplace, school and community programs to encourage physical activity.		
Support for healthy menu choices, skills for healthy cooking, working with current agencies to support availability of healthy food and drink to schools, sporting clubs and workplaces, etc.	Planning Institute of Australia – Healthy Places and Spaces Heart Foundation.	Ability to translate education and awareness of nutrition into practice.

Long term opportunities – Reorient Healthy System and Influence Healthy Public Policy		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Advocacy for policies to support healthy eating physical activity integration into settings including workplaces, schools, local governments.	Federal Government State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs.	Policy change supports long term, health behaviour change, contributing to long term improved health outcomes.

Managing Alcohol and Drug Use:

Short term opportunities – Raise Awareness (Develop Personal Skills) and Strengthen Community Action – low cost strategies		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Develop community based plans for managing alcohol and drug use, adapted locally. Raise awareness of the health benefits of safe alcohol consumption and avoidance of drugs.	Utilise existing communication channels as above Utilise available health information.	Raise awareness of health issues.
Promoting existing local actions relating to alcohol and drug issues and local achievements.	Local Government Community Health Local Police Community based committees and groups already established. Local food and beverage outlets Community groups.	Boost community mobilisation and awareness of issues and existing local achievements.

Medium term opportunities - – local and state based action – create supportive environments		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Develop a comprehensive community based health promotion approach to focus on prevention and early intervention.	Federal Government State Government Local Government Leading mental health agencies Local health services Universities Local industry groups and workplaces Schools and education providers Community groups Service clubs.	Ability to action awareness of drug and alcohol issues.
Creation of programs to support safe alcohol strategies.		
Promote and support alcohol and drug free events.		

Managing Alcohol and Drug Use (continued):

Long term opportunities – Reorient the Healthy System and Influence Healthy Public Policy		
Possible action	Possible stakeholders / Partners not limited to:	Possible benefits to community
Influence policy and associated strategies relating to alcohol consumption and drug use. Support existing initiatives in this space such as the Global Strategy to reduce harmful use of alcohol.	Queensland Health Queensland Police Attorney General Department Local Government Road safety groups Food and Beverage groups.	Policy change supports long term, health behaviour change, contributing to long term improved health outcomes.

Access to health services

- formalising connections between health professionals including knowledge of local services, referral pathways and service priorities
- develop a resource to enable timely health professional access to information about local health services for efficient client referral
- investigate community transport access to health services
- investigate internet access and reliability for health information, education, health service information and possible use of online services and telehealth
- investigate barriers to accessing general practitioners
- consider issues surrounding high staff turnover of medical practitioners and resident's perception of reduced quality care
- increase knowledge of available health services amongst the community

Improving Mental Health

- investigate timely access to health services for immediate needs
- investigate opportunities for addressing issues around community stigma
- investigate programs and services which enable early intervention
- review process for referral pathways between health services and action identified obstacles
- investigate opportunities for local government's role in mental health promotion and prevention
- implement and evaluate programs and strategies in schools for mental health wellbeing
- implement and evaluate programs and strategies in workplaces for mental health wellbeing and early identification of mental health problems
- create opportunities for a role for community leaders and volunteers in mental health first aid training and gatekeeper training.

Conclusion

The suggested actions in the tables above, combined with learnings from the literature presented below for the priorities of mental health and access to health services provide a starting point for actioning the identified health and wellbeing needs.

This chapter focuses on adapting the learnings from global, national and state evidence into suggestions for local community action. It addresses these possible options in terms of short, medium and long term opportunities in each of the four identified health areas under consideration.

Chapter Six:
Recommendations and conclusions

Introduction

This report presents a comprehensive overview of the identification of health needs in three regional communities of Maranoa, Western Downs and Gladstone. In response to the identified needs, a 'triangulation' approach has been taken to develop evidence-based responses using a population health approach. This three – armed approach reviewed global directions for community-based health promotion, a systematic review of effective approaches to addressing these identified health needs and local feedback from health service providers and the community.

Chapter five has presented a model to guide further action and facilitate the translation of research into practice that is relevant to the regional Queensland context, along with series of program specific recommendations and suggestions.

Building on these recommendations, a series of suggested actions for the future is further presented here in chapter six to guide three broad areas of research and implementation; communication and awareness; and advocacy.

Key suggestions in response to research findings for improving health and wellbeing in regional Queensland.

Overarching suggestion:

That a comprehensive, multi-strategy, community-based health promotion program be developed and implemented with ongoing evaluation. It should be based on the evidence presented herein, along with additionally gathered contemporary evidence, to respond to the identified health and wellbeing needs within the communities of these regional Queensland areas. This program could be developed with a view to translating findings broadly across regional Queensland.

Research and implementation

- Parties involved in this research project, who are interested in continuing further research or implementation activity can be engaged in further discussion. This could allow the continuation and expansion of the partnership between the current steering committee to partner in opportunities to seek funding for and to develop and implement projects to address the identified health needs in the regional Queensland communities.
- Action opportunities arising from the comprehensive needs assessment to develop implementation strategies for community-based health promotion approaches.
- Develop a comprehensive, multi-strategic, health promotion action plans relevant to the regional Queensland communities – with the opportunity to expand learnings broadly across regional Queensland.
- Review developments in telehealth, internet access and associated research which addresses the geographic distance and isolation and opportunities to advance access to services in regional and rural Queensland.
- Review and identify options for future research in the cost effectiveness and economic evaluation of community-based health promotion action in regional communities.

Communication and awareness

- Future media and communication opportunities continue to be monitored and identified to promote the findings from this research and opportunities for future action.
- Retain and expand regular communication with community key stakeholders to exchange learnings from this research, learn from local developments and collaboratively identify future opportunities for action to meet local health needs.
- Consider local launches in communities of the Health Needs Assessment findings and the evidence based approaches for addressing these solutions.
- Identify ongoing opportunities to promote this research, the findings and future action by developing a social media plan linked to specific health days and events such as Mental Health week.

Advocacy

- Identify opportunities for communication with State and local politicians when a suitable opportunity arises to discuss Health Needs Assessment findings and suggested, evidence-based opportunities for future action.
- Develop background research papers utilising the findings from this project to prepare for when suitable opportunities arise for advocacy in terms of funding, health service improvements and relevant priority action on health issues.

Conclusion

In summary, the recommendations and suggestions provided in this report relate to timely opportunities, the need for additional funding support and the need to comprehensively address the identified health needs with a long-term, multi-strategy, multi-stakeholder health promotion program. The issue that is paramount is ensuring local community engagement, ownership and leadership to ensure relevant strategies can be implemented and sustained for the health of regional Queensland communities.

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Appendix One:

Review of global directions for community-based health promotion action.

Global Directions for community-based health promotion approaches:

In terms of community-wide approaches, the World Health Organisation's Healthy Cities program has been implemented and adapted globally to provide a framework for health promotion settings-based action within communities. Healthy Cities (also adapted to be Healthy Towns, Villages and Islands) is a global initiative and today, some form of healthy cities approach is now present in each of the WHO regions. WHO (2015) outline that "Healthy cities strives to mobilize local authorities and communities to adopt and implement evidence –informed health and sustainable development strategies that create and improve the physical and social environments as well as the community resources that determine health and well-being" (2015:1).

Healthy Cities is a comprehensive umbrella term which can be broken down into a series of policies and action plans to address social determinants of health relevant to local communities (Dooris et al, 2013). It is usually adopted by a multisectoral partnership that is often lead by local governments. The six overarching strategic goals of the WHO European Healthy Cities movement are:

- To promote action to put health high on the social and political agenda of cities.
- To promote policies and action for health and sustainable development at the local level emphasising addressing the determinants of health, equity in health and the principles of the European policies 'Health for All' and 'Health 2000.'
- To promote intersectoral and participatory governance for health and equity in all local policies and integrated planning for health.
- To generate policy and practice expertise, good evidence, knowledge and methods that can be used to promote health in all cities in the European region.
- To promote solidarity, cooperation and working links between European cities and networks of local authorities and partnerships with agencies concerned with urban issues.
- To increase the accessibility of the WHO European Healthy Cities Network to all member states in the Europe region (WHO, 2015).

One of the most active regions for Healthy Cities is Europe , where the program began in 1988, recognising that local governments are:

- Economic drivers
- Influencers of national development
- Well placed to identify and act on social needs
- Engage communities on health and related issues
- Empower communities for social cohesion
- Build assets that reduced health inequities (WHO, 2015).

To enable shared learnings and connections between healthy cities in Europe, a network system has been established to coordinate and foster learnings and growth of healthy cities approaches. The network operates as a member system with ten key requirements for membership:

1. A city health profile
2. A coordinator and steering group
3. Sustained local support
4. Participation in networking activities
5. Attending meetings of mayors
6. Attending WHO European network meetings
7. Capacity building
8. Partnership
9. Integrated planned for health (WHO, 2014).

In addition, the overarching priorities for the Healthy Cities movement are:

- To address the determinants of health, equity in health and the principles of health for all
- To integrate and promote European and global public health priorities
- To put health on the social and political agenda in cities and
- To promote good governance and integrated planning for health (WHO, 2014).

Whilst these principles reflect a well-established and mature healthy cities program across Europe, learnings from evaluation and growth of this program can be considered in light of the regional Australian context.

