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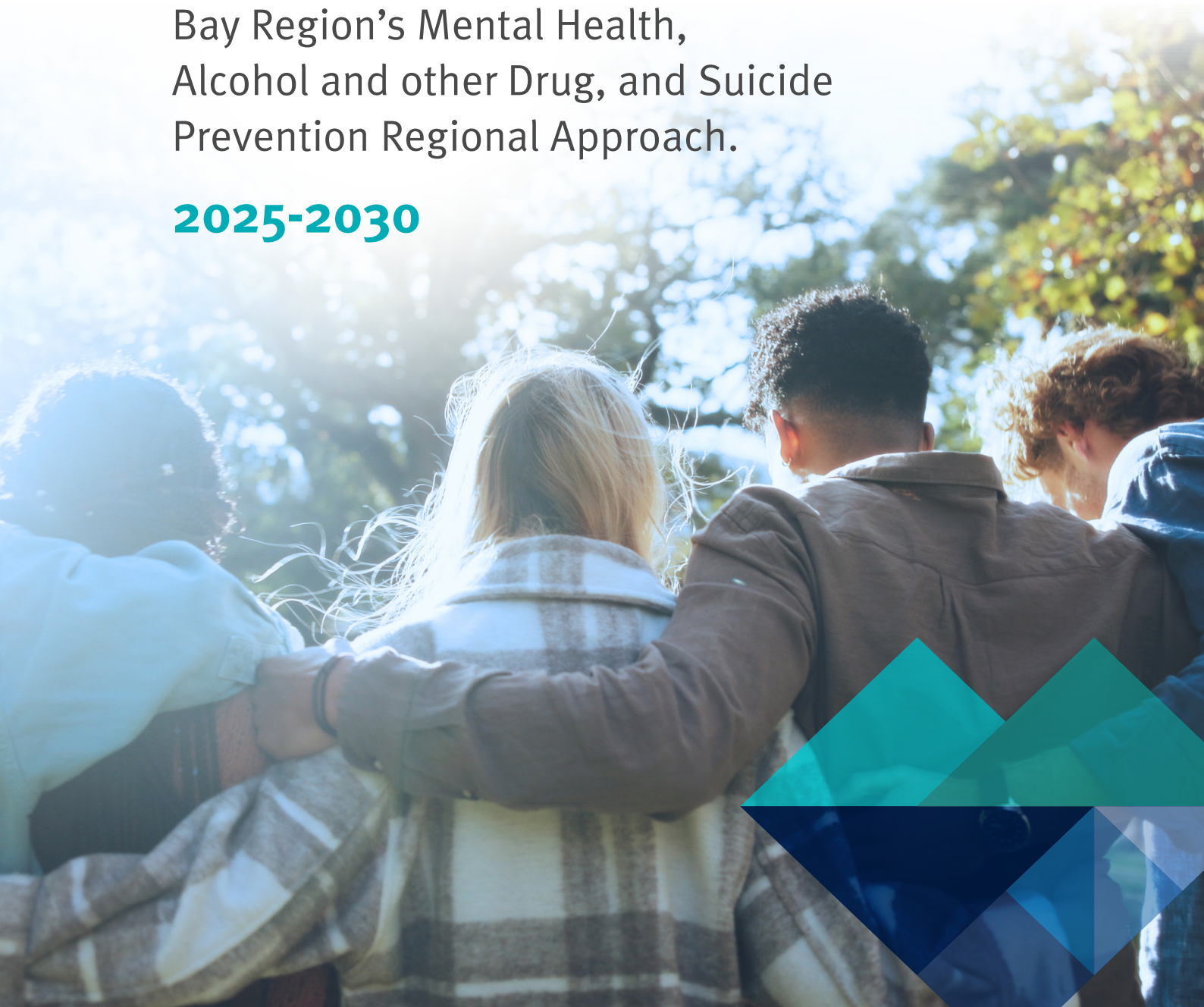
Queensland Government
Metro North Health

This is a joint initiative between Brisbane North PHN and Metro North Health.

Our Approach to Wellbeing

The North Brisbane and Moreton Bay Region's Mental Health, Alcohol and other Drug, and Suicide Prevention Regional Approach.

2025-2030



Acknowledgment

First Nations Peoples

Brisbane North PHN and Metro North Health acknowledge the Turrbal and Jagera people of Brisbane, the Gubbi Gubbi people of Caboolture and Bribie Island, the Wakka people of Kilcoy, the Ningy Ningy people of Redcliffe, and the Pitcairn Islanders and their ancestors of Norfolk Island as the Traditional Custodians of the lands on which we meet, work and learn. We pay our deepest respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples in our community.

First Nations peoples have lived on and cared for the lands, waters, and skies of our region for thousands of generations, holding deep cultural knowledge, kinship systems and ways of healing that continue to sustain individuals, families and communities today. Their enduring values of connection, reciprocity and collective wellbeing are central to a holistic approach to health and inspire our regional work.

We acknowledge the ongoing impacts of colonisation, racism and intergenerational trauma on the health and wellbeing of First Nations peoples. We also recognise the disproportionate burden of mental health challenges experienced by Aboriginal and Torres Strait Islander peoples, and are honoured to listen, learn and work alongside communities to address these inequities. We deeply respect the wisdom embedded in First Nations traditions and the strength and resilience of their peoples in overcoming these challenges.

