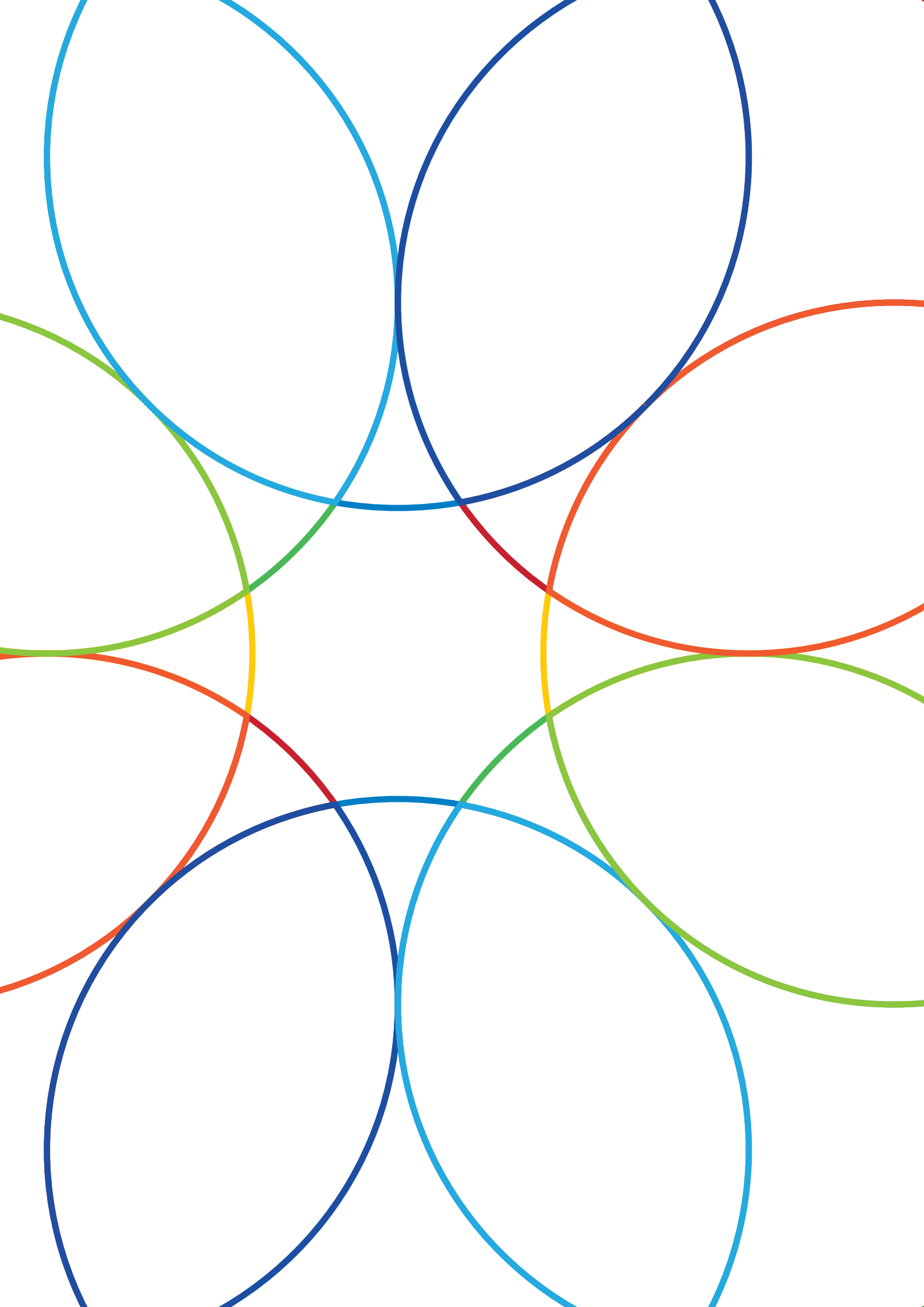
Queensland Mental Health Commission

2017–18 annual report

Queensland Government



contents

Acknowledgements

The Queensland Mental Health Commission pays respect to Aboriginal and Torres Strait Islander Elders, past, present and future. We also acknowledge the important role played by Aboriginal and Torres Strait Islanders as the First Peoples, their traditions, cultures and customs across Queensland.