In Australia, the Healthy Cities approach has been most notably embraced by South Australia. Here, evaluation of success and sustainability in the city of Noarlunga has been linked to the following attributes: strong social health vision; inspirational leadership; a model that can adapt to local conditions; ability to juggle competing demands; strongly supported community engagement that represent genuine engagement; recognition by a broad range of players that Healthy Cities is a relatively neutral space in which to achieve goals; effective and sustainable links with a local university; an outward focus open to international links and outside perspectives and that the initiative makes the transition from a project to an approach and a way of working (Baum et al, 2006).

Health in all policies

The Health in All Policies approach is recommended by the World Health Organisation's Helsinki statement (WHO, 2013). This approach addresses the social determinants of health and encourages intersectoral action amongst governments to address social determinants issues across and within relevant policies – both those relating to the health sector and those relating to complementary sectors such as transport and housing. This approach supports the Ottawa Charter for Health promotion (WHO, 1986) which outlines 'healthy public policy' as a crucial element in ultimately achieving prevention and promotion for health within communities.

In Australia, the Health in All Policies (HiAP) approach has been adopted by South Australia. This approach has taken a whole of government approach and addressed the social determinants of: education, active transport, migration, water security, digital technology, urban development, mobility (drivers licensing), employment and sustainable regional development (Government of SA, 2013). The Government of South Australia (2013) note that their approach is based on addressing health and wellbeing outcomes in relation to outcomes of policies from other sectors – rather than starting with a health policy focus. To do this, the Health Lens Analysis tool is employed which involves five stages: engage, gather evidence, generate, navigate and evaluate (Government of SA, 2013). The HiAP process has been linked to the South Australian strategic plan which has been reported as a crucial success element. The Health Lens Analysis tool is applied to existing policies through a staged process. Preliminary findings have indicated that the HiAP process has achieved:

- Changes in policy direction which impacts on the social determinants of health
- Greater understanding and stringer partnerships between health and other agencies
- Increased understanding by policy makers on the population health impacts of their work
- Development and dissemination of policy relevant work
- A willingness to use the Healthy lens Analysis tool and the Health in All Policies approach in other work
- Conceptual learning and social learning (Government of South Australia, 2013).

Appendix Two:

A systematic review of effective approaches to community-based health promotion : a review of systematic reviews.

Mental Health

Improving Mental Health in Schools:

- Social and emotional learning (SEL) programs

- Payton et al (2008) demonstrated that social and emotional learning programs in schools were effective in identifying and working with students who show early signs of mental health problems.
- The studies have found that students exhibiting a range of learning or adjustment problem benefited from SEL programs. These could be delivered by teachers or non-teaching staff. They were also found to be effective when delivered either during school hours or in after schools sessions
- The Australian KidsMatter program includes a repository of effective SEL learning programs available for Australian schools.
- To support this evidence into practice, 'Personal and Social Capability' is outlined as a general capability in the Australian National Curriculum (ACARA, 2011).

- General school-based mental health programs

- Rones and Hoagwood (2000) outline a series of essential elements for successful school based mental health promotion programs.
- These include the need for consistent implementation, the involvement of the whole-school community; the use of many teaching modalities integration into curriculum content and developmentally appropriate components of the program.
- Particularly successful interventions have included teacher training in classroom management skills, parent training in child management and child-cognitive social skills (Rones and Hoagwood, 2000 cited in Weare et al 2011).

- Cognitive based resiliency programs

- Cognitive based resiliency programs have been shown to reduce depressive symptoms.
- The Penn Resiliency Program is one of the most researched, especially for young people of parents with psychopathology or alcohol dependence.
- In addition, the Australian-based FRIENDS program has been shown to be effective in building strengths while focusing on protective factors (Barrett et al, 2003; Reavley et al, 2015).

- Parenting skills programs

- Kao et al (2013) showed that risky behaviour in adolescents could be reduced with either traditionally-delivered or computer-delivered family interventions. Kao et al further note that well designed family interventions appear to successfully improve familiar protective factors and reduce risky behaviours, if they are supported by interventions which are theory-based, tailored to culture and gender and if the design included sufficient 'boosting doses' in the intervention. These interventions were targeting high-risk adolescents (Kao et al, 2013).

- Exercise and physical activity interventions

- Exercise and physical activity have been shown to be effective in reducing depression in young people (Larun et al, 2006; Reavley et al, 2015) although the reporting of the findings made comparison of results difficult.

- Prevention of substance misuse

To prevent substance misuse, Reavely et al (2015) reported that the most effective interventions were based around:

- **Schools based programs** with an overwhelming number of successful programs. Of relevance is a review of Australian based studies by Teesson et al, (2012) showed the following programs to be effective for alcohol and some other substance use:
  - School Health and Alcohol Harm Reduction Project (SHARRP) (McBride et al., 2004 cited by Teesson et al, 2012). This project is currently conducted through the National Drug Research Institute at Curtin University.
  - Climate Schools (Newton et al., 2010 cited by Reavley et al, 2015) – effective in reducing the use of alcohol and cannabis amongst students in Australia. This program was developed by the National Alcohol and Drug Research centre, University of New South Wales and is an internet based program involving schools registration, covering topics including alcohol binge drinking, cannabis, ecstasy and related health and personal development issues.
  - The Gatehouse Project (Bond et al., 2004, cited by Reavley et al, 2015) – this project, while now completed took a whole-of-school approach to policies, programs, curriculum and school structures and was evaluated using a randomised controlled trial. The program reported successful outcomes in drinking, smoking and friends, alcohol and tobacco use (Bond et al, 2004).
- **A whole-of-school approach:**
  - a whole-of-school approach to health issues refers to the curriculum, school environment, school ethos, policies, practices and wider school community inducing students, staff, families and local community members (Wyn et al, 2000). This approach has been shown to be effective for mental health promotion, especially for interventions or programs which focus on pro-social behaviour and social competence along with school ethos and environment (Catalano, et al 2002 in Weare et al, 2011).

- Summary of effective elements of school based mental health promotion

- In a review of systematic reviewed, Weare et al summarise the key elements of effective school based mental health promotion as:
  - there are current imbalances between policy and practices for mental health promotion in schools
  - integration into curriculum was far more effective than isolated approaches to lessons.
  - curriculum approaches had successful impacted on learning, behaviour and attitudes to school, school grades, commitment and school attendance.
  - universal approaches to school based mental health promotion were effective, yet were more effective if they included as part of their multi strategy approach, targeted components for high risk children.
  - early intervention was the most effective especially around broad social and emotional skills.
  - interventions need to be long term, including 'booster' sessions with older students.
  - a solid foundation of working on emotional and social skills in early childhood provided opportunities to work on specific issues such as bullying and violence with older children.
  - using leaders - peer leaders have shown to be effective strategies, especially when trained by clinical staff, yet the role of peers in the school environment needs to be carefully managed. Teachers play an important leadership role over the peers, along with strategies which target families and communities.
  - cognitive behavioural therapy interventions were central to success of interventions especially when based on holistic education and behavioural theories including active classroom methods, experiential learning, classroom interaction, games, simulation and group work (Weare 2000 cited by Weare et al 2011).
  - finally a whole-of school approach with ongoing implementation was shown to be effective.
- Transferability of interventional programs to Australia was considered possible especially by Bayer et al, 2009 (cited by Weare et al, 2011), whilst maintaining of 'fidelity' of the original programs especially for behavioural based programs including the Good behaviour Game program (Weare et al, 2011).

Summary of evidence	Considerations for regional Queensland	Reference
Social and Emotional learning (SEL)	- Personal and Social Capability is recognised as a 'general capability' in the F-10 curriculum (ACARA, 2011) - Access to training for resources - Professional development for teachers - Embracing whole-school approach to SEL with reduced resources - Kidsmatter provides centralised portal access to SEL learning tools.	Payton et al 2008 ACARA, 2011 **Program reference** https://www.kidsmatter.edu.au/primary/resources-schools
Cognitive Based Therapy (CBT) programs – the Penn Resiliency program	- Run by the Positive Psychology centre, University of Pennsylvania - Conducts teacher training regarding anxiety, depression, burnout, and overarching wellbeing.	**Reference** Reaveley et al, 2015; Weare et al, 2011) **Program reference** https://ppc.sas.upenn.edu/research/resilience-children https://ppc.sas.upenn.edu/services/penn-resilience-training
FRIENDS	- Based on Cognitive Based Therapy - Access to teacher training - Online training available for teachers and health professionals - Multi session courses may require face to face and consideration of distance. - Potential associated costs.	**Reference** Barrett et al, 2003 **Program reference** https://www.friendsprograms.com/
SHAHRP – School Health and alcohol harm reduction project	- School based curriculum program - Based around a longitudinal study - Offers teaching training - A range if support materials including a teacher manual and student workbooks.	**Reference** Teesson et al, 2012 **Program reference** http://ndri.curtin.edu.au/research/shahrp/ **Program reference** www.climateschools.com.au
Gatehouse project	- Conducted in Victoria and whilst now not running, results showed positive effective on alcohol and drug use including smoking.	**Reference** Bond et al, 2004 **Program reference** http://www.rch.org.au/cah/research/The_Gatehouse_Project/

Improving Mental Health in the Community:

In an international review of community-based mental health programs and their suitability for the Australian context, Bayer et al, (2009) recommended:

- The United State family Check Up Program

- Involving three brief sessions at community centres or home based for mothers of toddlers. The research (randomised control trail with high-deprivation families in urban, suburban and rural communities) shows the program was effective in preventing preschool behaviour problems through improved parenting. The program involved screening for familial risk when the child was aged between 2 and 3 years and then six follow up contact sessions (Bayer et al, 2009).

