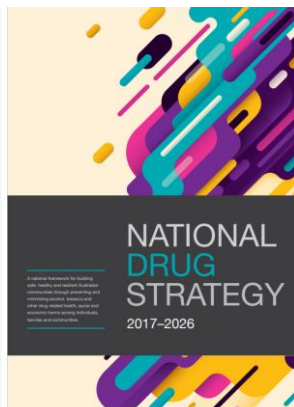




Why do we have Joint Regional Plans?



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 extended at any time with the agreement of both Parties.
4. This Schedule will be subject to the National Agreement and will be subject to all issues agreed between the Commonwealth and the State of Queensland.
5. The Commonwealth undertakes to review this Schedule, in the event the most appropriate terms and conditions are negotiated with a specific state, the Commonwealth will make force available to Queensland this review to undertake the review or governance arrangements.
6. Both Parties will ensure prior agreement is reached in the future and content of any amendments, amendments, amendments or amendments to articles or schedules 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 reported according to the National Agreement.

Rules and Responsibilities specific to this Schedule

9. This Schedule builds on the role and responsibilities agreed under the National Health Agreement to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
10. Each Party will be responsible for the Commonwealth and the State and will be subject to the National Agreement, specific rules and responsibilities for the Commonwealth and the State within this Schedule and in other laws.
11. Under this Schedule, the Commonwealth agrees to be responsible for:
 - a. establishing the Health for Health and all mental health services across Queensland, including fully funding them.

A Joint Regional Plan is mandated by the Fifth National Mental Health and Suicide Prevention Plan and is a collaboration between Primary Health Networks (PHNs) and Hospital and Health Services (HHS). Its primary goal is to enhance the coordination of mental health and suicide prevention services within a region. By aligning efforts, addressing service gaps, and setting shared priorities, these plans aim to create a more integrated and efficient healthcare system.

There is strong commitment at national, state and regional levels to work together across and within systems to improve mental health and wellbeing. Joint government commitments for regional planning are made explicit in:

- **2017:** *The Fifth National Mental Health and Suicide Prevention Plan* (as mentioned above).
- **2017-2026:** *The National Drug Strategy*, which encourages regions to create local action plans for alcohol and drug issues using a national framework focused on harm reduction.
- **2022:** *The Bilateral Agreement* between the Commonwealth and Queensland, which outlines shared responsibilities to improve mental health and suicide prevention in Queensland.

[Read more](#) about other policy and strategy alignment.

The mandate for a Joint Regional Plan was driven by longstanding siloing in mental health services, as highlighted in the 2014 National Review of Mental Health Programs and Services. The review found inefficiencies, service gaps, and poor coordination across different levels of government and providers. In response, the Fifth National Plan requires PHNs and HHSs to lead regional integration efforts through joint planning, shared governance, and collaboration with stakeholders. It emphasises person-centred care, evidence-based planning tools and innovative funding models to improve service coordination, accessibility and outcomes for consumers and carers.