Alongside our fellow Primary Health Networks (PHNs) and Hospital and Health Services in South East Queensland, we are committed to a Regional Approach that is in partnership with communities and grounded in truth-telling, self-determination and reconciliation.

We strive to ensure that our services are culturally safe, strengths-based and responsive to community needs, fostering a future where all people can access the care and support, they deserve.

Recognition of lived and living experience

We recognise and deeply value the contributions of people with a lived and living experience of mental health challenges, alcohol and other drug use, and suicide. Their voices, insights and experiences are central to shaping a system that is person-centred, recovery-oriented and responsive to community needs.

We recognise the strength and resilience of individuals, families, carers and support networks who navigate these challenges daily. Their perspectives inform and enrich our work, ensuring that services are accessible, inclusive and effective.

We are committed to embedding lived and living experience expertise at every level of decision-making, ensuring that policies and services reflect real needs and priorities. We hold ourselves accountable for creating a system that moves beyond tokenistic engagement to genuine co-design, continuous improvement and transparent action.

Through meaningful partnerships, we strive to build a system in which lived and living experience is not only acknowledged but actively drives change – ensuring that everyone across the North Brisbane and Moreton Bay region has the opportunity to live well and thrive.

Thanks

On behalf of Brisbane North PHN and Metro North Health, we extend our heartfelt gratitude to everyone who contributed to the development of this approach.

We thank the individuals and organisations across our shared region who participated in consultations, workshops, and surveys, enabling us to capture 700 points of feedback from 545 community members. Your insights, experiences, and perspectives have been invaluable in shaping a plan that aims to reflect the needs of our community.

We recognise and deeply appreciate the lived and living experience community, including individuals, carers, families and the peer workforce. Your voices have guided us in creating a plan that prioritises person-centred, recovery-oriented and meaningful support.

We are also grateful to the dedicated staff from PHNs across the country for their insights and collaboration. We especially thank the PHN and Hospital and Health Services team at Darling Downs West Moreton, who generously shared their time and documents with us, and whose regional plan *Healthy Minds, Healthy Lives* greatly influenced our approach.

We also thank the teams at Brisbane North PHN and Metro North Health for their commitment and hard work in bringing this approach to life.

A special thank you to Karina Smith for her human-centred design expertise and guidance throughout this process.

Finally, we recognise all of our *Planning for Wellbeing* partners for their time and effort in supporting the previous Regional Plan (2018–2024) iteration. Your involvement and commitment have been instrumental in improving health and wellbeing outcomes for the North Brisbane and Moreton Bay communities, and this effort continues to shape the direction of the *Our Approach to Wellbeing* (2025–2030).

This collaborative approach is a testament to the power of collective effort, community members, service providers and system planners working together to achieve shared goals. Thank you for your dedication to shaping a healthier future for our region.

Contents

Foreword

Our Approach to Wellbeing marks the next stage in a journey that began with *Planning for Wellbeing* in 2018, our first Joint Regional Plan. That foundational work brought together partners from across the sector to improve mental health, suicide prevention, and alcohol and other drug (AOD) services in the North Brisbane and Moreton Bay region. With 15 chapters, 67 objectives and 251 actions, it laid the groundwork for whole-of-system reform and collaboration.

Seven years on, we are navigating a significantly changed environment. A global pandemic and a period of geopolitical uncertainty has fundamentally altered the way that people respond to their environments and experience emotional distress. Locally, the worsening housing crisis, employment insecurity, and rising cost of living have further impacted mental health and wellbeing in our region.

These challenges have also created valuable opportunities to rethink how services are designed and delivered and encourage us to explore models that better respond to the complex, intersectional needs of our communities. They have also provided the space to purposefully elevate the essential role of lived and living experience across governance and every stage of the planning process. Together, these shifts underscore the need for flexible, responsive, and system-wide approaches that embrace innovation, non-traditional models of care, and the strategic use of technology.

The development of our new Regional Plan has been a deeply collaborative process led by Brisbane North PHN and Metro North Health. It was informed and co-developed with, hundreds of voices across the region, and the work has evolved from a traditional Plan into a more adaptive and action-oriented Regional Approach.

Our Approach to Wellbeing carries forward a vision of a vibrant and connected mental health ecosystem, one that responds to needs across the lifespan and is supported by a skilled, valued, and diverse workforce.

Most importantly, we want every person, whether they provide support, deliver services, care for others or bring their own lived or living experience to see themselves in this work. To know how they can contribute, raise the big questions, and work with us to co-create the solutions that will shape a better future for our community.

Libby Dunstan
CEO, Brisbane North PHN

Dr Hitesh Joshi
Acting Executive Director of
Metro North Mental Health

Where we have been

Our previous Joint Regional Plan, *Planning for Wellbeing*, laid strong foundations for regional reform and collaboration across the sector. As we revisited that work with our partners, clear lessons emerged about what's needed to support a more responsive and coordinated system.

Using the human-centred Double Diamond Framework 'Discover, Define, Develop, Deliver' we engaged over 545 people with lived and living experience, service providers, and community stakeholders. Together, this process generated more than 700 points of qualitative data that shaped the next phase of our work.

