

BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: QUEENSLAND

Parties to the Schedule

1. This is an agreement between:
 - a. the Commonwealth of Australia; and
 - b. the state of Queensland.

Term of the Agreement

2. This Schedule is expected to expire on 30 June 2026.
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule will fall under the National Agreement and will be subject to all clauses agreed. Where inconsistencies exist between this Schedule and the requirements of the National Agreement, the National Agreement will prevail.
5. The Commonwealth undertakes to make the terms and conditions within this Schedule consistent, where appropriate, across the states and territories (states). In the event that more favourable terms and conditions are negotiated with a specific state, the Commonwealth will make these available to Queensland, if this relates to substantial financial or governance arrangements.
6. Both Parties will ensure prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities or initiatives within this Schedule.

Purpose

7. This Schedule will support improved mental health and suicide prevention outcomes for all people in Queensland, through collaborative efforts to address gaps in the mental health and suicide prevention system.

Principles

8. Activities within this Schedule will align with, and be carried out according to the National Agreement.

Roles and Responsibilities specific to this Schedule

9. This Schedule builds on the roles and responsibilities agreed under the National Health Reform Agreement to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
10. Broad roles and responsibilities for the Commonwealth and the states and territories are specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and Queensland as they relate to this Schedule are set out below.
11. Under this Schedule, the Commonwealth agrees to be responsible for:
 - a. establishing new Head to Health adult mental health centres across Queensland, including fully funding the:

- i. establishment costs for five new centres and seven new satellites; and
 - ii. continued operation of the Townsville Head to Health centre.
 - b. consulting with Queensland on the establishment and operation of additional Adult Mental Health Centres and Satellites, if established and operational outside of this Schedule.
 - c. fully funding the establishment and ongoing operation of two new headspace sites in Queensland.
 - d. contributing funding for the enhancement of new and existing headspace services in Queensland. The rollout and allocation of enhancement funding to specific headspace services will be determined by the Commonwealth in consultation with Queensland during implementation.
 - e. providing funding to Queensland to establish and operate two Head to Health Kids Hubs.
 - f. co-designing a service model in collaboration with Queensland and providing national support for implementation and operation of the Head to Health Kids Hubs.
 - g. supporting national governance of the Distress Intervention trials, including collaboration across jurisdictions and with Scotland, supporting implementation of the model and a national approach to evaluation.
 - h. funding Beyond Blue to support the transition of existing Way Back Support Service sites under the *Aftercare Following a Suicide Attempt bilateral agreement* into this Schedule and integration of the new services into a national program of universal aftercare.
 - i. providing funding to Queensland to support perinatal mental health screening, and for the development of a perinatal mental health minimum data set.
 - j. providing funding to Queensland to deliver a range of early intervention community support programs in key areas including for perinatal mental health, family support, multicultural and refugees, eating disorders, and Clubhouses.
12. Under this Schedule, Queensland agrees to be responsible for:
- a. establishing and ongoing operation of two Head to Health Kids Hubs, in accordance with Clause 10(f) and in alignment with the Head to Health Kids National Service Model.
 - b. co-branding the Head to Health Kids Hubs, commensurate with both Parties investment and in consultation with relevant stakeholders including Primary Health Networks.
 - c. providing funding for State based child and youth mental health clinical in-reach into new and existing headspace sites (consistent with the headspace model) with the aim of enhancing service integration and thereby bridging gaps in treatment and care for young people.
 - d. working towards universal antenatal and postnatal mental health screening across public maternity and family care settings, enhancing the digital screening and data collection and contributing the data to a national perinatal mental health data set.
 - e. providing a range of early community support programs in key areas including for perinatal mental health, family support, multicultural and refugees, eating disorders, and Clubhouses.
13. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:
- a. co-funding, on a 50:50 basis, the ongoing operational costs for three Head to Health centres and five satellites to improve access to multidisciplinary adult mental health services and improve service integration.
 - b. co-funding, on a 50:50 basis, the establishment and ongoing operation of two Head to

Health Kids Hubs to improve access to multidisciplinary team care to infants and children.