- The Triple P (Positive parenting Program)

- An Australian developed program with successful outcomes for behaviour, parenting and stress outcomes. The program offers weekly sessions and manuals and workbooks offered by trained nurses and psychologists. The program is based around a 'toolbox of ideas'. Research has shown it be effective reducing children's problem behaviours and also shown to have improvements for parent's well-being (Nowak et al, 2008).

- The Incredible Years Group Parenting Program

- Implemented in the United Kingdom and the United States this program focuses on delivery of sessions over a 2-4 month period to parents of children with behaviour problems.
- The program also showed some benefits in child behaviour, parenting and the mental health of parents.
- Program involves group leaders, peer coaches and mentors.
- In Australia an 'Incredible Years' program is conducted by Good Beginnings Australia appearing to be based on the same program (Good Beginnings, 2016).

- Mental Health First Aid

- Mental Health First Aid is a preventive program developed to support people with mental health problems before they seek professional help.
- Several studies have shown effective results from mental health first aid (MHFA) raining. This includes studies with teachers.
- In addition, MHFA training can be accessible with studies showing e-learning for MHFA training were successful in increasing knowledge, reducing stigma and increased confidence. Elearning was also shown to be superior than learning from a printed manual (Jorm et al, 2010).

- Volunteering

- Health and survival of volunteers has been extensively studied with results showing that volunteering had favourable effects on depression, life satisfaction and wellbeing (Jenkinson et al, 2013).

- Non pharmacological interventions for older people

- Non pharmacological interventions for older people with depression have been shown to be effective with the use of cognitive behaviour therapy, comparative memory training and reminiscence group therapy (Apostolo et al, 2015).

- Community awareness campaigns

- Whilst little evidence exists on the effectiveness of community awareness campaigns for mental health, Donovan et al (2016) reported favourable results from the evaluation of the Western Australia 'Act-Belong-Commit' campaign.
- The evaluation focussed on people with a diagnosed or recent mental health problem and found that exposure to the campaign changed the way respondents thought about mental health and this was more likely to be amongst those with a mental illness or had sought help. In addition, those diagnosed with a mental illness or recent mental health problem are more likely to have done something about their mental health, having seen the campaign (Donovan et al, 2016).

- Online programs for youth

- Online technology is fast becoming a popular and accessible method for health information, health education and access to resources. Clarke et al (2015) reviewed evaluations from online youth mental health promotion interventions and found:
- Whilst there has been a limited number of studies to date there is some evidence that skills-based interventions in a module-based format can have a positive impact on adolescent mental health
- Results form online prevention interventions show a significant positive effect of computerized cognitive behavioural therapy on adolescents and emerging adults' anxiety and depression symptoms.
- Evidence showed that participant face-to-face and/or web based support was an important feature regarding program completion and outcomes (Clarke et al, 2015).

- Suicide Prevention Strategies for the general population

- The World Health Organisation's mhGAP project outlines the importance of identifying risk and protective factors for suicide prevention. These include a range of individual, socio-cultural and situational factors. In addition, protective factors can help with coping in difficult situations, these include: strong connections to family and community support; skills in problem solving, conflict resolution and non-violent handling of disputes; personal, social, cultural and religious beliefs that discourage suicide and support self preservation; restricted access to means of suicide and seeking help and easy access to quality care for mental and physical illnesses (WHO, 2012).

The mhGAP project recommends a series of elements for comprehensive strategies around suicide prevention. These include three evidence based population level suicide prevention strategies:

1) restrict access to means of self harm and suicide; involve the community of locally acceptable ways to reduce access to means of suicide; collaborate between health and other sectors to restrict access to locally relevant means of suicide.
2) develop policies to reduce harmful; use of alcohol as a component of suicide prevention
3) assist and encourage the media to follow responsible reporting practices of suicide.

- In relation to recommendation 2) above - Based around the WHO Global strategy to reduce harmful effects of alcohol, the WHO recommends ten steps: including leadership, awareness and interventions; health services response; community action; drink driving policies and countermeasures; availability of alcohol; marketing of alcoholic beverages; pricing policies; reducing the negative consequences of drinking and alcohol intoxication; reducing public health impact of illicit alcohol and informally produced alcohol and monitoring and surveillance (WHO, 2012).

- Suicide prevention for vulnerable sub populations

o The WHO (2012) recommends:

- gatekeeper training
- mobilising communities: crisis centres to actively collaborate with health services, especially in remote areas for vulnerable pupations – and encourage the formation of networks for shared learning. This helps to achieve an aim to encourage help seeking behaviour and to provide timely assistance. Local governments can network with community networks for different purposes, to integrate suicide prevention efforts into their work (WHO, 2012).
- survivors: people who have been bereaved by losing someone to suicide – reaching out to these groups is called postvention and offers timely support and a method of suicide prevention itself. WHO also recommends developing survivors groups (WHO, 2008).

- Suicide prevention for individual level prevention strategies

o The WHO (2012) recommends:

- identification and treatment of mental disorders – mental and substance use disorders are known risk factors for suicide. A national strategy should integrate mental health serviceprovision into primary health care; draw attention to the lack of mental health service if necessary and highlight the need to regularly educate primary health workers about suicide preventionincluding identification, management, support and referral of suicidal individuals (WHO, 2012).

- Post suicide programs:

o For post suicide programs , 'Gatekeeper' training was shown to be effective for improving knowledge of how to intervene in a crisis – it has been implemented across many populations including schools, physicians, military personnel, peers and Aboriginal communities (Isaac et al, 2009).

- Gatekeeper training refers to training key people who can recognise early signs of suicidal behaviour and be aware of referral pathways. There are usually two groups of trainings – designated trainees which are usually health professionals and emergent trainees who are community members who are trained such as teachers, police, counsellors and recreation staff.
- Gatekeeper training is recognised by the United Nations as an effective strategy in preventing suicide (Isaac et al , 2009).
- An Australian study which evaluated Gatekeeper training for an Aboriginal community showed positive results in knowledge of suicide, interventions to help and confidence in identifying early signs of suicidal behaviour, with confidence remaining high in a follow up study. However participant's intention to refer to formal mental health care providers recued over time (Isaac et al, 2009).

Summary of evidence	Considerations for regional Queensland	Reference
US Family Check Up	- Access to screening when child is 2-3 years of age - Requirements for 6 face to face or telephone sessions as follow up - Training for professionals requires 40 hours contact time - Access to training and ongoing support would need to be considered.	Bayer et al, 2009 **Program reference** http://homvee.acf.hhs.gov/Implementation/3/Family-Check-Up-For-Children-Program-Model-Overview/9 http://www.goodbeginnings.org.au/programs/incredible-years/
Triple P	- Access for regional Queenslanders to attend sessions - Information and podcasts are available online - Providers are available in Bundaberg, Maryborough and Boyne island (Gladstone region) and Toowoomba and Chinchilla - In Queensland the program is supported by the Queensland Government to enable free access.	**Reference** Nowak et al, 2008; Bayer et al, 2009. **Program reference** http://www.triplep-parenting.net.au/qld-uken/get-help/find-a-triple-p-provider/
The Incredible Years Group Parenting Program	- Access to training - Quality assured training / provision of training - Ongoing support.	**Reference** Nowak et al, 2008 **Program reference** http://incredibleyears.com/
Gatekeeper training	- Evidence shows positive outcomes - Ability to train community members and health professionals and build capacity for early intervention - Considerations for access to training and keeping skills up to date - Would require monitoring and evaluation frameworks - Requires strong links to health service providers.	**Reference** Isaac et al, 2009 Guilfoyle et al, 2012. **Program reference** http://ro.ecu.edu.au/cgi/viewcontent.cgi?article=1056&context=creswk http://www.livingisforeveryone.com.au/Training.html AND http://www.onelifewa.com.au/getting-help/resource/gatekeeper-suicide-prevention-training/
Mental Health First Aid training	- Effective results for awareness, reducing stigma and ability to recognise early signs of mental health problems. - E-learning has been shown to be very effective, therefore increasing access to rural and remote communities. - Training is relevant for a range of community leaders including teachers.	**Reference** Jorm et al, 2010 **Program reference** http://uccommunity.org.au/mental-health

Summary of evidence	Considerations for regional Queensland	Reference
Campaign: Act-Belong-Commit	- Multi strategic campaigns using many forms of media can access large groups of the population. - Contemporary campaigns with supportive evaluation such as Act-Belong-Commit could be investigated as possible methods of awareness raising. - The program in Western Australia is multi faceted including community pledges, an activity search, a series of interactive tools and gateways for volunteering. - In Queensland, Women's Health Queensland Wide and ConNectica are noted as partners.	Reference Donovan et al, 2016. Program reference http://www.actbelongcommit.org.au
Volunteering	- Can provide complementary health benefits including, life satisfaction and general wellbeing. - A range of volunteering opportunities exist within regional Queensland communities and are supported by programs such as the Queensland Government's Community Organisations and Volunteering program and Volunteering Queensland. - Specifically in Gladstone, the Gladstone Regional Council lists volunteering opportunities in the region through its Gladstone Region Volunteering program. - Maranoa Regional Council promotes volunteering opportunities and recently featured volunteer stories though it's 'volunteer booth' expo. - Western Downs runs a volunteer register and celebrated volunteers during national volunteer week.	Reference Jenkinson et al, 2013 Program reference https://www.qld.gov.au/community/community-organisations-volunteering/volunteering/ AND https://linkki.volunteeringqld.org.au/dotnet/volunteer/ AND http://www.gladstone.qld.gov.au/volunteering AND http://www.maranoa.qld.gov.au/volunteer AND http://www.wdrc.qld.gov.au/about-council/disaster-management/disaster-volunteer-register/

Improving Mental Health in Workplaces:

It is estimated that 15 to 30 per cent of employees will experience some form of mental health problems (MHC, 2014). A range of interventions have been trialled and implemented in workplaces worldwide to address a variety of mental health issues.

