

Queensland Mental Health Commission

2018–19 annual report



About this report

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2018–19. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and AOD system in Queensland.

It is a key accountability document and the principal way in which the Commission reports to Parliament and the Queensland community.

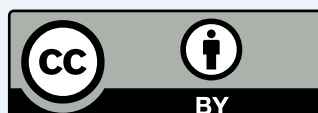
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Translation

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contents

02 Acknowledgements

03 Letter of compliance

04 From the Commissioner

05 Highlights 2018–19

06 About the Commission

08 Non-financial performance

28 Corporate performance

41 Financial statements 2018–19

66 Appendices

Acknowledgements

The Queensland Mental Health Commission respectfully acknowledges Traditional Owners of the lands and waters from across Queensland.

We pay our respect to Elders past, present and emerging. We acknowledge the important role played by Aboriginal and Torres Strait Islander communities and recognise the right to self-determination and the need for community-led approaches to support healing and strengthen resilience.

We acknowledge people living with mental illness, problematic alcohol and other drugs use, and those affected by suicide, their families, carers and support people. We commend their resilience, courage and generosity of time and spirit in sharing their personal stories, experiences and views about what works and what needs to change.

Letter of compliance

Queensland
**Mental Health
Commission**

ABN 54 163 910 717

10 September 2019

The Honourable Dr Steven Miles MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
BRISBANE QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2018–19 and financial statements for the Queensland Mental Health Commission.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found at Appendix 3, on page 68 of this report.

Yours sincerely



Dr Leanne Geppert
Acting Chief Executive Officer
Queensland Mental Health Commission

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From the Commissioner

Mental health, mental illness, alcohol and other drugs, and suicide prevention reform featured more frequently in the news in 2018–19 than in previous years. Important conversations about stigma, discrimination, pill testing and service delivery failures occurred in online and traditional media.

For our team at the Queensland Mental Health Commission (the Commission), the community dialogue about these issues gave us an audience and sector that was more receptive to working on the reform needed to improve the lives of people living with mental health issues, impacts of problematic alcohol and other drugs (AOD) use and suicide, their carers and families. These conversations and national and state royal commissions and inquiries into pressing issues such as mental health and aged care, generated a sense of urgency to build on the achievements to date in Queensland and set a new course for improving mental health and wellbeing.

A highlight of 2018–19 was the development of the *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)* and its launch in November 2018. The five-year plan considers the contributions of all government agencies, and the non-government and private sector towards better mental health outcomes.

The strategic approach of the plan recognises the long-reaching tentacles of mental illness, AOD and suicide on individuals, communities and the health and related sectors. At every step, it is evidence-based and has been influenced and shaped by people with lived experience.

Queensland's suicide rate in 2017 was the second highest in Australia – an unacceptable statistic and one that doesn't reflect the full impact suicide and suicide attempts have on our communities. This made our work to develop *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* crucial in terms of committing a range of sectors, particularly government agencies, to actions designed to save lives.

Every life is a phased 10-year plan, with each three-year stage of work building on the previous actions, refreshing and renewing how we work toward halving Queensland's suicide rate by 2026.

The commitment to reducing the rate of suicide is a major priority, with the Queensland Government's investment of \$80.1 million in the 2019 Budget targeted at cross-agency initiatives such as a range of alternatives to emergency department presentations and follow-up care; additional wellbeing programs in schools; community-designed and community-controlled Aboriginal and Torres Strait Islander youth suicide prevention programs; and a trial of home visiting services for families after the birth of a child.

To round out the Commission's strategic approach to reform, our next key task is to gather information and evidence to develop the Queensland alcohol and other drugs plan. As always, we will take the long-term view and ensure the voices of people with lived experience are heard loud and clear, along with those of the experts who work across the sector.

In many respects it has been both a challenging and rewarding year for me and the Commission. I am motivated by the level of support and engagement across government, community and private sectors and within the broader community about where mental health and suicide prevention is heading in Queensland. It is also encouraging to see how ownership of the reform direction that has been set, is embraced by many, and people are realising that they all have a role to play if we are to achieve the desired outcomes.

I feel privileged that my role as the Queensland Mental Health Commissioner allows me a platform to participate in and promote public conversations about mental health, problematic AOD use, and suicide prevention. This is only possible through a whole-of-government and whole-of-sector approach, and I thank you all for your contribution.



Ivan Frkovic
Queensland Mental Health Commissioner



Highlights 2018–19



Launch of

Shifting minds:

Queensland Mental Health,
Alcohol and Other Drugs
Strategic Plan 2018–2023

\$740,000



in **Better Futures**
grants to support
meaningful employment

Support for

3

**Regional
Mental Health
and Wellbeing Hubs**

Support for social procurement



Inaugural

Leading Reform Summit

257

 delegates
attended

40

 engaging
speakers

Work to develop



Every life:

The Queensland
Suicide Prevention Plan
2019–2029

\$92,900

for **44**

Queensland
Mental Health
Week events



About the Commission

The Queensland Mental Health Commission was established on 1 July 2013 by the *Queensland Mental Health Commission Act 2013*.

The Queensland Mental Health Commission's (the Commission) work supports the Government's objectives for the community – detailed in *Our Future State: Advancing Queensland's Priorities* – by initiating and driving shared actions to improve wellbeing and better support people living with mental illness, problematic alcohol and other drugs (AOD) use and the effects of suicide.

As an agency within the Health portfolio, the Commission has close links with the Department of Health while retaining its role as a statutory body providing independent advice.

Our role and functions

The Commission's role defined under the *Queensland Mental Health Commission Act 2013* (the Act) is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and AOD system in Queensland. The Act sets out the Commission's functions, which include:

- developing and reviewing a whole-of-government mental health and AOD strategic plan, and facilitating and reporting on its implementation
- monitoring, reviewing and reporting on issues affecting people living with mental health or substance misuse issues, their families, carers and support people, and people who are vulnerable to or at significant risk of developing mental health or problematic AOD issues
- supporting and promoting prevention, early intervention and community awareness strategies
- supporting systemic engagement of the mental health and AOD sector.

The Commission works with government and non-government agencies, consumers, families and carers throughout Queensland. Its work extends beyond the health system and acknowledges the many needs and issues faced by those experiencing mental health difficulties and problematic AOD use.

Investigating individual complaints and planning, funding or delivering mental health or AOD services are not within the Commission's role. These responsibilities rest with other government and non-government agencies.

Our vision

Queenslanders working together to improve mental health and wellbeing.

Our principles

The Commission's work is guided by a set of principles outlined in the Act, promoting that people with a mental illness or problematic AOD use should:

- have access to quality mental health or AOD services, care and support, wherever they live
- be treated with respect and dignity
- be supported to participate fully in the community and lead meaningful lives
- have the same right to privacy as other members of society.

Aboriginal and Torres Strait Islander people should be provided with treatment, care and support in a way that recognises and is consistent with Aboriginal tradition or Torres Strait Island custom and is culturally appropriate and respectful.

Carers, family members and support people are:

- integral to wellbeing, treatment and recovery
- respected, valued and supported.

An effective mental health and AOD system is a shared responsibility across the government and non-government sectors, and requires:

- a coordinated and integrated approach, across all areas of health, housing, employment, education, justice and policing
- a commitment to communication and collaboration across public sector and publicly funded agencies, consumers and the community
- strategies that foster inclusive, safer and healthier families, workplaces and communities.

Our values

The public service values are fundamental to the Commission's work, together with a value that focuses on 'wellness' linking all that we do to achieve our vision. These values are:

- Customers first
- Ideas into action
- Unleash potential
- Be courageous
- Empower people
- Promote wellness.

Objectives and performance

The Commission's 2019–2023 Strategic Framework outlines the objective of achieving better outcomes for people living with mental health issues, harmed by AOD or those affected by suicide, by reaching consensus about, supporting and encouraging system-wide reforms and bringing together the wisdom of lived experience and professional expertise.

The Commission focuses on four key result areas that link with its legislated role and functions:

- **Strategic planning** – developing a whole-of-government strategic plan for improving mental health and limiting the harm associated with problematic AOD use. The Commission is required to facilitate, support and report on the implementation of the strategic plan.
- **Review, research and reporting** – undertaking reviews and research to inform decision making, build the evidence base, support innovation and identify good practice. This includes reviewing, evaluating and advising on systems issues related to suicide prevention, mental health and AOD, and undertaking and commissioning research
- **Awareness and promotion** – playing a key role in facilitating and promoting awareness, prevention and early intervention
- **Engage and enable** – establishing and supporting collaborative, representative, transparent and accountable state-wide mechanisms.

The Commission's work aligns with the priorities outlined in the *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)*.

- **better lives** through person-centred and integrated services
- **invest to save** through strengthening mental health and wellbeing and early intervention
- **whole-of-system improvement** through a balanced approach and collective responsibility.

Performance is measured against two key strategic indicators:

- the extent to which agreed commitments in the *Shifting minds* plan are implemented.
- stakeholder satisfaction with the support and achievements of the Commission, particularly in relation to: opportunities to provide consumer, support person and provider perspectives on mental health and problematic AOD use; extent to which consumer and provider perspectives are represented; and the range of stakeholders involved in developing and implementing solutions.

As a whole-of-government approach, *Shifting minds* embraces and engages with a wide range of State and national cross-sectoral strategies. It leverages priorities and directions across health, social, education, child safety, economic and justice sectors. The Commission's engagement and communication is critical in driving mental health, AOD and suicide prevention reform agendas. People with a lived experience are engaged across all aspects of its business. The Queensland Mental Health and Drug Advisory Council includes lived experience representation.

The Commission's sphere of influence encompasses senior leaders throughout government. This includes working with Queensland Government departments addressing the *Our Future State: Advancing Queensland's Priorities* of:

- Create jobs in a strong economy
- Give all our children a great start
- Keep Queenslanders healthy
- Keep communities safe
- Be a responsive government.

At a national level, the Commission learns from and contributes to a range of key mental health, AOD and suicide prevention reform agenda-setting groups:

- the National Disability Insurance Agency
- the National Mental Health Sector Reference Group
- the Way Back Support Service – National Advisory Committee
- the Joint Mental Health Commission meetings.

It plays an important role in influencing the State and national reform agenda by contributing to relevant inquiries and reviews. In 2018–19 this included submissions and responses to:

- the Queensland Productivity Commission Inquiry into Imprisonment and Recidivism
- the Australian Government Productivity Commission Inquiry into Mental Health, both directly and by contributing to a Department of the Premier and Cabinet submission
- the Queensland Parliament Legal Affairs and Community Safety Committee Inquiry into the *Human Rights Bill 2018*
- the Australian Senate Community Affairs References Committee Inquiry into the Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised
- the Queensland Government review of the *Forensic Disability Act 2011*.

Shifting minds

Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023

Shifting minds was launched by Minister for Health and Minister for Ambulance Services Dr Steven Miles at the Commission's Leading Reform Summit in November 2018.

It is a whole-of-government strategic plan that meets the requirements of the *Queensland Mental Health Commission Act 2013*, leading and driving reform toward an integrated, evidence-based, recovery-oriented mental health and AOD service system. *Shifting minds* demonstrates the Queensland Government's commitment to improving the mental health and wellbeing of all Queenslanders and preventing and reducing the impact of mental illness, problematic AOD use and suicide.

The Commission developed *Shifting minds*, and is now responsible for its monitoring and review, with all Queensland Government agencies playing vital roles in its implementation through a cross-sector roadmap.

Shifting minds is built on three focus areas: better lives, through person-centred and integrated services (individual level); investing to save, through improved population mental health and early intervention (population level); and whole-of-system improvement, through a balanced approach and collective action (system level).

The three focus areas outline key strategic directions and propose priorities for cross-sectoral action, recognising and building on the existing cross-agency policy, program and funding environments.

Development of *Shifting minds*

In line with the *Queensland Mental Health Commission Act 2013*, the Commission consulted a wide range of stakeholders during the development of *Shifting minds*. These stakeholders included:

- people living with mental illness, problematic AOD use and the effects of suicide and suicide attempts
- hospital and health services
- government and non-government agencies and the private sector
- the Queensland Mental Health and Drug Advisory Council
- other members of the community.

The Commission sought and considered the views and needs of various sections of the community, including Aboriginal and Torres Strait Islander communities; culturally and linguistically diverse (CALD) communities; regional and remote communities; lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) representatives; and other groups at risk of marginalisation and discrimination.

The Commission released two discussion papers:

- *A renewed plan for Queensland*, on how to improve mental health and wellbeing and prevent and reduce the impact of mental illness, problematic AOD use and suicide; and
- *Engaging people with a lived experience: Renewed priorities*, on how to improve and increase engagement of people with a lived experience, their families, carers and support people in the mental health, AOD and suicide prevention sectors.

The Commission received 32 submissions in response to the discussion papers, including from community members, service providers, researchers and peak bodies.

Extensive consultations with key stakeholders across Queensland included:

- approximately 250 people attended a series of two-day forums in nine communities, focusing on the views of people with a lived experience, their families, carers and support people, and public and local service providers
- a Lived Experience Roundtable in Brisbane in May 2017
- a youth forum in Southport in July 2017
- roundtables and forums with reference groups and key stakeholders, including government and non-government organisations originally convened to oversee the *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*, the *Queensland Alcohol and other Drugs Action Plan 2015–17*, and the *Queensland Suicide Prevention Action Plan 2015–17*.

Key concepts were tested with targeted groups of core stakeholders to ensure collective ownership and agreement on strategic directions and priorities, and a cross-portfolio Strategic Steering Group was established to lead and support the finalisation of *Shifting minds*. The group met three times between April and December 2018.

The establishment of this group emphasised that Queensland Government agencies are responsible for driving reform, working together to achieve change, and aligning *Shifting minds* priorities to actions taken in and across individual portfolios.

Implementation

In February 2019, the Commission established a Strategic Leadership Group (SLG) to lead the whole-of-government and cross-sectoral implementation of *Shifting minds*. The group, comprising senior representatives from 19 Queensland Government agencies, met twice in 2018–19 to lead, champion and embed changes in the system, and drive reform in mental health, problematic alcohol and other drugs use and suicide prevention.