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

Letter of compliance

Queensland
Mental Health Commission

ABN 54 163 910 717

3 September 2018

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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2017–18 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 2009*
- 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 2, on page 84 of this report.

Yours sincerely

Jessica Martin
Acting Chief Executive Officer
Queensland Mental Health Commission

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Queensland Government

From the Commissioner

This year we've had the opportunity to take stock and bring fresh thinking to the question of what we want the next phase of mental health, alcohol and other drug reform to look like in Queensland.

Your voice, one vision consultation report, released in mental health week in October, set the scene for renewed reform. In it, we captured the issues, aspirations and priorities that really matter to people with a lived experience and their families and carers.

We also heard from frontline service providers, including health care workers, community and other government agencies.

There were some universal themes on where change was most needed. Many of the problems are not new and pointed to the continued siloing of services and responses as a key issue felt by people grappling with a large, disconnected system.

A lack of integrated care, as well as the need for more person-centred, recovery-oriented services has been a consistent view. This includes greater emphasis on population-level primary prevention, access to good clinical care, plus psychosocial supports, good physical health care, secure housing and access to jobs, education and other meaningful activity.

We heard examples of good practice, but the challenge remains to embed this across and between service systems to achieve sustained change and better outcomes for people relying on the system for quality of care and quality of life.

The consultation report has been the foundation for the renewed strategic plan, and that work is nearing completion. The new strategic plan will herald a new chapter in mental health, alcohol and other drug and suicide prevention reform in Queensland.

Its vision is to address the issues at the heart of the system and transform it. However, we cannot do that alone—it will take heavy lifting from many sectors across government, non-government and private, and the community to realise. We all have a role in making real change happen.

That's why the second part of my agenda this year has focused on building relationships and consensus for action among stakeholders. You will see the Commission's credibility rating has increased this year to 78 per cent. While this is important to achieving reform, it is only one part of the equation. We must also persuade, engage and inspire in order to galvanise action by the people who hold the keys to reform.

In particular, I have concentrated my personal effort on contacts with Ministers and Members of Parliament; senior government leaders, including key government departments, Hospital and Health Services and Primary Health Networks; sector peaks, non-government organisations and service providers; and those from industry and academia. Overwhelmingly these contacts have translated into ongoing dialogue and support for our agenda.

During the year, I've also had the privilege of meeting many people with a lived experience and their families and carers. Hearing their individual stories reinforces the importance of system reform in a powerful and personal way. I am grateful to the many people who have shared their experiences with me in the collective hope we can improve the system for the better.

In closing, I would like to thank the Queensland Mental Health and Drug Advisory Council, especially Chair Professor David Kavanagh, and the staff of the Commission for their commitment and support for creating better lives for people with a lived experience of mental illness, problematic alcohol and other drug use, and suicide.

Finally, I express heartfelt thanks to the many people who have participated in shaping the agenda this year. Your contribution is both valued and valuable, and I look forward to working with you to bring our vision for reform to fruition.

Ivan Frkovic
Queensland Mental Health Commissioner

2017–18 highlights

Released papers on
improving outcomes
from police interactions,
and **reducing harm**
caused by stigma and discrimination
against people with problem AOD use

Established new
wellbeing hub
in Far North Queensland
to promote the mental health and wellbeing of individuals and communities in Cooktown and the Tablelands

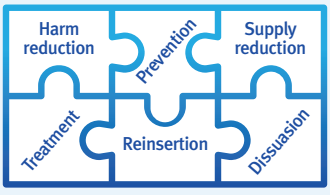
Released
Your voice, one vision consultation report
to share
stakeholders' views and concerns raised during
consultation
on the renewed strategic plan

Extended the reach of
Queensland Mental Health Week
through introducing a community events grants program, providing
$88,600
in grants

to 44 community groups
to hold local events during the week

Supported
local community action
by providing
$590,851
in grants
to 15 organisations
for projects under the
Stronger Community Mental Health and Wellbeing Grants Program

Commissioner-led delegation explored first-hand Portugal's



public health approach
to illicit drug use

About the Commission

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

The Commission's work supports the Queensland Government's objectives for the community outlined in **Our Future State: Advancing Queensland's Priorities** to 'keep Queenslanders healthy'. We do this by initiating and driving shared actions to improve wellbeing, and better support people living with mental illness and problematic alcohol and other drug use, or those impacted by suicide.