- Overarching supportive factors for workplace mental health promotion

The Mental Health Commission (2014) outlines a summary of key factors to support the promotion of mental health in the workplace:

- an inclusive work environment which promotes diversity and support for individual strengths and needs
- training and awareness raising – providing information and awareness training to staff to gain a greater understanding of mental health and wellbeing
- managing performance: consideration of the effects of mental health on employee performance
- inclusive recruitment: a recruitment process which minimises stress or anxiety (MHC, 2014).

- Attributes of effective workplace strategies

In a recent review by Joyce et al (2016), significant evidence demonstrated the effectiveness of some of these interventions and approaches for a variety of common mental health disorders. This review showed that a number of features of workplace interventions had positive impacts on mental health as well as some organisational outcomes:

- Increased employee control: where strategies such as problem solving, stress reduction and self-scheduling of shift work showed a reduction in mental health symptoms.
- Physical activity: whilst the amount and results of physical activity interventions in the workplaces is mixed, the impact on physical activity as having positive benefits for mental health is proven.
- Workplace health promotion: was shown to have mixed findings but warranted further investigation.
- Counselling: showed strong evidence for customer satisfaction in the workplace.
- Cognitive behaviour therapy (CBT) and stress management interventions showed individual benefits. CBT has shown strong positive effects for established depression or anxiety disorders
- Exposure therapy: effective for established post traumatic stress disorder following occupation-related injury (Joyce et al, 2016).

Specific programs:

- The Mind your Own Business program

- The British mental health promotion program "Mind your own business" took a multi-strategic partnership with small to medium size businesses. It found that:
  - incentives for employers to engage in mental health promotion related to the business case for staff wellbeing in relation to customer service and the desire to know how to help individuals and those with poorer mental health
  - champions in the workplace need to engage across all sectors of the workplace
  - initiatives needed to be 'owned' by employers and employees for engagement
  - engagement of senior management was fundamental to the success of workplace mental health promotion programs
  - legislation and economic reasons to engage, were not the key reasons for involvement (Fletcher-Brown, 2015).

Specific programs (continued):

- Beyond Blue – national training program for workplaces

- This nation al program is evidence-based and offers training and workshops on a range of workplace issues.
- It targets executive manager teams and other workplace groups over a series of sessions.
- The program is then linked to an online resource enabling development of an action plan for a mentally healthy workplace and a series of supportive resources.

A further summary of current but not necessarily academically reviewed workplace health promotion programs is presented in Appendix Four.

Summary of effective approaches to workplace mental health promotion:

In a recent report to the Mental Health Commission, Harvey et al (2014) provide comprehensive analysis of current approaches to workplace mental health promotion. They conclude that the key elements of workplace mental health promotion approaches:

1. Designing and managing work to minimise harm
2. Promoting protective factors at an organisational level to promote resilience
3. Enhancing personal resilience
4. Promoting and facilitating early help-seeking
5. Supporting workers recovery from mental illness (Harvey et al, 2014).

Improving Mental Health through Health Services:

Collaboration within health sectors

- In a study investigating barriers and enablers to collaboration in a mental health network in South Australia, results showed:

- Working relationships between local services were stronger when there was personal connection, rather than formalised connection.
- A key barrier was attracting and retaining staff (Crotty et al, 2012).

Adults with a severe mental illness

- Key principles for effectively delivering a collaborative care model include:

- Incentives for cross sector agency engagement;
- Education for staff about mental health comorbidities
- Capacity of cross sector agencies to work with clients
- Enhanced communication between agencies has been achieved with co-location
- Created shared treatment plans, client records and shared case review meetings (Lee et al, 2012).

Mental health first aid kit and training

- Along with effectiveness in schools and other settings, Fernandez et al (2015) identified that improving mental health literacy through the Mental Health First aid approach was effective for primary care settings.

- This included raising knowledge for mental health improvements, promotion of mental health wellbeing for the elderly, focusing on life skills and social networks.

A role for pharmacists

- Rubio-Valera et al (2014) revised the role of the community pharmacists in mental health promotion and concluded that:

o The role of community pharmacist in collaborative drug management for mental health is positive

o Participation in multidisciplinary teams appears to have positive outcomes.

o However further research is needed to:

- investigate multi faceted pharmacist interventions for medication adherence
- understand the barriers for the uptake of evidence-based pharmacy which may require specific training including mental health stigma reduction.

Online resources for clinicians

- There is widespread availability of online resources to support mental health and Sinclair et al (2013) investigated the acceptability of these tools to clinicians in rural Australia. They found that:

o Clinicians were optimistic about the use of online mental health resources and preferred integration with existing services rather than an 'add on.'

o Rural clinicians reported difficulty accessing training in rural Australia and social pressure within clinical networks supported a cautious approach to online resources (Sinclair et al, 2013).

Anxiety disorders

- Garcia-Campayo et al (2015) identified anxiety disorders are the most common psychiatric disorder in primary care with multiple impacts on social economics and interpersonal factors. The authors also noted however that primary care provides an ideal setting for prevention of anxiety disorders. Whilst some evidence existed for secondary prevention, the authors recommended high quality trials on preventing anxiety disorders in primary care to identify effective interventions (Garcia-Campayo et al, (2015).

Access To Health Services

Core Primary Health Care Services in Australian Communities

- Recent research suggests a series of core primary health care services which should be available for communities within the Australian context. This list aims to overcome the problems faced within Australian rural and remote communities including lack of locally-available services, insufficient workforce, inadequate infrastructure, high costs and long distances (Thomas et al, 2015). Therefore some jurisdictions have developed a set of core primary health services which should be available within their health service network including:

Care of the sick and Injured	Public Health / Illness prevention
- 24 hour care including evacuation - Treatment of injury and poisoning - Pathology - Radiology - Provision of essential drugs - Patient advocacy	- Immunisation - Communicable disease control - Targeted / health promotion programs - Screening programs - Youth programs - Well men's and women's services - Advocacy
Mental health / social, emotional wellbeing	**Rehabilitation**
- Counselling - Drug and alcohol treatment	- Alcohol and drug rehabilitation - After trauma - Post-CVS (stroke)
Maternal and child health	**Oral/dental health**
- Ante/post natal care - Child development checks - Immunisation	
Sexual and reproductive health	**Allied health services**
- Sexually transmitted infections and blood borne viruses - Family Planning	- Aged care and disability services - Palliative care - Counselling / social work/ family violence - Audiology - Dietetics - Occupational therapy - Physiotherapy - Podiatry - Speech pathology - Psychology - Optometry

(Thomas et al, 2015)

Population thresholds and medical services

- To address the issue of population thresholds for primary health care in Australia and to identify how best to deliver core PHC services in Australia with consideration for geographic distances and remoteness, Thomas et al (2015) aimed to identify what primary health care services should be available to different sized communities be able to access from resident health workers versus visiting or telehealth services. The study found that:

- Rural communities* with populations over 100: resident health worker services should include 'care of the sick and injured' and 'aged care and disability.'
- Rural* communities with populations over 500: 'mental health and social and emotional wellbeing', 'sexual and reproductive health', 'maternal and child health', 'public health / illness prevention', 'counselling/social work/ family violence' and palliative care' be provided by a resident health workers. The only service with a population threshold over 5000 was optometry (Thomas et al, 2015).
- Remote communities** with a population of 100 or less, services illustrative of 'care of the sick and injured' existing pathology and radiology should be provide by a resident health worker.
- Remote communities** with a population above 100 'services of 'mental health and social and emotional wellbeing', 'maternal and child health', 'sexual and reproductive health' and 'public health/illness prevention' as well as 'counselling/social work/family violence', 'aged care and disability services', 'palliative care' and 'alcohol and drug rehabilitation' should be provide by a resident health worker.

Medication pathways

- There is a plethora of evidence that there is compromised access to services in rural areas which includes medication services (Tan et al, 2012). In a review of medication pathways in rural Queensland, Tan and colleagues (2012) identified a services of factors which can enhance or improve access to medications services in rural Queensland:

- Endorsement of various non-medical prescribers.
- Authorisation of registered nurses, midwives, paramedics and Indigenous health workers to supply medications in sites without pharmacists.
- Skill-mixing of nursing staff in rural areas to ease medication administration tasks
- Establishment of a pharmacist-mediated medication review service
- Electronic transfer of medical orders or prescriptions and
- Enhanced transfer of medication information between metropolitan and rural and public and private facilities (Tan et al 2012).