The Commission, in partnership with the SLG and key stakeholders, started the development of an implementation roadmap to set out priorities and staged actions to respond to areas of greatest need.

A series of forums has brought together thought-leaders from across the sector, including people with a lived experience, to discuss how to improve the mental health and wellbeing of all Queenslanders and, most importantly, how to work collaboratively to achieve success.

Two forums were held in 2018–19, in Brisbane on 6 June 2019 and in Cairns on 27 June 2019. They attracted more than 300 participants from 100 organisations. Speakers highlighted the importance of engaging people with a lived experience in policy, planning and implementation. The forum series built on the success of the November 2018 Leading Reform Summit and will contribute to the implementation of *Shifting minds*.

Approximately 90 per cent of forum participants said they were likely to introduce something new as a result of attending the forum, and 97 per cent said they had increased their understanding of the *Shifting minds* vision.

Shifting minds provided the platform for Commission-led development and delivery of a cross-agency suicide prevention State Budget allocation and the development of a cross-sectoral suicide prevention plan. Consultation to inform the development of a comprehensive state-wide AOD plan began in the latter half of 2018–19.

At a glance

Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023

Our guiding principles

We are person centred.

We value the lived experience of people, families and carers.

We believe in recovery and hope.

We value culture.

We respect human rights and dignity.

We adopt a social determinants approach to mental health and wellbeing.

We support equity.

We believe collective responsibility is vital to reform.

We adopt a joined-up planning approach that reflects population need and evidence.

Focus area 1

Better lives

Strategic directions

Personalising and integrating care

Removing barriers to social and economic participation

Individual outcomes

Connected and integrated services

Secure housing, work, education and skills, daily living support, inclusion

Services close to home

Physical health, including harm reduction for AOD use

Social, cultural and trauma-informed considerations in service provision and support

Safety and support at times of crisis and higher risk

Individuals



Focus area 2

Invest to save

Populations	Strategic directions
	Strengthening mental health and wellbeing
	Getting in early
	Population outcomes
	Individual, community and service system awareness and capacity
	Best start in life
	Prevention and early intervention in schools, workplaces and communities
	Ageing well
	Early intervention for individuals experiencing adverse life events and circumstances

Focus area 3

Whole-of-system improvement

Systems	Strategic directions
	Balancing our approach
	Collective responsibility
	Whole-of-system outcomes
	Balanced growth across the continuum of interventions
	Integrated planning, funding, commissioning and governance
	Funding and reporting models that support individual and system outcomes
	Whole-of-government leadership and accountability

Focus area 1

Better lives

People with a lived experience, like all Queenslanders, seek and deserve lives with meaning and purpose, connection with family and community, and freedom from disadvantage, social exclusion and discrimination.

People with a lived experience face greater housing instability, poorer quality housing and fewer choices of living conditions than other Queenslanders. They are less likely to acquire and maintain qualifications or have a job. These factors can, in some cases, result in prolonged psychosocial disadvantage and dependence.

Shifting minds advocates for better lives for people with a lived experience through person-centred and integrated services. It focuses on improving the way services are delivered to meet people's holistic needs and reduce the barriers to social and economic participation, including housing and employment. The Commission works to strengthen coordination between clinical mental health, AOD, physical health, psychosocial, housing, disability and employment supports and services across public, private and non-government sectors through a range of projects, programs and forums.

In 2018–19, the Commission's better lives focus targeted outcomes that matter to individuals with a lived experience, families and carers through the delivery of place-based community services. This was achieved through grants and projects to support secure housing, employment, education and skills through partnerships with Queensland Government and non-government agencies. The partnerships were designed to deliver integrated services promoting social connectedness and participation, informed by social, cultural and trauma informed-considerations. The following initiatives demonstrate some of the Commission's achievements in 2018–19 to enable better lives for people with a lived experience.

Building better futures

The Better Futures Grants are a three-year initiative in partnership with the Department of Employment, Small Business and Training (DESBT); Department of Housing and Public Works (DHPW); and Department of Innovation, Tourism Industry Development and the Commonwealth Games (DITID). The grants are designed to help reduce the impact of housing and employment issues for Queenslanders who are at greater risk of mental illness or problematic AOD use or who have been affected by suicide. This assists vulnerable Queenslanders to secure or keep meaningful employment and helps them participate in vocational rehabilitation and develop psychosocial, educational or other skills.

Grant submissions were required to include people with a lived experience as equal partners in initiative development, evaluation and implementation. Four innovative initiatives designed to create better futures for some of the most vulnerable Queenslanders shared in \$740,000 in the 2018–19 grants round. The Commission is investing in a program to evaluate the grants, build capacity for grant recipients to do their own evaluations, and identify learnings to share with the sector and drive system reform.

See Appendix 1 – Better Futures grants recipients.

Improving access to quality health care

People with a lived experience continue to have poorer physical health than the general population, with much higher rates of heart disease, diabetes, cancer and chronic illness. People with severe mental illness are also more likely to receive lower quality health and social care than their peers. Stigma and discrimination associated with mental illness is a significant healthcare access issue. Strategies to improve health and life expectancy must focus not only on modifying individual risk factors but also on improving access to quality health care and eliminating the stigma associated with discrimination.

In 2018–19, the Commission started a *Reform opportunities that improve the physical health of people with a lived experience project*. This project involves partnering with stakeholders across the private, public and non-government sectors and embeds the elements of the National Mental Health Commission's *Equally Well Consensus Statement: improving the physical health and wellbeing of people living with mental illness in Australia (Equally Well)*.

Through extensive consultation, the project will analyse strategies, environments, evidence-based frameworks and best-practice models of care and their impacts on physical and oral health across Queensland.

Social procurement

Shifting minds recognises the impact of the social determinants of health, including employment, on the mental health and wellbeing of all Queenslanders – particularly people living with mental illness, problematic AOD use, and suicide.

Removing the barriers to social and economic participation is a key focus for the Queensland Government. *Shifting minds* includes a strategic priority to increase workforce participation through developing and implementing innovative models, including social enterprises, that expand employment pathways and options for people with moderate and severe mental illness.

In 2016, the Commission entered a three-year Memorandum of Understanding (MOU) with the DHPW to fund a social procurement advisor role within the Department.

The advisor was employed in November 2016 to embed social procurement practices into government procurement processes and enable social enterprises to secure more government contracts. The role is designed to improve the lives of those who find it difficult to access meaningful employment.

As a result of this work, the Department has decided to continue funding the role as a permanent full-time position; and has noted that the project has been instrumental in creating the foundations for increasing use of social enterprises as viable supply options, including by establishing toolkits and training.

Reducing involvement with the criminal justice system

The Queensland prison population grew by 44 per cent between 2012 and 2018 (Queensland Productivity Commission report, February 2019), placing significant stress on the system, including prison overcrowding and increased demand on support and health services.

People with a lived experience of poor mental health and AOD are over-represented in the adult and youth justice systems. Stigma and discrimination around mental health and AOD issues, along with criminal records, can contribute to 'cycling' in and out of the criminal justice system. Diversionary programs, improved interventions in the court system, and community-based orders can, in some cases, offer alternative pathways to incarceration.

In October 2018, the Commission made a submission to the Queensland Productivity Commission's Inquiry into Imprisonment and Recidivism, highlighting the potential benefits of decriminalising possession of small quantities of illicit drugs for personal use. The submission was cited in the Productivity Commission's draft report.

The submission focused on opportunities to divert people to a health – rather than a criminal justice – response and to improve interventions for people in the court system, on community-based orders and in correctional settings. It noted that police and court diversion programs that provide a means of rehabilitation were widely recognised as an important component of a properly functioning justice system.

Strengthening the workforce

The Commission continues its strong focus and commitment to engaging people with a lived experience and their families, carers and support people as equal partners in the design, development and delivery of policies, programs and services, including the vital role of the peer workforce. The experiences and journeys of those with lived experience can help promote hope and recovery and reduce the impact of stigma and discrimination.

The Commission continued to invest in the development of an evidence-based framework to help organisations strengthen the Queensland mental health lived experience workforce. The framework, due for completion in 2019, is the second phase of a project that started in 2016 and led to the Commission publishing Dr Louise Byrne's *Identifying barriers to change: the lived experience worker as a valued member of the mental health team* Queensland research report in October 2017.

Flexible design will mean the framework can be used across government, non-government and private sectors. It will be tested to ensure it is relevant, appropriate and adaptable to regional locations, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, and other organisations and services.

The framework will provide strategies to establish and support a lived experience workforce and will consider training, supervision, support, culture and career progression. Lived experience workforce leaders are working with the Commission to provide governance for the project.

In another initiative focused on engagement of people with lived experience, the Commission engaged the Australian Centre for Social Impact to deliver a training workshop to build the skills and capabilities of approximately 20 Commission staff and key stakeholders to support co-design activities in their work. This has enhanced the capability and capacity of the workforce to deliver integrated, personalised and trauma-informed care.

Strengthening human rights protections

The human rights of consumers, families, carers and support people are central to the mental health, AOD and suicide prevention reform agenda. The Commission advocates for the strengthening of human rights protections, particularly for the most vulnerable Queenslanders, including those receiving treatment under the *Mental Health Act 2016*. People with a lived experience are more likely than other Queenslanders to have their human rights breached through seclusion and restraint, detention, and disregard for their parental and personal rights.

The Commission works closely with the Office of the Public Guardian, the Office of the Public Advocate, and Queensland Health to promote recovery-oriented, least restrictive approaches and to advocate for the rights of involuntary mental health inpatients subject to seclusion and restraint.

In 2017, the Commission published a paper promoting least restrictive practices and human rights protections for people treated involuntarily. It subsequently contracted a consortium of researchers from the University of New South Wales, the University of Sydney and Griffith University to investigate the protection of human rights for adults undergoing involuntary treatment in hospital and community settings. The research considered the views and experiences of families, carers and other stakeholders, including service providers and experts, and drew comparisons with other Australian states and territories.

The research was completed in June 2019, with findings due to be published later in the year.

Focus area 2

Invest to save

Good mental health is important to us all. It is not just the absence of mental illness, but rather a state in which people can realise their potential, cope with the normal stresses of life, work productively and lead contributing lives. Strengthening positive mental health and wellbeing, and preventing mental illness, problematic AOD use and suicide, reduces distress, disadvantage and disability. This contributes to fewer people needing to access costly services across the health and human service sectors.

Despite increased investment in improving the quality of and access to care, mental health and substance use disorders represent more than a third of the financial cost of disease in Australia. Increased investment and targeted reform have not led to an obvious reduction in the prevalence of these disorders.

Shifting minds calls for effective mental health promotion, prevention and early intervention to achieve better mental health and reduce problematic AOD use and suicide. It continues to build on and improve approaches to treatment and support, so that investment is targeted at upstream measures that prioritise mental health promotion, prevention, early intervention and harm minimisation.

In 2018–19, the Commission's focus aimed to increase awareness and understanding of individuals, communities, government and non-government sectors about the best start in life and early intervention for individuals experiencing adverse life events. This approach recognises that all interactions across health, human and justice services are an opportunity to enhance mental health and wellbeing. The Commission has continued to promote wellness and wellbeing through the following initiatives.

Reducing stigma

Experiences of stigma and discrimination are common in the everyday lives of people living with problematic AOD use, causing significant harm and creating major barriers to seeking help and support. Stigma and discrimination can lead to and compound social and economic disadvantage.

The Commission's *Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use* report was published in March 2018. The Commission has subsequently delivered on its commitment to identify and promote effective anti-stigma training activities and resources, including engaging the Queensland Injectors Health Network (QIHN) to deliver the national *Putting Together the Puzzle* anti-stigma training program in Queensland from August 2018 to May 2019. Training was delivered and evaluated across 10 metropolitan and regional Queensland sites to 172 health professionals and community-based workers from a wide range of agencies.

The training was co-facilitated by the QIHN project manager and peer workers. Having the training delivered by people with lived experience was seen by participants as valuable, and directly contributed to a deeper understanding of the depth and complexity of stigma and how it affects people.

The training program was initially developed by the Australian Injecting and Illicit Drug Users League (AIVL) and modified to the Queensland context with their permission.

Promoting the best start in life

The Commission continues to advocate for a best start in life, aligning and integrating with the objectives of the Queensland Government's *Our Future State* priorities to 'give all our children a great start'.

The Commission consulted with agencies and stakeholders in 2018–19 to plan a cross-sectoral integrated approach to the early years. This approach looks beyond the health system – to education, child safety, housing, justice, employment and local government – reflecting shared responsibility and benefits. It acknowledges the broader social determinants of health for the best start in life for all children.

The Commission's advocacy for this approach includes highlighting the need to align policy, planning, funding and service delivery to support infants and children to grow and develop, with the right services available to all families when and where they are needed.

Strengthening mentally healthy environments

Through partnering with government, non-government and community agencies, the Commission continues to promote whole-of-life mental health and wellbeing by engaging and building the capacity of Queenslanders to maintain good mental health.

Good mental health is vital for individuals to enjoy meaningful and productive lives in communities that support wellness and wellbeing. The benefits are long-lasting and contribute to a stronger economy.

The Commission contracted Implemental (formerly Maudsley International) to design and deliver the Queensland Cross-Sectoral Mental Health and Wellbeing Capacity Building project for mental health promotion across key sectors in Queensland.

The project aims to enhance the mental health and wellbeing awareness, knowledge and skills of key stakeholders across community, non-government and government sectors through Wheel of Wellbeing (WoW) training. The flexible framework, suitable for individuals, communities, organisations and workplaces, is based on six elements – body, mind, spirit, people, place and planet.

The Commission supported two education-focused WoW intensive programs delivered by coaches from the Department of Education, and contracted Relationships Australia Queensland to establish a WoW support program and deliver training in regional communities. Learnings from these programs will be considered in 2019–20.

Regional Mental Health and Wellbeing Hubs

The Commission has continued to partner with a variety of organisations to deliver a tailored localised approach, providing access to information, training tools and networks to strengthen community awareness, understanding and capacity.

The Regional Mental Health and Wellbeing Hubs initiatives aim to promote good mental health and maintain wellness for individuals and communities across regional Queensland.