We heard that we need to:

- evolve from a set and static plan to a regional mechanism that can respond to emerging needs
- build a sector-wide approach to quality improvement (QI) and innovation
- shift from a chaptered, siloed structure to one that prioritises whole of system enablers that can support any population group, intersectional needs and respond to changing environments.

Through our conversations with partners, we also heard that a shift in language from a 'Plan' to an 'Approach' creates more space for learning, shared accountability and continuous improvement. This updated iteration has been named *Our Approach to Wellbeing* (also referred to as *Our Approach*) to reflect this new way of working. It builds on the foundation of *Planning for Wellbeing*, honouring past contributions while offering a more responsive framework for future growth and improvement. To learn more about this process please review our consultation findings **here.**

About our Regional Plans and our region:

- Why do we have joint regional **plans**
- How does our Regional Approach align with current policy **context**
- *Planning for Wellbeing* **learnings and achievements**
- See a Snapshot of the North Brisbane and Moreton Bay Region:
  - **Joint Regional Needs Assessment** (JRNA)
  - The **Norfolk Island Health Needs Assessment** (HNA).

Where we're going Our Approach to Wellbeing

Our Approach to Wellbeing brings together people with lived and living experience, service providers, funders, and planners to improve mental health, alcohol and other drug, and wellbeing outcomes across our region.

Guided by shared principles and four key focus areas, we drive quality improvement that responds to real needs. By working together, we co-design solutions, align services, and strengthen system connections to create meaningful, lasting change for our community.

Our vision

Better mental health and wellbeing outcomes for our community.

Our purpose

We work together across North Brisbane, Moreton Bay, and Norfolk Island to listen to our communities including people with lived and living experience to design thoughtfully and respond collectively. We are committed to ensuring mental health, alcohol and other drugs (AOD), and suicide prevention services are compassionate, responsive, and meet the diverse needs of every person.

Our Approach is led by **guiding principles** that inform all activity and decision-making throughout its implementation:

1. Embedded lived experience

2. Practical and aligned with existing strategy and policy

3. Collaborative governance

4. Strategic partnerships

5. Evidence-informed and conscious decisions

These principles shape how the four Focus Areas are actioned and ensure that *Our Approach to Wellbeing* is both responsive and sustainable.

Our Approach to Wellbeing does:

- help to plan services related to mental health, suicide prevention, and substance use
- consider feedback from stakeholders about their priorities and concerns and proactively works towards possible solutions within the current environment
- encourage and enable cooperation and collaboration among stakeholders within the region
- provide opportunities to try innovative approaches to complex system wide issues
- explore opportunities to address service delivery gaps including co-commissioning approaches
- embrace a human-centred design approach to quality improvement that puts the people of North Brisbane and Moreton Bay region at the centre of each phase of service improvement.

Our Approach to Wellbeing does not:

- replace current funding agreements or service contracts
- increase funding directly, but instead supports the prioritisation and best use of existing resources
- solve all issues immediately
- change broader planning processes such as the state or national policy and funding landscape
- prescribe specific solutions, but instead promotes collaborative problem-solving.

Four focus areas

In response to feedback gathered through the Discover and Define phases, the Develop phase focused on streamlining efforts and aligning resources around four interconnected focus areas. These focus areas serve as system levers for quality improvement (QI) activities, targeting the complex and interrelated challenges across the sector more effectively.

Focus Area 1:
Planning and working together

Focus Area 2:
Community awareness and access to services

Focus Area 3:
Responsiveness to diverse life needs

Focus Area 4:
Workforce and professional support

These four Focus Areas were reinforced by findings arising from the Brisbane North PHN and Metro North Health **Joint Regional Needs Assessment** (JRNA) and the **Norfolk Island Health Needs Assessment** (HNA).

The four Focus Areas have been used to:

- develop a common language for stakeholders across the North Brisbane and Moreton Bay region
- support service providers and system planners to work towards a common purpose
- act as a navigation tool between current and desired state.

Our Approach unpacks the four focus areas into:

1. **What we know** each focus area can help to achieve (best practice evidence).
2. **What we heard about the current state** of the focus area (JRNA and the HNA coupled with consultation findings).
3. **What we heard about the desired state**, improvement and innovation opportunities across the three layers of system, service providers and community.
4. **What actions we can collectively take** across the North Brisbane and Moreton Bay region to reach the desired state.

Visit our website to see examples already moving us closer to the desired state across North Brisbane and Moreton Bay region.

Focus Area 1: Planning and working together

"Everyone in the sector plans and consults all together. However, nothing seems to ever be actioned and doesn't seem it's going to be fixed." ***– Community member***

What we know:

Good mental health and wellbeing relies on strong collaboration between all levels of government, funders, service providers, and the communities they support.

What we heard – The Current State

Ongoing frustration

- people are frustrated by how disconnected and fragmented services are
- coordinated care is especially difficult to access for those with complex needs—such as mental health, physical health, and substance use challenges.

Service providers need support to better connect together

- providers are struggling to balance service delivery with building and maintaining relationships across the sector
- there is a need for better ways to share information and network, to avoid duplication and improve the quality of care.