**Rural communities were classified as: "relatively larger and /or less isolated communities located in more densely populated regions, which tend to be closer to larger centres where more comprehensive services may be available, such as hospitals and visiting or resident specialists" (Thomas et al, 2015:3).*

*** Remote communities where classified as "communities with small populations, located at a considerable distance from larger centres, usually in sparsely population regions. These communities often have a high proportion of resident Indigenous Australians and a high degree of isolation" (Thomas et al, 2015 :3).*

Hard to reach groups

- Young males are traditionally a difficult group to engage in preventive health behaviours and Hudson et al (2015) sought to improve access to mental health services for young Australian males with anxiety problems. They found that:

- Engaging with males through an online program which regarded treatment as a personal goal
- The program, Chilled out, used a masculine tome and identified anxiety as a real, treatable disorder.
- The authors conclude that using school counsellors who are engaged and well-trained can lead to service utilisation and that further research will help identify how to facilitate help-seeking options including in confidential areas of the school and through internet and text message options (Hudson et al, 2015).

Take up of Mental Care Services

- In rural and remote Australia, take up of mental health care services, along with access by adult males is a significant barrier and many challenges faced by both the adult male population and the health care workers. These barriers can be widespread and Stroud (2014) grouped these under four headings, following a comprehensive, systematic review:

- Population obstacles: appreciation and hope; continuity of care; seeking meaning in life and religion; taking control; treatment, talking about it and support of family; treatment attitudes affect seeking psychological support; Indigenous Australians statistically less likely to seek professional help for mental health problems and female Indigenous Australians have a higher level of mental health service contact than men.
- Environment obstacles: access to information; being need and taking a break; burden of travel; enabling resources; life changes and change of focus; predisposing characteristics; quality of information available; readily available information on services and access to services; particular rural circumstances such as drought condition, traditional resources regardless of experience of success; access to psychological and psychiatric services was either limited or unavailable.
- Health behaviour: Felt sufficiently supported already; judgement of perceived need; point of delivery health costs; positive thinking; seeking help; self awareness; stoicism; adult males report to a range of self selected coping mechanisms during periods of distress which rarely include seeking professional help; male coping strategies do not markedly differ from female strategies.
- Health outcomes: inconvenience; mental health literacy; reliance on gatekeepers; supportive clinician attitudes and health service structures; targeted mental health initiatives; self-generated coping strategies are rarely completely successful but repeatedly sought out for use; professional services are less likely to be taken up by people in rural and remote areas; people in rural and remote areas utilised health services for physical more than mental health problems (Stroud et al, 2014).

Physical Activity And Healthy Eating

Overarching global recommendations from the World Health Organisation (WHO, 2009) for community-based physical activity and healthy eating initiatives.

The World Health Organisation (2009) provides clear overarching evidence and direction for physical activity interventions in community settings. It sets out a range of recommended evidence based strategies from a comprehensive, systematic review. The WHO recommends community-based physical activity and healthy eating programs be based around:

- Mass media

- o Promoting physical activity has been shown to be effective with community-based, supportive activities such as:
- programs in schools or local communities
- associated with policies to address local environmental barriers to participation
- moderately effective interventions included mass media with one simple message such as fruit and vegetable consumption and
- national 'health brand or logos to assist with healthy food choices

- School interventions

- o High intensity school based interventions that focus on diet and / or physical activity are comprehensive, multi component and include:
- curriculum on diet/physical activity taught by trained teachers
- supportive school environments / policies
- a physical activity program
- a parental/ family component
- healthy food options through school food services
- o Moderately effective interventions include a focused approach such as focused on sedentary behaviour and increasing participation in physical activity accompanied by supportive activities within the curriculum
- o A formative assessment that addresses the needs of the school and cultural contexts

- Workplaces

- o Multi component programs promoting healthy dietary habits and / or physical activity that:
- provide healthy food and beverages at the workplace facilities
- provide space for fitness or signs to encourage use of stairs
- involve workers in program planning and implementation
- involve the family in interventions through self-learn programs, newsletters, festivals etc
- provide individual behaviour change strategies and self-monitoring

- Community

- o Diet education programs targeting high risk groups and are multi component and include:
- community development campaigns with intersectoral cooperation and/or focused on a common goal
- group based physical activity programs or classes for a homogenous group of individuals
- moderately effective interventions includes phone-in services for dietary advice
- community-wide interventions as part of a national or global campaign
- programs that target low-income/low literacy populations and include diet education in the standard program

- computer / web based interventions with interactive personalised feedback, targeting high risk groups
- supermarket tours and on-site educational programs to support the purchase of healthy foods
- walking school bus.

- Primary Health Care

Interventions targeting non communicable disease risk groups that include persons who are:

- inactive
- consume less than five servings of fruit and vegetables per day
- consume a lot of dietary fat
- are overweight
- have a family history of obesity, heart disease, cancer and / or type 2 diabetes and
- include at least one session (health risk appraisal) with a health care professional with brief negotiation or discussion to decide on reasonable attainable goals and follow up
- are supported by targeted information
- are linked and / or coordinated with other stakeholders such as community sports organisations or ongoing mass media physical activity campaigns

Moderately effective interventions included:

- cholesterol screening and
- weight loss programs (Extracted from WHO (2009) Intervention on Diet and Physical Activity: What Works Summary report WHO : Switzerland.

Role of local government

Local governments have been identified as crucial in the intersectoral nature of community based health promotion programs. Local governments tend to provide an environment supported by regulation which can provide a good foundation for multi intervention approaches which in turn can change long term cultural and attitudinal changes in health behaviours and health outcomes (Swinburn (2008) cited by Allender (2011).

Managing Alcohol And Drug Use

Middle school based drug prevention curriculum

- In a review of evaluated drug prevention curriculum resources and programs aimed at American middle school students, Flynn et al (2015) found only one program revealed statistically significant positive effects at follow up. This program – the Lions-Quest Skills for Adolescence, a 103-lesson curriculum was aimed at teaching resistance and social skills for self esteem, decision making, and communication skills.

- Importantly Flynn et al (2015) note that whilst there are several classroom tools and resources for drug education, there is a lack of independently evaluated curriculum resources which accurately evaluate the impact of these programs.

Substance use by young people

- Adolescence is a peak period for substance use experimentation and Stockings et al (2016) conducted a systematic review of reviews investigating prevention, early intervention, harm education and treatment of substance use in young people. Their review showed that:

- For alcohol and tobacco use reduction: taxation, public consumption bans, advertising restrictions and minimum legal age are effective strategies
- School based prevention interventions are difficult to evaluate or identify a cluster of results as the methodological issues surrounding evaluation are inhibitive
- Programs and strategies which focus on skills training are effective
- Provision of information alone about substance use is an ineffective strategy
- Additional research is required to evaluate the impact of road-side drug testing and interventions to reduce injection-related harms programs on young people
- There is little availability of research on the effect of interventions or problematic substance use in young people (Stockings et al, 2016).

Prevention of bullying and smoking

- Health education and information alone is well acknowledged as being an ineffective long term strategies for sustainable behaviour change. This is confirmed by Shackleton et al (2016) who conducted a review of school based systematic reviews to promote adolescence health. They concluded that effective interventions for both smoking and bullying prevention and promoting sexual health include multicomponent interventions including school policy changes, parent involvement and work with local communities, however singular strategies are ineffective (Shackleton et al, 2016).

Reducing and preventing substance use in different age groups

The school setting provides a universal location for health promotion and prevention activities, yet targeting strategies to effectively access different demographics can be essential for positive outcomes. Onrust et al (2016) looked at reviews of substance use programs in schools and found different outcomes for different age groups:

- For young 'elementary' school age groups:

- universal programs aimed at the whole school group were effective, yet those programs which targeted high risk students only often had adverse outcomes.

- For 'early adolescent' age groups:

- teaching adolescents that substance use is not normal fits with normal development patterns in this age group
- the involvement of parents can be an effective strategy
- enhancement of self-control and decision making skills shows positive results.

- For 'middle adolescent groups':

- universal programs were not very effective, yet programs targeting high-risk students show promise.

- For 'late adolescence':

o there is benefit from 'universal' programs based on social skills and teaching refusal skills

o skills training such as self-control and problem solving and decision making is effective

o the involvement of parents can be a positive strategy (Onrust et al, 2016).

Alcohol interventions in male-dominated workplaces

- Workplaces provide a useful setting to target sub groups of the community including men. Lee et al (2014) conducted a review of alcohol interventions aimed at male dominated workplaces and found that there is feasibility for alcohol-management interventions to occur in male dominated workplaces.

o Interventions which reported effective outcomes included:

- screening for risky alcohol use
- peer based workplace interventions – focusing on attitudinal changes by staff and management regarding drinking and showed an impact on injury rates in workplaces
- brief education counselling for alcohol for risky drinkers linked to initial alcohol screening
- workplace policies on alcohol and drug use in the workplace
- employee assistance programs showed effects on reducing injury rates (Lee et al, 2014).

Online interventions for alcohol use

– Online programs offer an opportunity for widespread access for parts of health promotion interventions. White et al, (2010) reviewed the efficacy of online interventions for alcohol misuse. They concluded that problematic or at-risk users may benefit from online alcohol interventions.

– These programs may be useful as preventative measures for groups who do not access traditional alcohol and other drug services.

– Current research on the effectiveness of online interventions is fragmented and further randomised controlled trials are required (White et al, 2010).