Our role and functions

The Commission's role, as set out under the Act, is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland.

The Commission's functions are to:

- develop a whole-of-government mental health, drug and alcohol strategic plan, and facilitate and report on its implementation
- monitor, review and report on issues affecting people living with mental health or alcohol and other drug issues, their families, carers and support persons, and people who are vulnerable to, or at significant risk of developing mental health or substance use issues
- support and promote mental health promotion, awareness and early intervention
- support the Queensland Mental Health and Drug Advisory Council and promote engagement of people with lived experience in system reform.

The Commission performs its role and functions by working with government and non-government agencies, the private sector, and people with a lived experience and their families and carers throughout Queensland. The Commission's work extends beyond the health system and acknowledges the complex needs and issues faced by those experiencing mental health difficulties and substance use problems.

The Commission's role does not include investigating individual complaints, planning or funding mental health, alcohol and other drug services. These responsibilities rest with other government agencies.

Our vision

Queenslanders working together to improve mental health and wellbeing.

Our principles

The Commission's work is guided by a set of principles outlined in the Act, which states:

- people with a mental illness or who misuse substances should:
  - have access to quality mental health or substance misuse services, care and support, wherever they live
  - be treated with respect and dignity
  - be supported to participate fully in community life and lead meaningful lives
  - have the same right to privacy as other members of society
- Aboriginal and Torres Strait Islander people should be provided with treatment, care and support in a way that recognises and is consistent with Aboriginal tradition or Island custom, and is culturally appropriate and respectful
- carers, family members and support persons for people with a mental illness or who misuse substances are:
  - integral to wellbeing, treatment and recovery
  - respected, valued and supported
  - engaged, wherever possible, in treatment plans
- an effective mental health and substance misuse system is the shared responsibility of the government and non-government sectors and requires:
  - a coordinated and integrated approach, across all areas of health, housing, employment, education, justice and policing
  - a commitment to communication and collaboration across public sector and publicly funded agencies, consumers and the community
  - strategies that foster inclusive, safer and healthier families, workplaces and communities.

Our values

The five Queensland 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.

Objectives and performance

The **Commission's Strategic framework 2017–2021** outlines our objective to achieve better outcomes for people living with mental health issues, those harmed by alcohol and other drugs or those impacted by suicide by:

- reaching consensus about, supporting and encouraging system-wide reforms
- bringing together the wisdom of lived experience and professional expertise.

To achieve better outcomes, the Commission's strategies focus on four key result areas that align with its legislated role and functions. They are:

- **Strategic planning**—The Commission is required to develop a whole-of-government strategic plan for improving mental health and limiting the harm associated with the misuse of alcohol and other drugs. The Commission is also required to facilitate, support and report on the implementation of the strategic plan.
- **Review, research and report**—The Commission's functions include undertaking reviews and research to inform decision making, build the evidence base, support innovation and identify good practice. This includes:
  - reviewing, evaluating and advising on mental health and alcohol and other drug system issues
  - undertaking and commissioning research.

- **Awareness and promotion**—The Commission has a key role in facilitating and promoting awareness, prevention and early intervention by supporting whole-of-government and whole-of-community action. Actions are linked to the **Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019** (Strategic Plan) Shared Commitments to Action.
- **Engage and enable**—The Commission is responsible for establishing and supporting mechanisms that are collaborative, representative, transparent and accountable. This includes statewide systemic governance mechanisms in accordance with the Act.

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

1. The extent to which agreed Commission commitments in the Strategic Plan are implemented
2. Stakeholder satisfaction with the support provided by and achievements of the Commission, particularly in relation to:
   - opportunities to provide consumer, support person and provider perspectives on mental health and substance misuse issues
   - extent to which consumer and provider perspectives are represented in strategic directions articulated by the Commission to improve the system
   - the range of stakeholders involved in developing and implementing solutions.

