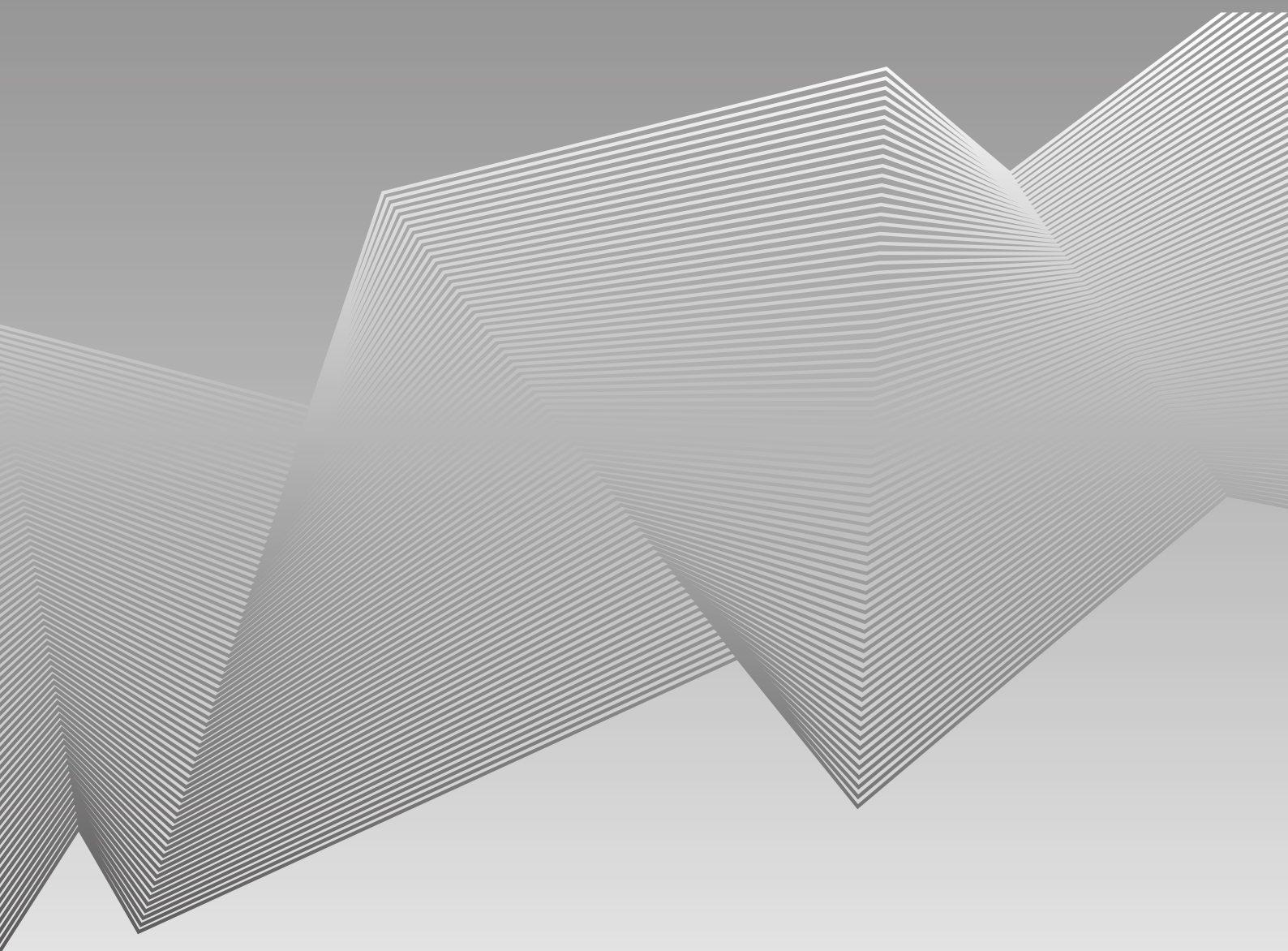


Queensland Mental Health Commission

# ANNUAL REPORT 2020–2021



**Queensland**  
Government

### **About this report**

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2020–21. 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.

This report is a key accountability document and the principal way in which the Commission reports to Parliament and the Queensland community on its activities.

Queensland Mental Health Commission Annual Report  
2020–21

ISSN 2204-7816

### **Feedback**

The Commission invites feedback on this report, by telephone on **1300 855 945** or email at [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au).

### **Translation**



The Queensland Government is committed to providing accessible services to Queenslanders from culturally and linguistically diverse backgrounds. If you have difficulty understanding the annual report, you can phone **1300 855 945** to arrange for an interpreter to communicate the report to you.



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# Acknowledgements

The Queensland Mental Health Commission respectfully acknowledges Traditional Owners of the lands and waters 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 recognise the contribution of people with a lived experience of mental health difficulties, problematic alcohol and other drugs use (AOD), and suicide to our work. We value the voice of lived experience, including families, carers and support people, in everything we do.

# Letter of compliance

Queensland  
**Mental Health  
Commission**

ABN 54 163 910 717

27 September 2021

The Honourable Yvette D'Ath MP  
Minister for Health and Ambulance Services  
GPO Box 48  
BRISBANE QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2020–21 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, and
- 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 1 on page 73 of this report.

Yours sincerely



**Ivan Frkovic**  
Commissioner  
Queensland Mental Health Commission

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# From the Commissioner

The past year has been extraordinary in many respects. We continued to experience the substantial, unprecedented and far-reaching impact of COVID-19 against a backdrop of significant national and state-based reform.

Queensland has been fortunate enough to escape the worst of the second and third waves of the pandemic sweeping southern states, however we have experienced both positive and negative effects. While it may take many years for the longer-term impacts of the pandemic to manifest and be understood, we already have some insight into how people's lives and mental wellbeing have been effected.

As predicted, we are seeing evidence of increased demand across public, non-government (NGO) and private mental health services, particularly from adolescents and young people often with pre-existing vulnerability. This increased demand puts additional pressure on services already struggling to meet demand pre-pandemic, and results in longer wait times and increased complexity and severity of presentations.

There have been significant and welcome national and state responses to the pandemic designed to ease this pressure, for example additional Medicare Benefits Schedule (MBS) sessions under a mental health plan, the inclusion of telehealth in the MBS, and additional allocations for state-funded public and NGO mental health, alcohol and other drugs, and other services. However, the temporary nature of these initiatives needs to be reconsidered to ensure the system continues to meet demand and addresses ongoing and future mental health impacts from the pandemic.

Throughout the pandemic, the Commission has worked in collaboration with stakeholders through regular sector meetings to respond to emergent need and better position Queensland's economic and social recovery. This includes working with government to recognise the importance of human and social recovery as an essential element of economic recovery, particularly the mental health of our community. Against tight fiscal settings, we have provided advice to government on 'best buys' and supported them to allocate additional funding for community mental health, suicide prevention, and alcohol and other drugs services in recent budgets.

The Commission is reviewing and analysing the issues and implications for Queensland of the Australian Productivity Commission's inquiry into mental health, along with the Royal Commission into Victoria's mental health system.

The Australian Productivity Commission's inquiry demonstrated the substantial cost of mental illness to the Australian economy, and has triggered vitally needed and significant reform of our mental health system. Along with the pandemic, it has elevated public and government attention on mental health and brought sizeable additional investment to the mental health system, not seen for more than a decade. This investment must continue to redress the shortfall in mental health funding experienced under successive governments over a long period of time.

The challenge, as ever, remains with sustaining the reform effort and fully implementing the recommendations, rather than adopting short term and/or insufficient responses. There is hope the new National Agreement on Mental Health and Suicide Prevention will partially address long-term funding shortfalls, and both Federal and state governments eliminate complication and duplication in funding, planning and service delivery, increase efficiency and eliminate service gaps.

There must be systematic and enhanced focus and responsibility for upstream prevention and early intervention, otherwise costs for mental ill-health will continue to escalate. We must direct greater attention to keeping people well and out of the secondary and tertiary treatment system. This means re-balancing the system to provide greater support to people in the community, and deliver better individual and system outcomes. The State Government's investment of \$100 million over three years in school-based mental health supports is applauded, and a great opportunity to set young people up for lifelong wellbeing. This complements significant work that is being progressed across government, including by the Commission, focusing on the best start for children's early years.

The year has also had many highlights. *Shifting minds* is now into the third year of its five-year outlook and many gains have already been made. Partnerships have been cemented and new grassroots and community programs have been initiated.

Despite the pandemic interrupting our work, great progress has been made on the collaborative development of a renewed alcohol and other drugs plan to reduce harms associated with problematic substance use. We continue to work with agencies to progress the *Every life* suicide prevention plan, driven by a new interim Suicide Prevention Network. A new mental health consumer representative peak body to embed the voice of lived experience in policy, planning and governance is in the final stages of becoming a reality.

My sincere thanks go to the Commission staff, the Queensland Mental Health and Drug Advisory Council, the Queensland Government, people with lived experience and their families and carers, along with our partners and supporters, all of whom have played a role in contributing to the reform agenda in 2020–21. I look forward to continuing to work with you all in the coming year.



**Ivan Frkovic**  
Queensland Mental Health Commissioner

# About the Commission

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

The Commission's work supports the Government's objectives for the community detailed in *Unite and Recover* by initiating and driving shared actions to improve wellbeing, and better support people living with mental illness and problematic AOD use, and the effects of suicide.

As an agency under the umbrella of the Health portfolio, the Commission works alongside the Department of Health while retaining its independence as a statutory body. It reports through the Commissioner directly to the Minister for Health and Ambulance Services, and receives advice and recommendations from the Queensland Mental Health and Drug Advisory Council.

## Our role and functions

The Commission's role under 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 underpin its Strategic Framework and program of work. They are:

***Developing, monitoring, reviewing and reporting on a whole-of-government mental health, alcohol and other drugs, and suicide prevention strategic plan—Shifting minds: Queensland Mental Health, Alcohol, and other Drugs Strategic Plan 2018–2023 (Shifting minds)*** (<https://www.qmhc.qld.gov.au/shifting-minds>).

***Monitoring, reviewing and reporting*** on matters 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 substance misuse issues. The Commission's research function is essential to reform, along with promoting and facilitating the sharing of evidence, knowledge and ideas around systemic reform.

***Supporting and promoting awareness, prevention and early intervention programs and initiatives*** that focus on community-wide mental health and wellbeing, including reducing stigma and discrimination.

***Engaging and enabling stakeholders*** to have a say in reform including people with lived experience of mental ill-health, problematic AOD use and suicidality, and their families, carers and supporters. The Commission engages within and across sectors to build collaborative partnerships to enable and foster an inclusive and responsive system.

The Commission works with government, non-government and private agencies, people with lived experience of mental ill-health, AOD issues and suicidality, and their 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 issues.





## Queensland Mental Health Commission

### Our vision

*Queenslanders working together to improve mental health and wellbeing.*

### Our values

The five Queensland public service values (<https://www.forgov.qld.gov.au/working-in-the-public-service/about-the-public-service/our-values-and-culture/public-service-values>) have been adopted by the Commission, together with a sixth value related to wellness. These values are:

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

### Our principles

The Commission's work is guided by a set of principles outlined in the Act, which state that people living 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, and
- 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; and engaged.

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, and
- strategies that foster inclusive, safer, healthier families, workplaces and communities.

## Objectives and performance

The Commission's Strategic Framework 2020–2024 (<https://www.qmhc.qld.gov.au/about/our-work/strategic-framework>) outlines the objectives and strategies to achieve better outcomes for people living with mental health difficulties or problematic substance use issues, and those affected by suicide. This is achieved by agreeing on, supporting and driving system-wide reforms, and bringing together the wisdom of lived experience and professional expertise.

The Commission's work aligns with the priorities outlined in the *Shifting minds* three areas of focus:

- *Better lives* through person-centred and integrated services
- *Invest to save* through improved population mental health and early intervention
- *Whole-of-system improvement* through a balanced approach and collective action.

The focus areas outline strategic directions and propose priorities for cross-sectoral action, that recognise and build on existing cross-agency policy, program and funding environments.

The Commission's performance is measured against two key strategic indicators:

- The extent to which the Commission's commitments in the strategic plan and related sub-plans are implemented.
- Stakeholder satisfaction with the support provided by, and the achievements of, the Commission.

*Shifting minds* is a whole-of-government plan that recognises that the conditions for better mental health and wellbeing are set well outside of the health portfolio. As such, it seeks to engage with and leverage a wide range of state and national strategies. For example, within the social, education, child safety, economic and justice portfolios.

Engagement and communication is vital to leading reform and setting a shared reform agenda. People with lived experience are important partners in our work, and are engaged across all aspects of our business, as well as the Queensland Mental Health and Drug Advisory Council (the Council).

Additionally, the Commission also plays an important role in influencing the state and national reform agenda by contributing to a range of national mental health, AOD and suicide prevention reforms and agenda-setting groups, including:

- the National Disability Insurance Agency – National Mental Health Sector Reference Group
- Beyond Blue – National Advisory Committee
- the Way Back Support Service – National Advisory Committee, and
- joint Mental Health Commission meetings.

# Reform context

## Australian Productivity Commission Inquiry into Mental Health

This landmark inquiry brings a renewed opportunity for fundamental system reform to improve the lives of all Australians, and especially those experiencing mental health challenges.

The Australian Productivity Commission's (APC) final report provides compelling evidence of the cost and benefits of reform, estimating mental illness is conservatively costing the Australian economy about \$200–220 billion per year – or between \$550 million and \$600 million per day.

The economic benefits of the recommended reforms to Australia's mental health system are estimated to be up to \$1.3 billion per year as a result of the increased economic participation of people with mental ill-health.

The clear, overarching messages headlining the APC report are:

- The significant scale and cost of mental ill-health on society.
- The cross-sectoral nature of mental health, noting it is not just a health issue, but needs responses beyond health into broader human services systems.
- The potential cost-benefit of the recommended cross-sectoral reforms, and the investment needed to achieve it, will require shared responsibility and will accrue shared benefits across all parts of the system, all levels of government and all aspects of society.
- There is great potential to fundamentally improve lives at the individual and community level by adopting the recommended reforms.

The final APC report outlined 21 recommendations with 103 associated actions spanning five areas of reform:

1. Prevention and early help for people
2. Improve people's experiences with mental health care, including crisis care and suicide prevention
3. Improve people's experiences beyond the health system
4. Equip workplaces to be mentally healthy
5. Instil incentives and accountability for improved outcomes.

The APC's inquiry into mental health states the need for a genuine whole-of-government approach, finding that neither the 30-year-old *National Mental Health Strategy* nor the *National Mental Health Policy 2008* are fit-for-purpose in supporting collaborative efforts between health and non-health sectors to drive the broader reforms required.

The Productivity Commission's core recommendations for reform align with and take forward the strategic reform directions laid out in *Shifting minds*. In particular, Queensland is well advanced in progressing a balanced approach that emphasises prevention, and collaborative cross-sector leadership and responsibility for mental health, AOD and suicide prevention, driving opportunities for system reform and enhancement. *Shifting minds* emphasises placing community based mental health supports and services at the centre of the service system, rather than hospital care, as an essential component of more agile, holistic and timely, personalised care. Social and economic participation, as well as balancing the system towards prevention and early intervention—particularly in the early years through to young adults—are also part of Queensland's strategic approach. The *Shifting minds* focus on mentally healthy environments such as schools and workplaces also aligns with the Productivity Commission's recommendations.

The APC identified a range of national and state-based implications arising from the recommended reforms and emphasised the need to work together to achieve reform.

The Productivity Commission has called on Australian and state and territory governments to develop a new national mental health strategy that comprehensively integrates health and non-health sectors, guides the allocation of resources, and aligns collective efforts of relevant sectors in all jurisdictions. Without this, the APC believes there will continue to be a heavy reliance on health-centric solutions and not enough attention to change the wider social, cultural, political, economic and environmental determinants that lead to poor mental health.

In response the Australian Government has provided an additional \$2.3 billion investment into national mental health and suicide prevention over the next four years. In addition, the Australian and state and territory governments are working on a new National Agreement on Mental Health and Suicide Prevention (the National Agreement), which is scheduled for completion in November 2021.