The Regional Mental Health and Wellbeing Hubs initiative is due to end in December 2019. During the final project phase, the three organisations are developing strategies to continue building and embedding community wellbeing. This includes plans by the Central Highlands Mental Health and Wellbeing Hub project to launch an incorporated body to continue building community strength and resilience.

Griffith University has evaluated the hubs to determine how they achieved intended outcomes, and their sustainability beyond the life of the program, with the aim of harnessing learnings to inform future place-based capacity initiatives. A summary of the evaluation findings will be released in 2019.

Partnership with Beyond Blue

The Commission's continuing partnership with Beyond Blue is helping people affected by anxiety, depression and suicidality to get help at the right time; to deliver integrated, evidence-based and cost-effective initiatives; and to reduce people's experience of stigma. The partnership includes a four-year funding agreement (to June 2020) on behalf of the Queensland Government. The Queensland Mental Health Commissioner is an observer on the Beyond Blue board and has regular meetings to ensure Queensland benefits from its funding contribution and the Commission is involved in planning and delivery as appropriate. Six-monthly progress reports provide information and data relevant to initiatives in Queensland. The Beyond Blue Depression and Anxiety monitor report also includes Queensland-specific data.

Beyond Blue's programs include content for children and young people, families, workplaces, residential aged-care workers, police and emergency services, small business and others. Beyond Blue works to improve mental health literacy and reduce stigma and discrimination. In 2018–19, the third phase of the national *Find out if it's anxiety talking* campaign was launched to increase awareness of the signs and symptoms of anxiety and encourage people to seek support and information. Queenslanders made more than 135,000 visits to the anxiety website and completed 68,100 anxiety checklists.

Beyond Blue manages implementation of the Way Back service to support people after a suicide attempt by providing practical, non-clinical community-based programs. The service operates in eight sites throughout Australia, including two in Queensland, in Redcliffe and Townsville.

The May 2018 Australian Budget allocated \$37.6 million over four years to expand Way Back to up to 25 sites nationally, subject to state contributions. The Commission worked with the Queensland Department of Health to develop a State Government funding proposal to match federal funding for up to eight sites in Queensland. That funding – \$7.5 million over four years – was included in the \$80.1 million suicide prevention allocation announced in the 2018–19 Queensland Budget.

The Commissioner is an observer on the national Way Back Advisory Committee, which includes representation of lived experience of people affected by suicide.

In 2018–19 the Commission participated in an independent evaluation Beyond Blue's performance. The final report from that evaluation is yet to be released.

snapshot

Shifting minds forum series

The Commission introduced a series of *Shifting minds* forums in 2018–19, to bring thought-leaders together to discuss how to improve the mental health and wellbeing of all Queenslanders.

Two forums, one in Brisbane and a second in Cairns, attracted more than 300 participants from 100 organisations. Speakers highlighted the importance of engaging people with a lived experience in policy, planning and implementation. Forum discussions and ideas will shape how *Shifting minds* is implemented. This series builds on the success of the November 2018 Leading Reform Summit.

Ninety per cent of forum participants reported that they were likely to implement new actions because of attending the forum, and 97 per cent said they had developed a greater understanding of the *Shifting minds* vision.



Focus area 3

Whole-of-system improvement

Shared leadership and accountability are required to deliver a system that reflects and supports the optimal design and mix of services commensurate to population need.

Reforming our approach to mental health, problematic AOD use and suicide requires a shift in focus beyond the treatment system. Shared leadership and accountability requires all stakeholders to work together for a collective and consistent approach to legislation, policy, planning, funding and service delivery. Through *Shifting minds*, the Commission is taking a whole-of-government leadership and accountability approach to reform. This must also reflect the views and contributions of people with a lived experience, their families and carers and those who support them.

The key action for guiding future reform in 2018–19 was the development and launch of *Shifting minds* and work on its implementation strategy.

Priorities for the Commission have included supporting people with a lived experience to be engaged and consulted on service delivery and reform, starting consultation on a renewed AOD plan, and developing a suicide prevention strategy for Queenslanders.

Suicide prevention

Strengthening and integrating a cross-sectoral approach to suicide prevention is a key commitment of *Shifting minds*. To this end, the Commission has led the development of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* on behalf of the Queensland Government.

The plan's development has been informed by broad consultation. In May 2019 the Commission conducted a workshop with key stakeholders, including with people with lived experience, service providers, government and non-government agencies, academic experts and community members. The group discussed and prioritised ideas for the renewed suicide prevention plan. More than 100 people from across Queensland participated in shaping the direction for the whole-of-government, whole-of-community plan.

The plan outlines the shifts required to reduce Queensland's suicide rates over the next decade. It is supported by 60 actions in the first three years, to be led by Queensland Government agencies in partnership with federal government, non-government and community organisations.

The Commission's continued partnership with the Australian Institute for Suicide Research and Prevention (AISRAP) to develop and maintain the Queensland Suicide Register enables the identification of Queensland suicide trends and issues. The register allows for the collection, analysis, dissemination and understanding of suicide data to inform State and local suicide prevention activities.

Partnering with the Department of Aboriginal and Torres Strait Islander Partnerships, the Commission continues to support Aboriginal and Torres Strait Islander communities and mental health leaders to develop and explore community-led and place-based approaches focusing on youth suicide prevention. This includes supporting remote and discrete Aboriginal and Torres Strait Islander communities to lead initiatives to improve mental health and wellbeing, including a focus on early years, from conception to school.

The Commission recognises that early intervention responses for individuals and communities with specific needs, such as culturally and linguistically diverse (CALD) communities, must be tailored to overcome cultural, language and other barriers. In 2018–19 the Commission built on the Health Outcomes International review of resources and training available to support suicide prevention in CALD communities by funding the Queensland Transcultural Mental Health Centre (the Centre) to establish the *Culturally and Linguistically Diverse Suicide Prevention Training Package Project*. The project is developing and delivering a CALD-appropriate suicide prevention training package and online resources targeting interagency networks across Queensland and supporting CALD media to address stigma around mental illness and suicide. It is also implementing the Mindframe suicide guidelines for CALD media.

The Centre is partnering with stakeholders including people with lived experience, multicultural interagency networks, cultural consultants, suicide prevention agencies, academia, Mindframe, CALD media associations and the Commission. The project is funded until April 2021.

In 2018–19, the Commission collaborated with the Western Queensland Primary Health Network on a place-based suicide prevention pilot project in the Maranoa region. The project aims to increase awareness and understanding of contemporary suicide prevention frameworks and strategies and increase capacity to recognise and respond to suicide risk, with a focus on vulnerable groups.

It encourages resilience as a protective factor and co-ordinates existing activities to promote community wellbeing, along with enhancing pathways to care for and support higher-risk individuals and those affected by suicide. The Western Queensland Primary Health Network will appoint an independent evaluator to capture learnings from the project, to guide future approaches to suicide prevention in Queensland. The evaluation report is expected in 2021.

Alcohol and other drugs

Reducing harm associated with problematic AOD use requires a strategic whole-of-government, whole-of-community approach. Supporting Queensland's commitment under the *National Drug Strategy 2017–2026*, the Commission started consultations for the development of a renewed Queensland AOD plan. The plan will include a whole-of-system coordinated, integrated approach to respond to the needs of people who are affected by AOD use.

Improving awareness and capacity of cross-sectoral services and systems is essential. A harm-minimisation approach to AOD includes action focused on reducing demand, supply and harm. Experts suggest the criminalisation of drug use, particularly for personal use, has been unsuccessful in reducing levels of use and harm, and that involvement in the criminal justice system can contribute to further harm.

The Commission's leadership on drug policy reform focuses on exploring a range of measures including diverting people from the criminal justice system to treatment and support services, and a renewal of the Queensland Government's approach to reducing the adverse impacts of AOD use, including reducing drug-related deaths.

A Commission abstract resulted in the 2019 Australian and New Zealand Addiction Conference holding a 'Pill testing: harm-reduction initiative or green light to drug use' panel session. The conference has gained significant recognition over the past six years, with the program highlighting a range of mental, physical and behavioural addictions. More than 300 participants from a broad range of treatment and clinical backgrounds attended the conference in May 2019.

Stigma and harm reduction

The *Changing Attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use report* includes evidence-based policy advice to inform discussion and action, and outlines 18 options for reform to reduce harms caused by stigma and discrimination. During 2018–19, the Commission led the following actions:

- identify and promote effective anti-stigma training activities and resources
- investigate evidence-based resources to improve media coverage of issues related to AOD use
- support meaningful engagement for people with a lived experience of problematic AOD use, their families and supporters through a pilot and evaluation of the Stretch2Engage framework.

A 12-month implementation progress report will be published in 2019.

The Commission has continued to support research into the impact of stigma and discrimination relating to problematic AOD use on Aboriginal and Torres Strait Islander communities, families and individuals. A research report is due to be finalised in December 2019.

Stretch2Engage

The Commission continues to focus on stigma and discrimination reduction, and is committed to engaging people with lived experience of mental illness and problematic AOD use as equal partners in policy, planning and governance, and influencing others to do the same.

In 2018–19, the Commission initiated 12-month pilots to evaluate the Stretch2Engage Framework in six public, private and non-government mental health and AOD services sites in South East Queensland. The pilots build on the Stretch2Engage framework, which the Commission published in 2017. The framework was developed in partnership with the Queensland Alliance for Mental Health, the Queensland Network of Alcohol and Other Drug Agencies (QNADA) and Enlightened Consultants.

Stretch2Engage is designed to increase and improve meaningful engagement of people with lived experience, their families, friends and supporters in public and non-government service design and evaluation.

A steering committee established to oversee the implementation of the project includes people with lived experience of mental health and problematic AOD use. Project outcomes, including engagement tools and an evaluation self-assessment tool, will be shared in 2020.

Lirata Ltd has been employed to evaluate the Stretch2Engage Framework, identifying factors that contribute to successful implementation, and conducting a cost-benefit analysis.

Service-user experiences

In 2016 the Commission engaged the University of Queensland's Institute for Social Science Research to investigate enablers and barriers for people with a lived experience to take up referrals between services in western Queensland, and to determine views on appropriate integration and referral processes. The research included a literature review, policies and procedures analysis, and interviews with people with a lived experience of mental health difficulties, mental illness, problematic alcohol and other drugs use and suicide.

The final report, *One person, many stories: consumer experiences of service integration and referrals in far western Queensland*, was published on the Commission's website in September 2018. It identified the importance of a sound strategic policy environment to support improved service coordination and integration, and emphasised the need for person-centred responses across mental health, AOD, suicide prevention and related human services. It stated that service integration could take many forms and implementation should be context-specific.

The report informed development of *Shifting minds*, and its findings were shared with relevant agencies and hospital and health services.

Developing a Healing Strategy

Building on the existing strengths of Aboriginal and Torres Strait Islander communities, the Commission is working in partnership with the Queensland First Families and Children's Board and the Department of Child Safety, Youth and Women to develop a Healing Strategy and implementation plan for communities experiencing trauma from historical and ongoing disadvantage.

The development of the strategy is an action identified in the *Changing Tracks Action Plan 2017–2019*, under *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families*. It centres on the Gayaa Dhuwi (Proud Spirit Declaration) and is grounded in strong connection to community, family and Country.

It aims to help restore, maintain and promote the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples by drawing on their rich and resilient cultures.

National Mental Health Consumer and Carer Forum

The National Mental Health Consumer and Carer Forum, established in 2002, is a mechanism for mental health consumers and carers to meet and be involved in the development and implementation of national mental health reform, and to foster partnerships. The Forum advocates for consumer and carer issues through representation on national bodies, research and submissions, and sharing information.

The Forum reports directly to the Mental Health Drug and Alcohol Principal Committee that provides advice to the Australian Health Ministers' Advisory Council. Mental Health Australia supports and resources the Forum, which is funded by state, territory and federal governments. Queensland contributed \$21,340 to fund the Forum in 2018–19.

The Commission administers the Queensland Government's funding contribution and recruits and supports the Queensland consumer and carer representatives. Queensland consumer representative Ms Tanya Kretschmann was appointed for a four-year term in February 2018. Ms Sarah Roxburgh served as carer representative from August 2018 to April 2019, and Dr Stefanie Roth was appointed as carer representative for a four-year term in June 2019.

The Commission worked in partnership with Arafmi, Health Consumers Queensland, the Mental Illness Fellowship Queensland, and the Queensland Health Mental Health, Alcohol and Other Drugs Branch in recruitment processes for the Queensland representatives.

Support for Queensland representatives was strengthened in 2018–19 by improving state-level communication and reporting between the representatives, the Queensland Mental Health and Drug Advisory Council, the Queensland Health Mental Health, Alcohol and Other Drugs Branch and peak consumer and carer organisations.

Leading Reform Summit

The Commission's November 2018 Leading Reform Summit was a highlight on the mental health, AOD and suicide prevention events calendar. The thought-provoking two-day summit, a focal point for system reform thinking and planning, sought to amplify the voices of lived experience and showcase innovative ways organisations and sectors collaborate to provide integrated and coordinated services.

It presented a program of international, national and Queensland presenters and attracted 257 delegates including government and non-government sector leaders and people with a lived experience. The program encompassed contemporary international and national evidence and practice.

The Commission sponsored Nuno Capez from the Portuguese Ministry of Health's Dissuasion Commission to provide a keynote presentation on Portugal's experience of 17 years of decriminalisation of all drugs. His presentation was followed by a panel discussion on drug policy reform.

The summit brought together 40 speakers, including:

- Professor Harvey Whiteford from the Queensland Centre for Mental Health, on reducing the burden of mental disorders in Queensland
- Susan Anderson from Beyond Blue and Jennifer Powner from Recovered Futures, on the Way Back suicide prevention model.

It was live-streamed across Queensland. Video presentations and a full list of speakers are available on the Commission's website.



Queensland Mental Health and Drug Advisory Council

The independent Queensland Mental Health and Drug Advisory Council was established under the *Queensland Mental Health Commission Act 2013* on 1 July 2013. The Council's function is to provide advice to the Commission on mental health and substance misuse issues, and to make recommendations in relation to the Commission's functions.