The Commission's credibility and engagement with the sector is closely monitored and is vital to undertaking our role and functions; particularly in working productively with the sector and guiding strategic reform.

non-financial performance

strategic

A key role of the Commission is to develop a whole-of-government strategic plan for Queensland. The Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019 (Strategic Plan) was released in October 2014. It sets a platform for change over three to five years to improve the mental health and wellbeing of all Queenslanders, with a focus on preventing and reducing the impact of mental illness, problematic alcohol and other drug use and suicide. It seeks to drive innovation and best practice, by adopting a collective impact approach: a framework which recognises that to bring about change, actions need to be taken by many sectors working together.

planning

The Commission's role is to facilitate, support, monitor and report on the Strategic Plan's implementation, as well as undertake its review. A renewed strategic plan is expected to be released later in 2018.

Action plans

To support implementation of the inaugural Strategic Plan, the Commission worked with Queensland Government agencies to develop five whole-of-government action plans. In 2015, three population-level action plans were released:

- **Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17**
- **Queensland Suicide Prevention Action Plan 2015–17**
- **Queensland Alcohol and other Drugs Action Plan 2015–17**

In 2016, two additional action plans were released focusing on vulnerable groups where levels of poor mental health and wellbeing, problematic alcohol and other drug use and suicide were highest:

- **Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18**
- **Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18**

Each action plan adopts its own policy framework to address the unique factors that influence population mental health and wellbeing, mental illness, problematic alcohol and other drug use, and suicide across the state, as well as for particular groups of Queenslanders.

Together, the five action plans committed 26 state government agencies (prior to machinery of government changes due to the 2017 Queensland Government election) to implementing 283 specific actions (285 in total as two actions are repeated in different action plans). In 2017–18, work continued across Queensland Government to implement these actions.

Given the significant reform that has occurred at national and state levels, in 2017 the then Minister for Health and Minister for Ambulance Services agreed to review the Strategic Plan, and in February 2017 the Commission commenced the review.

Discussion papers

As part of the Strategic Plan renewal, the Commission released two discussion papers for public comment:

1. *A renewed plan for Queensland* which sought feedback on how to improve mental health and wellbeing and to prevent and reduce the impact of mental illness, problematic alcohol and other drug use and suicide.
2. *Engaging people with a lived experience: Renewed priorities* which sought feedback on how to improve and increase engagement of people with a lived experience, their families, carers and support people in the mental health, alcohol and other drug and suicide prevention sectors.

The Commission sought feedback from specific stakeholders, including all Hospital and Health Service Board Chairs and Chief Executive Officers; Queensland Primary Health Networks (PHNs); local councils; the Queensland Mental Health and Drug Advisory Council; and peak non-government organisations. The Commission also sought feedback from organisations representing people from culturally and linguistically diverse backgrounds; disability advocacy groups; organisations that support lesbian, gay, bisexual, transgender and intersex (LGBTI) people; and Aboriginal and Torres Strait Islander Queenslanders.

Thirty-two responses to the discussion papers were received: 12 from individual members of the community and 20 from service providers, researchers and other organisations.

Consultation forums

The Commission hosted consultation forums in nine communities around the state to seek the views of Queenslanders on renewing the Strategic Plan.

Consultation forums in eight communities occurred over two days, with the first day focused on the views of people with a lived experience, their families, carers and support people and the second day open to members of the public and local service providers. The Commission also held a forum in Southport on 7 July 2017, which was hosted by the Noff Foundation and focused on the experiences of young people living with problematic alcohol and other drug use.

Community	Date
Rockhampton	13 and 14 March 2017
Mount Isa	23 and 24 March 2017
Ipswich	28 and 29 March 2017
Brisbane	10 and 11 April 2017
Townsville	8 and 9 May 2017
Cairns	10 and 11 May 2017
Toowoomba	1 and 2 June 2017
Logan	29 and 30 June 2017
Southport	7 July 2017

The Commission was supported by members of the Queensland Mental Health and Drug Advisory Council, as well as peak non-government organisations to promote the community forums within their communities and sectors.

Approximately 276 people attended the forums. Of the 202 people who completed the voluntary evaluation form, 76 people identified as having a lived experience and 123 people identified as being a family member, carer or supporter of a person with lived experience. Eighty people identified as a government employee and 83 people identified as a non-government employee. (Participants had the opportunity to select more than one option that best defined their circumstances).