At the request of the Department of the Premier and Cabinet, the Commission led a whole-of-Queensland Government analysis of the APC report recommendations to identify implications and reform opportunities for Queensland. This analysis will assist Queensland in negotiations for the National Agreement.

## National Suicide Prevention Adviser's advice

In April 2021, the National Suicide Prevention Adviser (NSPA) released her Final Advice, highlighting the need for connected and compassionate approaches to prevent and reduce the incidence of suicide. This includes key focus areas in leadership and governance, lived experience, data and evidence and workforce capacity.

The NSPA's advice and recommendations align with the Queensland Government's current approach to suicide prevention outlined in *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*, which emphasises building resilience, reducing vulnerability, enhancing responsiveness and working together. *Every life* includes actions focused on coordinated approaches and leadership, harnessing lived experience, and the effective use of data, evidence and evaluation to improve system and service responses.

The Commission will work with all Queensland stakeholders, the NSPA and the National Mental Health Commission to align and strengthen strategic efforts and leverage opportunities arising from the increased national focus.

The Royal Commission into Defence and Veteran Suicide, announced in April 2021, will no doubt also contribute new information, evidence and approaches with regards to addressing the high rate of veteran suicides. The Commission will monitor the progress and recommendations of this Royal Commission and will work with the new Office for Veterans within the Department of the Premier and Cabinet to assess the implications for suicide prevention in Queensland.

## Royal Commission into Aged Care Quality and Safety

The key issues and report recommendations of the Royal Commission into Aged Care Quality and Safety included enhanced workforce capability and capacity to deliver integrated, personalised and trauma-informed care for older people, strengthened human rights protections, and reduction in the use of restrictive practices.

To better protect human rights the recommended new Aged Care Act is expected to specify a list of rights, including the right to freedom from degrading or inhumane treatment, or any form of abuse, the right to liberty, freedom of movement and freedom from restraint.

Acknowledging the importance of mental health and wellbeing, high quality aged care is required to enhance as much as possible the physical and cognitive capacities and mental health of the person in care.

The Royal Commission recommends that by 1 January 2022, the Australian and state and territory Governments should fund, under the National Health Reform Agreement, mental health outreach services for people receiving residential aged care or personal care at home.

The Royal Commission further recommended specific MBS items to allow for a mental health assessment and subsequent treatment plan within two months of a person's entry into residential aged care, and three-monthly reviews of a mental health assessment are important reforms. Additional units of training were also recommended as core workforce competencies, including trauma-informed care, cultural safety and mental health.

Older Queenslanders will benefit from the announcement of more staff time for residents, increased quality of care with a stronger focus on mental health, and workforce development for the 1121 Australian Government-funded aged care providers in Queensland. The reform initiatives are also expected to have positive effects for residents of the 16 aged care facilities operated by Queensland Health.

The Australian Government agreed that fundamental reform was required and committed \$17.7 billion on top of existing investment over a five-year period.

## National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is projected to provide 64,000 people with individualised supports for a primary psychosocial disability once the scheme is fully rolled out. According to the APC, there are 690,000 people in need of psychosocial support across Australia, with an estimated 290,000 of this total with severe, persistent and enduring mental illness in urgent need of support.

Psychosocial supports are mainly provided by the NGO community mental health sector. The APC found the delivery of psychosocial support has been hampered by inefficient funding arrangements and service gaps, affecting the recovery and wellbeing of people with mental illness.

## Pandemic response

The past year has seen the whole community effected in many ways by the ongoing COVID-19 pandemic. Now, more than ever, the unpredictable health, economic and social impacts of the COVID-19 pandemic make it important that people are supported to maintain good mental health and wellbeing.

There has been widespread lowering of morale and wellbeing, including increased vulnerability to mental ill-health across the population. As a result of the pandemic, many people who have had no prior experience of mental health challenges have experienced a need for support and care. The pandemic has also affected those with lived experience of mental ill-health, problematic AOD use and suicidality who have, together with their families and carers, had to navigate uncharted waters.

Throughout the past year all levels of governments in Australia have implemented a range of strategies to support people's resilience and coping across the response and recovery phases of the pandemic.

The Queensland Government's efforts are being guided by the *National Mental Health and Wellbeing Pandemic Response Plan* developed through interjurisdictional collaboration, and which identifies priority areas for effort. Importantly, prevention, early intervention and promoting early help seeking are key among these priorities. This aligns with the strategic priorities identified in *Shifting minds* and its subplan *Every life*.

Early in the response to the pandemic, the Queensland Government acknowledged that physical and economic recovery requires social and human recovery. A key initiative to support and extend *Unite and Recover: Queensland's Economic Recovery Plan*, was the \$74.5 million Mental Health and Wellbeing Community Package which recognised the critical importance of mental health and wellbeing in our state's recovery. The Commission worked closely with Queensland Health to identify and develop measures matched to community and service system need.

The Package provided \$28 million to support non-government community-based providers to rapidly respond to community needs. It also provided \$46.5 million to supplement public service providers to address the longer-term impacts of the pandemic, including:

- additional community mental health, drugs and alcohol treatment and responses
- specialist mental health services for people in quarantine
- additional capacity within existing alcohol and other drugs residential rehabilitation services
- localised mental health initiatives, and
- youth mental health.

## Dear mind (pandemic extension)

When COVID-19 emerged in Australia, Queenslanders' mental health and wellbeing was at an increased risk. With strong evidence indicating the first phase of the *Dear mind* campaign had effectively helped people build and maintain resilience, a second phase of campaign activity was rapidly developed to address the new challenges brought about by COVID-19.

The Commission contributed funding for a second phase of the campaign with a pandemic focus. The *Dear mind* (pandemic extension) ran from August 2020 to March 2021, encouraging Queenslanders to continue thinking about, practising and prioritising their mental wellbeing.

Forty-two per cent of Queenslanders recall seeing the campaign. Evidence shows those who did see the campaign are more likely to prioritise their mental health and wellbeing, know how to look after their mental health and wellbeing, and engage in protective behaviours such as being active, spending time outdoors, showing kindness and being grateful. They report higher levels of happiness and resilience and are more likely to report having a healthy lifestyle than those who didn't see the campaign.

Evidence also suggests the campaign continues to have a positive impact on the reduction of stigma associated with mental health and wellbeing.

Over 320,000 people visited the Your Mental Wellbeing website (<https://mentalwellbeing.initiatives.qld.gov.au>) in 2020–21, which was updated to include information specifically about looking after your mental wellbeing during the pandemic.

## System pressures

There is mounting evidence of increased demand for mental health services across the public, private and non-government sectors due to the effects of the pandemic. Of concern is the reported increased presentations among people in younger age cohorts (e.g. people aged under 25 years) experiencing issues of psychological distress, self-harm and disordered eating.

This increased demand is evident from a range of data:

- There is evidence of increased uptake of Medicare-subsidised mental-health specific services, as planned and provided for under the National Mental Health and Wellbeing Pandemic Response Plan.
- The Headspace National Youth Mental Health Survey noted young men aged 15–17 years experienced a significant growth in psychological distress (up from 20 per cent in 2018 to 29 per cent in 2020). Young women and girls aged 12–25 years are more likely to experience high or very high levels of psychological distress compared to their male counterparts. COVID-19 has also had a negative impact on young people's wellbeing related to their ability to carry out daily activities and ability to cope with stress.
- In the four weeks to 24 January 2021:
  - Lifeline received 85,182 calls nationally – a 10 per cent increase over the same period in 2020, and a 21 per cent increase over the same period in 2019.
  - Beyond Blue received 22,115 contacts, a 27 per cent increase over the corresponding period in 2020 and 23 per cent increase over 2019.
- Kids Helpline reports self-injury and/or self-harm among 15 to 18-year-olds has increased by 34 per cent to 1635 calls in the first six months of 2021, compared to the same period in 2020. Calls from children and young people regarding suicide concern had also increased by 1788 contacts in the first half of 2021 versus 2020, making suicide concern the third most common reason for calling.

- The National Eating Disorders Collaboration (NEDC) has advised the COVID-19 pandemic has generated a 'marked increase' in presentations of both new and relapsing eating disorders, and in the level of complexity and severity. NEDC reports a 50 per cent increase in referrals to most public and private services compared to 2019. This has resulted in four to six month waiting lists to access public and private assessment and treatment services, while the number waiting for inpatient services has correspondingly increased, resulting in more complex and acute medical and psychiatric presentations and admissions.
- The Butterfly Foundation has reported a 35 per cent increase in demand for the Butterfly National Helpline in the year from March 2020 to February 2021, including a 116 per cent increase in webchat.
- Eating Disorders Queensland recorded a 98 per cent increase in patients in January-October 2020, compared to 2019, and the Queensland Eating Disorder Service took almost 300 more calls in 2020 compared to 2019.

Research by the Black Dog Institute and the University of New South Wales in 2020 showed more than 20 per cent of Australians reported their mental health and wellbeing impacted at clinical or at-risk levels. While 75 per cent of young people (aged 12 to 18-years) said their mental health has worsened as a result of COVID-19, particularly among adolescents who had previously experienced anxiety or depression.

## Investment in school-based mental health

In recognition of the significant role of schools in supporting the mental health and wellbeing of students, the Queensland Government has committed to a \$100 million investment over three years to:

- Increase the wellbeing workforce to provide access to mental health and wellbeing support for every Queensland primary and secondary school student. This support will predominantly be provided by psychologists, but to meet specific needs, schools may employ other wellbeing professionals such as guidance officers and social workers.
- Pilot a program in 50 state high schools in areas of greatest need that provides students free access to a General Practitioner for one day per week.

These initiatives align with the prevention and early intervention objectives of *Shifting minds* and the Commission welcomes this significant investment for younger Queenslanders.



## Focus area 1

# Better lives

**Better lives is about focusing on what matters to people. It is about living with meaning and purpose, where people can realise their aspirations and potential, be connected with family and community, and live free from disadvantage, social exclusion and discrimination. It means having a place to live, participating in education, training and employment, and having good physical health and wellbeing through the delivery of accessible, holistic and person-centred care.**

Supporting better lives and outcomes for those with lived experience calls for a whole-of-community and whole-of-government approach to improve the mental health and wellbeing of Queenslanders.

Good mental health is crucial when it comes to enabling individuals to perform key roles within families, communities and societies. Critically this affects productivity and our economy. *Shifting minds* advocates for better lives for people with a lived experience through a holistic framework that personalises and integrates care.

## Personalising and integrating care

### *Strengthen suicide-related care and support*

Compassionate, person-centred responses for people experiencing psychological distress and crises, at the right place and at the right time, are a critically important element of reform. The Queensland Government's *Shifting minds* Suicide Prevention Flagship in Budget 2019–20 provided \$80.1 million over four years to expand alternatives to the emergency department and address critical areas of need.

Under the flagship, Queensland Health, in collaboration with Hospital and Health Services, have progressed the staged delivery of eight Crisis Support Spaces, with four sites established in 2020–21 at the Mackay, Cairns, Prince Charles and Princess Alexandra hospitals. Work on a new crisis stabilisation unit at the Gold Coast also began in January 2021. This unit will provide short-stay beds for people in crisis as an alternative to the emergency department, and is anticipated to be completed early in 2021–22.

As part of the flagship package, the Queensland Government provided \$7.5 million over four years, matched by Commonwealth funding, to expand the number of sites hosting a Way Back Support Service to seven in Queensland. All seven Primary Health Networks (PHNs) in Queensland have commissioned ten services accepting referrals from the Ipswich, Toowoomba, Mount Isa, Cairns and Hinterland, Redcliffe/Caboolture, Princess Alexandra, Gold Coast/Robina, Bundaberg, Hervey Bay and Maryborough hospitals. Additional services have been funded by some PHNs, including on the Sunshine Coast, in Central Queensland and at the Royal Brisbane and Women's Hospital. In 2020–21, a total of 2065 people were referred into Way Back Support Services.

The Queensland Government's funding package enabled the employment of eight additional specialist guidance officers to provide support for students with complex mental health needs and aid their continued engagement with education. Under the flagship, the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIIP) has also begun work with the Institute for Urban Indigenous Health to develop an Early Childhood Wellbeing program for First Nations children and families.



## Positioning the non-government sector for the future

Community mental health services are a valued and valuable part of the mental health system, providing positive outcomes for individuals, as well as contributing to benefits and efficiencies across the whole system. There is a need to reorient the system to support people sooner and in the community. A continued reliance on acute hospital-based services is costly and it is well-documented that better outcomes are achieved by intervening earlier, providing the right services at the right time, in the right place.

The Commission has committed to and commenced work, in partnership with the Queensland Alliance for Mental Health, to undertake a systematic analysis of the Queensland non-government community mental health services sector. The analysis aims to gain a comprehensive understanding of the current environment, strengths, challenges, barriers and opportunities for the sector.

The project aligns with the *Shifting minds* strategic plan's focus on community-based services and supports. The project will provide evidence to leverage opportunities to advance and support the growth, development and sustainability of the NGO sector. Lived experience leadership and advice will be at the core of the project.

## Improve access to quality health care

Good physical health is important. But some people living with mental illness and/or problematic AOD use may have poor physical health compared to other Queenslanders, including lower quality of life and reduced life expectancy as a result of preventable illness and chronic disease.

The Commission's Physical Health Project published two key reports in 2019—a Case for Change and a Strategic Position Paper. The Case for Change report outlined the key themes that contribute to improve the physical health of people with a lived experience, and the barriers and enablers to improved physical health outcomes. The Strategic Position Paper outlined opportunities under four reform categories:

- Individual—protective factors, navigation
- Health service delivery—accountability, models of care and collaborative care
- System-wide—population health, place-based and partnerships
- Resource and enablers—funding and commissioning, workforce, digital health, and research and evaluation.

The reform opportunities align with holistic, person-centred approaches to physical and mental health and wellbeing, as well as the principles underpinning *Equally Well: Improving the physical health and wellbeing of people living with mental illness in Australia*.

In early 2021, the Commission contracted a provider to obtain the views and perspectives of people with a lived experience regarding the key findings of the Physical Health Project and reform opportunities outlined in the Strategic Position Paper. A total of 56 people with a lived experience of either or both mental illness and/or problematic AOD use were consulted and asked to identify which reform opportunities should be prioritised by the Queensland Government, and if any reform opportunities were missing.

Respondents found the top five reform opportunities that should be prioritised by the Queensland Government, when addressing the physical health outcomes of people with a lived experience included:

- Prioritise areas with the highest burden of disease and socio-economic disadvantage for co-designed, inter-sectoral strategies focused on health promotion and integrated service models.
- Invest in capability-building to strengthen the skills and competencies of the workforce.
- Strengthen partnerships between health and community organisations to strengthen social connectedness.
- Invest in performance monitoring, targeted research and evaluation to strengthen the evidence base.
- Invest in critical information technology enablers that enable information sharing between health practitioners.

A summary report outlining the views and perspectives of people with a lived experience will be shared with key stakeholders to support their agency's understanding and operational planning, and to drive ongoing reform through an integrated approach to improving physical health outcomes for people with a lived experience.

The Commission will continue to work with partners to find opportunities to improve the physical health and wellbeing of Queenslanders with a lived experience.

## Housing

Research and lived experience testimonies tell us that secure, affordable and safe housing is an important factor in preventing mental ill-health and keeping people well. Housing security enhances a person's quality of life and helps to promote recovery for those who have experienced mental illness. Conversely, homelessness can contribute to or exacerbate mental illness.

The importance of housing was underscored by the APC's report into mental health, which identified housing as a key area of reform, noting that the current capacity of housing and homelessness services nationally falls far short of the need. It found that one-quarter of all people admitted to acute mental health services are homeless before admission and discharged back into homelessness.

The APC recommended additional reforms by the national, state and territory governments related to housing and homelessness. Importantly, there was a recommendation that each government should commit to, monitor and report on a nationally-consistent policy of not discharging people with mental illness from hospitals, correctional facilities and institutional care into a situation of homelessness. The report noted that this proposal would be cost effective in the long term, with a likely reduction over time in the use of other government services, such as health and justice services.