The Council held four meetings in 2018–19, in Brisbane, Southport, Longreach and Townsville. The meetings supported connections with regional partners and stakeholders and built understanding of issues and strategies. Council members attended community forums and visited non-government organisations while in Townsville and Longreach.

Council meetings throughout 2018–19 focused on:

- development and implementation of *Shifting minds*
- development of *Every life*
- implementation of the National Disability Insurance Scheme (NDIS)
- the Royal Commission into Aged Care Quality and Safety
- the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health
- drug safety checking reform in Queensland.

The Queensland Mental Health Commissioner attended the Council meetings, and the Commission provided secretariat support.

Communiqués from each Council meeting are published on the Commission website.

During 2018–19 the Council contributed to the work of the Commission by:

- providing advice on how the Commission could encourage greater involvement from the broader lived experience sector
- encouraging the Commissioner to seek a progress update on promoting recovery-orientated, least-restrictive practices
- providing comment on the Commission's submission to the Inquiry into the *Human Rights Bill 2018*

- providing support for balanced and considered discussion about drug safety checking and other innovative harm-reduction measures through Commission-led events and social media channels, and through the implementation of *Shifting minds*.

Council remuneration is set by the Governor in Council in line with the Queensland Government *Remuneration procedures for part-time chairs and members of Queensland Government Bodies*. Under this policy, an annual fee of \$4000 is paid to the Council Chair, and \$2500 is paid to the Deputy Chair and members.

Appointments to the Council are made by the Minister for Health and Minister for Ambulance Services. The Office of Health Statutory Agencies, Department of Health, is responsible for leading the Council recruitment and appointment process.

During 2018–19, the Council farewelled six members – Mr Jeremy Audas, Ms Janice Crosbie, Ms Martina McGrath, Mr Hamza Vayani, Dr Mark Wenitong and Ms Samantha Wild – when their terms expired on 23 February 2019.

Council Chair Professor David Kavanagh's term expired on 23 February 2019, leaving the Chair vacant until 4 April 2019. On 5 April 2019, the Minister approved the reappointment of Professor Kavanagh as Chair; the reappointment of council members Ms Emma Kill, Ms Kerrie Keepa and Ms Jane Williams; and the appointment of new members Ms Kimina Andersen, Ms Naraja Clay, Dr Ignacio Correa-Velez, Associate Professor Jason Ferris, Mr Edward Fewings and Mr Jorgen Gullestrup.

The new appointments expand the diversity of Council membership to include youth and LGBTIQ views. Council membership also encompasses lived experience of mental illness, problematic AOD use and suicide.

A number of members' terms will expire in 2019–20, and the Office of Health Statutory Agencies will conduct a recruitment and appointment process.



Table 1: Council meeting attendance

Council member	Meetings held*	Meetings attended
Members whose term continued during 2018–19		
Professor David Kavanagh (<i>Chair</i>)	4	3
Mr Jeremy Audas	3	3
Professor Robert Bland	4	3
Ms Karlyn Chettleburgh	4	2
Ms Janice Crosbie	3	2
Professor Brett Emmerson	4	3
Ms Kerrie Keepa	4	3
Ms Emma Kill	4	3
Ms Martina McGrath	3	2
Ms Sue Scheinpflug	4	3
Mr Hamza Vayani	3	3
Dr Mark Wenitong	3	0
Ms Samantha Wild	3	0
Ms Jane Williams	4	2
Ms Gabrielle Vilic (<i>Deputy Chair</i>)	4	4
Members whose terms commenced in 2018–19		
Ms Kimina Andersen	1	1
Ms Naraja Clay	1	1
Dr Ignacio Correa-Velez	1	1
Mr Edward Fewings	1	1
Associate Professor Jason Ferris	1	1
Mr Jorgen Gullestrup	1	0
Ex officio		
Mr Ivan Frkovic (<i>Mental Health Commissioner</i>)	4	4

* During membership term

Message from Council Chair Professor David Kavanagh

It is a privilege to look back on the Council's achievements and evolution over the past 12 months.

Responding to survey feedback, the Council agreed to host some of its meetings outside the South-east Queensland region, and to engage with consumers, carers, health professionals and members of the community, to better understand and promote action on the mental health, drug and alcohol issues most relevant to regional and remote Queenslanders.

In 2018–19, the Council met on four occasions. Communiqués released after each meeting are available on the Commission website.

Our meeting held in July 2018 was hosted by the Southport Headspace Youth Mental Health and Wellbeing Services. During the visit the Council met with the organisation's dedicated staff and was provided with a personal tour of their innovative youth services.

During the Council's three-day regional visit to Longreach in September 2018, the Council had an opportunity to host a series of community forums with key stakeholders to discuss some of the critical local issues, challenges and successes for the Central West Queensland region.

The two-day visit to Townsville in November 2018 involved hosting three forums, participating in a special meeting with the North Queensland Alliance for Mental Health, and attending site visits to three local non-government organisations (the Stagpole Street Drug and Alcohol Rehabilitation Unit, the Townsville Aboriginal and Islander Health Service [TAIHS], and the Salvation Army Recovery Service).

The Council meeting held in May 2019 in Brisbane focused on the progression of the *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* implementation and the induction of the new Council members.



Queensland Mental Health and Drug Advisory Council

On behalf of the Council I would like to once again thank the Southport Headspace and the Central West and North Queensland regions for their generous hospitality and support.

Four important pieces of work actioned by the Council in 2018–19, included contributions to:

- the development and implementation of *Shifting minds*, which was endorsed by the Queensland Government in November 2018
- the Commission's submissions to the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health
- the Queensland Parliamentary Committee inquiry into the *Human Rights Bill 2018*
- development of the Queensland suicide prevention plan.

The Council considered several significant reforms and issues relating to mental health and alcohol and other drugs, including:

- raising specific concerns regarding the implementation of the National Disability Insurance Scheme (NDIS), particularly the issues for people not eligible for receiving NDIS support; the potential long-term challenges of service providers entering and exiting the market and changes to service offerings; the impact to service quality, due to the NDIS pricing framework and the ability of service providers to recruit and retain suitably qualified staff; and the risk for people living in small and regional communities due to many service providers not having the capacity to maintain a presence in these communities and/or be limited in providing services for smaller population of higher need clients.
- encouraging the Commission to support a balanced and considered discussion regarding drug safety checking and other innovative harm reduction measures through social media channels and the implementation of *Shifting minds*.

In 2019–20, the Council's primary focus will be to support the Commission with the implementation of *Shifting minds* and the Queensland suicide prevention plan and the development of the renewed Queensland alcohol and other drugs plan.

In 2018–19 the Council also responded to numerous emergent issues.

Responding to tragic events in Sri Lanka and Christchurch, the Council acknowledged the significant impact for local migrant communities. The Council recommended systemic thinking for the short- and long-term impact and agreed to commit this issue for future discussion.

The Council welcomed the announcement of the Royal Commission into Aged Care Quality and Safety examining the quality of residential aged care services for senior and young populations, and encouraged the Commission to provide a submission to the Royal Commission.

Our Council comprises 15 members appointed by the Governor in Council on the recommendation of the Minister for Health and Minister for Ambulance Services in accordance with the *Queensland Mental Health Act 2013*.

The terms of several Council members expired in February 2019. I would like to acknowledge Mr Jeremy Audas, Ms Janice Crosbie, Ms Martina McGrath, Mr Hamza Vayani, Dr Mark Wentong and Ms Samantha Wild for their dedicated commitment and contribution to the work of the Council and the Commission during their appointment term.

I wish to thank the current and former members of the Council for their commitment to the work of the Commission. A special thanks to the Deputy Chair, Ms Gabrielle Vilic, who chaired the Council meetings in my absence.

On behalf of the Council, I would like to thank the Queensland Mental Health Commissioner, the Executive Director and all the Commission staff for their support of the Council. We look forward to continuing to support the work of the Commission and improving the mental health and wellbeing of Queenslanders.

Professor David Kavanagh
Council Chair



Our next steps

The foundation for advancing our State is strong. *Our Future State: Advancing Queensland's Priorities* brings sectors together to tackle the most significant challenges our community faces. The work of the Commission embraces this foundation through the vision of *Shifting minds* and builds on the expectation that collective action towards a healthier, safer and thriving community is the basis for reform across all systems, including mental health, AOD and suicide prevention.

Following the release of *Shifting minds*, and development of related plans including *Every life*, the Commission will now turn its focus to implementation and evaluation of impact. We have set ambitious expectations for our role as stewards of the mental health and AOD systems. In the next year, we will further strengthen and support cross-sector leaders to more actively advocate for change, drive reform through true collaboration, monitor impact, and share responsibility and accountability for the mental health and wellness of Queenslanders.

The enabling factors for success in these next steps for reform are strongly dependent on meaningful engagement of those with a lived experience, and a commitment to co-design at all points of planning, development, implementation and evaluation. Embedding the voice of lived experience will ensure that the diverse needs of our community are understood and considered, and it will take us on a journey of reform that is strengths-based and focused on resilience.

In the year ahead, the Commission will work with the people of Queensland to develop a renewed plan for AOD. The consultation phase will seek out opportunities for reducing the impacts of problematic alcohol and other substance use, extinguishing stigma and discrimination, strengthening harm-reduction strategies, and enhancing the AOD service sector. Taking the lead from *Shifting minds* and *Every life*, the approach will require whole-of-government, cross-sectoral leadership and responsibility.

Through the strategic direction of *Shifting minds* and development of an implementation roadmap, the Commission will continue to promote cross-sectoral actions for reform within the focus areas of better lives, invest to save and whole-of-system improvement. This will include further emphasising the benefits for the best start in life and investing early to create wellness and prevent the impacts of illness. We will actively pursue opportunities to build and sustain mentally healthy workplaces, schools and communities through strong collaboration. Recognising the resilience and wisdom they bring, we will also work with priority population groups to co-design community-led initiatives for building healthier and stronger communities.

As we navigate the next phase of reform, the Commission will continue to work with all parts of the system, with a view to connecting and balancing the contributing parts. This comprises cross-government agencies and service providers, including health, education, criminal justice, child protection, employment and housing. However, importantly, it also encompasses the contributions and roles of the non-government, private and broader community services and agencies. A system that works as one and wraps around whole-of-person needs will provide the foundation for a mentally healthy and well Queensland.



Corporate performance

Agency governance

The Commission is a statutory body within the health portfolio and has close links with Queensland Health while retaining its independent role. Its legislative functions and obligations are defined in the *Queensland Mental Health Commission Act 2013*.

Legislative obligation

The Commission must comply with a range of public administration legislation including the:

- *Financial Accountability Act 2009*
- *Public Records Act 2002*
- *Public Interest Disclosure Act 2010*
- *Auditor-General Act 2009*
- *Public Sector Ethics Act 1994*
- *Right to Information Act 2009*
- *Information Privacy Act 2009*
- *Workers Compensation and Rehabilitation Act 2003*
- *Work Health and Safety Act 2011*
- *Public Service Act 2008*
- *Industrial Relations Act 2016*
- *Statutory Bodies Financial Arrangements Regulation 2007*
- *Crime and Corruption Act 2001*.

Management and structure

Management

The Commissioner, appointed by the Governor in Council and reporting directly to the Minister for Health, is the Chief Executive and accountable officer. The Commissioner is responsible for the management and performance of the Commission's functions in accordance with its legislative obligations.

The Commission does not have a board of management. Its leadership is provided through an Executive Leadership Team responsible for delivering the Commission's legislative requirements within a compliant corporate governance framework and for providing strategic guidance. Advice is sought from the Queensland Mental Health and Drug Advisory Council on matters relevant to the Council's role.

A Strategic Management Group (SMG) has been established to manage the operational functions of the Commission.

Table 2: *Strategic Management Group*

Position	Name
Mental Health Commissioner	Mr Ivan Frkovic
Executive Director	Dr Leanne Geppert
Director Communication and Engagement	Ms Carolyn Varley
Director System Planning and Response	Ms Bretine Curtis
Director Policy and Program Delivery	Ms Kylie Barnes
Business Manager	Mr Michael Come

Organisational structure

During 2018–19, the Commission underwent an organisational design review that retained the approved permanent staffing establishment of 18 FTE but established a more agile and flexible structure. This structure reflects a core expertise and skill base necessary to undertake the Commission’s role, particularly in response to challenges identified in *Shifting minds*.

The structure remains intentionally lean and recognises the need to work collaboratively with other government bodies, industry and community groups. In 2018–19, a number of temporary employees were engaged to provide expertise and capacity to progress specific work, including finalising *Shifting minds* and developing key supporting plans due for release in 2019–20.

The Commission continues to outsource corporate service delivery to the Corporate Administration Agency. This includes access to advice on meeting its statutory body compliance obligations. Consultancies and contractors are engaged when necessary, providing flexibility to respond to emerging priorities to engage subject matter expertise to address specific requirements.

The Commission’s 2018–19 structure is shown below.