Community interventions

In the Global Strategy to Reduce the Harmful use of Alcohol WHO (2010) note that policy options and community interventions should be based around:

– rapid assessments for gaps and priority areas for interventions within communities

– recognising alcohol-related harm at the local level and promoting cost-effective responses

– coordinated concerted action encouraged by local authorities regarding harmful use of alcohol and enhancing networks and partnerships amongst non government and community organisations

– provision of information regarding effective community-based interventions and building community capacity for implementation

– mobilising communities to prevent sale of alcohol to under age groups and developing supportive environments especially for youth and at-risk groups

– provision of community care and support for affected community members

– developing or supporting community programs and policies for at-risk populations, specifically for illicit or 'informal' beverages and targeting events such as sporting events or town festivals (WHO, 2010).

Appendix Two A:

Literature review search strategy

Databases

The following databases were searched: Scopus, PubMed, Cochrane database of systematic revises, Joanna Briggs Institute Database of Systematic Reviews and Implementation Reports, EbscoHost. This search was supplemented by Google scholar, Google and citation links plus searching the World Health Organisation website and publications for global directions documents.

Search terms:

Reviews from 2006 – 2016.

(mental health promotion) AND (health services) AND (systematic review)

(mental health promotion) AND (school*) AND (systematic review)

(mental health promotion) AND (workplace*) AND (systematic review)

(mental health promotion) AND (community) AND (systematic review)

(mental health promotion) AND (local government) AND (systematic review)

(physical activity) AND (health services) AND (systematic review)

(physical activity) AND (school*) AND (systematic review)

(physical activity) AND (workplace*) AND (systematic review)

(physical activity) AND (community) AND (systematic review)

(physical activity) AND (local government) AND (systematic review)

(healthy eating) AND (health services) AND (systematic review)

(healthy eating) AND (school*) AND (systematic review)

(healthy eating) AND (workplace*) AND (systematic review)

(healthy eating) AND (community) AND (systematic review)

(healthy eating) AND (local government) AND (systematic review)

(alcohol) AND OR (drug) AND (health services) AND (systematic review)

(alcohol) AND OR (drug) AND (school*) AND (systematic review)

(alcohol) AND OR (drug) AND (workplace*) AND (systematic review)

(alcohol) AND OR (drug) AND (community) AND (systematic review)

(alcohol) AND OR (drug) AND (local government) AND (systematic review)

(health services) AND (access*) AND (systematic review)

Appendix Three:

Outcomes of community and stakeholder consultations for health needs

How can these directions and programs integrate into existing activity?

Feedback from key stakeholders about the health and wellbeing needs

This stage involved a consultative process with community members and key service providers to further investigate the key health and wellbeing issues for action.

This feedback was elicited from a combination of forums held in regional Queensland in November 2015 and a series of one on one interviews with key service providers. These findings were:

Surat Basin:

Suggested strategies for addressing issues surrounding mental health:

- early intervention and education
- restricted hours for pubs/hotels and providing services such as a drop-in-centre or a safe place for those at risk
- most of the strategies or initiatives suggested related to improving mental health care access
- better access to locally-based qualified mental health professionals
- consistency and better integration of services and
- more holistic mental health support including better case management
- more information given to all community members at a grass roots level
- work at schools to build social cohesion skills; resilience; focus on mental wellbeing
- support for families with children with special needs
- focus on the impact of technology – mobile phone/Facebook.

Suggestions to address the issues surrounding mental health care included:

- more access to qualified health professionals – accessible, visiting in home and after hours
- community awareness and education of available services
- reliable affordable transport between satellite centres across Western Downs
- consistency of service/service providers, eg gps, allied health professionals
- address issues of staff retention to ensure continuity of care
- correct diagnosis
- improve diversionary programs (cost benefit analysis)
- improved access – more visits to psychologists, ie mental health care plans
- more involvement of non-government agencies
- permanency of initiatives
- coordination of funding pools
- greater support of high risk mental health cases
- health services that travel to areas need to be better promoted
- more information given to all community members at a grass roots level
- work at schools to build social cohesion skills; resilience; focus on mental wellbeing
- support for families with children with special needs and
- focus on the impact of technology – mobile phone/Facebook.

Access to Health Services:

Suggestions to address the broader concerns around travel, costs and distances to access health services included:

- improving basic services including MRIs, Port-a-Cath maintenance (in reference to chemotherapy), post-surgery care, breast care nurse, skin checks, eye tests and psychology services. It was acknowledged that the Heart Van works well and there are opportunities for other mobile health services, such as skin cancer checks
- awareness through the community of meetings that give the broader community a forum/ voice/ feedback of access and cuts to travel transport
- educate patients about Queensland Health's Patient Transport Subsidy Scheme
- utilising local service providers' vehicles for group access to treatment/services and
- Angel Flight have funding and availability to support transport for patients to tertiary hospitals.

Suggestions to improving local referrals and communication included:

- GP education of services available locally, thereby reducing travel costs for patients
- code or policy so services are locally supplied where possible
- improving use of 'Map of Medicine', which supports medical practitioners in the clinical workflow across a patient journey - http://mapofmedicine.com/
- regular GP 'Clinical Chapter' meetings for all providers (1 per month) to improve information sharing and
- GPs need client support officers to assist the patient and doctor in understanding what is available and facilitating the process for payments, etc.

Suggestions to improving communication between services included:

- collaboration between local providers – database of client information that all health services can access
- improve promotion – when specialists are visiting
- working together to achieve outcomes.
- client education, such as advertising through service providers to elderly, eg Blue Care, HACC, Anglicare, Men's Shed to improve client awareness of services
- need to look at ways to bring organisations together, incentives to collaborate and
- bring organisations together as a group and apply for funding as a group/consortium.

Gladstone

Improving mental health:

Suggestions to address the issues around improving mental health included:

- re-educate community about what is mental health and wellbeing
- consistent self-help group work program available throughout the year, eg CBT or DBT
- co-ordinated approach for services and case coordination for clients especially
- improving mental health acute care system - beds need to be made available
- recovery focussed care and
- referrals to link different community providers and ensure sustainable care.

Access to health services

Suggestions to address the issues surrounding access to health services included:

Increasing services

- full-serviced hospital – fully staffed
- more visiting specialists
- identify strategies to overcome specialist burn out
- visiting outreach services and house call doctors
- locum services (hospital and private)
- medical students
- telehealth (psychology, specialists, paediatricians) and
- super clinic has potential to be 24 hours.

Addressing preventive health

- preventive health – organised walking groups, pathway connections - inform patient of all risks and all options
- more involvement of private health insurers in preventive and non-hospital services and
- engage in programs such as Peach Program and Heart Moves.

Improving access and communication

- travel support – community transport scheme
- community knowledge about the limitations of services available locally
- better communication among local health professionals and specialist services including 'telehealth' options
- need website updated – more information about options and navigating the system
- more advertising of an online specialist service
- raise awareness in the community and simple way to find what and where (app and pocket info)
- develop a method to communicate where bulk billing doctors are
- Gladstone Health Services Directory (more awareness where to find it)
- both Here for Health and Primary Health Network collaborate together to drive improvement.

Appendix Four:

Overview of current relevant policies, programs and strategies at the national, state and local level

This list has been compiled with the best available evidence to date, however intends to be a 'live' list, which can be continually updated.

Snapshot of Existing Action at the National, State and Local Level

Improving Mental Health:

Internationally			
Policy / Strategy	Lead agency	Relevance	Reference
WHO Mental Health Atlas	World Health Organisation	Overview of current global initiatives on mental health	http://www.who.int/mental_health/en/
Nationally			
Policy / Strategy	Lead agency	Relevance	Reference
Contributing Lives, Thriving Communities – National Mental Heath Reform	National Mental Health Commission	National review of mental health programs and services.	
Mental Health: Taking action to tackle suicide package	The Department of Health – Aust Govt	$292.4 million from 2011/12 to 2015/16 allocated.	Health.gov.au
National Suicide Prevention Policy	The Department of Health – Aust Govt	Includes the previous National Youth Suicide Prevention Policy; based on four interrelated components: LIFE framework; NSPS Action Framework; National Suicide Prevention Program and the Mechanisms to promote alignment with and enhance state and territory suicide prevention activities.	Health.gov.au
Access to Allied Psychological Services (ATAPS)	The Department of Health – Aust Govt	Enables GPs to refer consumers to ATAPS mental health professionals to deliver focused psychological strategies and services	Health.gov.au
Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (mental-ba or Better Access project)	As above	Increases community access to mental health professionals and team based mental health care. Includes education and training for health professionals.	Health.gov.au/internet/main/publishing.nsf/
Improving safety at hot spots	As above	Funded under Mental Health: taking action to tackle suicide package – two resources aimed at preventing and managing suicide released and grants have been given to local and state governments who have ownership or jurisdiction over hot spots used as regular suicide points.	Health.gov.au
Mental health first aid training for front line community workers	As above	Program now complete yet funding was provide to three organisations as trainers: Mental Health First Aid international; Wesley Lifeforce; the Salvation Army (NSW).	