Making the most of existing resources

- there are many useful resources available across the region, but limited coordination between services and communities continues to get in the way of fully integrated services.

What we heard – Our Desired State

System:

- funders work together seamlessly to identify and address service gaps across regions
- funding models support co-located, holistic, and culturally responsive care throughout the system.

Service Providers:

- providers work within integrated care models that support strong partnerships
- multidisciplinary teams collaborate effectively to address service and support gaps.

Community:

- people with lived and living experience are recognised as partners and leaders in service planning and delivery
- communities are actively involved and empowered to shape mental health and AOD services.

Collective actions to move towards the desired state

- regional funding and commissioning bodies will work together to explore collaborative approaches, including co-commissioning, to address service gaps
- partners will strengthen connections between health services and organisations addressing the social factors that impact wellbeing
- explore and develop a consistent regional approach to connect and integrate:
  - mental health and alcohol and other drug services
  - physical health and mental health
- regional governance structures will be established to ensure lived and living experience leadership is embedded in all levels of decision-making.

Focus Area 2: Community awareness and access to services

"We are doing all the right things, but the system turns us away. It's a massive frustration. No wrong door – what happened? Where are the doors open?" ***– Community member***

What we know:

A "no wrong door" approach ensures people can access the support they need, no matter where they first seek help. It breaks down barriers, improves timely access to mental health care, and leads to better outcomes.

What we heard – The Current State

Finding the right services

- people in the community and service providers said it's often hard to find mental health services that suit their needs
- there is confusion about where to access accurate and up-to-date information about available services.

Accessing the right services

- even when people follow the right steps to get help, they often face long waits, are ineligible for the service, or struggle to access due to limited opening hours and out of pocket costs
- people are often required to tell their story multiple times
- it needs to be easier to access a psychologist and psychiatrist.
- there are still gaps in services, such as:
  - support for people with eating disorders and their families
  - services for people with disability, intellectual disability, or who are neurodivergent
  - mental health crisis services outside of hospitals
  - youth mental health services for those with serious or high-risk needs
  - free drop-in clinics and community programs
  - perinatal and infant mental health support
  - veteran mental health support

Community-based services

- people highlighted the need for more accessible, locally based services to reduce social isolation and strengthen community connection
- there is not enough investment in models that combine clinical care with non-clinical, community-based supports.

Stigma and Discrimination

- stigma remains a significant barrier, particularly for people with co-occurring mental health and alcohol or drug use concerns, preventing many from seeking help.

What we heard – Our Desired State

System:

- a central contact point to streamline referrals, navigate services, and share updates.

Service Providers:

- mental health support is available in community spaces, helping build stronger connections and more collaborative care.

Community:

- local events to connect, promote services, and raise awareness
- services are easy to access, and community organisations are supported to provide safe, effective entry points into care.

Collective actions to move towards the desired state

- explore steps to establish a central intake system for the North Brisbane and Moreton Bay region
- ensure clear funding guidelines and timelines to:
  - Co-design services with community members and people with lived and living experience
  - Procure services that enhance community access to mental health, wellbeing, and alcohol and drug supports
- organise community events to improve understanding of what supports are available
- promote awareness and use of the Initial Assessment and Referral Decision Support Tool (IAR-DST) in primary and tertiary mental health sectors.

Focus Area 3: Responsiveness to diverse life needs

> "We need the consumer to be at the centre and be met with services and not having to always make consumers come to services."
> ***– Community member***

What we know:

People's overlapping identities (intersectionality) influence their experiences of stigma, access to support, mental health and substance use. As people move through different stages of life, their needs also change. A responsive service system must recognise and adapt to these diverse and evolving needs.

What we heard – The Current State

People need tailored support that meets their specific needs

- Aboriginal and Torres Strait Islander peoples
- older people
- people living with mental illness
- people with disabilities
- people from culturally and linguistically diverse backgrounds
  children and young people
- people experiencing or at risk of homelessness
- carers
- veterans
- neurodivergent people
- the Norfolk Island Community
- community-based asylum seekers
- lesbian, gay, bisexual, transgender, intersex, queer/ questioning people (LGBTIQ+).

People need help earlier

- community members and providers strongly emphasised the need to prioritise early intervention, especially in childhood and adolescence, to prevent escalation of mental health issues.

Services need to be fair and fit different needs

- a "one-size-fits-all" approach doesn't work and can even cause harm. There's a need for tailored supports
- building cultural safety and workforce capability through training is essential
- concerns were raised about data-driven funding models missing smaller or high-needs groups.

Community-centred care

- there is a need to shift towards holistic, community-led models of care that are appropriate across cultures and life stages
- navigating the service system is difficult, even for those with sector knowledge, indicating the need for simplified, integrated pathways
- broader community involvement is needed to support diverse needs across the lifespan.

Centring diverse lived and living experience, including carers

- Lived and living experience, including carers, must be embedded in how services are designed, and decisions are made. This is essential for ensuring services are person-centred and responsive.

What we heard – Our Desired State

System:

- funding organisations work together to create consistent standards across life stages and ensure lived experience is embedded in planning, commissioning, and advocacy.

Service Providers:

- services offer brief interventions for immediate needs, extend opening hours, and provide community-based programs tailored to diverse groups
- support for carers and families is built in, and services focus on responding to a person's current needs rather than the severity of diagnosis.