Agency effectiveness

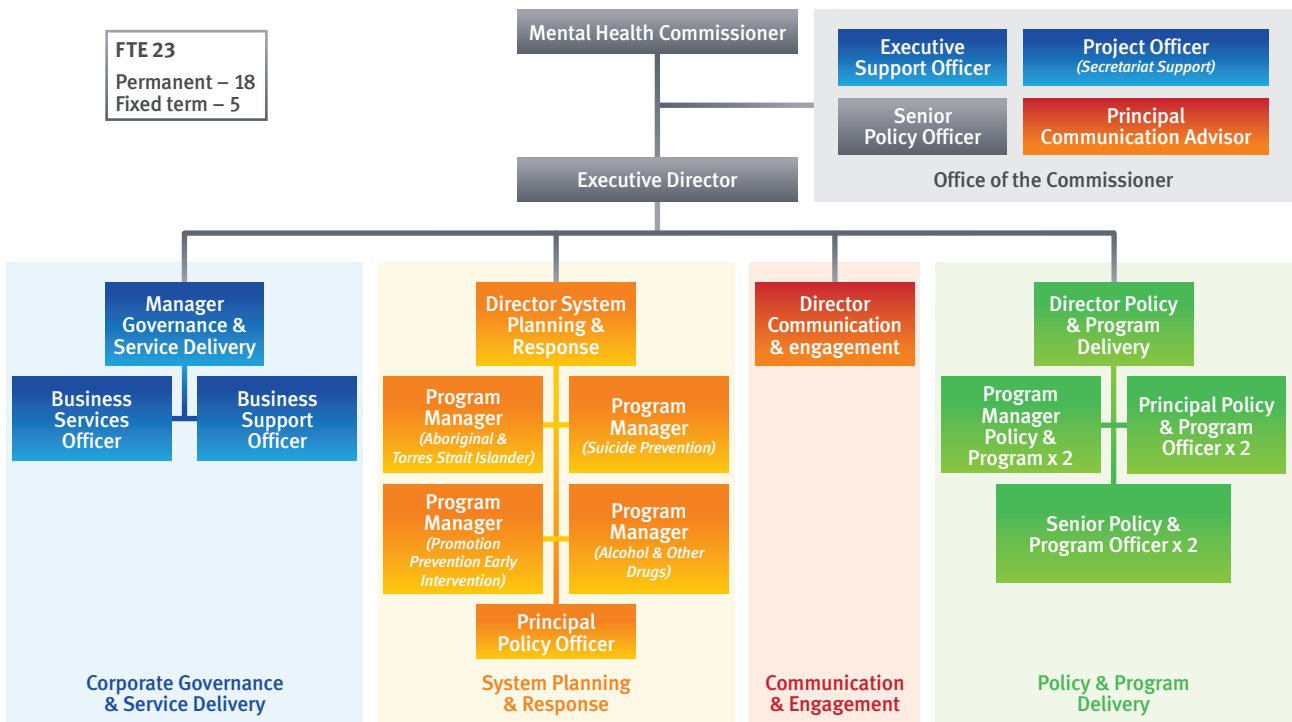
The Commission engages a contractor to undertake an annual survey that is core to its effectiveness evaluation model. This survey seeks to capture the pulse of stakeholders with whom the Commission has interacted either through collaborative work or consultation.

Survey data collected over the past six years is used to identify trends and manage annual performance against the Commission’s agreed service standards.

The survey was conducted in May 2019, seeking key stakeholders’ views on the performance of the Commission and the mental health and AOD system overall.

It was sent directly to a core stakeholder group of 1296, and 581 responses were received. This group represented stakeholders the Commission had interacted with and who had indicated an interest in survey participation. Respondents represented a variety of roles, with the largest proportion identified as service providers and family members of people with lived experience.

Figure 1: Organisational structure



Shifting minds was released only five months before the survey was conducted, so it is likely it had limited influence on the responses:

- sixty-three per cent of respondents agreed that positive reform was under way. This was slightly less than in the previous year, but reflected a reasonable level of confidence that reform was moving in the right direction
- sixty-seven per cent agreed that the Commission was helping improve cross-sectoral collaboration, and almost 81 per cent said the Commission was a credible organisation
- just over 40 per cent of respondents said they had sufficient opportunity to provide input and that the full range of stakeholders was being engaged, and 60 per cent said the views of consumers' families and carers were being heard.

Public sector ethics

The Queensland Public Service Code of Conduct applies to the Commission. The Commission includes the Code of Conduct in its induction processes and incorporates its requirements, principles and values into its work. Online training is programmed for induction and a bi-annual refresher, with all staff to complete a training refresher in 2019–20. Compliance is monitored in staff performance management plans.

Risk management

The Commission is committed to a philosophy and culture that ensures risk awareness and management is an integral part of all activities.

Risk management seeks to minimise vulnerability to internal and external events and influences that could damage the Commission's reputation and hamper the achievement of its objectives and strategic priorities.

The Commission encourages innovation but is mindful that this may attract risk, so appropriately manages any potential benefits against potential risk.

The Commission's risk management practices comply with the *Financial Accountability Act 2009*.

Due to the Commission's size, a specific risk management committee has not been established. Rather, the responsibility has been included as part of the Executive Leadership Team's charter, which includes a review of key risks and the identified controls on a six-monthly basis. Key strategic risks are:

Expectations – High and varied expectations of the Commission are held by stakeholders including people with lived experience, families, carers and supporters, non-government agencies, the public and private sectors, academia and professional bodies. This is managed through promoting the Commission's role, working collaboratively and regular communication.

Reputational – Perceptions of the Commission as an independent body are essential to its credibility, reputation and capacity to effect change. This is influenced by consistent use of objective and informed evidence complemented by timely and transparent reporting of progress across all sectors. Independence is reinforced through consultation and decision-making processes.

Governance – The capacity of the Commission to perform effectively and efficiently in a complex environment with finite resources requires robust governance and management systems. Advice is sought proactively from relevant agencies on best practice governance for statutory bodies in the Queensland Government environment.

Reform influence – The Commission's ability to facilitate reform across government links closely with the first two risks and requires it to effectively monitor changing government priorities and maintain sound relationships with all relevant State Government agencies. Annual performance surveys monitor perceptions of the agency's credibility.

There were no strategic or high operational risk issues raised during the reporting period.

Audit committee and internal audit

A separate audit committee has not been established. Rather, responsibility is included as part of the Executive Leadership Team's charter. The internal audit function is provided by the Corporate Administration Agency. A separate internal audit function is not required unless directed by the Minister for Health.

The 2018–19 internal audit program focused on grants programs, risk management, leave and timesheets, and salaries and wages process.

Audit results indicated sound management practices. Key corporate standards affected by the Commission's organisational review have been updated.

Information management and record keeping

Records management

Sound records management practice is an essential element of good corporate governance. The Commission's information and records are public and corporate assets, vital both for ongoing operations and in providing valuable evidence of business decisions, activities and transactions.

The Commission has invested in an electronic document and record management system and is committed to training staff to ensure its records management practices are consistent, accurate, fit for purpose and are undertaken in accordance with the requirements of the *Public Records Act 2002*.

Records management training is provided to staff as part of their induction and an annual collective training refresh is incorporated in the Commission's staff training program.

Stakeholder management

A stakeholder management system has been in place since the Commission's inception, providing rich profile data of stakeholders with whom the Commission engages. This tool is currently being reviewed as part a broader engagement strategy review to ensure that both existing and future data capture and use is optimised.

Internal communication and governance

The Commission has an extranet available to all staff, designed to enhance internal information sharing, efficiency and accessibility of corporate documents, data sets and news updates. It is a key tool used to assist with staff induction.

All-of-staff meetings are held weekly to ensure staff are well informed and get the opportunity to contribute to operational and strategic matters associated with the Commission.

Open data

The Commission aligns with Queensland Health's Open Data Strategy, which is available to view on the Queensland Government data website.

The Commission also has official use of the Queensland Health Clinical Knowledge Network, which provides access to both virtual and hard copy information resources. This, combined with the Commission's investment in the Government Research and Information Library (GRAIL), provides the Commission with excellent online access to research material.

Interpreter services

Interpreter services are available for all the Commission's publications and online information, and on request for Commission events and for activities undertaken by third parties on the Commission's behalf. No interpretation services were engaged in 2018–19.

Human resources

Full-Time Equivalents (FTE)

The Commission's approved permanent FTE is 18. As at 30 June 2019, total FTE was 25 including temporary staff. This included temporary positions to progress cross-agency work relating to *Shifting minds* and the development of the *Every life* and AOD plans. The separation rate for permanent staff was zero. No permanent staff were displaced in the organisational design review.

Training and development

Staff have completed an induction training refresh. This was managed through the online LearnConnect system to ensure consistent, high-quality training and enable staff to plan and undertake training around work commitments.

During 2018–19, \$15,000 was budgeted for individual staff development training.

Staff care

The Commission is committed to ensuring the health, safety and wellbeing of all employees and to providing a workplace that is free from workplace injury, illness, harassment and discrimination.

Mechanisms in place to support this include providing a flexible work environment, with flexible working hour arrangements and the development of sound internal practices to meet operational demands and help manage work/life balance.

Staff participate in mental health promotion and awareness initiatives such as the Queensland Mental Health Week Walk for Awareness and Wheel of Wellbeing (WoW) activities. Staff are also able to access the Queensland Government Employee Assistance Program. Advice on this service is available at induction, within the Employee Safety Corporate standard, and during bi-annual training refreshers.

During 2018–19, the Commission participated in its first Working for Queensland staff survey and introduced a cultural enhancement program that involves regular team conversations and forums about working in a changing environment. This has been embraced by staff as a positive contribution to a healthy work environment, supporting a leaders-at-all-levels approach to working as a high-performing team.

Industrial and employee relations

Commission staff and Together Union representatives were consulted during the Commission's organisational design review.

The Commission has opted to have its Administrative Officer (AO) stream staff continue to be covered by the Queensland Health Enterprise Bargaining Agreement. The current Agreement EB 9 is due to expire in September 2019 and consultation has started to develop a new agreement in 2019.

Communication and engagement

Communication and engagement are vital functions that are essential to building understanding and momentum for change, and ultimately achieving system reform.

The Commission is aware that it cannot achieve change alone but must collaborate and work through others to improve the system. Engagement of people with a lived experience is embedded into the fabric of the Commission, from Advisory Council membership to participation in consultation, planning and events. The voices of lived experience are key to effective system reform.

The Commission has continued to diversify its engagement efforts, with the creation of the Leading Reform Summit, the *Shifting minds* forum series and the suicide prevention workshop (detailed elsewhere in this report) and increased proactive consultation, communication and community awareness activities.

The Commission continued to harness a range of communication channels to reach a broad range of stakeholders. This included social media across LinkedIn, Facebook and Twitter, the Commission's website, electronic newsletter and media statements.

The Commission's Facebook following continued to rise during the year, recording 24 per cent growth, finishing with 2589 followers at 30 June 2019.

The Commission attracted 271 new Twitter followers during the year, a rise of 14 per cent, achieving a total of 1881 followers.

The Commission's LinkedIn account achieved 523 followers at 30 June 2019.

Subscriptions to the eNewsletter reached 2352 at the end of June 2019, continuing to achieve strong open and click-through rates significantly exceeding benchmarks across all industries.

The Commissioner viewpoint series continued to explore key topics in depth and continued to drive significant increases in the Commissioner's LinkedIn following, as well as driving traffic to the Commission's website. Topics covered included suicide prevention, the launch of *Shifting minds* and the future for digital mental health.

Media releases during the year covered topics including the release of *Shifting minds*, suicide prevention funding in the State Budget, the new Queensland Human Rights Bill, Queensland's mental health, the mental health impacts of natural disasters, the Queensland Mental Health Week grants, Queensland representatives on the National Mental Health Consumer and Carer Forum and the Better Futures grants scheme.

All media statements, eNews editions and links to social media accounts are available on the Commission's website.

Community awareness

Awareness and mental health promotion activities are an important part of the Commission's role, delivered by supporting initiatives that raise community awareness of mental health and wellbeing, problematic AOD use and suicide prevention; increase understanding of mental illness and recovery; and reduce stigma and discrimination.

The Commission continued its investment in promoting awareness of mental health and wellbeing through Queensland Mental Health Week (QMHW), from 6–14 October 2018. In 2018–19, the Commission tendered the coordination of state-wide QMHW activities to CheckUp to generate new ideas, strengthen cross-sector partnership, and continue growth and renewal of the week. The arrangement resulted in improved engagement with Aboriginal and Torres Strait Islander communities, young people, older people and people from CALD communities.

This cross-sector partnership resulted in a record number of QMHW events across the state, with 290 events, including a record 142 regional events; increased reach and engagement across digital platforms; and a significant increase in the number of participants in SANE Forums accessed through the QMHW website.

The Commission's Queensland Mental Health Week Grants program supports organisations to conduct community awareness and mental health promotion activities during QMHW. The scheme offers small grants up to \$2500 for hosting community events.

The grant scheme, administered by the Queensland Alliance for Mental Health, the peak body for community mental health organisations, provided a total grant pool of \$92,931 shared among 44 community organisations. Due to the cancellation of three events and a small number of recipients under-spending and returning a portion of their grant allocation, \$10,000 will be carried forward to the 2019 grant scheme.

In February 2019, the Commissioner accompanied the Minister for Agricultural Industry Development and Fisheries, the Mark Furner to north Queensland in the wake of extensive flooding across the region.

The Commissioner observed the extent of the flood and its impacts, listened to community recovery needs, contributed to the coordination of mental health services and supports, and advised on community mental health related to natural disaster.

The Commissioner spoke to media about the effects of post-traumatic stress on individuals and communities in the short, medium and long term after a significant disaster, and where to access appropriate supports.

The Commission continued to support World Suicide Prevention Day (WSPD) in 2018 by participating in AISRAP's annual community suicide prevention forum. This event is the focal point for WSPD in Queensland and provides the opportunity to consider and promote contemporary evidence and innovative approaches to suicide prevention, and to increase community awareness around suicide.

Sponsorship

The Commission's sponsorship program supports events, conferences and other forums that promote knowledge sharing, participation and engagement across the mental health, AOD and suicide prevention sectors.

Sponsorships up to \$10,000 are offered to events that:

- support the outcomes and strategic direction of *Shifting minds*
- encourage and contribute to knowledge sharing and exchange about what works to improve the mental health and wellbeing of Queenslanders
- contribute to the Commission's objectives.

During 2018–19 the Commission provided 15 sponsorships for various events. The sponsorships contributed to a range of benefits and outcomes aligned with the Commission's agenda, including:

- a community event to share lived experience perspectives, enhance understanding and reduce stigma through discussion of how mental illness affects individuals, families and communities
- an event to build the capacity of professionals who deliver front-line mental health services, including promoting the latest research and treatment strategies in alcohol and other drug use, trauma and telehealth
- a school-based mental health wellness initiative for students, parents and teachers across a cluster of schools
- a series of suicide prevention events across 15 rural and remote communities experiencing severe drought
- a forum to enhance knowledge of functional neurological disorder, including treatment, self-management and recovery
- an Aboriginal and Torres Strait Islander community cricket carnival promoting community inclusion, physical health and social and emotional wellbeing
- a conference to extend the practice, impact and extent of the lived experience workforce.