Nationally (continued)			
Mental Health Services in Rural and Remote Areas	Australian Government Dept of Health	Services to rural and remote areas – provides funding to NGOs such as PHN's, Aboriginal Medical Services and the Royal Flying Doctors Service to deliver mental health services to rural and remote communities.	http://www.health.gov.au/internet/main/publishing.nsf/content/mental-rural
Mindframe National Media initiative	As above	Encourages responsible reporting of mental illness and suicide in Australian media.	Health.gov.au
Multicultural Mental Health	As above	Suite of funded resources for multicultural communities on mental health.	
National Eating Disorders Collaboration	As above	Information and support for family, friends and carers; health professionals; teachers and schools; sport and fitness – includes a members lounge and ebulletin.	Nedc.com.au
National Perinatal Depression Initiative	As above	Improves prevention and early detection of antenatal and postnatal depression and provides support and treatment.	Health.gov.au
Partners in Recovery	As above	Supports people with severe and persistent mental illness to encourage sectors and services they use to work in a more collaborative and coordinated way $430 million has been provided to 48 Partners in Recovery organisations from 2010/11 – 15/16) In Qld this includes Red Cross, CQ Medicare Local, Lifeline Darling Downs and South West.	Health.gov.au
National Disability Insurance Scheme Transition	Aust Govt Dept of Social Services	Supports "the market, sector and workforce transitioning to the NDIS environment by funding eligible organisations that provide…….support services for people whose lives are affected by mental illness (including Personal Helpers and Mentors service)." (p6 – National Disability Insurance Scheme Transition Personal Helpers and Mentors Operational Guidelines 2015-16.	www.dss.gov.au/sites/default/files/documents/07_2015/phams_operational_
Personal Helpers and Mentors Service	Aust Govt Dept of Social Service	Practical help for people aged over 16yrs whose lives are affected by mental illness to overcome social isolation and increase connections to the community. Includes a remote service where organisations may work with community and family members as a way to support and build local capacity to support mental illness. Physical services in Gladstone (through Community Solutions Inc.); Toowoomba (through Mental Illness Fellowship of Qld and Carbal Medical Centre).	www.dss.gov.au/our-responsibilities/mental-health/programs-services

Nationally (continued)			
Community Mental Health Activity	Aust Govt Dept Social Service	Funding for community based mental health services incl people affected by a mental illness, early intervention for vulnerable families with children and young people showing signs of mental illness; flexible support options for carers and families; mental health promotion, education and advocacy.	Dss.gov.au/our-responsibilities-mental-health/programmes-services
Enhanced Social and Community Support Measure	As above	Part of the drought assistance package for people in these areas experiencing family relationship issues, distress or mental illness. Program also run with the Dept of Agriculture.	As above
Carers and Work	As above	Intensive support to carers of people with mental illness to address non vocational barriers to carers achieving workforce participation.	As above
Mental Health Respite – Carers support	As above	Flexible respite and family support options for carers of people with mental illness.	As above
Minds in Mines – Mental Health Strategies for Mining and Resources Communities	Australasian Centre for Rural and Remote Mental Health	Direct relevance to resource communities.	http://www.acrrmh.com.au/mining-and-resources/
Suicide Prevention – LIFE is for everyone	Various	Multiple Queensland based programs.	http://www.livingisforeveryone.com.au/Projects.html?loc=132 wliving livingisforeveryone
Beyond Blue programs and services	Beyond Blue	Range of programs and services.	https://www.beyondblue.org.au
R U OK Afield	R U OK ?	Variety of strategies to especially support resource communities and FIFO / DIDO workers.	https://ruok.org.au/inspire-conversations
Blueprint for mental health and wellbeing in the mining industry	The Minerals Council of Australia	Direction for action in mining communities.	Australianmining.com.au/news/new-blueprint-for-mental-health-in-resources-i-1
Strategic Plan – Solutions in mental health for all young people	Orygen – The National Centre of Excellence in Youth Mental Health. Initiative of Melbourne University, Melbourne Health and the Colonial Foundation.	Noted as "The world's leading research and knowledge translation organisation focusing on mental ill-health in young people." Aust Govt has provided Orygen with $18 million over 4 years to transform from Orygen to the National Centre of Excellence in Youth Mental Health.	https://orygen.org.au/About/About-Us

Nationally (continued)			
Headspace – national youth mental health initiative	Consortium lead by Orygen and includes the Australian General Practice Network, the Australian Psychological Society and the Brain and Mind Research Institute.	30 integrated service hubs across the country: online, in person and by phone services. Resources for schools and health professionals. Headspace Southern Downs located in Toowoomba, Warwick. Central Qld in Rockhampton.	Headspace.org.au MJA article: https://www.mja.com.au/journal/2007/187/7/headspace-australia-s-national-youth-mental-health-foundation-where-young-minds
Mental health promotion, prevention and early intervention and suicide prevention in children and young people	Response ability	Relevant guide, fact sheets, podcasts and 'getting help' for young people.	http://www.responseability.org
Advocacy group targeting next federal election for improved mental health services	Australians for Mental Health	Young focus, social media campaign with a number of key mental health organisations supporting it.	http://www.australiansfor mentalhealth.org.au/supporters
SANE help centre online and phone support; face to face forums and info and support	SANE Australia	National service of support – including prevention – a healthy living toolkit and support for people living with chronic disease.	https://www.sane.org
New program _ community based suicide prevention (and also provide clinical services, prevention and research including phone app support). Funded $14.8m from Paul Ramsay Foundation	Black Dog Institute	Trial to start in 2016 in partnership with PHNs in 4 communities.	http://www.blackdoginstitute.org.au/newsmedia/newsdesk/index.cfm
Beyond the school gate; antibullying, resilience programs for primary and secondary schools	Peer Support Australia	Range of existing and evidence based programs for primary and secondary schools.	Peersupport.edu.au
Kidsmatter	KidsMatter – funded by Aust Govt and Beyond Blue	Aust mental health and wellbeing initiative for primary schools and early childhood education and care services.	Kidsmatter.edu.au
Promoting better outcomes for children and families where a parent experiences mental illness	Children of Parents with a Mental Illness	Resources for parents, kids and young people, family and friends and health professionals including elearning courses for health professionals which accrue CPD points.	www.copmi.net.au

Nationally (continued)			
A-Z mental health topics self help	Lifeline Australia	Includes self help info, toolkits for men and Aboriginal and Torres Strait Islanders; crisis support chat; includes rural mental health self help.	www.lifeline.org.au
Online and phone counseling for young people	Kids Helpline	Phone and online counselling for kids, teens and young adults aged 5-25 years.	www.kidshelpline.com.au
Stronger communities	Red Cross	Programs for children, young people and families experiencing 'locational disadvantage' where there are cycles of vulnerability and disadvantage. Work with communities for local, sustainable solutions. Regional office in Rockhampton.	www.redcross.org.au
Rural and remote mental health services in Queensland (Social ad emotional well being)	Royal Flying Doctor Service	Flexible and responsive best practice models; training of local Indigenous community members to build local capacity; work with other services such as police and NGOs to develop new strategies. Current Social and Emotional well being in Cape York and Western Queensland through RFDS Cairns and Longreach and SEWB Centres in Aurukun, Hope Vale, Coen and Mossman Gorge. RFDS currently forming partnerships with local service providers and tertiary institutions to expand services.	www.flyingdoctor.org.au
Family and personal support	Salvation Army (Salvos)	Professional counseling, suicide prevention and bereavement; chaplains and visitation; online programs.	www.salvos.org.au
Well being support and strategies to support mental and physical health	Anglicare	Community visitors – connect volunteer visitors to clients who are socially isolated; Bundaberg office services Gladstone; Roma; Cecil Plains (Dalby).	Anglicaresq.org.au
Wesley Life Force – access to suicide prevention	Wesley Mission	Online hub to enable suicide prevention networks to learn from each other – materials for strategic planning; marketing materials and networks.	Wesleymission.org.au
Standby Suicide response service	United Synergies	Community a bed suicide post-prevention program for people who have been bereaved by suicide. Locally based 24 hour support line; face to face support; also works in schools, workplaces and community groups. Currently in Brisbane, Maroochydore, Cairns, Mt Isa and other locations interstate.	Unitedsynergies.com.au
mindOUT program	LGBTI health	Works with mainstream mental health services to assist people from LGBTI communities.	Lgbtihealth.org.au
Mind matters		Mental health secondary school program for whole school community.	Mindmatters.edu.au

Nationally (continued)			
Depression resources and access to support.	Whitecloud Foundation	Pilot clinic and QUT health clinics; funds theatrical performances with state and national Arts Council to primary and secondary schools; plans to create facilities and access through multidisciplinary centres; has a focus on expanding their services to rural and remote Australia. Chaired by Prof Adam Scott adjunct prof at QUT; free clinic at QUT for post traumatic stress disorder patients and exercise for former military personnel or emergency service men and women.	Whitecloudfoundation.org.au
State / Locally			
Policy / Strategy	Lead agency	Relevance	Reference
Qld Mental Health, Drug and Alcohol Strategic Plan	Queensland Government Mental Health Commission	Overall state direction for improvements in mental health promotion and service delivery.	http://www.qmhc.qld.gov.au/wp-content/uploads/2014/10/QMHC-Mental-Health-Drug-and-Alcohol-Strategic-Plan-2014-2019_web.pdf
Mental Health strategic planning, mapping, research and resources	Queensland Mental Health Commission	State wide Queensland policies and strategies.	http://www.qmhc.qld.gov.au/work/
Mental Health Act reform	Queensland Health	Improvements in consent for care, improvements in patient rights and clinical practice.	http://statements.qld.gov.au/Statement/2015/9/17/major-mental-health-reforms-for-queensland
Find a mental health service	Queensland Government	Online service guide for Qld.	https://www.qld.gov.au/health/mental-health/help-lines/services/
Mental health resources and programs for Queensland	Queensland Alliance for Mental Health	Queensland relevant resources.	http://qldalliance.org.au
Queensland Centre for Mental Health Learning	Queensland Health	Training for mental health practitioners across Qld.	https://www.health.qld.gov.au/qcmhl/
Partners in Recovery Initiative SWQ	Lifeline	Local partnership to drive mental health initiatives in SWQ.	http://www.pirinitiative.com.au/about/pir_organisations/profiles/?id=5584
Support Groups	Mental Health Association	Face to face in Brisbane and Southport only but worthy to note there are no online groups.	