### **Queensland's social housing investment**

The Queensland Government is commended for its significant focus on housing as one of the pillars for mental health and wellbeing, including its approach to strong cross-sector engagement. In the 2021–22 State Budget, Queensland established a \$1 billion Housing Investment Fund to support new social housing in Queensland. In addition, the *Housing and Homelessness Action Plan 2021–25*, released in June, provides \$1.9 billion over four years to boost housing supply and increase housing and homelessness support across Queensland.

The Commission contributed to the development of the Queensland Housing and Homelessness Action Plan and will support actions focused on enhancing coordination across agencies to prevent exits from Government services into homelessness, and better integrating health and housing responses.

## **COVID-19 Housing and Homelessness Response**

In response to COVID-19, the Queensland Government prioritised the health and wellbeing of vulnerable Queenslanders and acted to provide housing outcomes for more than 3000 people experiencing homelessness and unstable housing through the \$24.7 million COVID-19 Housing and Homelessness Response.

The Department of Communities, Housing and Digital Economy (DCHDE), working with NGO partners, provided temporary self-contained short-term accommodation, brokerage, outreach and other support to people experiencing homelessness, followed by placement into suitable longer-term alternative accommodation. The response safeguarded the health and wellbeing of this vulnerable group and reduced the risk of outbreaks and community transmission of COVID-19 throughout Queensland.

Work is continuing to provide housing to other vulnerable people, including prioritising placements in social housing and providing access to a range of other housing products and services.

The Commission has supported this process through participation on a cross-agency advisory committee and advocated for people living with mental health and AOD issues, as well as addressing the system issues that compound housing insecurity and homelessness.

## Strengthen human rights protections

Human rights are fundamental to the recovery of people with lived experience of mental health issues and problematic AOD use, yet they are more likely than others in our society to have their human rights restricted or violated.

One of the aims of *Shifting minds* is to strengthen human rights protections. This includes promoting and monitoring least restrictive practice in policy and legislation, reducing restrictive practices and improving responses to human rights complaints.

### Human rights resources

To support the protection and promotion of human rights, the Commission is working in partnership with the Queensland Human Rights Commission to develop information for consumers and families using mental health services. This work will develop essential resources on how to get advice and support with regards to human rights issues and will include contact details for relevant support organisations.

### Least restrictive practices

The Commission's focus on human rights includes work in partnership with the Office of the Public Advocate to advocate for and uphold the rights of involuntary mental health inpatients in locked wards, and those subject to seclusion and restraint.

### Restorative practice

In line with the *Shifting mind's* stated aim of strengthening human rights protections, a project is underway to conduct an independent evaluation of a restorative practice (RP) trial at the Prince Charles Hospital over a three-year period, totalling \$160,000.

The evaluation project is being facilitated through a Memorandum of Understanding (MOU) with the Queensland Health Victim Support Service, Metro North Mental Health and Metro North Hospital and Health Service.

RP is a voluntary process for repairing harm caused by one or more persons to one or more others. It is structured to create opportunities for facilitated communication between the person/s harmed and those responsible for harm. It explores what led to the harm, its impacts, what is required to repair the harm, and who needs to be involved in that process.

The trial will be implemented across two settings—one in the Secure Mental Health Rehabilitation Unit (SMHRU) at Prince Charles Hospital and the other in community mental health teams. The evaluation will investigate the effectiveness and benefits of these two trial models.

RP is not currently used in mental health services in Australia and the trial and evaluation aims to provide evidence on the value of the practice for victims, their families, mental health services and staff. The implementation of RP as a service improvement in mental health services at the Prince Charles Hospital will be the first such project in Australia and presents a unique opportunity to address this gap in the research on RP.

A draft report on phase one of the evaluation is due in late 2021 and the final evaluation report is due in mid-2022.

### Supporting the lived experience workforce

In an excellent outcome for the lived experience workforce, legal advice has confirmed that it is lawful under the *Anti-Discrimination Act 1991* to advertise and fill identified positions for people with a lived experience of mental illness and recovery, problematic AOD use or suicidality.

The Commission sought legal advice to remove a systemic barrier and provide clarity around positions identified as lived experience.

The advice confirmed that it is lawful to:

- create identified positions for people with lived experience
- advertise lived experience as a mandatory requirement of the position, and
- undertake targeted recruitment to appoint people with lived experience to those positions.

It has also been confirmed that lived experience is likely to be a genuine occupational requirement for the purpose of section 25 of the Act. The engagement of a lived experience workforce would also likely be a welfare measure under section 104 and/or an equal opportunity measure under section 105 of the Act.

The legal advice means organisations can plan for lived experience identified positions with confidence, provided lived experience is a genuine occupational requirement, and employers consider sections 104 and 105 of the Act as relevant to the role.

The Commission will continue supporting opportunities to promote and grow the lived experience workforce in Queensland.

## Removing barriers to social and economic participation

Reducing the impact of homelessness and unemployment is important to improving the mental health, wellbeing and resilience of people with a lived experience and promotes empowerment and belonging. Being recognised as a valued employee gives people purpose, increases confidence, empowerment and self-esteem, brings financial independence and supports wellbeing and recovery.

### *Better Futures grants*

The Better Futures grants offered up to \$200,000 for innovative initiatives that improved the mental health and wellbeing, and social inclusion of Queenslanders with a lived experience of mental illness, problematic alcohol and other drug use, or those impacted by suicide. The grants had a particular focus on those experience housing and/or employment issues.

The Commission partnered with the Department of Employment, Small Business and Training (DESBT), Department of Communities, Housing and Digital Economy (DCHDE) and Department of Tourism, Innovation and Sport (DTIS) to develop the Better Futures grants and support organisations to implement and evaluate the initiatives.

Four not-for-profit organisations were awarded a grant with a total funding pool of \$720,000. Initiatives were developed, implemented and evaluated over a two-year period, with initiatives finishing in July 2021. Local level impact and outcome evaluation included assessing the appropriateness, cost-effectiveness, equity and efficiency of the initiatives, as well as social return on investment, sustainability and scalability.

Each organisation was affected by the COVID-19 pandemic and had to make adjustments to align with COVID-19 public health directives, some more significantly than others.

### *Couch surfing hotline*

The Brisbane Youth Service's (BYS) *Couch Surfing Hotline and Mobile Support Services* was awarded \$198,000, and assisted a total of 276 users aged 12–25+ years-old from October 2019 to December 2020, with the majority of users aged 15 to 17-years-old.

The initiative was a 14-month trial of a dedicated couch surfing support hotline and mobile face-to-face support service that aimed to prevent the further exacerbation of homelessness, mental health issues, risk of self-harm and isolation among vulnerable young people. The trial was implemented in the Brisbane region.

Mental health risk assessments identified that 38 per cent of the service users were at a high or very high-risk pre-support. Post-support only three per cent of users were identified as high-risk. Additionally, 72 per cent of service users were not already engaged with a support service, indicating extensive reach into the at-risk population.

Outcomes also found improvements with the users' living arrangements (housing safety and stability), confidence and skills to manage life and wellbeing, connection to services and support options relevant to them, and improvement across a wide range of domains including violence, finance, safety, education and employment.

While the couch surfing specialist service was successful in generating strong practice knowledge and building learning and evidence about effective work with young couch surfers, the appropriateness of the model as a sustainable stand-alone service was not established. As such, the program determined it may be a more effective, efficient and appropriate strategy to embed and enhance learning and practice in relation to couch surfing into existing homelessness services.

To embed the learnings from the initiative within and across sectors, the BYS developed a range of resources including practice guides, information sheets and a specific couch surfing risk screening tool. These resources enable other services and sectors to apply the learnings of the couch surfing hotline around assessing and reducing risk for couch surfers. BYS also delivered a sector forum in February 2021, attended by 150 representatives of service organisations, published a journal article regarding the outcomes of the initiative and available resources, presented at a child and youth mental health conference, presented to youth support coordinators in schools and to various government inter-agency forums and stakeholder meetings.

## Nurture

The *Nurture* initiative delivered by Lives Lived Well was established as a social enterprise to develop a farming and distribution cooperative, creating employment pathways for young people and adults with a lived experience of mental health issues and problematic substance use in the Logan area.

Lives Lived Well partnered with DGT Training and Employment to provide access to targeted training and employment for individuals who in the past may have struggled to gain and/or maintain employment due to their personal circumstances. Grant funding enabled the 25 participants to complete Skilling Queenslanders for Work training and obtain either a Certificate One in Construction and/or Certificate One in Conservation and Land Management.

Despite the employment challenges of the pandemic, 17 of the participants secured employment as a result of the initiative. Participants also developed life skills, including finance and budgeting, cooking and healthy lifestyle behaviours, and mental wellbeing skills. The initiative also positively impacted on the participant's overall mental health and wellbeing, including improved self-confidence and self-esteem, communication and conflict resolution skills, coping skills and resilience.

While the pandemic meant the initiative was unable to commence a cost recovery model as a social enterprise, it achieved 70 per cent employment for participants and was able to implement a small sustainable product distribution process with selected stakeholders. Despite this setback, Lives Lived Well confirmed that the business model is able to be implemented and replicated in an expanded way in the future, on Nurture Farm and in other locations. Lives Lived Well was awarded a \$200,000 grant.

## Green care

Mercy Community Services was awarded \$180,000 to implement the *Green Care Multicultural Mental Health* initiative, a structured educational care program that focused on social and therapeutic horticulture, and social connectedness and inclusion of migrant and refugee communities in the Toowoomba region.

This initiative was significantly impacted by the COVID-19 pandemic public health directives creating uncertainty for the migrant and refugee community. However, the initiative's deliverables were adjusted to meet the needs of the local community while maintaining the initiative's original intent.

Thirty participants from 14 different cultural backgrounds participated in the initiative. Overall, the initiative reported improved mental health and wellbeing outcomes, including life-skills, employment, communication and agricultural skill development. Additionally, the initiative improved social and community connection among participants, volunteers and clients of Mercy Community Service, which was critical during the COVID-19 pandemic.

Despite the significant employment challenges of the pandemic, a notable employment outcome was achieved, demonstrating the effectiveness of engaging CALD communities in community outreach, mental health and wellbeing, and employment initiatives. Thirty per cent of participants were able to obtain employment, with some maintaining employment for the full 12-month reporting period (noting reporting did continue beyond 12 months).

Mercy Community Services established and maintained a number of stakeholder partnerships within Toowoomba's multicultural community, including those within the health and employment sectors, as well as with community groups and elders. These relationships were critical in addressing the stigma associated with mental illness within the communities, and for agencies to work together to provide the wrap around supports that immigrants and refugees require when settling in a new place.

### *Champions of change*

Help Enterprises' *Champions of Change: Mental Health in the Workplace* initiative focused on building the capacity of individuals and the labour hire workforce through ongoing, sustainable education and training, to break down the stigma of mental illness within the workplace. A lived experience engagement forum was delivered, which obtained feedback from people with a lived experience to support the development of educational resources and support tools.

Due to COVID-19 public health directive requirements, Help Enterprises adjusted its approach, establishing an online e-learning platform instead of face-to-face training. The initiative developed resources that cover a range of topics to enhance the knowledge, awareness, education and mentoring of colleagues with mental health issues, and ongoing resources as training tools for managers. Unfortunately, due to the lack of face-to-face interaction during the active period of the initiative, Help Enterprises was unable to fully achieve the desired workplace cultural changes.

The COVID-19 pandemic also significantly impacted the planned participation of labour hire companies in the initiative, because of reduced business activity and fewer employment places.

As a result of the initiative, individuals enrolled to access learning materials, ten 'Champions of Change' completed Mental Health First Aid training, and a Champions of Change Network was established. Help Enterprises intends to continue to offer the Champions of Change online training and resources, including the Mental Health First Aid training, to their stakeholders as an add-on service. Help Enterprises was awarded \$142,000.

### *Evaluation*

The Commission engaged a provider to independently evaluate the impact and outcomes of the Better Futures grants. This includes an overarching evaluation of the Commission's grant funding, including the appropriateness, cost-effectiveness, equity and efficiency of the initiatives, as well as social return on investment, sustainability and scalability. The provider was also funded to build the capacity of the four organisations to undertake comprehensive evaluation at a local level. This included both impact and outcomes evaluation.

The grant recipients reported varying degrees of appropriateness, effectiveness and efficiency, however each initiative was assessed to represent value for money, as the social return on investment exceeded the cost to deliver the initiative. The pandemic affected the achievement of the intended sustainability and scalability of all four initiatives, however, the organisations were able to be flexible and agile in response.

The partnership with DESBT, DCHDE and DTIS has supported a cross-agency approach to the evaluation of the Better Futures grants, which in turn will support integrated agency planning, coordinated action and sharing of evidence-based information. The final evaluation report will be finalised in early 2022 and will guide the Commission's future grant funding opportunities.

### *Social enterprise – Project 5000*

The Commission's partnership with DESBT to support the Project 5000 social enterprise has now concluded. Under the project, the White Box Development Office was established to build social enterprises offering industry-focused training and job opportunities.

The project aligned with the *Shifting minds* objectives and the Queensland Social Enterprise Strategy and highlighted the importance of meaningful and sustainable employment.

Five social enterprises were created or assisted to grow—Hotel Housekeeping, Spring Services Group, Australian Spatial Analytics, Jigsaw and Mantua Sewing Studios. Across the five social enterprises, 60 eligible jobseekers were employed in some capacity for longer than three months.



## Focus area 2

# Invest to save

**Good mental health and wellbeing is important to ensure that all Queenslanders can realise their potential, cope with the normal stresses of life, work productively, and lead lives that are meaningful to them.**

Strengthening positive mental health and wellbeing, and preventing mental illness, problematic alcohol and other drug use, and suicide, reduces distress, disadvantage, and disability. Investing in promotion, prevention and early intervention efforts improves outcomes for people. It also makes economic sense, with savings of between \$1.40 and \$9.00 achieved for every \$1.00 invested in key areas such as early childhood programs, workplace mental health and early support and diversion from the criminal justice system.

In 2020–21 the Commission has worked with a range of Queensland Government agencies, non-government organisations and other stakeholders to continue to advocate for ongoing reform and to support promotion, prevention and early intervention initiatives.

## Strengthening mental health and wellbeing

### *Workplace mental health*

Supporting mentally healthy workplaces benefits individuals and employers and generates lasting returns for improved economic prosperity. While employment provides a range of mental health benefits, including a sense of purpose, life satisfaction and identity, poorly designed workplaces can cause or exacerbate mental health symptoms.

The APC's mental health inquiry report highlighted mentally healthy workplaces as a key area for prevention and early intervention to reduce the harm and costs associated with mental illness. It identifies that mentally unhealthy workplaces cause absenteeism, presenteeism and increased workers compensation claims.

In Queensland, there is a legislative imperative that work and workplaces are safe, and protect workers from both physical and psychological injury or illness. Mentally healthy workplaces are those that minimise risks of psychological harm, promote and support positive mental health and wellbeing, and support recovery after injury and illness.

The COVID-19 pandemic has highlighted the important connection between employment and mental health and wellbeing, but employers and employees continue to identify a need for easier access to relevant and tailored guidance on achieving a mentally health workplace.

There are many important contributors at industry, state and national levels.



## Queensland leadership

The Commission acknowledges the continued leadership and innovation of workplace mental health in Queensland. This includes through the Queensland Office of Industrial Relation (OIR) and the Queensland Public Service Commission (PSC) in their work to support Queensland workplaces and industries to implement their roles and responsibilities in creating mentally health workplaces.

The Commission commends the OIR for its important national leadership in the development and launch of the People at Work digital platform. OIR is also responding to an identified need through ongoing work to develop a code of practice for managing the risk of work-related psychosocial hazards. This code of practice will provide practical guidance to achieving standards of health, safety and welfare required under the *Work Health and Safety Act 2011* and the Work Health and Safety Regulation 2011.