See Table 6: Sponsorships, for the value of 2018–19 sponsorships.

Financial performance

Income

The Commission's sixth year operating budget was \$9.28 million, the majority of which is administered as a grant through the health portfolio (\$8.88 million). The remaining sources of income came from Queensland Health as contribution for a specific Grant to Industry (\$250,000) and interest payable against cash at bank (\$150,000).

Expenses

Employee expenses of \$3.55 million relate directly to maintaining an FTE staffing of 18 and a further seven temporary positions that were engaged during the financial year.

Of the \$2.91 million expended in general supplies and services, approximately \$1.68 million was expended on consultancy and contractor activities which informed and supported our key results area delivery. A further \$340,000 was expended for corporate services support provided to the Commission by an outsourced third party and \$300,000 was expended on accommodation.

The Commission's total grant expenses of \$2.88 million relate to: recurrent grant and service arrangement commitments, the Better Futures Grants Program and other new grants, all of which support key Commission *Shifting minds* priorities.

Consultancies and Contractors

As a small policy organisation, the Commission often engages external third-party subject matter experts to provide advice, conduct research and prepare reports. This practice both enhances credibility and increases opportunity for sectoral collaboration and capacity building.

The table below lists the consultancies and contractors over \$20,000 engaged during 2018–19. Consultancies that will be finalised in the next financial year show a carry forward value for 2019–20. Also included are those that started, but were not finalised, in an earlier period.

Table 3: Consultancies

Description	Organisation	Total value	Expenditure 2018–19	Commitment 2019–20
Commission Organisational Effectiveness Evaluation and Report	Paxton Consultants	\$628,676	\$62,801	\$29,397
Research Human Rights protection frameworks for people being treated involuntarily for a mental illness	University of NSW	\$207,925	\$207,925	–
Implementation and evaluation of a regional mental health and wellbeing hub for Cooktown and Tablelands (Years 3 & 4)	Centacare FNQ	\$215,000	\$86,000	\$43,000
Implementation and evaluation of a regional mental health and wellbeing hub for the Logan and Southern Moreton Bay Islands (Years 3 and 4)	Relationships Australia (QLD)	\$200,000	\$80,000	\$40,000
Implementation and evaluation of a regional mental health and wellbeing hub for Central Highlands (Years 3 & 4)	Centacare CQ	\$324,782	\$125,494	\$139,589
Research the impact of stigma and discrimination related to the problematic alcohol and other drug use on Aboriginal and Torres Strait Islander communities, families and individuals	ACIL Allen Consultancy	\$295,197	\$170,516	\$37,632
Evaluation of the Stretch2Engage Pilot in Mental Health AOD Services	Lirata Ltd	\$127,023	\$47,606	\$78,883
Identify reform opportunities that improve the physical health of people with a lived experience	Aspex Consulting Pty Ltd	\$198,060	\$118,836	\$79,224
Pulse Survey and Communication advice and support	Backroom Media	\$70,000	\$35,000	\$35,000

Table 4: Contractors

Description	Organisation	Total value	Expenditure 2018–19	Commitment 2019–20
Commission Web Design and Development Partner	Social Change Media Group	\$80,717	\$14,427	–
Evaluation – Regional Mental Health and Wellbeing Hubs	Griffith University	\$128,724	\$64,362	\$64,362
Wheel of Wellbeing Support Program Delivery	Relationships Australia (QLD)	\$408,434	\$186,712	\$163,722
Mental Health and Wellbeing Capacity Building Program Delivery	Implemental Worldwide	\$341,756	\$176,960	\$85,440
Queensland Mental Health Week 2018 Coordination	CheckUP	\$154,538	\$98,374	\$42,093
Queensland Mental Health Week Events Grant Program Delivery	Queensland Alliance for Mental Health	\$100,000	\$100,000	–
Framework to improve Alcohol and Other Drug service's capacity to engage effectively with those accessing services	Queensland Network for Alcohol and Other Drugs Association	\$348,496	\$209,097	\$139,398
Alcohol and Other Drug Stigma Reduction Training and Evaluation	Queensland Injectors Health Network	\$36,760	\$36,760	–
Commission Organisational Transformation Project	Merit Solutions Pty Ltd	\$40,000	\$40,000	–
Evidence based framework to support organisations in the management of the lived experience workforce	Royal Melbourne Institute of Technology	\$70,354	\$63,319	\$7,035
Better Futures Grant Program Evaluation	LivSmart	\$145,600	\$50,000	\$50,000

Table 5: Grants

Description	Organisation	Total value	Expenditure 2018–19	Commitment 2019–20
Examine effective decision-making support for people with cognitive disabilities	La Trobe University	\$20,000	\$5,000	–
Beyond Blue Awareness Program	Beyond Blue	\$2,580,344	\$645,086	\$645,086
Supporting social enterprises to secure more government contracts	Dept Housing and Public Works	\$390,000	\$130,000	–
Development of a sustainable model for the annual Walk for Awareness event	Mental Awareness Foundation	\$70,000	\$20,000	–
Queensland Suicide Register July – December 2018	Griffith University	\$312,500	\$125,000	–
Queensland’s contribution to the National Mental Health Consumer and Carer Forum	Mental Health Australia	\$21,341	\$21,341	–
Developing, implementing and evaluating a CALD Suicide Prevention Training Package	QLD Transcultural Mental Health Centre	\$433,268	\$173,307	\$173,308
Suicide Register – December 2018 to December 2021	Griffith University	\$250,000	\$187,500	\$62,500
Trial of a place-based suicide prevention project in the Maranoa region	Western QLD PHN	\$300,000	\$120,000	\$120,000
A Mental Health Awareness and Training Program through Queensland Rugby Union	Rugby Unite	\$250,000	\$200,000	\$50,000
Design an Aboriginal and Torres Strait Islander Healing Strategy (Co-investment)	Department of Child Safety, Youth and Women	\$300,000	\$300,000	–
Thriving Communities Initiative) for the Co-design of Programs with selected Aboriginal and Torres Strait Islander Communities (Co-investment)	Department of Aboriginal and Torres Strait Islander Partnerships	\$1,500,000	\$460,000	\$520,000
Better Futures Grant Program – Nurture Project Initiative	Lives Lived Well	\$200,000	\$100,000	\$53,360
Better Futures Grant Program – Brisbane Couch Surfing Support Line Initiative	Brisbane Youth Service	\$197,963	\$98,982	\$52,790
Better Futures Grant program – Green Care Multicultural Mental Health Program	Mercy Community Services Inc	\$200,000	\$100,000	\$53,333
Better Futures Grant Program – Champions of Change: Mental Health in the Workplace	Help Enterprises Ltd	\$142,000	\$71,000	\$37,867

Sponsorships

Table 6 lists the sponsorships supported during the year. Application opportunities are provided four times throughout the year for sponsorship consideration of activities and events up to the value of \$10,000.

Table 6: Sponsorships

Description	Organisation	Total value
Mental Health Wellness Day at Elanora State School	Elanora State School P & C Association	\$4,950
6th Asia Pacific Rim Confederation of Counsellors Conference	Australian Counselling Association	\$5,000
Unleash the Beast Writing and Wellbeing Symposium	Lifeline Darling Downs and South West Queensland	\$5,000
Knowledge Exchange and Knowledge Translation Forum	FND Australia	\$2,000
Family Drug Support Day events in Brisbane and Rockhampton	Family Drug Support	\$2,000
Unity in Diversity National Conference	Townsville Intercultural Centre	\$5,000
ANZ Addiction Conference	Australian and New Zealand Mental Health Association	\$6,600
Indigenous 20/20 Big Bash Cricket Tournament	Team Indigenous Corporation	\$5,000
“Look After Your Mates” Events in Barcaldine	Central West Suicide Prevention Network	\$6,600
Australian Winter School	Queensland Network of Alcohol and Other Drugs Association	\$10,000
20th International Mental Health Conference – Gold Coast QLD	Australian and New Zealand Mental Health Association	\$10,000
Queensland Mental Health Achievement Awards	Open Minds	\$6,000
2019 Lived Experience Workforce conference	The BrookRed Centre	\$6,000
Check It Fest – Broadwater Parklands, Southport	Lives Lived Well	\$10,000
44th International Conference, Cairns	Australian College of Mental Health Nurses	\$10,000

Overseas travel

During 2018–19 one member of the Commission staff attended the Third International Conference on Wellbeing and Public Policy, held in Wellington, New Zealand, on 4–7 September. The conference agenda strongly aligned with areas of the renewed whole-of-government strategic plan development, specifically relating to practice, research and the measurement of wellness. The total cost of attendance was \$1584.

Financial statements

for the financial year ended 30 June 2019

General information

The Queensland Mental Health Commission (QMHC) is an independent statutory body established under the *Queensland Mental Health Commission Act 2013*.

The Commission is controlled by the State of Queensland, which is the ultimate parent.

The head office and principal place of business of the Commission is:

Level 30, 400 George Street
BRISBANE QLD 4000

For information in relation to the Commission's financial report please email accounts@qmhc.qld.qld.gov.au or visit the Commission's website www.qmhc.qld.gov.au.

Statement of Comprehensive Income

for the year ended 30 June 2019

		2019 Actual	2018 Actual	2019 Original Budget	Budget Variance*
	Notes	\$'000	\$'000	\$'000	\$'000
Income from Continuing Operations					
Government contributions	3	9,126	8,905	8,876	250
Interest		156	135	150	6
Total Income from Continuing Operations		9,282	9,040	9,026	256
Expenses from Continuing Operations					
Employee expenses	4	3,546	3,066	2,961	585
Supplies and services	5	2,915	2,641	3,166	(251)
Grants	6	2,879	2,619	2,850	29
Depreciation	10	19	19	20	(1)
Other expenses	7	117	102	29	88
Total expenses from Continuing Operations		9,476	8,447	9,026	450
Operating result from Continuing Operations		(194)	593	-	(194)
Total Comprehensive Income		(194)	593	-	(194)

*An explanation of major variances is included at note 19(a)

The accompanying notes form part of these statements.

Statement of Financial Position

as at 30 June 2019

	Notes	2019 Actual \$'000	2018 Actual \$'000	2019 Original Budget \$'000	Budget Variance* \$'000
Current Assets					
Cash and cash equivalents	8	3,138	3,139	2,960	178
Receivables	9	143	180	106	37
Total Current Assets		3,281	3,319	3,066	215
Non-current Assets					
Plant and equipment	10	61	81	60	1
Total Non-current Assets		61	81	60	1
Total Assets		3,342	3,400	3,126	216
Current Liabilities					
Payables	11	520	423	723	(203)
Accrued employee benefits	12	158	141	122	36
Other current liabilities	13	-	-	63	(63)
Total Current Liabilities		678	564	908	(230)
Non-current Liabilities					
Other non-current liabilities	13	47	25	-	47
Total Non-current Liabilities		47	25	-	47
Total Liabilities		725	589	908	(183)
Net Assets		2,617	2,811	2,218	399
Equity					
Contributed equity		230	230		
Accumulated surplus		2,387	2,581		
Total Equity		2,617	2,811		

*An explanation of major variances is included at note 19(b)

The accompanying notes form part of these statements.

Statement of Changes in Equity for the year ended 30 June 2019

	2019	2018
	\$'000	\$'000
Contributed Equity		
Balance as at 1st July	230	230
Balance as at 30 June	230	230
Accumulated Surplus		
Balance as at 1st July	2,581	1,988
Operating result from Continuing Operations	(194)	593
Balance as at 30 June	2,387	2,581

The accompanying notes form part of these statements.

Statement of Cash Flows

for the year ended 30 June 2019

	Notes	2019 Actual \$'000	2018 Actual \$'000	2019 Original Budget \$'000	Budget Variance* \$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Government contributions		9,216	8,905	8,876	340
GST collected from customers		27	5	-	27
GST input tax credits from ATO		471	521	-	471
Interest receipts		156	135	150	6
Other		-	13	-	-
<i>Outflows:</i>					
Employee expenses		(3,558)	(3,024)	(2,961)	(597)
Supplies and services		(2,795)	(3,019)	(3,166)	371
GST paid to suppliers		(495)	(541)	-	(495)
GST remitted to ATO		(27)	(5)	-	(27)
Grants and subsidies		(2,879)	(2,619)	(2,850)	(29)
Other		(117)	(102)	3	(120)
Net cash provided by (used in) operating activities		(1)	269	52	(53)
Net increase (decrease) in cash held		(1)	269	52	(53)
Cash at beginning of financial year		3,139	2,870	2,908	231
Cash at end of financial year	8	3,138	3,139	2,960	178

*An explanation of major variances is included at note 19(c)

The accompanying notes form part of these statements.

Reconciliation of Operating Result to Net Cash from Operating Activities

Operating surplus/(deficit)	(194)	593
Depreciation expense	19	19
Changes in assets and liabilities:		
(Increase)/decrease in trade receivables	37	15
Increase/(decrease) in accounts payable	98	(391)
Increase/(decrease) in accrued employee benefits	17	20
Increase/(decrease) in other current liabilities	-	13
Increase/(decrease) in other non-current liabilities	22	-
Net cash provided by/(used in) operating activities	(1)	269

Notes to and forming part of the Financial Statements 2018–19 for the year ended 30 June 2019

Section 1: About the Commission and this Financial Report

- Note 1: Objectives and Principal Activities of the Queensland Mental Health Commission
Note 2: Basis of Financial Preparation

Section 2: Notes about our Financial Performance

- Note 3: Government Contributions
Note 4: Employee Expenses
Note 5: Supplies and Services
Note 6: Grants
Note 7: Other Expenses

Section 3: Notes about our Financial Position

- Note 8: Cash and Cash Equivalents
Note 9: Receivables
Note 10: Plant and Equipment and Depreciation Expense
Note 11: Payables
Note 12: Accrued Employee Benefits
Note 13: Other Liabilities

Section 4: Notes about Risk and Other Accounting Uncertainties

- Note 14: Commitments for Expenditure
Note 15: Contingencies
Note 16: Events after the Balance Date
Note 17: Financial Risk Disclosures
Note 18: First Year Application and Future Impact of New Accounting Standards

Section 5: Notes about our Performance Compared to Budget

- Note 19: Budgetary Reporting Disclosures

Section 6: Other Information

- Note 20: Key Management Personnel (KMP) Disclosures
Note 21: Related Party Transactions
Note 22: Taxation

1. Objectives and Principal Activities of the Queensland Mental Health Commission

The QMHC (the Commission) seeks to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system within Queensland. The focus for the Commission's work is:

- Developing and reviewing the whole-of-government Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023 by supporting its implementation and the development of whole-of-government action plans in key priority areas;
- Research and reporting on issues impacting people experiencing mental health difficulties, mental illness and problematic alcohol and other drug use and those affected by suicide;
- Mental health promotion, awareness and early intervention;
- Supporting the Queensland Mental Health and Drug Advisory Council and promoting engagement of people with lived experience in system reform.