A Lived Experience Roundtable was hosted by the Commission on 15 May 2017 in Brisbane. The aim of the roundtable was to develop a shared goal for increasing and improving the engagement of people with a lived experience in the design, development and evaluation of policy, programs and services in the mental health, alcohol and other drug and suicide prevention sectors. Peak organisations and key decision makers attended.

Consultation report

In October 2017, the Commission released the **Your voice, one vision consultation report 2017** (Consultation Report) outlining the key issues raised by stakeholders. This included people with a lived experience, their families, carers and supporters; frontline government, non-government and private service providers; researchers, academics and policy makers spanning the health, police, education, housing and child protection sectors.

The Commission heard many examples of innovation and good practice being implemented across the State, where service providers from numerous sectors were working together in partnership with people with a lived experience to improve services and responses for people in need.

Themes emerged indicating areas for further reform, including:

- placing a greater focus on leadership and strengthening ways of working together to support co-planning, co-commissioning, co-funding and co-delivery of services across multiple sectors and levels of government
- improving the mental health and wellbeing of all Queenslanders and promoting mentally healthy environments in schools, workplaces, neighbourhoods and communities
- placing a greater focus on prevention and early intervention, particularly for the early years, older people and workplaces
- increasing efforts to promote social inclusion and reduce stigma and discrimination, so that people can participate fully in their community and live a meaningful life
- taking a more balanced approach to ensure people receive acute services when they need them, but also the right mix of community-based services such as clinical and psychosocial supports, step-up/step-down mental health services, alcohol and other drug rehabilitation and detoxification services, housing, education and employment supports
- enhancing service integration to ensure support is arranged around the needs of people rather than expecting people to navigate complex service systems, particularly between mental health and alcohol and other drugs services; public, private and non-government services; and between mental health services and other sectors, such as police, housing, child protection
- tailoring services and supports to effectively meet the needs of diverse population groups such as Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds
- engaging meaningfully with people with a lived experience and their families and carers as equal partners in policy development, service development, research and evaluation.

Following release of the Consultation Report, the Commission worked with stakeholders to test key concepts and ensure collective ownership and agreement on the strategic directions and priorities of the renewed strategic plan.

A renewed strategic plan is expected to be released later in 2018. It will include mechanisms to put the plan into action and measure and evaluate outcomes and progress. There will be a continued focus on the areas within each of the action plans through cross-sectorial implementation, once the renewed strategic plan is released.

Supporting local action

The Commission's Stronger Community Mental Health and Wellbeing Grants Program supports innovation and locally-led solutions and actions by non-government and local government organisations. Since 2014, the Commission has invested more than $3.09 million in projects to support local community action and the implementation of the Strategic Plan.

In 2017–18, the Commission invested a total of $590,851 in grants to 15 organisations. Individual grants were for amounts up to $50,000.

Of the initiatives that commenced in October 2017, organisations reported the projects had contributed to improved mental health and wellbeing among their stakeholders, supported individual and workforce skill development, fostered social inclusion, and enabled partnerships to drive local action.

The grants program also supported organisations to work collaboratively. For example, Communify Queensland, received a grant in 2017 and partnered with Inala Community House, Queensland Program of Assistance to Survivors of Torture and Trauma, ACCESS and PCYC to hold a learning and sharing circle for women and mothers from diverse cultures.

This early intervention initiative focused on improving the mental health and wellbeing of women from culturally and linguistically diverse backgrounds, and featured a baby massage group to support greater connection and attachment between the mothers and their babies. Communify Queensland also partnered with the Queensland University of Technology to evaluate the effectiveness of the initiative and presented its successful outcomes at the World Federation of Occupational Therapy Conference in Cape Town, South Africa in May 2018.

The Commission is reviewing the grants program to ensure it aligns with and supports the renewed strategic plan. The renewed program will feature larger grants and will be announced later in 2018.