The Commission also recognises the important work of the PSC to continue to build Queensland public sector capacity through the development and implementation of the ‘Everyday conversations for healthy minds’ program. The Commission acknowledges the leadership of WorkCover Queensland to amend legislation so that a first responder’s or other eligible employee’s Post Traumatic Stress Disorder is deemed to be work-related unless there is evidence to the contrary (reversing the onus of proof).

The Commission will also continue to work closely with the OIR and the PSC to align and coordinate strategic priorities and leverage opportunities at both the state and national levels.

## National initiatives

The Commission commends the Australian Government for recognising the importance of mentally healthy workplaces and funding the National Mental Health Commission to develop the National Workplace Initiative (NWI). This initiative aims to provide a nationally-consistent approach to workplace mental health. A Queensland collaborative, involving the Commission, OIR, PSC and Beyond Blue has worked with the NWI on the development of this initiative. The collaborative will continue to work with the NWI to promote consistency with Queensland’s approach.

## Small business resource

The Queensland Government has long recognised the importance of small business to the economy, but also as a vital part of community infrastructure. The Government responded early to the challenges for small businesses in the COVID-19 context, through the important decision to establish the Office of the Small Business Commissioner on a permanent basis. The work of the Small Business Commissioner has been outstanding in advocating for and responding to the needs of this very important and diverse sector.

In 2020–21, the Commission, in partnership with the Small Business Commissioner, DESBT, and Beyond Blue developed and released a new resource for small business owners.

The resource ‘Preparing for challenging times: A small business owner’s guide to creating a mental health and wellbeing plan’, included an easy-to-follow mental health plan template. The resource provides advice on why it is important to focus on mental health and wellbeing in a workplace setting, how to identify business and personal stressors, the actions that can be taken, and the people and supports that can be called on.

## Beyond Blue workplace resources

The Commission also continued its long-term partnership with Beyond Blue to ensure Queenslanders have access to its integrated online information and support. This includes access to information and support on workplace mental health and wellbeing through the Heads Up and NewAccess programs. Heads Up gives individuals and businesses the tools to create mentally healthy workplaces and NewAccess provides a free and confidential mental health coaching program for small business owners and sole traders.

### *Mental Wellbeing Impact Assessment*

Across the 2020–21 financial year the Commission supported the trialling of the Mental Wellbeing Impact Assessment (MWIA) process at three Queensland demonstration sites.

The MWIA provides a structured framework to engage stakeholders to identify the specific impacts on mental wellbeing of a policy, program, service or project. The MWIA process is built on a Health Impact Assessment approach, with a specific focus on the factors that protect and promote mental health and wellbeing.

The MWIA Demonstration project worked with three major services to systematically embed mental wellbeing into the way they operate, and to build wellbeing and resilience for their staff, customers and communities.

The focus of the three sites were:

- The impact of a return to office-based working in a frontline service centre as COVID-19 pandemic restrictions eased.
- The impact of working in the hotel quarantine environment during the pandemic.
- The impact of providing temporary supported accommodation on people who are homeless or at risk of becoming homeless.

A report and co-designed action plan was produced for each site, with support offered to implement actions to maximise good mental health and wellbeing during one of the most challenging periods for communities and the public sector workers that support them.

The report found that the MWIA process is an effective way to identify mental wellbeing impacts not previously considered, and can potentially lead to changes in the way organisations operate and create a greater focus on mental wellbeing. The co-production of action plans as part of a MWIA are an important way of facilitating commitment to action.

The Demonstration Project involved engagement with a range of Queensland cross-sector stakeholders, and as a result Queensland Health Mental Health Recovery personnel were trained in MWIA screening.

Over the next financial year, the Commission will examine the learnings from these demonstration sites and identify opportunities to work with key Queensland Government agencies to increase awareness and training in MWIA.

### *Wellbeing capacity building project*

Since 2016 the Commission has worked to improve mental health and wellbeing across the Queensland community through the Wellbeing Capacity Building (WCB) Project. This project has used the evidenced-based Wheel of Wellbeing (WoW) framework to build individual, organisational and community-wide capacity related to positive mental health and wellbeing.

In 2019–20 the Commission contracted a third-party to undertake an independent review of the WCB Project to examine the reach, impact and ripple effect of this project. The review considered:

- How the WoW increased awareness and engagement, and facilitated practice change
- How well WoW concepts, resources and activities have been embedded and integrated
- Which capacity-building model elements had enabled and supported the desired outcomes
- What transmission and ripple effects have occurred and what pathways have supported these?

The WCB review involved key stakeholder interviews and focus groups, a practitioner survey and a postcard allowing end users touched by the WCB Project to participate. Review participants came from the education, community services and health sectors, as well as government, business and community representatives.

The review confirmed the far-reaching and positive impacts of the WCB project. It found:

- Increased mental health and wellbeing awareness and engagement across a diverse range of stakeholders, sectors, and settings.
- Increased understanding of the science behind positive mental health and wellbeing, and knowledge and confidence to apply it at the personal and professional levels.
- Qualitative evidence of improvements in mental health and wellbeing resulting from project participation.
- Practice changes at the individual, organisational and broader systems levels.
- Strong valuing of the WoW as a tool and framework that enables ease of uptake and transmission.

The review also developed three case studies of the implementation of WoW in a state primary school, a regional branch of a government service to improve workforce morale, and into specific communities through a Regional Wellbeing Hub.

The review confirmed the value and continued need for wellbeing capacity building across sectors, and the need for a continued strategic influence and advocacy role by the Commission. The Commission will use the review findings and case studies to support continued and deeper engagement with key sectors and stakeholders over the coming financial year, with the aim of identifying ways to ensure the continued sustainability of effects, and that capacity building continues beyond the initial project.

The final phase of the Commission-funded WCB project was also completed during 2020 and 2021. This phase was purposefully focused on two important objectives. The first was to build on the work captured through the independent review by strengthening engagement with key sectors. This included social housing, early childhood and disaster recovery services.

During this phase:

- Micah Projects, a not-for-profit organisation, hosted a program with a housing and homelessness focus.
- The Department of Education Early Childhood and Education Improvement division hosted a program for senior managers from early years providers across the state to embed wellbeing in their respective services across the sector.
- The Queensland Health Disaster Recovery Program hosted two WoW programs, one in Townsville and one in Rockhampton. Tackling Regional Adversity through Integrated Care (TRAIC) Program staff and associated partners received training with the aim of using WoW in communities affected by natural disasters.

The second objective was to deepen the capacity of the advanced WoW Practitioners. This current WoW program is solely delivered by the Advanced WoW Practitioners with remote support from the program designers, Implemental. A key commitment of the program was to develop local capacity and sustainability to deliver WoW within Queensland. Two additional advanced practitioners were supported to gain verification, further expanding the available local training and mentoring resource.

## *Beyond Blue partnership*

The Commission's ongoing partnership with Beyond Blue provides people effected by anxiety, depression and suicidality with integrated, evidence-based and cost-effective information and supports, and helps reduce people's experience of stigma.

Beyond Blue's programs focus on children and young people, families, workplaces, residential aged-care workers, police and emergency services, small business and others. Its programs work to improve mental health literacy and reduce stigma and discrimination.

The renewed partnership includes a five-year funding agreement to 31 July 2025 on behalf of the Queensland Government. The new agreement supports stronger alignment with Queensland Government priorities and leverages opportunities to target specific population groups and their needs. It builds on the collaborative foundations achieved through successive Queensland Government and Beyond Blue agreements and seeks to maximise the reach and impact of Beyond Blue's initiatives, programs and resources in Queensland.

The new partnership is also expected to support the planning and delivery of program activities that are in line with *Beyond 2020: Beyond Blue's Strategic Plan 2020–2023*. As part of the Commission's partnership with Beyond Blue, the Commissioner sits on the organisation's National Advisory Committee, along with ongoing officer level collaboration.

In 2020–21, the renewed funding agreement helped to leverage the expansion of Beyond Blue's programs and service offerings, and increase its reach and impact within Queensland. This included the development of additional resources to support educators in managing the mental health impacts of COVID-19 and the bushfire disasters under the national 'Be You' initiative. New content was also designed to help promote the mental wellbeing of small business owners, with a NewAccess program for small business owners in development.

The Commission's partnership with Beyond Blue aligns with the *Shifting minds* whole-of-government approach to improving the mental health and wellbeing of all Queenslanders, and preventing and reducing the impact of mental illness, problematic AOD use and suicide.

## Reducing stigma and discrimination

The Commission continues to work to reduce the stigma and discrimination experienced by people living with mental ill-health, problematic AOD use and suicidality.

### *Don't judge, and listen*

The Commission's *Don't judge, and listen* report, was released in July 2020 and is the outcome of research into the effect of stigma and discrimination on Aboriginal and Torres Strait Islander people with a lived experience of alcohol and other drugs use.

The report's research was based on the earlier findings of the *Changing attitudes, changing lives* research report, where Aboriginal and Torres Strait Islander people indicated that racism and discrimination is one of the main issues impacting their social and emotional wellbeing and self-esteem, and is a barrier to services, treatment and supports. The report found that stigma and discrimination based on problematic alcohol and other drugs use was seen as just one element of a larger racism issue experienced by participants.

There has been ongoing and expanded multi-agency commitment to the findings of *Don't judge, and listen* through the project steering group, with report findings integrated within agencies where possible. The Commission wrote to all Primary Health Networks and Hospital and Health Services requesting that the report's findings inform regional planning. Further collaborations will support policy reform that reduces stigma and discrimination, systemic and societal racism, and increases access to culturally safe and appropriate alcohol and drug services, co-designed with community.

Further promotion of the report's findings and opportunities for reform are planned, building on this year's efforts that include an article in the Queensland Aboriginal and Islander Health Council's (QAIHC) Sector Leader magazine; coverage across the Commission's social media channels and blog platform; and co-presenting with QAIHC at the National Indigenous Drug and Alcohol Conference 2020 in Adelaide. The conference was attended by representatives of the nationwide alcohol and other drugs sector, other service providers, researchers and policy developers.

## Getting in early

### *Best start in life*

The early years of a child's life are critical for the development of solid foundations for lifelong mental health and wellbeing. It is the time of life that infants are at their most adaptable but also their most vulnerable. Exposure to adverse childhood experiences and poor social-economic circumstances contributes to poor life outcomes including poorer physical and mental health and wellbeing, lower educational achievement, reduced employment opportunities, increased interactions with child protection and broader justice systems, and earlier death from suicide, problematic alcohol and other drug use, and natural causes.

Importantly, the APC's inquiry into mental health has confirmed the considerable benefits of investing in mental health and wellbeing during the early years, and in particular the improved individual and system outcomes. However, the inquiry found that reform responses in Australia to date have focused on limited issues without an overarching framework that articulates the roles of various agencies to help children thrive.

The Commission notes that the finalisation of the National Children's Mental Health and Wellbeing Strategy will provide a nationally consistent framework to guide reform efforts. The Commission also notes the Australian Government's response to the APC's inquiry recommendations, and its commitment to working in partnership with states and territories to enhance supports for families and children.

The Queensland Government has progressively built a strong, cross-sectoral early years foundation, but there is more to achieve. In 2020, the Queensland Government released its whole-of-government Early Years Plan. It outlines the actions being taken to support Queensland children's early learning and wellbeing as they grow. Importantly, through this plan the Queensland Government has committed to implementing the Queensland Children's Wellbeing Framework which creates a common vision for the wellbeing of babies and children, from conception to eight years old, including the conditions needed to make sure all children get a great start to life.

Since early 2020, the Commission has been an active member of the Connect 4 Children Oversight Committee. The Connect 4 Children strategy is a highly innovative and important initiative that aims to support communities across Queensland to develop unique 'Birth to five' plans to improve the wellbeing of children prior to school. Developing 'Birth to five' plans has supported the formation of important community partnerships to identify local innovation and align program and service delivery to reflect and meet community needs.

### *Perinatal and Infant Mental Health Early Years Project*

In 2020–21, the Commission, in partnership with the Queensland Centre for Perinatal and Infant Mental Health, continues to lead a collaborative project to contribute to the already strong foundation of maternity, child health, mental health and early years strategies and programs in Queensland. The project is focusing on the policy and program enhancements required to strengthen the integrated continuum of perinatal and infant mental health prevention and interventions available to Queensland families and infants. The project is expected to be completed by the end of 2022 and is engaging a wide range of stakeholders to identify evidenced-based prevention and interventions.

### *Thriving Queensland Kids Partnership*

The Commission is partnering with the Australian Research Alliance for Children and Youth (ARACY) as a foundational member of the Thriving Queensland Kids Partnership. The partnership aims to promote evidence-informed policy and practice to improve outcomes for children, youth and families, especially those from vulnerable backgrounds.

In 2020–21, the Commission supported an initial 12-month stage to develop the alliance, secure key partnerships and map existing initiatives and opportunities. Into the future, subject to securing additional investment, the partnership may develop or adapt products to try, test, learn, adapt and scale-up interventions that work. The partnership is driving focused co-design work in areas important to achieve systemic change. These include data, workforce and leadership.

### *Evaluating innovative approaches*

In 2020–21, the Commission provided funding to a non-government organisation, Accoras, to evaluate the impact of the Attachment and Biobehavioural Catch-up (ABC) intervention. Developed by Delaware University, the ABC intervention is a home-visiting parenting program that helps parents and caregivers nurture and respond sensitively to their infants and toddlers, foster their development and form strong and healthy relationships.

Accoras has shown important leadership to address a critical area for improved outcomes for highly vulnerable infants and families in Queensland. Responding to the strong evidence and promising practice of the ABC intervention, Accoras has led cross-sectoral engagement to trial its implementation. Accoras has invested substantial resources to train its staff in the ABC intervention.

The project will be trialled with 30 families across 2021. The Commission, in partnership with the Department of Children, Youth Justice and Multicultural Affairs (DCYJMA), Queensland Health and the Queensland Family and Child Commission will provide oversight of the evaluation process.

The Commission welcomes the Australian Government's announced investment in measures to further support a great start to life and improved mental health and wellbeing for infants, children and young people. This includes support of perinatal and infant mental health, Head to Health Kid centres, parenting programs and child wellbeing. We look forward to opportunities for collaborative planning to align and embed these important enhancements in the Queensland service and program context.

### Focus area 3

# Whole-of-system improvement

A central tenet of *Shifting minds* and the Queensland Government's reform agenda is that improved outcomes for individuals, communities and systems will only be achieved through collective action, leadership and accountability across all levels of government, portfolios and sectors of society.

The APC's inquiry into mental health emphasises the need for a genuine whole-of-government approach. The inquiry found that neither the 30-year-old *National Mental Health Strategy* nor the *National Mental Health Policy 2008* are fit-for-purpose in supporting collaborative efforts between health and non-health sectors to drive the broader reforms required.

## Drive reform through strategic leadership

### *Strategic Leadership Group*

Queensland has continued to progress cross-agency and cross-sector approaches to mental health, AOD and suicide prevention reform, as a key priority articulated in *Shifting minds*.

In 2019, a Queensland Government cross-agency Strategic Leadership Group (SLG) was established to support a collaborative mental health, alcohol and other drugs, and suicide prevention reform agenda in Queensland.

While the formal operation of the SLG was disrupted in the 2020 calendar year due to the COVID-19 pandemic, the Commission continued to work with SLG members to identify priorities and initiatives to drive reform in Queensland. The SLG connections contributed important strategic capital to the planning and response to the COVID-19 impacts.

During the first half of 2021 the Commission also led discussions with the Directors-General Leadership Group and other Queensland Government agency leaders to advocate for a strengthened whole-of-government approach. In 2021–22 the Commission will continue to work with SLG representatives to develop collective planning, leadership and accountability mechanisms, and to leverage state and national opportunities for reform.



## Lived experience engagement

### *Consumer representative peak body*

The Commission is committed to supporting the engagement of people with lived experience as equal partners in policy, planning and governance.