Community:

- a strong and visible peer-led workforce brings lived experience across all life stages and service settings
- carers have access to dedicated support, including service navigation, specialised training, and advocacy aligned with their role.

Collective actions to move towards the desired state

- funding organisations and service providers will work together to explore ways to extend opening hours for non-hospital services
- partners will explore funding models that enable brief interventions and other therapies including digital solutions, to reduce waiting times
- explore and act on opportunities to work with and support carers across the system
- identifying opportunities for more flexible and culturally appropriate funding and service design approaches.

Focus Area 4: Workforce and professional support

"There is increasing complexity and intensity and more suicide prevention work. This has a negative impact on staff, and they resign. We also see that staff struggle with work/life balance and are working more than one job" ***– Service provider***

What we know:

Investing in the workforce helps all care providers, including GPs, specialists, allied health workers, lived experience workers and community members, feel more confident and better prepared to provide quality care.

What we heard – The Current State

Professional development

- people from our North Brisbane and Moreton Bay workforce identified the need for more specialised training to meet the increasingly complex needs of the community
- duplication of training efforts indicates a need for better coordination and planning across the region.

Workforce retention and burnout

- retention continues to be impacted by short-term contracts, high turnover, wage disparities, and burnout
- a coordinated regional response is needed to support flexible work, sustainable funding, access to supervision, and burnout prevention
- there is a call to better recognise and integrate complementary non-clinical roles.

The need to grow and appropriately support peer and LLE workforce

- peer and LLE workers require structured training, support, and stronger integration into teams to maximise their impact and support safe, effective service delivery.

What we heard – Our Desired State

System:

- funding organisations work together to enable consistent workforce development, region-wide learning opportunities, and stronger networks across services.

Service Providers:

- providers build workforce capability beyond core funding through structured induction, supervision, job shadowing, and flexible use of funds—ensuring a workforce that is skilled, adaptable, and collaborative.

Community:

- mental health demand is met through community-centred approaches and the involvement of non-traditional workers
- community members are better equipped to respond to mental health needs and strengthen local support networks.

Collective actions to move towards the desired state

- where funding guidelines and timeframes allow, we will partner with the community and people with lived and living experience to co-design inclusive and holistic service models. These will prioritise services that build community capacity and offer accessible pathways into mental health, wellbeing, and AOD programs
- develop and implement a regional approach to workforce support and professional development to improve consistency, capability and effectiveness across the region.

Working together to support Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

Brisbane North PHN and Metro North Health will actively contribute to the South East Queensland First Nations Regional Planning Working Group, under the auspices of the First Nations Health Equity Mental Health Working Group to support a unified, systems-focused approach to mental health, alcohol and other drug, and suicide prevention service planning across South East Queensland.

We support the right of Aboriginal and Torres Strait Islander peoples to self-determination, including the leadership of decisions that affect their health and wellbeing. In this spirit, we are committed to working alongside communities in genuine partnership to support improved health outcomes in our region.

We will achieve this by:

- identifying regional planning requirements and service access enablers and barriers for Aboriginal and Torres Strait Islander communities
- contribute local data, insights, and community informed perspectives to inform consistent and culturally safe planning approaches
- support opportunities for co-commissioning and shared service design where appropriate; and
- embed the priorities of the SEQ First Nations Health Equity Strategy 2021–31 to advance culturally safe, equitable, and effective care.

This collaborative work will contribute to sustainable, long-term improvements in First Nations social and emotional wellbeing across the region.

The following joint commitment statement of the South East Queensland First Nations Regional Planning Working Group reaffirms this shared intent and strategic direction.

Joint Statement from South East Queensland PHNs and HHSs

As Primary Health Networks and Hospital and Health Services across South East Queensland, we acknowledge the Traditional Custodians of the lands on which we work and serve and pay our respects to Elders past and present. We acknowledge the continuing sovereignty of Aboriginal and Torres Strait Islander people, their inherent rights to self-determination, and their role in shaping a more just, equitable and culturally safe health system.

Together, we—**Brisbane South PHN and Metro South Health (Yuggera, Ugarapul, Jandai Peoples); Brisbane North PHN and Metro North Health (Turrbal, Yuggera, Ningy Ningy, Wakka, Gubbi Gubbi Peoples); Gold Coast PHN and Gold Coast Health (Yugambeh Peoples); Darling Downs and West Moreton PHN, Darling Downs Health and West Moreton Health(Yuggera, Ugarapul, Wakka Peoples)**—alongside the Institute for Urban Indigenous Health (IUIH) and Aboriginal Community Controlled Organisations reaffirm our shared commitment to improving mental health, suicide prevention, and alcohol and other drug outcomes for First Nations peoples in our region.

We acknowledge that many Aboriginal and Torres Strait Islander peoples live, work and move across multiple regions in SEQ, and that our systems must work in stronger partnership to provide seamless, culturally safe and responsive care—regardless of location.