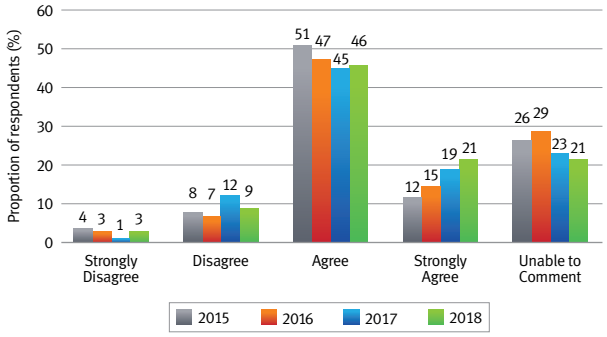
A full list of 2017–18 grant recipients and initiatives is outlined in Appendix 1.

Stakeholder views

The three graphs below demonstrate the sector has a positive view of the Commission, particularly in an environment where extensive consultation has occurred in developing renewed strategic plan priorities. The graphs reflect continued confidence that the Commission is getting the planning right and is making a difference to the lives of Queenslanders.

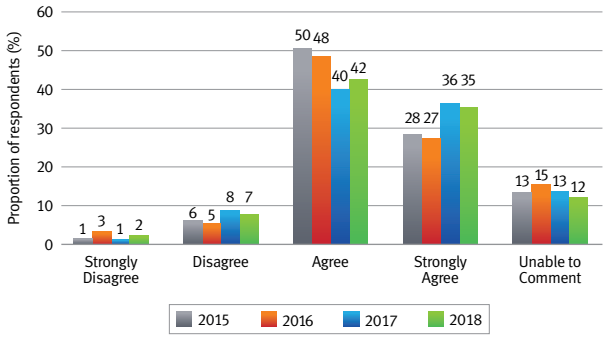
Stakeholder views on whether the Strategic Plan priorities are important to them

"The Queensland Mental Health, Drug and Alcohol Strategic Plan identifies priorities that are important to me."



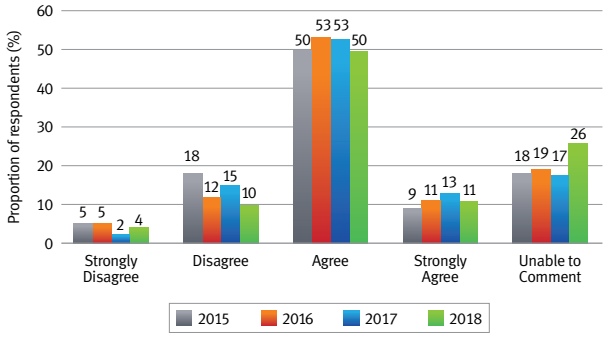
Stakeholder views on the Commission's effectiveness at driving reform

"I view the QMHC as an important driver of reform of the mental health, drug and alcohol system in Queensland."



Stakeholder views on whether effective reform is underway

"Overall, there is positive reform underway."



research

One of the Commission's functions is to monitor, review and report on issues affecting Queenslanders experiencing mental health problems, mental illness, problematic alcohol and other drug use, and suicide. In 2017–18, this included research into stigma and discrimination in a number of contexts and settings, and reviewing and reporting on how services can better integrate, support and develop the peer workforce.

+ review

Stigma and discrimination

Alcohol and other drugs

People living with problems associated with alcohol or other drug use experience stigma and discrimination in many ways. Stigma and discrimination affect people's recovery and can be a barrier to seeking help.

In April 2018 the Commission published an options for reform report that examined ways to effectively reduce stigma and discrimination. The report, **Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use**, provides evidence-based policy advice to inform discussion and action, and outlines 18 options for reform to reduce the harms caused by stigma and discrimination.

The report and its options for reform are based on:

- research findings undertaken by the Drug Policy Modelling Program at the National Drug and Alcohol Research Centre, The University of New South Wales on behalf of the Commission, as outlined in their research report, **Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use**
- feedback from government agencies, representatives of the Queensland Mental Health and Drug Advisory Council and a project advisory group comprised of government and non-government representatives
- feedback from statewide consultations on the renewal of the Strategic Plan.

Spotlight on stigma

Changing attitudes, changing lives shines a light on the many ways that stigma and discrimination towards people with a lived experience of problematic AOD use pervades our attitudes, behaviours, communities, workplaces, policies, laws and practices.