This year work progressed to establish a new mental health consumer representative peak organisation for consumers of mental health services across Queensland. In 2020, Queensland Health invited the Commission to lead the project to establish and initially auspice the new peak body. In keeping with the Commission's commitment to lived experience-led reform the Commission recruited a lived experience project team to manage the establishment project. A twelve-member project steering committee with lived experience representation was also formed to drive decisions around the peak's establishment.

The peak will represent the collective interests of mental health consumers of all ages in Queensland and provide policy advice and system advocacy for and with consumers, based on the principles of equity, access, cultural safety, recovery and human rights. The peak will work collaboratively with other agencies and organisations within and beyond the sector to improve mental health and wellbeing of consumers and the community.

A board of seven directors, the majority of whom have lived experience, were appointed to the new peak, and the recruitment process for an interim chief executive officer was underway and due for finalisation in the new financial year.

Establishment of the peak aligns with *Shifting minds*, which recognises the critical importance of meaningful representation and participation of people with a lived experience in whole-of-system improvement. Similar mental health consumer representative peak organisations in other states and territories are effective providers of strategic advice to government and the broader mental health sector.

The Commission will auspice and support the new peak to ensure it will become a strong, respected and sustainable mental health consumer representative body in Queensland.

### *AOD peer peak body*

The Commission contributed to a steering committee established to oversee an Alcohol and Other Drug Peer Peak Body Scoping Project. The project was led by the Queensland Network of Alcohol and Other Drug Agencies (QNADA) with involvement from the Queensland Injectors Health Network, Queensland Injectors Voice for Advocacy and Action, Queensland Indigenous Substance Misuse Council and QAIHC along with other agencies.

The scoping project included significant peer-led consultation with people who use drugs from across Queensland, to understand their experiences and ask them how, and on what issues, they would like to be represented by a peak body. The scoping project was finalised with the release of a report to capture the findings of the project.

The key themes of the report include:

- The population of people who use drugs in Queensland is made up of diverse groups. While similar perspectives emerged among sub-groups like people who inject substances, Aboriginal and Torres Strait Islander people, people who identify as LGBTQIA+ and people from culturally and linguistically diverse backgrounds, differences emerged in terms of how particular harms and stigma are experienced.
- Peer-based organisations already exist, and it is important to consider how people who use drugs from different population groups can be represented.
- The representation activity required stretches beyond the health system. The range of representative activity needed stretches across many systems including health, justice and child safety.

### *National Mental Health Consumer and Carer Forum*

The Commission continues to support Queensland lived experience perspectives at a national level through the National Mental Health Consumer and Carer Forum (NMHCCF). COVID-19 has impacted meetings and workshops, which have been held virtually during the year. Mental Health Australia, who auspice the NMHCCF are working towards holding in-person meetings in the next financial year, when it is safe to do so.

The Queensland carer representative to the NMHCCF, Dr Stephanie Roth resigned from the NMHCCF in September 2020. Dr Roth made a significant contribution to mental health reform during her time on the NMHCCF, which is greatly appreciated. The Commission engaged Arafmi and Carers Queensland to undertake recruitment to the vacant Queensland carer representative position, with a new carer representative expected to take up the role in July 2021.

## Renew cross-sectoral responses

### *Alcohol and other drugs*

During the 2020–21 financial year the Commission undertook an extensive consultation process to develop a renewed alcohol and other drugs plan for Queensland. The development of a renewed plan is guided by the *Shifting minds* strategic plan which includes priority actions to:

- Renew the Queensland Government approach to preventing and reducing problematic alcohol and other use.
- Further consider alcohol harm minimisation.
- Expand holistic responses to people involved in the criminal justice system through better coordination across mental health, alcohol and other drug, justice, housing, disability, employment and psychosocial supports.
- Reform drug policy with a view to diverting people from the criminal justice system to treatment and support services.

The Commission led statewide consultation with over 800 people, including people with alcohol and other drug related experience, community members, young people, and representatives from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, regional and remote communities, and other groups at risk of marginalisation and discrimination. Consultation also involved representatives from state, federal and local governments, front line service providers from public, non-government and private sectors, academics and Primary Health Networks.

The renewed approach will build on the achievements of *Action on Ice: The Queensland Government's plan to address use and harms caused by crystal methamphetamine* and *Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drugs services*, with a broader focus on longer-term strategic directions and systems reform.

The Commission is working with Queensland Government agencies to progress the strategic directions for a renewed approach to alcohol and other drugs in Queensland from a whole-of-government perspective. The establishment of an AOD Key Consultation Group comprised of representatives from across Queensland Government, as well as two non-government peak bodies—QAIHC and QNADA—has provided cross-sectoral perspectives and support.

More than 40 face-to-face consultation events were held across numerous locations, including Roma, Cairns, the Sunshine Coast, Caboolture and Gladstone. A statewide webinar was held in February 2021 with 367 participants and an information session was held in March 2021 for Queensland Parliamentarians.

Stakeholder feedback, together with a comprehensive review of the current evidence, identified key themes which were further explored in a series of ten consultation papers written by AOD experts and released in December 2020. The consultation papers sought to examine the available evidence, increase awareness within the broader community, and provide a mechanism to seek views on current and emerging AOD concerns, opportunities and potential responses.

The ten key themes and topics of the papers were:

- Impact of the COVID-19 pandemic on alcohol and drug use
- Experiences of stigma and discrimination
- Creating, sustaining and supporting the AOD workforce
- Prevention of alcohol and other drug use and harm
- Alcohol and other drug harm minimisation
- Reducing alcohol related harm in Queensland – future opportunities
- Integrated responses for vulnerable young people
- Social and emotional wellbeing
- Social and cultural determinants of health
- Options for reform.

In December 2020, an online survey based on the consultation papers was launched to collect community feedback. A total of 260 survey responses were received. In addition, ten written submissions were received from government agencies, non-government organisations and community stakeholders in response to the consultation papers. The feedback received has been harnessed to inform the strategic priorities for the renewed plan.



## Suicide prevention

Suicide has a profound impact on individuals, families and communities, affecting people of all ages and from all walks of life. Tragically, in 2020 there were 791 deaths by suicide in Queensland. While no death by suicide is acceptable, the number of suicides have slightly reduced and remained relatively stable since a peak in 2017. The Queensland Government remains steadfastly committed to working with all stakeholders to prevent and reduce the impact of suicide.

### *Every life suicide prevention plan*

Strengthening and integrating a cross-sectoral approach to suicide prevention is a key commitment of *Shifting minds* and provides the framework for *Every life: The Queensland Suicide Prevention Plan 2019–29*.

The Queensland Government has provided significant investment for the implementation of the first phase of the ten-year *Every life* suicide prevention plan, particularly to develop alternatives to the emergency department. These, and other initiatives, will take time to impact Queensland's suicide rate, which is currently the second highest in Australia, along with long-term, sustained cross-sectoral and community effort.

The *Every life* plan articulates the Queensland Government's commitment to reducing suicide through actions in four key areas: building resilience, reducing vulnerability, enhancing responsiveness and working together. Under *Every life*, 13 Queensland Government agencies are leading 60 actions across these four areas.

The Commission holds responsibility for the overall monitoring and coordination of *Every life*. The plan is currently in phase one and has a strong focus on data collection and linkages, evaluation to inform actions in subsequent phases, and a collective commitment to new ways of working.

### *Building stronger networks*

A cross-sectoral interim Queensland Suicide Prevention Network was established in February 2021 to support *Every life* implementation. The interim network brings together *Every life* government agencies, people with a lived experience, community-controlled health services, non-government organisations and academics, who will help identify opportunities to leverage further Commonwealth investments and initiatives.

The interim network will support the development of the longer-term network in Queensland, build on the lessons to date, connect and inform planning, share information and expand partnerships.

### *Improving suicide data*

To continue strengthening suicide information and data, the Commission has a continued partnership with the Australian Institute of Research and Prevention (AISRAP) to maintain the Queensland Suicide Register (QSR).

The QSR enables the identification of suicide trends and issues, and allows for the collection, analysis, dissemination and understanding of suicide data to inform state and regional suicide prevention priorities. The inclusion of defence and veteran indicators in the QSR will aid monitoring and responses to this population. This is an important development to ensure key groups known to be at higher risk of suicide are appropriately acknowledged in the current data collection system.

### *Review of male suicide*

The process to establish a systemic review of male suicides in Queensland was commenced to address the disproportional representation of males in deaths by suicide. The Coroners Court of Queensland is leading the design and delivery of the systemic review, supported by a cross-sectoral advisory group. The review will examine key contributors to suicide risk and mortality among men and seek to identify opportunities for reducing male suicide in the context of relationships, employment, family law and problematic AOD use.

### *Veteran suicide prevention*

The *Every life* plan recognises veteran suicide prevention as a priority. Queensland has the largest known veteran cohort in the country. Data from the Department of Veterans Affairs indicates there were around 73,500 known veterans in Queensland as at January 2021.

In April 2021, the Prime Minister announced a Royal Commission into Defence and Veteran Suicide that will seek to investigate the historical and systemic issues that have contributed to veteran suicide. The Commission welcomes the Royal Commission and will seek to leverage opportunities for improved outcomes for Queensland veterans. The Commission also welcomes the establishment of the Office for Veterans within the Department of the Premier and Cabinet to provide a coordinated focus on veteran policy and services across the Queensland Government. The Commission will continue to engage in this area and utilise the outcomes of the Royal Commission to inform future work.

## Focus area 3: Whole-of-system improvement

### *Construction industry*

The Commission is also supporting a research project between MATES in Construction, The University of Queensland and Central Queensland University, with a specific focus on men in the construction industry. This research emphasises the importance of working together to reduce suicide through responses beyond the health sector. Analysis of data from this study will form the basis of a collaborative inquiry between project investigators, mental health clinicians and organisations that provide services to the construction industry. It is hoped that this will improve preventative responses to those who may be in a suicidal crisis.

### *Farming sector*

The Commission is supporting collaborative research on Tailoring Suicide Prevention Strategies to Men in Farming Occupations. Men in farming occupations have a disproportionately high risk of death by suicide, which is double the rate of the general employed male population. Social isolation and climate factors such as drought and flooding can further exacerbate their risk and contribute to poor mental health for farmers, their families, farm workers and the local community.

The research project is the result of an agreement between South Australia's Minister for Primary Industries and Regional Development, the University of South Australia, SuperFriend Industry Funds' Mental Health Initiative, the New South Wales Department of Primary Industries and the Commission.

The project involves co-designing solutions to enable rural suicide prevention networks to develop prevention strategies that build community capacity and are sustainable over time. The project involves working with farmers and their networks to evaluate and modify strategies.

A national and international IT hub which enables rural communities across Australia to access capacity building resources for farmer suicide prevention will be launched in 2022.

### *Place-based suicide prevention*

The Commission continues to work in collaboration with the Western Queensland Primary Health Network (WQPHN) to reduce the impact of suicide within local communities throughout the Maranoa region.

The COVID-19 pandemic and staff supply shortages have impeded the progress of the trial and consequently the Commission and the WQPHN are developing a revised approach. The new approach will trial systems and service-level integration and improvement, as well as community engagement, suicide prevention and wellbeing awareness raising activities.

A small-scale evaluation will be completed next financial year to capture and analyse the trial's key achievements and barriers, as well as the project's impact and recommendations to guide improved and sustainable suicide prevention activity in the Maranoa.

### *Suicide prevention in diverse communities*

The Commission has worked in partnership with the Queensland Transcultural Mental Health Centre and Metro South Hospital and Health Service to co-design suicide prevention resources for culturally and linguistically diverse (CALD) communities. A CALD suicide prevention training package has been developed to reduce stigma and build capacity among multicultural communities. The training package fills a significant gap in suicide prevention, training and resources for people with a CALD background.

An evaluation of the effectiveness of the training package has shown an overwhelmingly positive experience by CALD suicide prevention training course participants. All participants reported the training as highly relevant to their role and felt an appropriate level of cultural inclusiveness and responsiveness in both the training content and its delivery. The cultural component of the training was the most effective in changing knowledge and attitudes of pilot training participants.

## Renew cross-sectoral approaches to social and emotional wellbeing

*Shifting minds* calls for a renewal, strengthening and integration of cross-sectoral approaches to the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders. According to the research findings of the Commission's *Don't judge, and listen* report, racism and discrimination continues to be one of the main issues impacting Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing. It directly affects self-esteem and can act as a barrier to services, treatment and supports.

The Commission is committed to Aboriginal and Torres Strait Islander mental health and wellbeing and has commenced an internal cultural audit and action plan to acknowledge, develop and guide the work of the Commission. The plan will enable culturally safe, inclusive and focused policy reform, and positive relationships with Aboriginal and Torres Strait Islander people. The implementation of the Action Plan will occur next year as an ongoing, embedded framework.

### Healing strategy

In 2019, the Queensland Government commenced a Path to Treaty to envision and create a new future between First Nations and non-Indigenous Queenslanders. Central to the process is a dialogue around truth-telling and healing that also focuses on building on the existing strengths within Aboriginal and Torres Strait Islander communities. Healing and social and emotional wellbeing is grounded in strong connections to community, family and Country, and builds on rich and resilient Aboriginal and Torres Strait Islander cultures.

Work to develop a Queensland Healing Strategy and implementation plan was jointly funded by the Commission and the DCYJMA. Development of the strategy began in January 2020, led by the Healing Foundation in a co-design process that included consultation and conversation with over 400 Aboriginal and Torres Strait Islander Queenslanders. The *Dreaming Big* report, published in November 2020, shares the wisdom of those conversations.

The Healing Strategy and implementation plan are under consideration by the Queensland Government and the Queensland First Children and Families Board to identify opportunities for implementation with key partners.

### Improving AOD treatment services for First Nations peoples

The Commission supported the development of a research project (Pinangba) focused on clinical data collection and collation, for quality improvement of Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation treatment services. The project includes two case studies at diverse sites and intends to provide information to inform other Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation treatment services across Queensland.

### Local Thriving Communities

The Commission and DSDSATSIP continued to work in partnership through an ongoing MOU. This strategic partnership sees local, co-designed responses to strengthen mental health, alcohol and other drugs and suicide prevention in remote and discrete communities, supported through the Queensland Government's Local Thriving Communities (LTC) reform, led by DSDSATSIP.

LTC is a long-term reform to embed change, resulting in a different way of working alongside communities to improve outcomes for Aboriginal and Torres Strait Islander Queenslanders. It aims to give Aboriginal and Torres Strait Islander communities a greater voice in shaping their future and greater decision-making authority in service delivery and economic development.

This year DSDSATSIP supported the communities of Cherbourg and Woorabinda to co-design and/or deliver social and emotional wellbeing initiatives. DSDSATSIP also supported the communities of Yarrabah, Doomadgee, Mornington Island and Cairns through social and emotional wellbeing training workshops. Scoping and project development of community co-design initiatives in other remote and discrete communities is also underway.

### *Other strategic partnerships*

The Commission continues to participate in the Queensland Government's Cultural and Reconciliation Working Group, a cross-government coordination group chaired by DSDSATSIP. This group supports the implementation of the whole-of-government Reconciliation Action Plan and other key culturally inclusive initiatives. Although the Commission is not required to participate (as a statutory body), it is committed to reconciliation and to building a culturally safe and inclusive workplace.

The Commission supported Queensland Health's Health Equity Reform Agenda this year through participation in several briefings and consultations. The Commission actively supports this reform and continues to advocate for culturally safe and responsive mental health, alcohol and other drugs, and suicide prevention services and systems to deliver equitable outcomes for Aboriginal and Torres Strait Islander peoples in Queensland.

A number of strong, strategic partnerships and relationships continued to influence change, such as the Commission's membership of Queensland Health's First Nations Aboriginal and Torres Strait Islander Mental Health Leadership Group, the Department's Remote Communities Therapeutic Taskforce, and the Closing the Gap Partnership Committee. The Commissioner continues to regularly meet with the Deputy Director of DSDSATSIP and Queensland's Chief Aboriginal and Torres Strait Islander Health Officer.

The Commission continues to promote and support the Gayaa Dhuwi (Proud Spirit) Declaration, the companion declaration to the Wharerata Declaration, and to advocate for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention.