2. Basis of Financial Preparation

Compliance with Prescribed Requirements

The QMHC has prepared these statements in compliance with section 42 of the *Financial and Performance Management Standard 2009*. The financial statements comply with the Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2018.

The Commission is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the Statement of Cash Flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

New accounting standards have been applied for the first time in these financial statements. Refer to Note 18.

The Reporting Entity

The financial statements include all income, expenses, assets, liabilities and equity of the Commission. The Commission does not have any controlled entities.

Authorisation of Financial Statements for Issue

The financial statements are authorised for issue by the Commissioner and the Business Manager at the date of signing the management certificate.

Currency and Rounding

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest \$1,000 or, where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required.

Comparatives

Comparative information reflects the audited 2017-18 financial statements except where restated for a prior period error. No prior period errors have been detected in the current year.

Current/Non-Current Classification

Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes.

Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or the Commission does not have an unconditional right to defer settlement to beyond 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

Basis of Measurement

Historical cost is used as the measurement basis in this financial report.

Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

	2019 \$'000	2018 \$'000
3. Government Contributions		
Department of Health	9,126	8,905
Total	9,126	8,905

Accounting Policy - Government Contributions

Contributions are non-reciprocal in nature so do not require any goods or services to be provided in return. Corresponding revenue is recognised in the year in which the Commission obtains control over the contribution (control is generally obtained at the time of receipt).

4. Employee Expenses

Employee Benefits

Wages and salaries	2,662	2,286
Employer superannuation contributions	349	300
Annual leave levy/expense	271	247
Long service leave levy/expense	53	52

Employee Related Expenses

Workers' compensation premium	21	16
Payroll tax and fringe benefits tax	159	140
Other employee related expenses	31	25

Total	3,546	3,066
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	2019 No.	2018 No.
Full-Time Equivalent Employees	25	23

Accounting Policy - Employee Expenses

Wages, Salaries and Sick leave

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates. As the Commission expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken and no liability is recognised for accumulated sick leave entitlements.

Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central (ALCS) and Long Service Leave schemes, a levy is made on the Commission to cover the cost of employees' annual (including leave loading and on-costs) and long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for annual and long service leave are claimed from the scheme quarterly in

No provision for annual leave and long service leave is recognised in the Commission's financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

4. Employee Expenses (cont'd)

Superannuation

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's QSuper defined benefit plan as determined by the employee's conditions of employment.

Defined Contribution Plans - Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant EBA or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

Defined Benefit Plan - The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*. The amount of contributions for defined benefit plan obligations is based upon the rates determined on the advice of the State Actuary. Contributions are paid by the Commission at the specified rate following completion of the employee's service each pay period. The Commission's obligations are limited to those contributions paid.

Workers' Compensation Premiums

The Commission pays premiums to WorkCover Queensland in respect of its obligations for employee compensation. Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. It is not an employee benefit and is recognised separately as an employee related expense.

Key management personnel and remuneration disclosures are detailed in Note 20.

	2019	2018
	\$'000	\$'000
5. Supplies and Services		
Consultants and contractors	1,676	1,612
Corporate service charges	342	248
Operating lease rentals	303	316
Administration costs	177	110
Travel	113	82
Other	67	29
Building Maintenance and Services	84	125
Advertising and promotion	93	61
Information and Communication Technology	58	57
Motor vehicle	2	1
Total	2,915	2,641

5. Supplies and Services (cont'd)

Accounting Policy

Operating Lease Rentals

Operating lease payments are representative of the pattern of benefits derived from the leased assets and are expensed in the periods in which they are incurred. Incentives received on entering into operating leases are recognised as liabilities. Lease payments are allocated between rental expense and reduction of the liability.

Disclosure - Operating Leases

Operating leases are entered into as a means of acquiring access to office accommodation. Lease terms extend over a period of 5 years. The Commission has no option to purchase the leased item at the conclusion of the lease although the lease provides for a right of renewal at which time the lease terms are renegotiated.

Operating lease rental expenses comprises the minimum lease payments payable under operating lease contracts. Lease payments are generally fixed, but with annual inflation escalation clauses upon which future year rentals are determined.

	2019 \$'000	2018 \$'000
6. Grants		
Grants	2,879	2,619
	<hr/>	<hr/>
Total	2,879	2,619
	<hr/>	<hr/>

Accounting Policy - Grants

Grant payments are made in line with meeting the strategic objectives of the Commission. It includes funding for research through partnerships, initiatives and projects and supporting strategies throughout the community which promote awareness, prevention and early intervention of mental illness. All recipients are required to report on delivery and where not delivered, conditions apply for possible repayment.

7. Other Expenses

Queensland Audit Office - external audit fees for the audit of financial statements

Sponsorships

Total

*	3	16
	114	86
	<hr/>	<hr/>
	117	102
	<hr/>	<hr/>

Disclosure relating to Other Expenses

* Total audit fees payable to the Queensland Audit Office relating to the 2018-19 financial statements are quoted to be \$17,500 (2017-2018 \$15,500). There are no non-audit services included in this amount.

	2019	2018
	\$'000	\$'000
8. Cash and Cash Equivalents		
Cash at bank	3,138	3,139
Total	3,138	3,139

Accounting Policy - Cash and Cash Equivalents

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques received but not banked at 30 June as well as deposits at call with financial institutions.

9. Receivables

Other debtors	-	90
	-	90
GST receivable	80	56
	80	56
Long service leave reimbursements	-	3
Annual leave reimbursements	63	31
Total	143	180

Accounting Policy - Receivables

Receivables are measured at amortised cost which approximates fair value at reporting date.

The Commission's other debtors are from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 17 for the Commission's credit risk management policies.

10. Plant and Equipment and Depreciation Expense

	<i>Plant and Equipment</i>	
	2019	2018
	\$'000	\$'000
Gross	242	242
Less accumulated depreciation	(181)	(161)
Carrying amount at 30 June	61	81
<i>Represented by movements in carrying amount</i>		
Carrying amount at 1 July	81	101
Depreciation expense	(20)	(20)
Carrying amount at 30 June	61	81

Accounting Policy

Measurement of Plant and Equipment using Cost

Plant and equipment is measured at historical cost. Historical cost is used for the initial recording of plant and equipment acquisitions. Historical cost is determined as the value given as consideration plus incidental to the acquisition, including all other costs incurred in getting the assets ready for use.

Basis of Capitalisation and Recognition Thresholds

Items of plant and equipment with a cost or other value equal to or in excess of \$5,000 are recognised for financial reporting purposes in the year of acquisition. Items with a lesser value are expensed in the year of acquisition.

Depreciation of Plant and Equipment

Plant and equipment is depreciated on a straight-line basis so as to allocate to the Commission the net cost of each asset, less its estimated residual value, progressively over its estimated useful life.

Key Judgement: Straight line depreciation is used as that is consistent with the even consumption of the asset's service potential to the Commission over its useful life.

For depreciable assets, residual value is determined to be zero reflecting the estimated amount to be received on disposal at the end of their useful life.

Key Estimates: For each class of depreciable asset, where held, the following depreciation rates are used:

<i>Class</i>	<i>Rate%</i>
Plant and Equipment:	8.45 - 33.33

	2019 \$'000	2018 \$'000
11. Payables		
Current		
Trade creditors	325	167
Accrued expenses	179	242
Payroll tax	16	14
	<hr/>	<hr/>
Total	520	423
	<hr/>	<hr/>

Accounting Policy - Payables

Trade creditors are recognised upon receipt of the goods or services and are measured at the nominal amount i.e. agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured.

12. Accrued Employee Benefits

Current

Salary and wage related	58	48
Annual leave levy payable	76	73
Long service leave levy payable	16	14
Superannuation	8	6
	<hr/>	<hr/>
Total	158	141
	<hr/>	<hr/>

Accounting Policy - Accrued Employee Benefits

No provision for annual or long service leave is recognised in the Commission's financial statements as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

	2019 \$'000	2018 \$'000
13. Other Liabilities		
Current		
Deferred lease liability - lease incentive	-	-
Total	-	-
Non-current		
Deferred lease liability - lease incentive	47	25
Total	47	25

Accounting Policy - Other Liabilities

The leases entered into by the Commission are operating leases. Under these leasing arrangements the lessor retains substantially all risks and benefits.

Incentives received on entering into operating leases are recognised as liabilities. Lease payments are allocated between rental expense and reduction of the liability.

On 1 September 2017 the Commission entered into an office accommodation leasing agreement for 5 years. As part of the new agreement a rental discount has been applied across the period of the lease resulting in a long term lease incentive for the Commission.

14. Commitments for Expenditure

(i) Non-cancellable Operating Leases

Commitments under operating leases at reporting date (inclusive of non-recoverable GST input tax credits) are payable:

Not later than one year	315	297
Later than one year and not later than five years	745	1,060
Total	1,060	1,357

Comparative figures have been updated to reflect the minimum future payments (net of the incentive received).

15. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2019.

16. Events after the Balance Date

There were no significant events occurring after balance date.

17. Financial Risk Disclosures

Financial Instrument Categories

Financial assets and financial liabilities are recognised in the Statement of Financial Position when the Commission becomes party to the contractual provisions of the financial instrument. The Commission has the following categories of financial assets and financial liabilities:

Category	Note	2019 \$'000	2018 \$'000
Financial Assets			
Cash and cash equivalents	8	3,138	3,139
Financial assets at amortised cost:			
<i>Receivables</i>	9	143	180
Total Financial Assets		3,281	3,319
Financial Liabilities			
Financial liabilities measured at amortised cost - comprising:			
Payables	11	520	423
Total Financial Liabilities at Amortised Cost		520	423

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

Financial assets and liabilities are recognised in the statement of Financial Position when the Commission becomes party to the contractual provision of the financial instrument.

Risks Arising from Financial Instruments

Risk Exposure

Financial risk management is implemented pursuant to Government and Commission policy. These policies focus on the unpredictability of financial markets and seek to minimise potential adverse effects on the financial performance of the Commission.

All financial risk is managed by Executive Management under policies approved by the Commission. The Commission provides written principles for overall risk management, as well as policies covering specific areas.

The Commission is exposed to a variety of financial risks – credit risk, liquidity risk, interest rate risk and market risk.

17. Financial Risk Disclosure (cont'd)

Risks Arising from Financial Instruments (cont'd)

Risk Exposure (cont'd)

Risk Exposure	Disclosure
Credit Risk	Credit risk is the potential for financial loss arising from the Commission's debtors defaulting on their obligations. Credit risk is measured through use of management reports. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer Note 9. Credit risk is considered minimal for the Commission as debtors are state and federal government entities.
Liquidity Risk	Liquidity risk refers to the situation when the Commission may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through use of management reports. The Commission's liquidity risk is minimal as the Commission has minimum levels of cash to meet employee and supplier liabilities in the short term.
Market Risk	The Commission has interest rate exposure on the operating account with the Commonwealth Bank. The Commission does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of the Commission and sensitivity analysis is not required.

18. First Year Application and Future Impact of New Accounting Standards

Changes in Accounting Policy

The Commission applied AASB 9 *Financial Instruments* for the first time in 2018-19. Comparative information for 2017-18 has not been restated and continue to be reported under AASB 139 *Financial Instruments: Recognition and Measurement*. The nature and effect of the changes as a result of adoption of this new accounting standard are described below.

Classification and Measurement

Under AASB 9, debt instruments are categorised into one of three measurement bases – amortised cost, fair value through other comprehensive income (FVOCI) or fair value through profit or loss (FVTPL). The classification is based on two criteria:

- whether the financial asset's contractual cash flows represent 'solely payments of principal and interest', and
- the Commission's business model for managing the assets.

The Commission's debt instruments comprise of receivables disclosed in Note 9. They were classified as Loans and Receivables as at 30 June 2018 (under AASB 139) and were measured at amortised cost. These receivables are held for collection of contractual cash flows that are solely payments of principal and interest. As such, they continue to be measured at amortised cost beginning 1 July 2018.

Equity instruments within the scope of AASB 9 are measured at FVTPL, with the exception that an equity instrument that's not held for trading can be irrevocably designated at FVOCI. Investments in subsidiaries, associates and joint ventures fall outside of the scope of AASB 9. As stated in Note 1, the Commission does not have any investments in subsidiaries, associates or joint ventures.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2018-19.

Accounting Standards Applied for the First Time

Other than AASB 9 *Financial Instruments*, which is detailed above, no accounting standards that apply to the Commission for the first time in 2018-19 have any material impact on the financial statements.

Future Impact of Accounting Standards Not Yet Effective

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards issued but with future commencement dates are set out below.

All other Australian accounting standards and interpretations with future effective dates are either not applicable to the Commission's activities, or have no material impact on the Commission.

AASB 1058 Income of Not-for-Profit Entities and AASB 15 Revenue from Contracts with Customers

The transition date for both AASB 15 and AASB 1058 is 1 July 2019. Consequently, these standards will first apply to the Commission when preparing the financial statements for 2019-20. The Commission has reviewed the impact of AASB 15 and AASB 1058 and identified the following impacts (or estimated impact where indicated) of adoption the new standards:

The Commission will apply the partial retrospective approach as advised by Queensland Treasury, meaning the Commission will not need to restate 2018-19 comparatives.

