



## Our Approach to Wellbeing review and consultation process

*Our Approach to Wellbeing – the North Brisbane and Moreton Bay Mental Health, Alcohol and Other Drugs, and Suicide Prevention Regional Approach 2025–2030* was developed in partnership by Brisbane North PHN and Metro North Health. It was co-designed with, and informed by, people with lived and living experience, service providers, and community stakeholders from across the region

Building on [Planning for Wellbeing](#), this approach values past contributions, lessons learned, and progress made. It offers a responsive framework for future growth and improvement.

Developed using the [Double Diamond Framework: Discover, Define, Develop, Deliver](#) (Figure 1) of human-centred design methodology, the Approach applies the mental health and wellbeing experiences of more than 545 people in our region, as well as 700 points of qualitative data that emphasised the need for an evolving, responsive and adaptive strategy, rather than a static and fixed regional plan.

### The Double Diamond

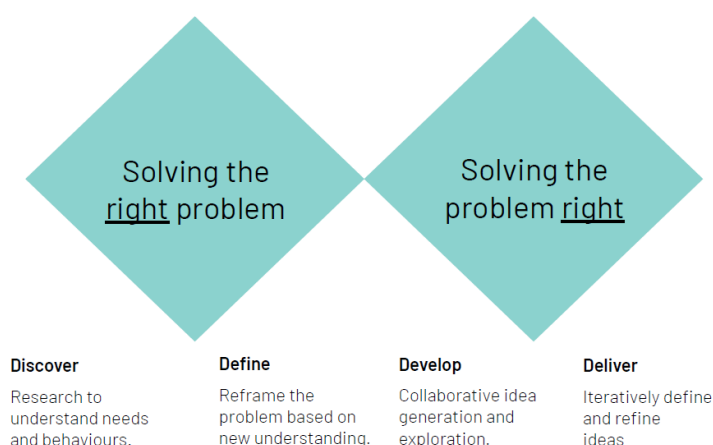


Figure 1: Human-centred design methodology: Double Diamond design process

## Discover: research to understand needs and behaviours

In our **Discover** stage of the Double Diamond, we asked people to share about their:

- mental health and wellbeing experiences in our region in relation to ways in which the whole system and sector might be improved
- experiences with working on *Planning for Wellbeing*, and how it might be improved.

A summary of our approaches used to connect with people are summarised in Table 1 below.





**Table 1: Summary of our Discover process and output**

Discover approach	Mechanism	Connected with
F2F Workshops	Planning for Wellbeing Forum February 2023	90 attendees 35 organisations
	Brisbane North PHN MHAOD Service Provider Day April 2024	70 service providers
	Mental Health Hubs (MHH) provider day	26 MHH staff members
	Metro North Health Planning Team	5 Metro North Health staff
	Brisbane North PHN Community Advisory Council	9 lived experience representatives
Planning for Wellbeing Partnership Group meetings	Chapter 1: People with Lived Experience Advocating Strategic Engagement (five consultations) Peer Participation in Mental Health Services (PPIMS) Network (two consultations) Chapter 8: Alcohol and Other Drugs Group (two consultations) Chapter 9: Perinatal and Infant Mental Health / Infant, Children and Youth Groups (two consultations) Chapter 12: Suicide Collaborative	12 lived experience representatives 20 service providers 15 community organisations
1:1 structured conversations	Face to face and online meeting platforms (13 conversations)	4 lived experience representatives
System leader meetings	Online meeting platforms (10 meetings)	4 Queensland Health Mental Health Branch 25 Metro North Health
Incentivised survey	JRNA survey	355 Brisbane North and Moreton Bay community members
<b>Discover output</b>	Discovered via <ul style="list-style-type: none"> <li>56 regional plan feedback sessions, capturing diverse perspectives</li> <li>345 points of qualitative feedback from regional plan-focused meeting.</li> <li>355 JRNA survey responses specific to mental health and wellbeing.</li> </ul> <b>545 people's mental health and wellbeing experiences in our region that addressed questions of how we might improve.</b>	

[Discover](#) JRNA findings, [discover](#) JRNA summary report and [discover](#) the Norfolk Island Health Needs Assessment.

## Define: reframe the problem based on new understanding

Insights from the Discover phase helped define what stakeholders need from the Regional Plan. A summary of these learnings is presented in Figure 2.