This commitment will be actively driven through our continued and accountable participation in the Strategy's governance structures and working groups. We will ensure transparency and responsibility in all aspects of our involvement, including shared planning, implementation, workforce development, community engagement, and rigorous monitoring and evaluation. We will achieve this through the Key Performance Areas (KPAs):

We commit to:

- **KPA1: Eliminating racism**
- **KPA2: Increasing access**
- **KPA3: Addressing the determinants of health**
- **KPA4: Delivering sustainable care**
- **KPA5: Working in partnership**
- **KPA6: Strengthening the workforce**

Through continued collaboration and accountability within the **SEQ First Nations Health Equity Strategy**, we remain committed to walking together—grounded in truth-telling, mutual respect and shared purpose—towards a future where First Nations peoples in South East Queensland can thrive in mind, body, spirit and culture.

Regional Approach

The Way We Work

Who is responsible for overseeing, implementing and evaluating Our Approach?

- **The Executive Partnership Group** is responsible for steering *Our Approach to Wellbeing*. A distinguishing feature of this group is that members must have decision-making authority over resources and supports to progress quality improvement projects and explore opportunities for co-commissioning.

  Members currently include:

  - Brisbane North PHN, Executive Manager | Mental Health and Wellbeing
  - Metro North Mental Health, Executive Director and Director of Lived Experience
  - Queensland Health Mental Health Alcohol and Other Drugs Strategy and Planning Branch, Queensland Mental Health Commission, and Children's Health Queensland.

- **The Planning, Implementation, and Evaluation Support** function coordinates the implementation activities and evaluation of the Approach. It is led by the Brisbane North PHN Mental Health and Wellbeing team, with representatives from Metro North Mental Health. This function is guided and informed by lived and living experience (LLE) leaders and representatives from the Executive Partnership and Working Groups, ensuring their voices are central to shaping the activities.

- **Time-limited Working Groups** are responsible for developing, implementing and evaluating specific quality improvement projects, moving the four focus areas of *Our Approach* closer to the desired state.

  Working groups may include:

  - Brisbane North PHN Mental Health and Wellbeing representatives
  - Metro North Mental Health representatives
  - Lived and living experience representatives
  - Service provider and content area specialists.

Lived and living experience

Lived and living experience (LLE) expertise is recognised as a form of knowledge and evidence in its own right and stands equally alongside other expertise and ways of knowing. Involving people with lived and living experience in governance and all parts of *Our Approach* is crucial for its success.

> Lived experience is defined as personal experience(s) of a particular issue, such as mental health challenges or alcohol and other drug use, … that have caused life as we knew it to change so significantly we have to reimagine and redefine ourselves, our place in the world and our future plans. It is informed by the expertise, the collective knowledge of the lived experience movement and, importantly, it's about learning how to use those experiences in a way that's useful to other people.
>
> ***Lived Experience Leadership and Advocacy Network - LELAN***

To ensure we evolve learnings from *Planning for Wellbeing* about how regional planning can engage people with lived and living experience, we have consulted with a diverse range of community members, peer workers, individuals, executive leaders in identified roles, and peak bodies.

We heard that *Our Approach to Wellbeing* needs to:

- **establish** intentional and meaningful roles for LLE representatives with clear expectations and decision-making authority that is well-defined
- **establish** clear organisational processes to support a consistent and best practice approach to the LLE representative life cycle
- **create** authentic opportunities for leadership and decision-making influence that supports effective collaboration and accountability.

To act on this feedback, we have used the **Lived Experience Leadership and Advocacy Network** (LELAN)'s **Governance Framework** (Figure 1) to evolve LLE involvement. LELAN's Governance Framework provides three layers of lived and living experience involvement with clear specifications and expectations at each level. Each layer of responsibility for the Regional Approach context is unpacked below.

Figure 1: Domain 3 Lived Experience Involvement, Expertise and Leadership

Lived experience
To reimagine and redefine ourselves, our place in the world and our future plans

Lived experience expertise
To use those experiences in a way that's useful to other people to

Lived experience leadership
To speak up to influence community awareness, organisational culture, policy and politics; create space, pathways and inclusion with others; prompt

Lived experience:
Personal understanding gained from direct experience with mental health challenges, services, or recovery.

This perspective offers real-world insights into how systems and services work in practice.

Lived experience expertise:
Personal experiences are used in formal roles (i.e. advisory positions) to inform and guide decision-making, developed through structured learning and reflection.

Lived experience leadership:
Involves formal identified roles in governance or service design, with a focus on driving systemic change and keeping LLE perspectives central to decision-making.

Applied within Working Groups to implement QI ideas.

Applied to decision making function in the Executive Partnership Governance group

By intentionally embedding processes to support these three LLE levels across *Our Approach*, it is our hope that these perspectives will support improvements in services, guide decision making, and drive systemic change, resulting in fairer and more responsive service planning and delivery.

Learn more about how we plan to engage people with lived and living experience in *Our Approach* **here.**

Implementation and Evaluation approach

The implementation and evaluation of *Our Approach to Wellbeing* continue to be guided by the same human-centred Double Diamond process used throughout its development. This ensures that improvement efforts remain community-informed, strategically aligned, and supported by real-time learning through developmental evaluation.

As of March 2025, a total of 276 quality improvement ideas have been submitted for consideration under *Our Approach to Wellbeing*. These contributions have come from community members, service providers, and system planners.