## Support collaborative relationships

### *Mental Health Commissions*

In 2017, the Queensland Mental Health Commission signed a renewed MOU with the Mental Health Commissions of New South Wales, Victoria, Western Australia, South Australia and New Zealand, and the National Mental Health Commission.

The MOU established a commitment from all parties for a collaborative relationship and recognises the parties' complementary roles and mutual interest in improving outcomes for people experiencing mental health problems and problematic alcohol and other drug use, and preventing suicide.

In 2020, the Mental Health Commissions issued a joint communiqué outlining their partnership and its response to the COVID-19 pandemic. The communiqué documented the Commissions' collective support for the National Mental Health Pandemic Response Plan and ongoing commitment to working collaboratively to understanding and responding to the pandemic's impacts on the community's mental health and wellbeing.

In response to this commitment, the joint Mental Health Commissions agreed to meet monthly for discussions centred on knowledge sharing, collective priority issues, and identifying future collaboration opportunities. Several emerging issues and significant reforms pertaining to mental health included:

- Jurisdictional responses to the National Mental Health and Wellbeing Pandemic Plan
- Impact of emergency legislation amendments in response to the pandemic
- Opportunities emerging from the COVID-19 pandemic
- The APC Inquiry Report on Mental Health
- The Royal Commission into Victoria's Mental Health System
- The work of the National Suicide Prevention Adviser and Taskforce
- The development and implementation of Vision 2030 for Mental Health and Suicide Prevention
- The Mental Health Reform Agenda and National Mental Health and Suicide Prevention Partnership Agreement
- The appointment of Dr Ruth Vine in the newly established role of Deputy Chief Medical Officer for Mental Health
- Plans for new National Health Governance Structures
- Opportunities for cross jurisdictional collaboration on the Queensland Government's *Dear mind* integrated mental wellbeing campaign.



Queensland  
**Mental Health and Drug  
Advisory Council**

# Queensland Mental Health and Drug Advisory Council

The Queensland Mental Health and Drug Advisory Council (the Council) was established under the *Queensland Mental Health Commission Act 2013* (the Act) on 1 July 2013.

The Council's functions, as outlined in the Act, are to:

- provide advice to the Commission on mental health or problematic AOD issues, either on its own initiative or at the Commission's request, and
- make recommendations to the Commission regarding the Commission's functions.

The Council met five times in 2020–21. The Council meetings were held in a variety of community settings and locations to enhance its connections and partnerships with front line service providers and community leaders. An overview of Council members and attendance at Council meetings is provided in Table 1.

As required by the Act, the Queensland Mental Health Commissioner attended the Council meetings, and the Commission provided secretariat support.

## *Council remuneration*

Council remuneration payments are set by the Governor in Council in line with the Queensland Government's *Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies* at Regulation Administration and Advice—Level 3. Under this policy, an annual fee of \$4,000 was paid to the Chair and \$2,500 paid to the Deputy Chair and members.

## *Membership*

Under the Act, appointments to the Council are made by the Minister for Health and Ambulance Services.

On 4 August 2020, the then Deputy Premier, the Honourable. Steven Miles approved the reappointment of Ms Gabrielle Vilic as Deputy Chair; the reappointment of Council members Professor Brett Emmerson, Professor Robert Bland and Ms Sue Scheinpflug; and the appointment of new member Ms Karyn Walsh. The Deputy Chair and members have been appointed for a term commencing 4 August 2020 up to and including 3 August 2023.

The new appointment expands the diversity of Council membership to include social housing and the homelessness sector. Full member profiles are available on the Commission's website ([www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)).

### Message from the Chair

#### Queensland Mental Health and Drug Advisory Council

This year the Council's contributions were primarily focused on informing and advising on the implementation of *Shifting minds* and *Every life*, and contributing to the development of Queensland's renewed approach to alcohol and other drugs.

In 2020–21 we met on five occasions, with our meetings held in community settings across South East Queensland. In response to the pandemic safety restrictions, we agreed to continue a pause on regional visits and external stakeholder events until further advice.

The meetings held throughout 2020–21 were primarily focused on:

- The systematic analysis of the non-government community mental health services sector (NGO) growth
- The establishment of Queensland's new mental health lived experience peak body
- Seclusion and restraint in Queensland's mental health facilities
- The implementation of *Shifting minds* and *Every life*
- The development of Queensland's renewed alcohol and other drugs plan
- Gaining a deeper understanding of Queensland's mental health and wellbeing awareness and capability building activity.

The meeting in July 2020 focused on identifying regional challenges and successes during the pandemic. The important adjunctive role of telehealth formed a key theme.

The September 2020 meeting particularly addressed seclusion and restraint in Queensland's mental health facilities. A briefing by Queensland Health's Chief Psychiatrist Dr John Reilly, on rates of seclusion and restraint and efforts to reduce them over the last seven years, informed subsequent discussion about balancing human rights and safety concerns.

The 2013 Queensland Directive to lock all inpatient mental health facilities continued to concern the Council. The Council noted that some affected patients are voluntary, and expressed the view that locking of wards should be subject to local conditions and individual circumstances, consistent with recovery-oriented, trauma-informed and least restrictive practices.

A systematic analysis of the Queensland's non-government community mental health services sector featured during the December 2020 meeting. The Council welcomed the Commission's plan to examine the sector from a person-centred perspective. We expressed concerns about the sector's funding, effects of competitive funding on collaborations, a need for outcome reporting against outcome targets, workforce challenges, and inadequate recognition of the sector's role. We recommended adoption of an approach similar to the Aboriginal Community Controlled Health Services (ACCHS) holistic model of care and an extension of the project's scope to include homelessness, comorbidity and forensic issues.

The February 2021 meeting included updates on seclusion and restrictive practices, the development of Queensland's renewed Alcohol and Other Drugs plan, and progress on the implementation of *Shifting minds* and *Every life*.

The April 2021 meeting included presentations and discussions on Queensland suicide data, adaptation of the National Mental Health Service Planning Framework to Aboriginal and Torres Strait Islander communities, and the proposed new mental health, alcohol and other drug services plan for Queensland.





## Queensland Mental Health and Drug Advisory Council

The Council's discussions were also informed by expert guest speakers, including:

- Mr Tim Shaw, Royal Flying Doctor Service; Ms Lisa Newport, Sunshine Coast Hospital and Health Service; Ms Lucille Chalmers, Brisbane South Primary Health Network; and Mr Jeremy Audas, Richmond Fellowship Queensland.
- Dr Stuart Leske and Dr Kairi Kolves from AISRAP, on Queensland suicide data and trends
- Ms Imogen Page and Dr Sandra Diminic, on the National Mental Health Service Planning Framework
- Queensland's Chief Psychiatrist Dr John Reilly on seclusion and restraint in Queensland's mental health facilities
- Associate Professor John Allan, Executive Director of Queensland Health's Mental Health, Alcohol and Other Drugs Branch, on the development of a new mental health, alcohol and other drug services plan.

Detailed communiques from each of the Council meetings are published on the Commission's website ([www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)).

During 2020–21 we identified and provided advice around several emerging issues, and considered a number of significant reforms pertaining to mental health, alcohol and other drugs, including:

- The pandemic's impact on mental health (including a specific focus on students and other vulnerable cohorts)
- Workplace mental health and wellbeing initiatives and legislative amendments
- The mental health needs of refugees and of culturally and linguistically diverse communities, especially in relation to language barriers and COVID-19
- Current and emerging issues relating to access to Queensland's social housing and rates of homelessness for vulnerable populations living with mental illness and problematic alcohol and drug use.

While the Council did not make any formal recommendations to the Commission during 2020–21, the members contributed to the Commission's work by:

- providing advice on the Commission's role in examining Queensland's mental health non-government community services sector
- offering feedback to support the development of the Commission's research agenda
- providing guidance to support the implementation of *Every life* and *Shifting minds*; and the development of a renewed approach to alcohol and other drugs
- offering feedback on the Commission's submission on the *Queensland Law Reform Commission Consultation paper WP 79 – A legal framework for voluntary assisted dying*
- giving advice on the Commission's Communication and Stakeholder Engagement Strategy
- providing comment to support ongoing improvements for the National Disability Insurance Scheme's psychosocial disability support.

The Council was also represented on the following Commission project advisory groups:

- the Commission's Leading Reform Summit working group, and
- the Queensland mental health non-government community services sector needs-analysis project reference network.

In 2021–22, the Council's primary focus will be to continue supporting implementation of *Shifting minds*, *Every life* and the renewed approach to alcohol and other drugs. It is hoped that the Council will be able to recommence regional visits and stakeholder events in the latter half of 2021.

On behalf of the Council, I would like to thank the Queensland Mental Health Commissioner, the Executive Director and 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

## Focus area 3: Whole-of-system improvement



Queensland  
**Mental Health and Drug  
Advisory Council**

**Table 1: Queensland Mental Health and Drug Advisory Council member attendance (2020–21)**

Council member	Meetings held*	Meetings attended
<i>Members whose term continued during 2020–21</i>		
Professor David Kavanagh (Chair)	5	5
Ms Gabrielle Vilic (Deputy Chair)	4*	3
Ms Kimina Andersen	5	2
Professor Robert Bland	4*	3
Ms Naraja Clay	5	5
Dr Ignacio Correa-Velez	5	5
Professor Brett Emmerson	4*	4
Associate Professor Jason Ferris	5	4
Mr Eddie Fewings	5	5
Mr Jorgen Gullestrup	5	4
Ms Kerrie Keepa	5	4
Ms Emma Kill	5	4
Ms Sue Scheinpflug	4*	2
Ms Jane Williams	5	3
<i>Members whose terms commenced in 2020–21</i>		
Ms Karyn Walsh	4*	3
<i>Ex officio</i>		
Mr Ivan Frkovic (Mental Health Commissioner)	5	5

\*Note: Deputy Chair and members were appointed for a term commencing 4 August 2020.



# Our next steps

Good mental health and wellbeing are crucial to our economic recovery from this challenging period. The full effects of the pandemic are still unfolding and will likely take many years to be fully evident. The pandemic has seen an increase in demand for mental health services across our health system, placing greater demand on already stretched resources.

The pandemic has also offered opportunities in service innovation, particularly around digital mental health, and we need to evaluate the learnings and benefits of this and other changes to people using the system. On the ground, the pandemic has undoubtedly diverted attention away from reform, and on to the daily imperatives of delivering services in an environment of increased demand, with all the attendant pressures that accompany it.

This begs an important question about the system's capacity and ability to implement reform. We have had two ground-breaking inquiries report in this past year, that join a long history of many notable inquiries, reports, reviews and recommendations by eminent and well-qualified people going back decades—many of which repeat the same issues over and over. Many of these have been implemented or partially implemented, but we have never taken stock in a comprehensive way of what has and has not been done, and what will make a significant difference to the system in the context of today, and specific to Queensland.

In driving ongoing, whole-of-government, whole-of-community and person-centred reform, genuine, rigorous and regular scrutiny of the mental health system in Queensland is required. The voices of people with lived experience, their families, carers and support people, service providers and the broader sector are growing louder in relation to the need for a comprehensive Queensland mental health system review.

A holistic system review of this nature has never been undertaken in Queensland. However, national commissions of inquiry have impacted on the mental health system in Queensland, and this includes the recent APC Inquiry into Mental Health, and the aged care Royal Commission.

To be able to quantify and qualify the current strengths, limitations, gaps and opportunities for the Queensland mental health system, across public, private and non-government services and related sectors such as housing, education, employment and justice, a regular independent system review is a reasonable mechanism for achieving this. Queensland

does not necessarily need to look to Royal Commissions such as that in Victoria, as Queensland has a standing mental health commission that could undertake this role. In 2021–2022, further discussions on a systemic review of this nature will be discussed with the Minister and government to determine the best way forward for Queensland.

The Commission will continue to progress reforms under *Shifting minds, Every life* and a renewed alcohol and other drugs plan, with ongoing focus on improving system effectiveness through strategic 'best buys'. We will continue to advocate for a system shift towards community mental health as an opportunity to alleviate tertiary system pressures and deliver better outcomes for people living with mental illness and problematic alcohol and other drugs use.

We will also continue to emphasise service co-planning, co-commissioning and integration as a means to leverage collective effort, enhance efficiency and effectiveness, and reduce duplication across and between human services systems. To this end, our engagement with partners and stakeholders will continue to be a key priority in the coming year.

This is both an exciting and challenging time for individuals, families, communities, government and the economy of Queensland. The Commission would like to acknowledge the Queensland Government for recognising and embedding human and social recovery into the economic recovery for Queensland.

This includes the allocation of dedicated funds to support the mental health of Queenslanders. In 2021–22 we will continue to work with government, government agencies, the broader community, people with lived experience and their families and carers to build a world class mental health and alcohol and other drugs system in Queensland.

# Corporate performance

# Agency governance

## Overview

The Commission is an independent statutory body under the umbrella of the health portfolio. Its legislative functions and obligations are defined in the *Queensland Mental Health Commission Act 2013* (<https://www.legislation.qld.gov.au/view/pdf/asmade/act-2013-007>).

## Legislative obligation

In addition to the Commission's legislative functions and obligations, it must comply with a range of public administration legislation including:

- *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*
- *Human Rights Act 2019*
- *Multicultural Recognition Act 2016*
- *Public Service Act 2008*
- *Industrial Relations Act 2016*
- *Statutory Bodies Financial Arrangements Regulation 2007*
- *Crime and Corruption Act 2001*

## Management and staffing

The Queensland Mental Health Commissioner is the chief executive and accountable officer, appointed by the Governor in Council and reporting directly to the Minister for Health and Ambulance Services. The Commissioner is responsible for the management and performance of the Commission's functions in accordance with its legislative obligations outlined in the Act.

The Commission's 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.

The executive leadership team seeks advice from the independent Mental Health and Drug Advisory Council on matters relevant to the Council's role.

**Table 2: Executive leadership team membership**

Position	Name
Mental Health Commissioner	Ivan Frkovic
Executive Director	Bretine Curtis
Director Communication and Engagement	Carolyn Varley
Director System Planning and Response (to 31/3/2021)	Fiona Davidson
A/Director System Planning and Response (from 19/4/2021)	Simone Caynes
Director Policy and Program Delivery	Kylie Barnes
Manager Corporate Governance and Service Delivery (to 1/4/2021)	Michael Corne
A/Manager Corporate Governance and Service Delivery (from 4/5/2021)	Ben Laundon

At 30 June 2021, the Commission had a staffing establishment of 23 full-time equivalent (FTE) positions, against which a total of 26 people are employed on a full-time or part-time basis. Of these, 15.5 FTE were employed as permanent staff. This FTE provides a core expertise and skill base necessary to undertake the Commission's role.

The Commission engages temporary staff as required to provide expertise and capacity to progress specific work. During the year, several temporary staff arrangements were extended to enable continuity of important work and to support ongoing employment during the pandemic.

The Commission's structure remains intentionally lean and provides the agility and flexibility essential to responding to needs identified through the implementation of *Shifting minds*.

No permanent staff departed the Commission during the reporting period.

No redundancy, early retirement or retrenchment packages were paid during the period.

No industrial relations issues arose during 2020–21.

## Training

Training during the year focused on corporate business practices including budget, procurement and contract management as well as mandatory Queensland Government training requirements for Code of Conduct and Workplace Health and Safety.

During 2020–21, \$16,100 was expended on staff development and training activities.

## Workplace flexibility

The Commission is committed to providing a flexible working environment that supports staff needs and meets operational requirements. Work practices include flexible working hours, which enable management and staff to develop internal work practices across a broader spread of hours to meet operational demands and assist staff to manage work/life balance.

The Commission continued to be agile in its approach to the pandemic and to returning to the workplace, with a strong focus on ensuring workplace arrangements complied with Safe Work Australia COVID-safe principles and were guided by advice from Queensland's Chief Health Officer.

Staff continued to be highly responsive and adaptable to changes, performing positively when working from home during the short lockdown periods in January and April 2021. Organisationally, the Commission was well prepared for working from home, as technology that enabled staff mobility and systems access while working off site was already in place, along with established methods of communication.