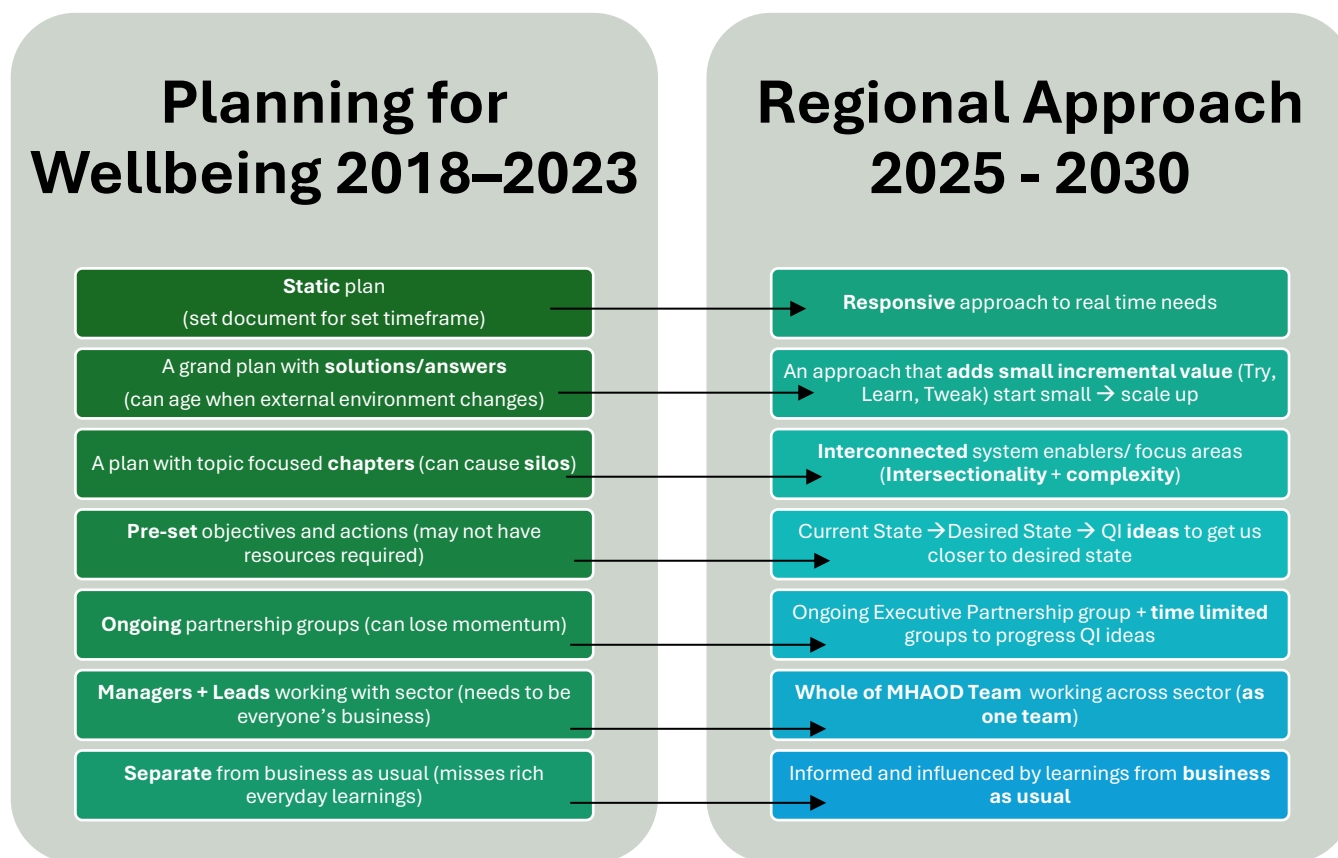


Figure 2: How the new Regional Approach was defined.

## Develop: collaborative idea generation and exploration

Based on learnings from the Discover phase and output from the Define phase, our new Regional Approach was developed. Developing *Our Approach to Wellbeing* was a collaborative and iterative process across three stakeholder groups: community, service providers and system planners. The Develop phase has three layers of output.

1. **Regional Approach document structure:** feedback indicated that the *Planning for Wellbeing* document was no longer fit for purpose. A document that describes a static plan with long lists of aspirational objectives and actions without resources attached was no longer relevant to the current MHAOD system and context. Stakeholders expressed fatigue around several plans in the MHAOD system but no distinct changes evident in improved health and wellbeing outcomes. Suggestions were made to shift from the word plan to approach to provide a sense of forward-moving action and inclusivity of the whole MHAOD sector (Figure 3).
2. **Our Approach to Wellbeing Focus Areas and components:** feedback suggested that the 15 chapters that focused on population groups and health conditions unintentionally contributed to further siloing in the MHAOD sector and system. Shifting away from chapters and into universal focus areas that act more like interconnected system levers was suggested to address the complex nature of the MHAOD system wide issues that the Regional Approach is attempting to address.





3. **Our Approach to Wellbeing governance structure:** Feedback from *Planning for Wellbeing* partners and formal Partnership Group reviews revealed that the governance structure was no longer fit for purpose and needed to be re-shaped to meet the emerging Approach. Rather than 15 ongoing Partnership Groups, partners suggested one ongoing Executive Partnership Group that holds decision-making function. Working Groups will be stood up to support quality improvement (QI) projects that move focus areas closer to the desired state, where adequate resources exist. Working Groups are focused on trialing small QI ideas. Where value add is evident, work can be scaled up, resources permitting.

## Deliver: iteratively define and refine ideas

As of March 2025, 276 quality improvement (QI) suggestions for the Approach to trial have been made across three stakeholder groups: community, service providers and system planners.

Brisbane North PHN and Metro North Health team members are working within the Planning, Implementation and Support function and the Executive Partnership Group to triage and respond to ideas.

For QI ideas to progress to project stage they must first meet four human-centred design criteria: desirable, feasible, ethical and viable as well as align to the *Our Approach to Wellbeing* desired state criteria and the Joint Regional Needs Assessment priorities. Each of the four human-centred design criteria are explained below.

Human-centred design criteria to assess project validity	Description
Desirable	Quality improvement project is aligned with JRNA, policy and best practice.
Feasible	There are resources, capacity and decision-making authority to support the quality improvement project.
Ethical	Quality improvement project supports improved MHAOD access, has positive outcomes for enhanced equity, and is legal.
Viable	The quality improvement project is: <ul style="list-style-type: none"> <li>- sustainable now and into future</li> <li>- supports intersectionality with other health conditions and alcohol and other drugs.</li> </ul>

If quality improvement ideas are approved for a project, a Working Group is formed (from layer three of the Regional Approach governance mechanism) and relevant supports and resources are mobilised to progress the project.

A **Developmental Evaluation** approach will guide continuous learning and adaptation, supporting innovation in complex systems. It centres lived experience, stakeholder input, and real-time feedback to inform ongoing improvement.