Following the governance structures of *Our Approach to Wellbeing*, the Planning, Implementation and Support function and Executive Partnership group are responsible for reviewing and triaging these QI ideas. Together, they assess which initiatives are suitable to progress based on strategic alignment, potential impact, and available resources.

To be considered for implementation, QI ideas must meet four human-centred design criteria and align with the desired state objectives of *Our Approach*, as well as the JRNA and HNA priorities. Only ideas that meet all four criteria and align with *Our Approach* Desired State objectives can progress into the project phase.

Human-centred design criteria	Description
Desirable	The idea aligns with the JRNA and HNA, policy directions, and recognised best practice.
Feasible	Resources, capacity, and decision-making authority are available to support the idea.
Ethical	The idea promotes equitable access to mental health, alcohol and other drug, and wellbeing support; delivers positive outcomes; and adheres to legal and ethical standards.
Viable	The idea is sustainable over time and supports intersectionality with AOD services and other health needs.

Transition to Project Phase

Once an idea has been approved:

- a time-limited Working Group may be established. Group members are selected based on relevance to the project and include individuals with lived and living experience, service providers, and system planners who bring the appropriate expertise and insight
- the Executive Partnership Group, as the authorising governance body, mobilises the necessary supports and resources to enable effective planning, design, and implementation
- each project is delivered using human-centred design methodology, ensuring stakeholder engagement, iterative learning, and outcome monitoring throughout the process.

This implementation framework enables ideas to be trialled, adapted, and scaled in a way that is intentional, inclusive, and aligned to regional priorities.

Developmental Evaluation

To measure the impact of *Our Approach*, we will implement a Developmental Evaluation model. This approach is tailored for complex, dynamic settings and complements the human-centred design principles that underpin *Our Approach*. It facilitates ongoing learning, innovation, and flexibility, making it ideal for regional planning efforts that prioritise co-design, equity, and responsiveness to the diverse needs of the community.

Unlike traditional evaluation models that focus on attribution or static outcomes, Developmental Evaluation allows for real-time feedback and adjustments, helping to refine actions as the system evolves.

Key features of the Developmental Evaluation approach include:

- embedding iterative feedback loops to inform decisions in real time
- actively involving stakeholders as partners in the evaluation and design process
- guiding inquiry into adaptive learning questions, such as:
  - what unexpected outcomes or patterns are emerging?
  - how can strategies evolve in response to changing needs or contexts?
  - which innovative practices show potential for scaling?

This approach supports continuous refinement of the regional way of working and enhances the long-term effectiveness of *Our Approach to Wellbeing*.

The Evaluation Framework is currently in development with input from evaluation specialists and will be shared once finalised.

A summary of key Developmental Evaluation features

Purpose	Supports adaptive learning in complex environments, capturing emergent outcomes and innovation.
Strengths	• Enables real-time strategy pivots. • Centres lived experience narratives. • Fosters system level resilience.
Adapatability	High: Dynamic adjustments via embedded feedback loops.
Stakeholders skill development	*Our Approach to Wellbeing* stakeholders involved in evaluating projects and overall impact will develop adaptive leadership and participatory evaluation skills.
Breadth of insights	Captures system-wide interactions, unintended outcomes and equity gaps.
Depth of insights	Explores how to innovate in unpredictable contexts.
Best for	Complex, evolving collaborations prioritising equity, experimentation and systems change.

Our Approach to Wellbeing Impact Framework

This framework outlines how the approach will lead to better outcomes in our region / Outlines steps we're taking and changes we aim to see / Tracks our progress / Guides improvements

Our Challenges and Our Opportunities

These challenges and opportunities have been identified through multiple sources, including:

- Joint Regional Needs Assessment (JRNA)
- Health Needs Assessment (HNA)
- Input from community members and people with a lived and living experience
- Feedback from service providers
- Insights from system planners

Guiding Regional Approach principles

Embedded lived experience | Practical and aligned with existing strategy and policy | Collaborative governance | Strategic partnerships | Evidence-informed and conscious decisions

Our how

If we ...

- prioritise flexible, evidence-based improvements that address gaps and respond to emerging needs
- recognise that community needs are diverse and interconnected, and that services must move beyond siloed models
- invest in collaborative networks that support learning, adaptation, and scaling of new ideas.

By ...

Using human-centred design methodology to:

- engage with people who have lived and living experience, as well as those who design, deliver, and plan services, to ensure diverse voices shape meaningful solutions
- develop a consistent, region-wide approach to designing and commissioning services that respond to both current and emerging needs, including opportunities for co-commissioning
- use design criteria to assess quality improvement ideas, evaluating their feasibility, desirability, ethical considerations, sustainability, and alignment with diverse needs
- form dedicated, well-resourced working groups that draw on the region's expertise and partnerships to test, refine, and scale effective practices
- monitor and evaluate progress using human-centred design principles and evidence-informed tools to ensure ongoing improvement in service access, coordination, and outcomes.

Our Impact

This will result in ...

- small, practical changes that contribute to meaningful, long-term improvements in the mental health and wellbeing system
- service improvements that are feasible, desirable, ethical, and sustainable
- stronger collaboration and increased trust between services, organisations, and community members
- more opportunities for community members and service providers to contribute quality improvement ideas to system planners
- increased opportunities for providers to upskill and support their workforce
- a stronger focus on meeting the needs of population groups that require tailored, person-centred care.