- c. working together to enhance new and existing headspace services in Queensland to improve access to multidisciplinary team care for young people aged 12 to 25 years.
- d. improving integration of youth mental health services, with a focus on ensuring young people can access an appropriate level of support, wait times are minimised, and transition between services is streamlined.
- e. enhancing electronic collection and central extraction of perinatal mental health screening data collected from public antenatal and postnatal care settings.
- f. supporting the development of joint regional mental health and suicide prevention plans by the PHNs and Queensland Hospital and Health Services (HHS) to inform and strengthen commissioning at a local level.
- g. co-funding, on a 50:50 basis, aftercare services to be universally available to people discharged from hospital after a suicide attempt and trial expanded referral pathways for two sites.
- h. co-funding, on a 50:50 basis, the establishment of a trial of Distress Intervention in two sites.
- i. co-funding, on a 50:50 basis, universally available, statewide postvention services for people bereaved and impacted by suicide.
- j. collecting and reporting data to support the objectives of this Schedule. Including:
 - i. achieving comprehensive health data access, usage and sharing, whilst maintaining data security and preserving individual's privacy.
 - ii. providing data access to support shared patient-clinician decision making, improved services delivery and system planning.
 - iii. working together to better harness data, analytics and evidence, to drive meaningful improvements in the health system.
- k. improving joint regional planning and commissioning for mental health and suicide prevention services, with appropriate governance, accountability and evaluation of Commonwealth, State and jointly planned and funded programs and services.
- l. working together to determine and agree the locations for new services.

Objectives and outcomes

14. The Parties agree on their shared objective to work collaboratively to implement systemic reforms that address gaps in the mental health and suicide prevention system, improve mental health outcomes for all people in Queensland, prevent and reduce suicidal behaviour, and deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
15. As a priority in the first instance, the Parties agree to work together to address areas identified for immediate reform as informed by the Productivity Commission's final report into mental health, the National Suicide Prevention Adviser's final advice and other inquiries.
16. This will be achieved by focusing efforts to:
 - a. reduce system fragmentation through improved integration between Commonwealth and State-funded services;
 - b. address gaps in the system by ensuring community-based mental health and suicide prevention services, and in particular ambulatory services, are effective, accessible and affordable; and

- c. prioritise further investment in prevention, early intervention and effective management of severe and enduring mental health conditions.

Implementation

17. The Parties agree that implementation of this Schedule will:

- a. be informed by the lived experience of consumers and carers and will enable person-centred care that addresses the needs of diverse cohorts and regional and rural communities
- b. facilitate local level responses that take account of social determinants and their impact on mental health and wellbeing and risk of suicide, working cohesively with the broader health system; and
- c. ensure the particular needs of vulnerable population groups, including people in rural and remote locations, Aboriginal and Torres Strait Islander people, LGBTQ+ people and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner.

Publication

18. This Schedule will be published on the Federal Financial Relations website after formal agreement.

Linkages with other Agreements

19. This Schedule builds on, and re-affirms, the roles and responsibilities as agreed through the National Health Reform Agreement Addendum 2020-25 (the NHRA), the clauses in this Schedule do not supersede those in the NHRA.
20. Where inconsistencies exist between the requirements of the Bilateral Schedule and the NHRA, the requirements of the NHRA will prevail.
21. Where relevant to the roles and responsibilities of the Parties, this Bilateral Schedule should be read together with the:
 - a. Fifth National Mental Health and Suicide Prevention Plan
 - b. National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
 - c. National Safety and Quality Digital Mental Health Standards
 - d. National Mental Health Workforce Strategy
 - e. National Mental Health Services Planning Framework
 - f. National Children's Mental Health and Wellbeing Strategy
 - g. Equally Well Consensus Statement
 - h. National Mental Health Performance Framework 2020
 - i. National Mental Health and Suicide Prevention Information Development Priorities, Third and future editions
 - j. Intergovernmental Agreement on Data Sharing
 - k. National Agreement on Closing the Gap
 - l. *Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023*
 - m. *Connecting Care to Recovery: a plan for Queensland's state-funded mental health alcohol and other drug services 2016-2021*; and