## Public sector ethics

The Queensland Public Service Code of Conduct applies to the Commission and is included in Commission induction processes and incorporated into staff performance management plans. Staff undertake annual code of conduct training.

## Human rights

The Commission's activities around human rights are detailed under Focus area 1: Better lives. The Commission did not receive or refer any complaints relative to the *Human Rights Act 2019*.

## Risk management

The Commission is committed to a philosophy and culture that ensures risk awareness and management is an integral part of all activities. Its risk management practices comply with the *Financial Accountability Act 2009*.

Risk management seeks to minimise the Commission's vulnerability to internal and external events and influences that could adversely affect its reputation and the achievement of its strategic priorities and objectives. The Commission encourages innovation but is mindful that this may attract risk, and consequently assesses potential benefits against potential risk.

Due to the Commission's size, a specific risk management committee has not been established. Risk management responsibility is included in 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 and mitigation strategies are outlined in the Commission's Strategic Framework (<https://www.qmhc.qld.gov.au/about/our-work/strategic-framework>).

There were no new strategic or operational issues identified as high risk during the year.

## Audit committee and internal audit

Given its size, the Commission does not have a separate audit committee. Audit responsibility is included as part of the executive leadership team's charter. An internal audit function is provided by the Corporate Administration Agency.

The 2020–21 internal audit program focused on corporate governance, corporate card usage and travel management. Audit results indicated sound management practices with only minor observations for process improvement.

## Information management and record-keeping

Good corporate governance relies on sound records management practices as the basis for operational efficiency, and to document corporate decisions, activities and transactions. The Commission's records management practices are undertaken in accordance with the requirements of the *Public Records Act 2002*, and information and records are accordingly retained as public and corporate assets.

Staff receive records management training as part of their initial induction into the organisation, and this training is updated annually as part of the Commission's staff training program.

An intranet site that is accessible to all staff is an important tool for internal information sharing and accessibility, and assists with navigating to corporate documents, datasets and news updates. The intranet is also a key part of the staff induction process.

Interpreter services are available on request for Commission publications, online information, events and activities delivered by third parties on behalf of the Commission.

## Open data

Information about consultancies, overseas travel and the Queensland language services policy is available at the Queensland Government Open Data website (<https://data.qld.gov.au>). During 2020–21, the Commission has nil expenditure to report on overseas travel and Queensland language services.

## Consultancies and contractors

The Commission works collaboratively with government, industry and community groups, and as a small policy organisation, engages consultancies and contractors as required, providing further flexibility to respond to emerging priorities and harness specific expertise to address requirements.

This includes engaging external expertise and capacity to undertake research, provide advice, deliver activities and/or prepare reports. This practice can also support the Commission's credibility among key stakeholders and increases opportunity for sectoral collaboration and capacity-building.

It includes contracts to support:

- consultancy or contractor services
- grants
- Memoranda of Understanding, particularly with other government agencies, and
- sponsorships.

The Commission continues to outsource corporate service delivery to the Corporate Administration Agency.

## Financial performance

The Commission's eighth annual operating budget was \$9.6 million, the majority of which was administered as a grant through the health portfolio (\$8.8 million). The remaining sources of income included a specific Department of Health grant for the establishment of the new consumer peak organisation (\$777,000) and interest payable against cash at bank (\$100,000).

Employee expenses of \$4.1 million relate directly to maintaining a full-time equivalent staffing establishment of 23.

Of the \$2.1 million expended in general supplies and services, approximately \$1.1 million was spent on consultancy and contractor activities which informed and supported operational plan delivery. A further \$298,000 was allocated for outsourced corporate services support provided by the Queensland Government's Corporate Administration Agency, and \$351,000 was spent on accommodation.

The Commission's total grant expenses of \$3.05 million relate to recurrent grant and service arrangement commitments, including the Better Futures Grants Program, and other grants in support of *Shifting minds* priorities.

# Agency effectiveness

The Commission engages a third party to undertake an annual survey which is core to its effectiveness evaluation. The survey captures the feedback of those stakeholders with whom the Commission has interacted either through collaborative work or in consultation.

While a survey was not conducted in 2019–20 due to the pandemic, data has now been collected for seven years, enabling analysis of comparative trends against previous results.

## 2021 survey results

The 2020–21 survey was conducted in May 2021, inviting key stakeholders to provide their opinions on the performance of the Commission and the mental health and alcohol and other drugs system overall.

It was sent directly to 2300 stakeholders from whom 468 responses were received, reflecting a response rate of 20 per cent. This group represents those stakeholders that have had some interaction with the Commission over the last two years. Respondents continue to represent a variety of roles in the sector, the largest proportion of which identified as service providers and family members of a person with lived experience.

Summary of key findings:

- Sixty-five per cent of respondents agreed that positive reform was underway. This was an increase of two per cent from the previous survey reflecting reasonable confidence that reform is moving in the right direction.
- Fifty-five per cent agreed the reforms the Commission is driving will be sustainable in the long term (an increase of seven per cent).
- Fifty-six per cent agreed mental health, alcohol and other drug, and suicide prevention services and responses are improving.
- Eighty-seven per cent agreed they were familiar with the Commission and the work it does.

# Stakeholder engagement

Leading reform is a key aspect of the Commission's work. To successfully achieve system reform the Commission strives to inform, engage and inspire those stakeholders and organisations that have their hands on the levers of reform, right across the state. That is why effective communication, engagement and partnership is a vital function fulfilled across all levels and all areas of the Commission.

## Stakeholder engagement strategy

As part of its commitment to building open, transparent and active relationships with its stakeholders the Commission renewed its stakeholder engagement strategy during the year. Development of the strategy included in-depth interviews to understand stakeholder perceptions, understanding and expectations of the Commission's work. The strategy focuses on improving the quality and outcomes of stakeholder interactions and enhancing stakeholder participation and dialogue.

A phased implementation plan will be developed in 2021–22 to fully execute the strategy's short, medium and long-term actions.

## Commissioner engagement activity

The Commissioner leads the Commission's engagement effort, with a substantial schedule of stakeholder meetings and events to promote the work of the Commission, but also to purposefully listen to a broad range of stakeholders, hear their ideas and perspectives, and understand system pressures and opportunities for reform. A key mechanism for stakeholder dialogue has continued to be the sector meetings instituted during the height of the COVID-19 pandemic, and that have continued regularly throughout the year.

The Commissioner's engagement activity includes people with lived experience, their families and carers, Government ministers, Members of Parliament, senior leaders across government, service providers in the government, non-government and private sectors, professional and peak bodies, research bodies and universities, unions and the general community.

## Leading reform webinars

The Commission's major engagement activity, the *Leading reform summit* was cancelled in 2020 due to the COVID-19 pandemic. In its place, the Commission developed a series of *Leading reform webinars* to continue the conversation around critical issues of reform. This included partnering with AISRAP to host a suicide prevention webinar for World Suicide Prevention Day 2020. A second webinar in November 2020 explored the APC's landmark report into mental health, while a webinar in March 2021 focused on the reform agenda for alcohol and other drugs.

## AOD consultations

An extensive stakeholder and community engagement program was also undertaken as part of the development of a renewed alcohol and other drugs plan for Queensland. This program included key stakeholder meetings and briefings, workshops, four community forums, a Member of Parliament information session and a stakeholder webinar.

## Blog

The *Leading reform blog* continued to be a popular and informative communication channel, enabling the Commission to highlight and explore key issues in an online feature format. Blogs throughout the year included profiles of the new Queensland Mental Health and Drug Advisory Council and the new mental health consumer peak representative organisation. Other blog topics included the Commission's *Don't judge and listen* report, the Royal Commission into Victoria's Mental Health System, Reconciliation Week and digital highlights of the 2019–20 annual report.

## Integrated communication

The Commission has continued to focus on integrated communication across its various online platforms, enabling it to reach diverse audiences on a variety of topics. This includes the Commission's website, video channel, eNewsletter and social media accounts, which have continued to grow throughout the year. The Commission has also issued media releases on topics ranging from additional funding for mental health through to alcohol and other drugs reform.

## Awareness events

World Suicide Prevention Day (10 September) and Queensland Mental Health Week continue to be key activities on the Commission's calendar. The Commission expanded its Community Events Grant Program for Queensland Mental Health Week activities during the year to counter the negative mental health impacts of the COVID-19 pandemic and use the events as a vehicle to promote mental health and wellbeing behaviours among Queenslanders.

This further supported the additional funding the Commission provided to extend Queensland Health's *Dear mind* campaign in the later months of 2020. The campaign teaches Queenslanders about the building blocks of mental wellbeing.

The Commission's sponsorship program continued to attract a significant number of applications during the year. Sponsored events included a ten-week youth support and mental health awareness program by the Mareeba PCYC, International Family Drug Support Day, the Pride Festival, which supports the mental health and inclusion of the LGBTIQ+ community, and the Australian and New Zealand Addiction Conference.



# Financial statements

for the financial year ended 30 June 2021

## 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](mailto:accounts@qmhc.qld.qld.gov.au) or visit the Commission's website [www.qmhc.qld.qld.gov.au](http://www.qmhc.qld.qld.gov.au).

# Statement of Comprehensive Income

## for the year ended 30 June 2021

		2021 Actual	2020 Actual	2021 Original Budget	Budget Variance*
	Notes	\$'000	\$'000	\$'000	\$'000
<b>Income from Continuing Operations</b>					
Government contributions	3	9,584	9,471	9,683	(99)
Interest		53	96	150	(97)
Other revenue		4	-	-	4
<b>Total Income from Continuing Operations</b>		9,641	9,567	9,833	(192)
<b>Expenses from Continuing Operations</b>					
Employee expenses	4	4,121	3,794	3,591	530
Supplies and services	5	2,140	2,946	3,034	(894)
Grants	6	3,056	2,082	3,039	17
Depreciation	10	19	19	20	(1)
Other expenses	7	172	118	149	23
<b>Total expenses from Continuing Operations</b>		9,508	8,960	9,833	(325)
<b>Operating result from Continuing Operations</b>		133	607	-	133
<b>Total Comprehensive Income</b>		133	607	-	133

\*An explanation of material variances is included at note 17.

The accompanying notes form part of these financial statements.

# Statement of Financial Position

## as at 30 June 2021

		2021 Actual	2020 Actual
	Notes	\$'000	\$'000
<b>Current Assets</b>			
Cash and cash equivalents	8	3,714	3,532
Receivables	9	97	81
<b>Total Current Assets</b>		3,812	3,613
<b>Non-current Assets</b>			
Plant and equipment	10	22	42
<b>Total Non-current Assets</b>		22	42
<b>Total Assets</b>		3,834	3,654
<b>Current Liabilities</b>			
Payables	11	251	193
Accrued employee benefits	12	177	190
<b>Total Current Liabilities</b>		429	382
<b>Total Liabilities</b>		429	382
<b>Net Assets</b>		3,405	3,272
<b>Equity</b>			
Contributed equity		230	230
Accumulated surplus		3,175	3,042
<b>Total Equity</b>		3,405	3,272

\*An explanation of material variances is included at note 17.

The accompanying notes form part of these financial statements.

# Statement of Changes in Equity

## for the year ended 30 June 2021

	Contributed Equity	Accumulated Surplus	Total
	\$'000	\$'000	\$'000
<b>Balance as at 1st July 2019</b>	230	2,434	2,664
<b>Operating result</b>			
Operating result from continuing operations	-	607	607
<b>Balance as at 30 June 2020</b>	230	3,042	3,272
Net effect of changes in accounting policies	-	-	-
<b>Balance as at 1st July 2020</b>	230	3,042	3,272
<b>Operating result</b>			
Operating result from continuing operations	-	133	133
<b>Balance as at 30 June 2021</b>	230	3,175	3,405

*The accompanying notes form part of these financial statements.*

# Statement of Cash Flows

## for the year ended 30 June 2021

	2021 Actual	2020 Actual
Notes	\$'000	\$'000
<b>Cash flows from operating activities</b>		
<i>Inflows:</i>		
Government contributions	9,584	9,471
GST collected from customers	1	27
GST input tax credits from ATO	375	480
Interest receipts	53	96
Other	4	-
<i>Outflows:</i>		
Employee expenses	(4,147)	(3,739)
Supplies and services	(2,079)	(3,273)
GST paid to suppliers	(380)	(441)
GST remitted to ATO	(1)	(27)
Grants and subsidies	(3,056)	(2,082)
Other	(172)	(118)
<b>Net cash provided by operating activities</b>	182	393
<b>Net increase in cash held</b>	182	393
<b>Cash at beginning of financial year</b>	3,532	3,138
<b>Cash at end of financial year</b>	8 3,714	3,532

*\*An explanation of material variances is included at note 17*

*The accompanying notes form part of these financial statements.*

### Reconciliation of Operating Result to Net Cash from Operating Activities

Operating surplus/(deficit)	133	607
Depreciation expense	19	19
Changes in assets and liabilities:		
(Increase)/decrease in receivables	(6)	39
Increase/(decrease) in accounts payable	61	(327)
Increase/(decrease) in accrued employee benefits	(26)	55
<b>Net cash provided by operating activities</b>	182	393

# Notes to and forming part of the Financial Statements 2020–21 for the year ended 30 June 2021

## **Section 1: About the Commission and this Financial Report**

Note 1: Basis of Financial Statement Preparation

Note 2: Objectives and Principal Activities of the Queensland Mental Health Commission

## **Section 2: Notes about our Financial Performance**

Note 3: Grants and 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

## **Section 4: Notes about Risk and Other Accounting Uncertainties**

Note 13: Contingencies

Note 14: Events After the Balance Date

Note 15: Financial Risk Disclosures

Note 16: First Year Application of New Accounting Standards or Change in Accounting Policy

## **Section 5: Notes about our Performance Compared to Budget**

Note 17: Budgetary Reporting Disclosures and Significant Financial Impacts from COVID-19

## **Section 6: Other Information**

Note 18: Key Management Personnel (KMP) Disclosures

Note 19: Related Party Transactions

Note 20: Taxation

## **1. Basis of Financial Statement Preparation**

### **1.1 General Information**

The Queensland Mental Health Commission ('the Commission') 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.gov.au](mailto:accounts@qmhc.qld.gov.au) or visit the Commission's website [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au).

### **1.2 Compliance with Prescribed Requirements**

The QMHC prepared these statements in compliance with s39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with the Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2020.

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 applied for the first time in these financial statements are outlined in Note 16.

### **1.3 Presentation**

#### **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 2019-20 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.

### **1.4 Authorisation of Financial Statements for Issue**

The financial statements are authorised for issue by the Commissioner and the Acting Manager Corporate Governance and Service Delivery at the date of signing the management certificate.

### **1.5 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.

### **1.6 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.



## 2. 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.

	2021 \$'000	2020 \$'000
3. Grants and Contributions		
Department of Health	9,584	9,471
<b>Total</b>	<b>9,584</b>	<b>9,471</b>

### Accounting Policy - Grants and Contributions

Grants, contributions and donations arise from non-exchange transactions where the Commission does not directly give approximate equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations for the Commission to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied.

Otherwise, the grant is accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding.

The Commission received \$8.806 million (2020: \$8.883 million) from the Department of Health in 2020-21 year to undertake its legislative obligations. This funding has been recognised as revenue on receipt as the Commission's obligations are not sufficiently specific. The grant is used to meet the Commission's operational objectives, and the Commission has full discretion on how the funds are to be distributed. The Commission has also received a further \$0.777 million (2020: \$0.588 million) throughout the year from the Department of Health to undertake activities on behalf of the Department. Deliverables are not sufficiently specific for AASB 15 consideration.