And lead to ...

Better health and wellbeing outcomes for our community.

Focus areas enabling change

Planning and working together | Community awareness and access to services | Responsiveness to diverse life needs | Workforce and professional support

A Call to Action

Our Approach to Wellbeing is a shared way of working that guides how we collaborate across the mental health, suicide prevention, and alcohol and other drug sectors. It provides a coordinated framework for planning, partnering, engaging, and evaluating, ensuring our collective efforts align with community needs and bringing us closer to our shared desired state.

Centred on four key focus areas: Planning and Working Together, Community Awareness and Access, Responsiveness to Diverse Life Needs, and Workforce and Professional Support, *Our Approach* strengthens system-wide collaboration and reinforces our commitment to equity by addressing the diverse and intersectional needs of priority populations across the region.

As a flexible and evolving quality improvement framework, *Our Approach* supports learning, innovation and responsiveness to local context. designed to be adaptable, responsive, and fit-for-purpose. It enables shared accountability and future-focused planning between Brisbane North PHN, Metro North Health, and the broader service system, encouraging continuous adaptation rather than rigid adherence to set actions.

We invite all partners across services, sectors, and communities to:

- **engage** with *Our Approach*, explore the four focus areas and see how it connects to you or your work
- **collaborate** on shared priorities, contribute your insights and help shape quality improvement initiatives through collective action
- **stay connected**, follow updates, events, and opportunities to participate.

Through co-creation, shared accountability, and a commitment to learning, we can realise a more integrated and person-centred ecosystem of care, one that improves mental health and wellbeing outcomes for everyone in the North Brisbane and Moreton Bay region.

Acronyms and Glossary

AOD	Alcohol and other drugs
CALD	Culturally and linguistically diverse
HCD	Human-centred Design
HNA	Health Needs Assessment
HHS	Hospital and Health Services
IUIH	Institute of Urban Indigenous Health
JRNA	Joint Regional Needs Assessment completed by Brisbane North PHN and Metro North Health
LELAN	Lived Experience Leadership and Advocacy Network
LGBTIQA+	People who identify as lesbian, gay, bisexual, transgender, intersex, queer/ questioning, asexual
LLE	Lived and living experience
MHAOD	Mental Health, Alcohol and Other Drug
PHN	Primary Health Network
QI	Quality Improvement
Peer worker	Workers with lived experience who provide valuable contributions by sharing their experience of illness and recovery. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching, and running groups and activities.
Service provider	A person, business or organisation who delivers services (in this context, these are services primarily in mental health, suicide prevention and/or alcohol and other drug). Commissioned service providers referred to in this document are funded by the PHN.

Our Approach to Wellbeing

The North Brisbane and Moreton Bay Region's Mental Health, Alcohol and other Drug, and Suicide Prevention Regional Approach 2025-2030

What we heard about current state

DISCOVER

- Poor service connection leads to frustration
- How do we make the most of existing resources
- Service providers need support to better connect together
- Stigma and discrimination in services
- Increased demand
- Barriers to access
- Difficulty finding the right services
- Service gaps and unmet needs
- More early intervention and prevention
- Centre diverse lived and living experience
- "One size fits all" services fail to address unique needs
- Need holistic, culturally tailored, community-based care
- Staff burnout and worker retention challenge
- Value complementary workforce
- Need to grow and support LLE workforce
- Need targeted, coordinated training

DEFINE

Focus Area 1
Planning and working together

"Everyone in the sector plans and consultations are organised all together. However, nothing seems to ever be actioned and doesn't seem it's going to be fixed."
– Community member

Focus Area 2
Community Awareness and Access to Services

"We are doing all the right things, but the system turns us away. It's a massive frustration. No wrong door – what happened? Where are the doors open?"
– Community member

Focus Area 3
Responsiveness to diverse life needs

"We need the consumer to be at the centre and be met with services and not having to always make consumers come to services."
– Community member

Focus Area 4
Workforce and Professional Support

"There is increasing complexity and intensity and more suicide prevention work. This has a negative impact on staff, and they resign. We also see that staff struggle with work/life balance and are working more than one job" ***– Service provider***

DEVELOP

The Executive Partnership Group

Lived + Living Experience and Leadership

Planning, Implementation, and Evaluation Support

Time-limited Working Groups

What we heard about desired state

DELIVER

Community
- Strengthen lived and living experience
- Make services easier to access and aligned with community needs
- Support local events to connect and raise awareness
- Grow the peer workforce to embed lived experience across all life stages
- Train community members, including non-traditional workers, to respond to distress

Service providers
- Explore opportunities for service collaboration
- Offer support in community spaces
- Targeted support for carers
- Boost workforce skills with standard training, job-shadowing, and collaboration
- Explore multidisciplinary approaches to close gaps

System
- Advocate for funding models that support holistic care
- Common approach to referral, navigation and information sharing
- Invest in specialised training and peer supervision
- Advocate for psychosocial support in all programs
- Strengthen regional collaboration, standardise workforce development

Guiding Principles:

1. Embedded Lived Experience
2. Aligned with strategy
3. Evidence-informed decision making
4. Collaborative governance
5. Strategic partnerships