18. First Year Application and Future Impact of New Accounting Standards (cont'd)

AASB 16 - Leases

This standard will first apply to the Commission for 2019-20. When applied, the standard supersedes AASB 117 *Leases*, AASB Interpretation 4 *Determining whether an Arrangement contains a Lease*, AASB Interpretation 115 *Operating Leases – Incentives* and AASB Interpretation 127 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

Impact on Lessees

Under AASB 16, the majority of operating leases (as defined by the current AASB 117 and shown at Note 14) will be reported on the statement of financial position as right-of-use assets and lease liabilities.

The right-of-use asset will be initially recognised at cost, consisting of the initial amount of the associated lease liability, plus any lease payments made to the lessor at or before the effective date, less any lease incentive received, the initial estimate of restoration costs and any initial direct costs incurred by the lessee. The right-of-use asset will give rise to a depreciation expense.

The lease liability will be initially recognised at an amount equal to the present value of the lease payments during the lease term that are not yet paid. Current operating lease rental payments will no longer be expensed in the statement of comprehensive income. They will be apportioned between a reduction in the recognised lease liability and the implicit finance charge (the effective rate of interest) in the lease. The finance cost will also be recognised as an expense.

AASB 16 allows a 'cumulative approach' rather than full retrospective application to recognising existing operating leases. In accordance with Queensland Treasury's policy, the Commission will apply the 'cumulative approach', and will not need to restate comparative information. Instead, the cumulative effect of applying the standard is recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity, as appropriate) at the date of initial application.

Outcome of review as lessee

The Commission has completed its review of the impact of adoption of AASB 16 on the statement of financial position and statement of comprehensive income and has identified the following major impacts which are outlined below.

During the 2018-19 financial year, the Commission held operating leases under AASB 117 from the Department of Housing and Public Works (DHPW) for non-specialised, commercial office accommodation through the Queensland Government Accommodation Office (QGAO). Lease payments under these arrangements totalled \$298,340 p.a. The Commission has been advised by Queensland Treasury and DHPW that, effective 1 July 2019, amendments to the framework agreements that govern QGAO will result in the above arrangements being exempt from lease accounting under AASB 16. This is due to DHPW having substantive substitution rights over the non-specialised, commercial office accommodation and residential premises assets used within these arrangements. From 2019-20 onwards, costs for these services will continue to be expensed as supplies and services expense when incurred.

The Commission has also been advised by Queensland Treasury and DHPW that, effective 1 July 2019, motor vehicles provided under DHPW's QFleet program will be exempt from lease accounting under AASB 16. This is due to DHPW holding substantive substitution rights for vehicles provided under the scheme. From 2019-20 onward, costs for these services will continue to be expensed as supplies and services expense when incurred. Existing QFleet leases were not previously included as part of non-cancellable operating lease commitments.

19. Budgetary Reporting Disclosures

This section contains explanations of major variances between the Commission's actual 2018-19 financial results and the original budget presented to Parliament.

(a) Explanations of major variances - Statement of Comprehensive Income

<i>Government Contributions:</i>	Increase reflects \$250 thousand contribution from Queensland Health for a non government organisation Grant to be managed by the Commission.
<i>Employee Expenses:</i>	Variance relates to the employment of an additional five temporary staff engaged throughout the year, engaged as a result of an organisational redesign and to deliver renewed whole of government strategic plan and a supporting suicide prevention plan.
<i>Supplies and Services:</i>	Decrease in expenses relates mainly to a reassignment of consultancy and contractor work of approximately \$250 thousand to the next financial year. This is due to the re-alignment of the Commissions' work to the strategic priorities of the renewed Whole-of-Government Queensland Mental Health, Drug and Alcohol Strategic Plan released in November 2018.
<i>Other Expenses:</i>	The majority of the variance reflects \$89 thousand in expenditure related to sponsorships given that were included in the grants budget for the year.
<i>Operating result from Continuing Operations:</i>	An outflow of \$194 thousand as a result of increased employee expenses for the year.

(b) Explanations of major variances - Statement of Financial Position

<i>Cash and Cash Equivalents:</i>	Majority of variation reflects accruals originally expected to have been paid during the financial year.
<i>Payables:</i>	The reduction in payables reflects lower level of unpaid supplier invoices at year end.
<i>Other current liabilities:</i>	Original budget reflects a misclassification of the lease incentive.

(c) Explanations of major variances - Statement of Cash Flows

<i>Government Contributions:</i>	Majority of increase reflects \$250 thousand contribution from Queensland Health for a non government organisation Grant to be managed by the Commission.
<i>Employee Expenses:</i>	Variance relates to the employment of an additional five temporary staff engaged throughout the year, engaged as a result of an organisational redesign and to deliver renewed whole of government strategic plan and a supporting suicide prevention plan.
<i>Supplies and Services:</i>	Decrease in expenses relates mainly to a reassignment of consultancy and contractor work of approximately \$250 thousand to the next financial year. This is due to the re-alignment of the Commissions work to the strategic priorities of the renewed Whole-of-Government Queensland Mental Health, Drug and Alcohol Strategic Plan released in November 2018.
<i>Other:</i>	The majority of the variance reflects \$89 thousand in expenditure related to sponsorships given that were included in the grants budget for the year.

20. Key Management Personnel (KMP) Disclosures

Details of key management personnel

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of the Commission during 2018-19 and 2017-18. Further information about these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Mental Health Commissioner	The Mental Health Commissioner directs the overall efficient, effective and economical administration and guides the strategic direction of the Commission.
Executive Director	The Executive Director provides strategic leadership for the Commission's policy and program and research functions.
Director - Communication and Engagement	The Director leads the Commission's communication and engagement functions.
Business Manager	The Business Manager leads the Commission's business, corporate governance and service delivery functions.

KMP Remuneration Policies

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The Commission does not bear any cost of remuneration of Ministers. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Remuneration policy for the Commission's key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*, and the *Queensland Mental Health Act 2013* for the Commissioner. Individual remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts provide for other benefits including motor vehicles.

Remuneration expenses for KMP comprise the following components:

Short term employee expenses which include:

- salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee occupied a KMP position.
- non-monetary benefits - consisting of provision of car parks together with fringe benefits tax applicable to the benefit.

Long term employee expenses include amounts expensed in respect of long service leave entitlements earned.

Post-employment expenses include amounts expensed in respect of employer superannuation obligations.

Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

Performance Payments

No performance payments were made to the KMP of the Commission.

20. Key Management Personnel (KMP) Disclosures (cont'd)
Remuneration Expenses

The following disclosures focus on the expenses incurred by the Commission that is attributable to non-Ministerial KMP during the respective reporting periods. The amounts disclosed are determined on the same basis as expenses recognised in the Statement of Comprehensive Income.

2018-19

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses \$'000	Post-Employment Expenses \$'000	Termination Benefits \$'000	Total Expenses \$'000
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner	254	7	5	32	-	298
Executive Director (from 17/09/2018)	75	4	2	9	-	90
Executive Director (to 31/01/2019)	60	3	1	11	-	75
Director Comm & Engagement (from 13/05/2019)	18	-	-	2	-	20
Director Comm & Engagement (to 10/05/2019)	135	-	2	14	-	151
Business Manager	132	-	3	15	-	150
Total Remuneration	674	14	13	83	-	784

2017-18

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses \$'000	Post-Employment Expenses \$'000	Termination Benefits \$'000	Total Expenses \$'000
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner (from 01/07/2017)	248	7	5	30	-	290
Executive Director (from 09/10/2017)	124	7	3	13	-	147
Executive Director (to 06/10/2017)	60	-	1	6	-	67
Director Comm & Engagement (from 31/10/2017)	92	-	2	10	-	104
Business Manager	136	-	3	16	-	155
Total Remuneration	660	14	14	75	-	763

21. Related Party Transactions

Transactions with people/entities related to KMP

There are no transactions to disclose.

Transactions with other Queensland Government-controlled entities

- The Commission's ongoing source of funding from Government for services is provided by grant from the Department of Health (refer to Note 3).
- The Commission purchases corporate services from Corporate Administration Agency, Department of Environment and Science (refer to Note 5).
- The Commission has entered into an operating lease (via a letter of financial commitment) for the premise at 400 George Street with the Department of Housing and Public Works (refer to Note 5).
- All other transactions in the year ended 30 June 2019 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

22. Taxation

The Commission is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only taxes accounted for by the Commission. GST credits receivable from, and GST payable to the ATO, are recognised (refer to Note 9).

Management Certificate

for Queensland Mental Health Commission

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), section 43 of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year ended 30 June 2019 and of the financial position of the Commission at the end of that year; and

The Commissioner, as the Accountable Officer of the Commission, acknowledges responsibility under s.8 and s.15 of the *Financial and Performance Management Standard 2009* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Ivan Frkovic
Mental Health Commissioner
Queensland Mental Health Commission

Date: 9/8/19



Michael Corne
Business Manager
Queensland Mental Health Commission

Date: 9 Aug 19

Independent Auditor's Report

To the Commissioner of the Queensland Mental Health Commission

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Queensland Mental Health Commission (the Commission).

In my opinion, the financial report:

- a) gives a true and fair view of the Commission's financial position as at 30 June 2019, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2019, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the Commission in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General of Queensland Auditing Standards*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Commissioner for the financial report

The Commissioner is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards, and for such internal control as the Commissioner determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Commissioner is also responsible for assessing the Commission's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the Commission or to otherwise cease operations.

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Commission's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Commission.
- Conclude on the appropriateness of the Commission's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Commission's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Commission to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Commissioner regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2019:

- a) I received all the information and explanations I required.
- b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.



C Dougherty
as delegate of the Auditor-General

15 August 2019

Queensland Audit Office
Brisbane

Appendices

Appendix 1

Better Futures grants recipients

- Lives Lived Well was granted \$200,000 to establish the Nurture Sustainable Regenerative Farming and Distribution Co-operative social enterprise in Logan.
- Brisbane Youth Service was granted \$198,000 to trial a Brisbane Couch Surfing Support Line and mobile service to help vulnerable young people find suitable accommodation and reduce the risks associated with homelessness, mental health issues, problematic substance use or self-harm.
- Toowoomba-based Mercy Community SEQ was granted \$200,000 for the Green Care Multicultural Mental Health Program to improve mental health, wellbeing, community connection and employment outcomes for refugees and migrants with experience of mental illness.
- HELP Enterprises' Champions of Change: Mental Health in the Workplace initiative was granted \$142,000 to build capacity among employers to improve understanding of mental health and wellbeing in the workplace and address stigma and discrimination.

Appendix 2

Glossary

AISRAP	Australian Institute for Suicide Research and Prevention	PHN	Primary Health Network
AIVL	Australian Injecting and Illicit Drug Users League	QMHW	Queensland Mental Health Week
AOD	Alcohol and other drugs	QNADA	Queensland Network of Alcohol and Other Drug Agencies
CALD	Culturally and linguistically diverse	QuIHN	Queensland Injectors Health Network
FTE	Full Time Equivalents (employees)	TAIHS	Townsville Aboriginal and Islander Health Service (TAIHS)
LGBTIQ	Lesbian, gay, bisexual, transgender and intersex	SLG	Strategic Leadership Group
MOU	Memorandum of Understanding	WoW	Wheel of Wellbeing
NDIS	National Disability Insurance Scheme	WSPD	World Suicide Prevention Day
NMHCCF	National Mental Health Consumer and Carer Forum		

Appendix 3 Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s ARRs – section 7	3
Accessibility	• Table of contents ARRs – section 9.1	1
	• Glossary	67
	• Public availability ARRs – section 9.2	Inside front cover
	• Interpreter service statement <i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Inside front cover
	• Copyright notice <i>Copyright Act 1968</i> ARRs – section 9.4	Inside front cover
	• Information Licensing <i>QGEA – Information Licensing</i> ARRs – section 9.5	Inside front cover
General information	• Introductory Information ARRs – section 10.1	6–7
	• Agency role and main functions ARRs – section 10.2	6–7
	• Machinery of Government changes ARRs – section 31 and 32	Not applicable
	• Operating environment ARRs – section 10.3	6–7
Non-financial performance	• Government’s objectives for the community ARRs – section 11.1	6
	• Other whole-of-government plans / specific initiatives ARRs – section 11.2	6
	• Agency objectives and performance indicators ARRs – section 11.3	6–7; 30–31
	• Agency service areas and service standards ARRs – section 11.4	31
Financial performance	• Summary of financial performance ARRs – section 12.1	36
Governance – management and structure	• Organisational structure ARRs – section 13.1	30
	• Executive management ARRs – section 13.2	29
	• Government bodies (statutory bodies and other entities) ARRs – section 13.3	Not applicable
	• <i>Public Sector Ethics Act 1994</i> <i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	31
	• Queensland public service values ARRs – section 13.5	6

Summary of requirement	Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1 31
	• Audit committee	ARRs – section 14.2 32
	• Internal audit	ARRs – section 14.3 32
	• External scrutiny	ARRs – section 14.4 Not applicable
	• Information systems and recordkeeping	ARRs – section 14.5 32
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1 33
	• Early retirement, redundancy and retrenchment	Directive No.11/12 <i>Early Retirement, Redundancy and Retrenchment</i> 33
		Directive No.16/16 <i>Early Retirement, Redundancy and Retrenchment</i> (from 20 May 2016) ARRs – section 15.2
Open data	• Statement advising publication of information	ARRs – section 16 32
	• Consultancies	ARRs – section 33.1 https://data.qld.gov.au 36
	• Overseas travel	ARRs – section 33.2 https://data.qld.gov.au 40
	• Queensland Language Services Policy	ARRs – section 33.3 32
Financial statements	• Certification of financial statements	FAA – section 62 63
		FPMS – sections 42, 43 and 50 ARRs – section 17.1
	• Independent Auditor’s Report	FAA – section 62 64
	FPMS – section 50 ARRs – section 17.2	
Legislative requirements of the <i>Queensland Mental Health Commission Act 2013</i>	• Ministerial directions	Nil
	• Recommendations in each ordinary report	Nil
	• Recommendations by the Queensland Mental Health and Drug Advisory Council	24

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs *Annual report requirements for Queensland Government agencies*