## 4. Employee Expenses

### Employee Benefits

Wages and salaries	3,071	2,841
Employer superannuation contributions	401	373
Termination Payments	42	-
Annual leave levy/expense	315	287
Long service leave levy/expense	77	75

### Employee Related Expenses

Workers' compensation premium	-	21
Payroll tax and fringe benefits tax	181	171
Other employee related expenses	34	27

<b>Total</b>	<b>4,121</b>	<b>3,794</b>
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#### 4. Employee Expenses (cont'd)

	2021 No.	2020 No
Full-Time Equivalent Employees	23	23

The number of employees as at 30 June 2021 are measured on a full-time equivalent basis, reflecting Minimum Obligatory Human Resource Information (MOHRI).

#### 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.

Wages and salaries expense includes the one-off, pro-rata payments of \$1,250 for 21 full time Employees. This payment of \$26 thousand was paid in the 2020/21 financial year.

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 Central schemes (LSLCS), 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 arrears.

##### 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 18.

	2021 \$'000	2020 \$'000
<b>5. Supplies and Services</b>		
Consultants and contractors	1,130	1,741
Corporate service charges	298	340
Lease expenses	351	302
Administration costs	143	196
Travel	23	72
Other	10	63
Building Maintenance and Services	90	100
Advertising and promotion	37	61
Information and Communication Technology	59	71
Motor vehicle	-	1
<b>Total</b>	<b>2,140</b>	<b>2,946</b>

#### Accounting Policy - Distinction between grants and procurement

For a transaction to be classified as supplies and services, the value of goods or services received by the Commission must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant.

#### Office Accommodation

Payments for non-specialised commercial office accommodation under the Queensland Government Accommodation Office (QGAO) framework arise from non-lease arrangements with the Department of Energy and Public Works (DEPW), who has substantive substitution rights over the assets used within these schemes. Payments are expensed as incurred and categorised within office accommodation line items.

#### Lease Expenses

Lease expenses include lease rentals for leases of low value assets and lease rentals for non-specialised commercial office accommodation with the Department of Energy and Public Works (DEPW).

	2021 \$'000	2020 \$'000
<b>6. Grants</b>		
Grants	3,056	2,082
<b>Total</b>	<b>3,056</b>	<b>2,082</b>

#### 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. Grant expense is recognised when payment is made by the Commission or when the Commission has entered into an enforceable undertaking for which the Commission is obligated to make future payments as part of the agreement.

## 7. Other Expenses

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

Sponsorships

**Total**

18 14

154 103

172 118

### Disclosure relating to Other Expenses

\* Total audit fees quoted by the Queensland Audit Office relating to the 2020-21 financial statements are \$18,000 (2020: \$14,000). There are no non-audit services included in this amount.

## 8. Cash and Cash Equivalents

Cash at bank

3,714 3,532

**Total**

3,714 3,532

### 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 receipted but not banked at 30 June as well as deposits at call with financial institutions.

## 9. Receivables

GST receivable

47 41

Annual leave reimbursements

51 40

**Total**

97 81

### Accounting Policy - Receivables

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

The Commission's trade 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 15 for the Commission's credit risk management policies.

## 10. Plant and Equipment and Depreciation Expense

	<b>Plant and Equipment</b>	
	<b>2021</b>	<b>2020</b>
	<b>\$'000</b>	<b>\$'000</b>
Gross	242	242
Less accumulated depreciation	(220)	(200)
<b>Carrying amount at 30 June</b>	<b>22</b>	<b>42</b>
<i>Represented by movements in carrying amount</i>		
Carrying amount at 1 July	42	61
Depreciation expense	(19)	(19)
<b>Carrying amount at 30 June</b>	<b>23</b>	<b>42</b>

### 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

	2021 \$'000	2020 \$'000
<b>11. Payables</b>		
<b>Current</b>		
Trade creditors	40	49
Accrued expenses	195	125
Payroll tax	17	19
<b>Total</b>	<b>251</b>	<b>193</b>

#### 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

<b>Current</b>		
Salary and wage related	82	84
Annual leave levy payable	69	72
Long service leave levy payable	16	22
Superannuation	11	11
<b>Total</b>	<b>177</b>	<b>190</b>

#### 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*.

#### 13. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2021.

#### 14. Events After the Balance Date

There were no significant events occurring after balance date.

## 15. 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	2021 \$'000	2020 \$'000
<b>Financial Assets</b>			
Cash and cash equivalents	8	3,714	3,532
Financial assets at amortised cost:			
<i>Receivables</i>	9	97	81
<b>Total Financial Assets</b>		3,812	3,613
<b>Financial Liabilities</b>			
Financial liabilities measured at amortised cost:			
<i>Payables</i>	11	251	193
<b>Total Financial Liabilities</b>		251	193

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

### Risks Arising from Financial Instruments

#### (a) 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.



**15. Financial Risk Disclosure (cont'd)**

**Risks Arising from Financial Instruments (cont'd)**

**(a) Risk Exposure (cont'd)**

The Commission is exposed to a variety of financial risks as set out in the following table:

<b>Risk Exposure</b>	<b>Exposure</b>
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.

## 16. First Year Application of New Accounting Standards or Change in Accounting Policy

### Accounting Standards Applied for the First Time

One new accounting standard with material impact was applied for the first time in 2020-21:

- AASB 1059 *Service Concession Arrangements: Grantors*

The effect of adopting this new standard is detailed in this note. No other accounting standards or interpretations that apply to the Commission for the first time in 2020-21 have any material impact on the financial statements.

### Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2020-21.

### AASB 1059 *Service Concession Arrangements: Grantors*

The Commission applied AASB 1059 *Service Concession Arrangements: Grantors* for the first time in 2020-21. The nature and effect of changes resulting from the adoption of AASB 1059 are described below.

AASB 1059 applies to grantors in service concession arrangements, which involve an operator:

- a) providing public services related to a service concession asset on behalf of a grantor; and
- b) managing at least some of those services under its own discretion, rather than at the direction of the grantor.

In addition, the grantor must control the asset, which is demonstrated by:

- a) controlling or regulating
  - what services the operator must provide with the asset,
  - whom it must provide them, and
  - at what price; and
- b) controlling any significant residual interest in the asset at the end of the term of the arrangement.

The Commission has considered the impact of applying AASB 1059 *Service Concession Arrangements: Grantors* and determined that as the Commission does not provide any public services relating to a concession asset under service concession arrangements, AASB 1059 will have no material impact on the Commission.

## 17. Budgetary Reporting Disclosures and Significant Financial Impacts from COVID-19

This section contains explanations of major variances between the Commission's actual 2020-21 financial results and the original budget presented to Parliament.

### Significant Financial Impacts - COVID 19 Pandemic

The following significant transactions were recognised by the Commission during the 2020-21 financial year in response to the COVID-19 pandemic.

#### Operating Statement

	2021 \$'000	2020 \$'000
<u>Significant expense transactions arising from COVID-19</u>		
Contribution to a Department of Health COVID Marketing Campaign	513	475
	<u>513</u>	<u>475</u>

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

<i>Employee Expenses:</i>	Variance relates to the employment of an additional five temporary staff. Two of these staff were specifically engaged for the continuing establishment of the new Consumer Peak (\$260k). A further three staff were engaged to deliver various programs targeting Shifting Minds, Qld Mental Health, Alcohol and Other Drug Strategic Plan priorities that required expertise and resources not available through existing core staff FTE.
<i>Supplies and Services:</i>	Decrease in expenses relates mainly to contract & consultancy associated with project commencement or delivery delays and contract variations requiring reassignment of work for the 2020/21 financial year to 2021/22. Key reason for delays can be attributed to COVID 19 continuing to impact on sector deliverables.

#### (b) Explanations of major variances - Statement of Financial Position and Statement of Cash Flows

The Commission was granted relief from preparing a budgeted Statement of Financial Position and a budgeted Statement of Cash Flows in the 2020-21 SDS. Consequently, these were not presented to Parliament for the 2020-21 financial year.

## 18. 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 2020-21 and 2019-20. 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 and is a member of the Executive Leadership Team.
Director - Communication and Engagement	The Director leads the Commission's communication and engagement functions and is a member of the Executive Leadership Team.
Director - System Planning and Response	The Director leads the System Planning and Response functions and is a member of the Executive Leadership Team.
Director - Policy and Program Delivery	The Director leads the Policy and Program Delivery functions and is a member of the Executive Leadership Team.
Manager Corporate Governance and Service Delivery	The 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.

# **18. 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.

**2020-21**

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post- Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner	256	6	6	31	-	299
Executive Director	181	4	4	20	-	209
Director - Communication and Engagement	151	-	3	18	-	172
Director - System Planning and Response	117	4	2	13	-	136
Acting Director - System Planning and Response (19/4/21 to 30/6/21)	19	-	-	2	-	21
Director - Policy and Program Delivery	132	3	3	17	-	155
Manager Corporate Governance and Service Delivery (1/7/20 to 4/4/21)	117	-	2	11	-	130
Acting Manager Corporate Governance and Service Delivery (4/5/21 to 30/6/21)	24	-	1	3	-	28
<b>Total Remuneration</b>	<b>997</b>	<b>17</b>	<b>21</b>	<b>115</b>	<b>-</b>	<b>1150</b>

18. Key Management Personnel (KMP) Disclosures (cont'd)  
Remuneration Expenses (cont'd)  
2019-20

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner	256	5	6	32	-	299
Acting Mental Health Commissioner (from 16/08/2019 to 13/09/2019)	17	-	-	2	-	19
Executive Director (to 15/12/2019)	104	3	2	10	-	119
Acting Executive Director (from 16/08/2019 to 13/09/2019)	20	-	-	2	-	22
Acting Executive Director (from 16/12/2019)	103	2	2	9	-	116
Director - Communication and Engagement	155	-	4	18	-	177
Director - System Planning and Response (from 04/03/2020)	39	1	2	5	-	47
Director - Policy and Program Delivery (from 04/03/2020)	39	1	1	5	-	46
Manager Corporate Governance and Service Delivery	142	-	3	14	-	159
<b>Total Remuneration</b>	<b>875</b>	<b>12</b>	<b>20</b>	<b>97</b>	<b>-</b>	<b>1004</b>

## 19. Related Party Transactions

### Transactions with people/entities related to KMP

There are no transactions to disclose for the 2020-21 year.

### Transactions with other Queensland Government-controlled entities

- The Commission's ongoing source of funding from the Government for services is provided by grant from the Department of Health (\$8.806 million). The Commission also receives funding for work it undertakes on behalf of the Department of Health (\$777K) (refer to Note 3).
- The Commission contributed funding of \$1.32 million to initiatives undertaken in partnership with other departments, including Department of Employment Small Business and Training and Department of Health (refer to Note 6).
- The Commission incurred \$298k of corporate services charges with the Corporate Administration Agency, Department of Communities, Housing and Digital Economy (refer to Note 5).
- The Commission has entered into a lease (via a letter of financial commitment) for the premise at 400 George Street with the Department of Energy and Public Works. Lease expense for the year was \$351k (refer to Note 5).
- All other transactions in the year ended 30 June 2021 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

## 20. 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).

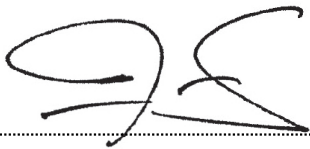


# Management Certificate for Queensland Mental Health Commission

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009* (the Act), s.39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with s.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 2021 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.7 and s.11 of the *Financial and Performance Management Standard 2019* 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: 28/7/21



**Ben Laundon**  
A/Manager Corporate Governance and Service Delivery  
Queensland Mental Health Commission

Date: 28/7/21

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 2021, 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 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2021, 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.

### Other information

Other information comprises the information included in the Commission's annual report for the year ended 30 June 2021, but does not include the financial report and my auditor's report thereon.

The Commissioner is responsible for the other information.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### 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 2019 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 2021:

- 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.



D Toma  
as delegate of the Auditor-General

28 July 2021

Queensland Audit Office  
Brisbane



# Appendices

## Appendix 1

# Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 7 p. 3
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> <li>Glossary</li> </ul>	ARRs – section 9.1 p. 1
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2 Inside front cover
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 Inside front cover
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968</i> ARRs – section 9.4 Inside front cover
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 9.5 Inside front cover
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10.1 p. 4–5
	<ul style="list-style-type: none"> <li>Agency role and main functions</li> </ul>	ARRs – section 10.2 p. 6–7
	<ul style="list-style-type: none"> <li>Machinery of Government changes</li> </ul>	ARRs – section 31 and 32 Not applicable
	<ul style="list-style-type: none"> <li>Operating environment</li> </ul>	ARRs – section 10.3 p. 9–13
Non-financial performance	<ul style="list-style-type: none"> <li>Government's objectives for the community</li> </ul>	ARRs – section 11.1 p. 6
	<ul style="list-style-type: none"> <li>Other whole-of-government plans / specific initiatives</li> </ul>	ARRs – section 11.2 p. 14–34
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.3 p. 8
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.4 p. 8, p. 44
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1 p. 43
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1 p. 41
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2 p. 41
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3 p. 35–38
	<ul style="list-style-type: none"> <li><i>Public Sector Ethics Act 1994</i></li> </ul>	ARRs – section 13.4 p. 42
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.5 p. 7

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	p. 42
	• Audit committee	ARRs – section 14.2	p. 43
	• Internal audit	ARRs – section 14.3	p. 43
	• External scrutiny	ARRs – section 14.4	Not applicable
	• Information systems and recordkeeping	ARRs – section 14.5	p. 43
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	p. 41–42
	• Early retirement, redundancy and retrenchment	Directive No.04/18 ARRs – section 15.2	p. 42
Open data	• Statement advising publication of information	ARRs – section 16	p. 43
	• Consultancies	ARRs – section 33.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	• Overseas travel	ARRs – section 33.2	p. 43
	• Queensland Language Services Policy	ARRs – section 33.3	p. 43
Financial statements	• Certification of financial statements	FAA – section 62	p. 68
		FPMS – sections 42, 43 and 50	
		ARRs – section 17.1	
	• Independent Auditor’s Report	FAA – section 62	p. 69
		FPMS – section 50	
		ARRs – section 17.2	

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*



## Appendix 2

## List of acronyms and initialisations

<b>ABC</b>	Attachment and Biobehavioural Catch-Up
<b>AISRAP</b>	Australian Institute for Suicide Research and Prevention
<b>APC</b>	Australian Productivity Commission
<b>AOD</b>	Alcohol and other drugs
<b>ARACY</b>	Australian Research Alliance for Children and Youth
<b>BYS</b>	Brisbane Youth Service
<b>CALD</b>	Culturally and linguistically diverse
<b>DCHDE</b>	Department of Communities, Housing and Digital Economy
<b>DCYJMA</b>	Department of Children, Youth Justice and Multicultural Affairs
<b>DESBT</b>	Department of Employment, Small Business and Training
<b>DSDSATSIP</b>	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
<b>DTIS</b>	Department of Tourism, Innovation and Sport
<b><i>Every life</i></b>	<i>Every life: The Queensland Suicide Prevention Plan 2019–2029</i>
<b>FTE</b>	Full-time equivalent
<b>LTC</b>	Local Thriving Communities
<b>MBS</b>	Medicare Benefits Schedule
<b>MOU</b>	Memorandum of Understanding
<b>MWIA</b>	Mental Wellbeing Impact Assessment
<b>NDIS</b>	National Disability Insurance Scheme
<b>NMHCCF</b>	National Mental Health Consumer and Carer Forum
<b>NSPA</b>	National Suicide Prevention Adviser
<b>NWI</b>	National Wellbeing Initiative
<b>OIR</b>	Office of Industrial Relations
<b>PHN</b>	Primary Health Network
<b>PSC</b>	Public Service Commission
<b>QAIHC</b>	Queensland Aboriginal and Islander Health Council
<b>QNADA</b>	Queensland Network of Alcohol and Other Drug Agencies
<b>QSR</b>	Queensland Suicide Register
<b>RP</b>	Restorative Practice
<b><i>Shifting minds</i></b>	<i>Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2019–2023</i>
<b>SLG</b>	Strategic Leadership Group
<b>SMHRU</b>	Secure Mental Health Rehabilitation Unit
<b>WCB</b>	Wellbeing Capacity Building
<b>WoW</b>	Wheel of Wellbeing
<b>WQPHN</b>	Western Queensland Primary Health Network

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