State / Locally			
Mental Health news summary website "News in Mind"	Mental Health news summary website "News in Mind"	Up to date summary of news articles relating to research, politics, therapies, technology etc.	http://www.newsinmind.com
	Mental Illness Fellowship of Qld		
Online support			
OnTrack	QUT IHBI (funded by Qld Govt)	Online support programs and information. Range of programs including alcohol and drug; storm recovery; families; 'get real.'	https://www.ontrack.org.au/web/ontrack/home
MoodGYM	Australian National University	Prevents depression through 5 modules, interactive game, audio files etc	https://moodgym.anu.edu.au/welcome
e-Hub self help programs	Australian National University	Range of online programs supported through ANU research.	http://www.ehub.anu.edu.au/welcome.php
mindhealthconnect	Health Direct Australia funded by Aust Govt	Central hub of mental health for programs and services from a range of Australian service providers.	http://www.mindhealthconnect.org.au
dNet (Depression Net)	dNet – People like us	Information, access to professionals, information on treatments, peer support on the message board and chat rooms.	Depressionet.org.au
Crisis support and Suicide prevention	Lifeline Australia	24 hr support crisis line; crisis support chat; service finder; local centres; self-help tools, real stories.	Lifeline.org.au
Support and counselling services for men	Men's line Australia	Information, support, 24 hr support line, peer groups.	Mensline.org.au
Emergency suicide help, for people who need help, people worried about someone or people who have lost someone	Suicide call back service	24/7 365 days per year service.	Suicidecallbackservice.org.au
Beacon : e-hub suite of self help resources for mental health and physical disorders	Australian National University	Covers many aspects of mental health such as bipolar disorder, depression, suicide and post traumatic stress.	Beacon.anu.edu.au
Local services/programs			
Community support service	Tara Neighbourhood Centre	Local service for Tara residents in Surat Basin.	Http://statements.qld.gov.au/Statement/2014/1/21/new-onestopshop-for-services-in-chinchilla
Mental health services	Local hospitals	Chinchilla	

Online support (continued)			
Chinchilla multi-tenant service centre	Qld govt and QGC	Chinchilla Family support is the main tenant and they are coordinating other tenants to service local needs incl mental health and family and housing issues	Http://statements.qld.gov.au/
Peer-led mental health support networks	Grow Queensland	Run a range of 'mutual help groups' and personal development to help people recovering form mental illness. Recently received funding to deliver peer-led online support to Roma and Emerald.	www.dalbyherald.com.au/news/funding-boost-helps-mental-health-western-qld/2798426/
Wellbeing Day event provide education, support and inspiration to people with mental health challenges and their carers	Anglicare Southern Qld	Awareness day.	
Aboriginal and Torres Strait Islander health services 'balancing physical, mental, emotional, cultural and spiritual health.'	Goondir Health Services – located in Oakey, St George and Dalby. Services areas of Dalby, St George, Chinchilla, Miles, Tara, Toowoomba, Oakey, Bollon, Dirranbandi, Goondiwindi.	Local service.	http://ww.goondir.org.au
As above	Charleville and Western Areas Aboriginal and Torres Strait Islanders Corporation for Health – services Roma, Mitchell, Quilpie, Windorah, Surat, Tara, Goondoowindi, St George, Cunnamulla.	Local service provider.	www.sewbmh.org.au

Snapshot of Existing Action at the National, State and Local Level

Improving Access to Health Services:

Internationally			
Policy / Strategy	Lead agency	Relevance	Reference
Global Health data	World Health Organisation	Overview of what works and can work, supported by data in global health service delivery.	http://www.who.int/gho/service_delivery/en/
Global Health Delivery Project	Harvard University	Practical application of global health delivery research into developing and developed countries.	http://www.globalhealthdelivery.org
Nationally			
Policy / Strategy	Lead agency	Relevance	Reference
Overview of key policies, and strategies to reorient rural health services in Australia	Health Direct Australia	Existing and recommended actions.	http://www.healthdirect.gov.au/rural-and-remote-health
Delivering better health outcomes for rural and remote communities	Aust Govt Department of Health	Overview of facts, commitments and recommendations.	http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/$File/CHAPTER %209.pdf
State / Locally			
Policy / Strategy	Lead agency	Relevance	Reference
Queensland Rural and Remote Health Service Framework	Queensland Health	Framework ready for local implementation and action.	https://www.health.qld.gov.au/publications/documents/randr_hsp_framework.pdf
Framework: A framework for mental Health Service Delivery in Rural and Remote Queensland	Centre for Rural and Remote Mental Health Queensland	State based framework and relevant strategies ready for action.	http://www.acrrmh.com.au/assets/Uploads/Literature-Review-RR-Models-July-2011.pdf
Definition of a rural model of health service delivery	Queensland Health	Recommendations and outline for health service model.	https://www.health.qld.gov.au/publications/infrastructure/documents/rural-model.pdf
The One Gladstone Health Plan	Funded by Rio Tinto (local partnership steers plan)	Commitments to driving better health services in Gladstone.	http://www.hereforgladstone.com.au/rio-tinto-here-for-health

Snapshot of Existing Action at the National, State and Local Level

Physical Activity and Healthy Eating:

Internationally			
Policy / Strategy	Lead agency	Relevance	Reference
WHO Global Strategy on Physical Activity and Health	World Health Organisation	Global direction based on evidence based strategies for reducing the global burden on non-communicable disease and improving physical activity and human diet.	http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf
Global recommendations on physical activity for Health	World Health Organisation	Policy level global action aimed at policy makers.	http://apps.who.int/iris/bitstream/10665/ 44399/1/9789 24159 9979_eng.pdf
WHO Healthy Diet	World Health Organisation	Key recommendations on healthy diet intake for adults and children.	http://www.who.int/mediacentre/factsheets/fs394/en/
Nationally			
Policy / Strategy	Lead agency	Relevance	Reference
Suite of national physical activity guidelines and recommendations	Summarised by Australian Physical Activity network	Existing national direction and action strategies to support physical activity.	http://www.heartfoundation.org.au/information-for-professionals/australian-physical-activity-network/Pages/guides-and-policies.aspx
Australian Dietary Guidelines	Australian Government Department of Health	National guidelines for Australian's dietary intake including practical information and recipes.	https://www.eatforhealth.gov.au/guidelines/australian-dietary-guidelines-1-5
State / Locally			
Policy / Strategy	Lead agency AND **key stakeholder**	Relevance	Reference
Healthier.Happier	Queensland Health	Overarching multi media campaign.	http://www.healthier.qld.gov.au
Health eating information and advice	Queensland Health	Evidence based information on diet and nutrition for Queenslanders.	https://www.health.qld.gov.au/healthyeating/
Queensland Health diet and nutrition programs and resources	Queensland Health	An overview of programs and resources offered by Queensland Health.	https://www.health.qld.gov.au/healthyeating/healthprof/resources.asp
Local community action strategies	Heart Foundation	Range of local community action strategies for improving physical activity and nutrition.	http://www.heartfoundation.org.au/active-living/action/Pages/default.aspx

State / Locally (continued)			
Be Healthy Maranoa	Maranoa Regional Council	Strategies for the Maranoa region.	http://www.maranoa.qld.gov.au/be-healthy-and-safe-maranoa
Gladstone Physical activity	Discovery Coast Community Health	Overview of opportunities for Gladstone residents.	http://www.gladstone.qld.gov.au/discovery-coast-community-health-service

Snapshot of Existing Action at the National, State and Local Level

Managing Alcohol and Drug Use:

Internationally			
Policy / Strategy	Lead agency	Relevance	Reference
Global strategy to reduce harmful use of alcohol	World Health Organisation	Global direction on effective strategies.	http://www.who.int/topics/alcohol_drinking/en/
Management of substance abuse	World Health Organisation		http://www.who.int/topics/substance_abuse/en/
Nationally			
Policy / Strategy	Lead agency	Relevance	Reference
Australian Guidelines to reduce health risks form drinking alcohol	NHMRC	Evidence based guidelines on links of alcohol to adverse health effects.	http://www.nhmrc.gov.au/health-topics/alcohol-guidelines
Suite of National initiatives including Coward Punch, Hello Sunday Morning	Various – all supported by Australian Government Department of Health	Overarching programs relevant for implementation in local communities.	http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-drugs-alcohol-index.htm
State / Locally			
Policy / Strategy	Lead agency	Relevance	Reference
Queensland Mental Health, Drug and Alcohol Strategic Plan	Queensland Mental Health Commission	Queensland based initiatives for local implementation	http://www.qmhc.qld.gov.au/work/queensland-mental-health-and-drug-strategic-plan/

An electronic version of this report is available at
www.wesleyresearch.org.au/wellbeing/

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