Feeling included, respected and acknowledged goes a long way towards helping people make positive changes in their lives. It can be the catalyst for reaching out for help and going on to continue to live a contributing and productive life.

Many people generously shared their personal stories to inform Changing attitudes, changing lives. Through interviews and consultation, they poignantly illustrated the effect of the stigma and discrimination they experience, sometimes daily.

For example, one man talked about how he reached the point of seeking help, only to be turned away because it was assumed he was just after a 'hit'.

A young woman who had recovered, described how she was excluded from family celebrations because family members didn't want their children or friends around her.

This report demands we separate the person experiencing problematic substance use from the alcohol or drug itself.

It is up to us, collectively and individually, to confront stigma and discrimination when and where we see it, and to do something to change it.

The Commission will lead four of the 18 options for reform, which includes actions that will examine anti-stigma training and appropriate media responses to alcohol and other drugs issues.

The Commission will continue to actively promote the report's findings across a wide range of stakeholders. Early feedback indicates services are already using the findings to review and improve their own policies and practices.

The report, along with other key policy papers such as Victoria's **Inquiry into Drug Law Reform**, also initiated discussions with stakeholders about the risks and benefits of decriminalisation of illicit drugs for personal use and/or possession, similar to other countries. The Commission will continue this dialogue throughout 2018–19 about the benefits and risks of developing a more supportive legislative framework for people with problematic alcohol or drug use that channels them into a health response, rather than a criminal justice response.

Aboriginal and Torres Strait Islander Queenslanders

During the consultations to develop the **Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Acton Plan 2016–18**, Aboriginal and Torres Strait Islander Queenslanders told the Commission they experience stigma and discrimination relating to negative stereotypes about alcohol and other drug use. The Commission heard that these stereotypes have a profound effect on feelings of self-worth and on their ability to access services.

In early 2018, the Commission engaged ACIL Allen to undertake research in this area. ACIL Allen is partnering with The Seedling Group, an Indigenous-owned organisation that specialises in working with Aboriginal and Torres Strait Islander communities to undertake qualitative research through community consultations and interviews with people with lived experience. It is anticipated the findings will be available in 2020.

Once the findings have been received, the Commission will work with stakeholders to examine options to reduce the impact of stigma and discrimination on individuals, their families and their communities.

Employment

For many people living with a mental health issue, the experience in the workplace is positive, however, evidence indicates this is not always the case. People with mental health issues are much less likely to be employed than other Queenslanders and their experience in the workplace can be negative.

The Commission engaged EYSweeney in 2016 to undertake qualitative research on stigma and discrimination in the workplace and its impact on people's experiences of obtaining and maintaining employment.

In early 2018, EYSweeney provided the Commission with a report of the findings from interviews with 59 people with a lived experience of mental illness, as well as 28 employers, peak bodies and academics. The findings include approaches to reduce employment-related stigma and discrimination and the factors that contribute to a negative or positive experience.

The Commission is considering the report and will consult with relevant agencies to determine options for reforming how workplaces can better support people living with mental illness in Queensland.

Better service integration

Service users' experiences of service integration and referrals

Improving outcomes for people with complex needs can be achieved by improving access to coordinated care and service continuity, through service integration and effective referral pathways.

Research undertaken by CheckUp on behalf of the Commission in 2014–15 found that frontline service providers felt clients not taking up, or not being able to take up referrals was a significant barrier to inter-agency collaboration.

To explore this further, in 2017 the Commission engaged the Institute for Social Science Research (ISSR) at the University of Queensland to undertake qualitative research. The research will focus on the clients' experiences of accessing (or attempting to access) services in Queensland's North West, Central West and South West Hospital and Health Services. The project was supported by a project advisory group consisting of representatives from both government and non-government agencies.

The project, which was completed in June 2018, included interviews with people with a lived experience in the three regions, a systematic literature review on service integration, a policy analysis and a final report that provides options for improving service integration in Queensland.

The findings discuss enablers and barriers to people taking up referrals between services; what individual consumers want, with a focus on meeting their needs holistically; and what good integration and referral processes mean to consumers.

The findings will be used to inform and support the development of options for improved service integration and referral practices throughout Queensland so that people living with a mental illness in Queensland can access the services they need to meet their individual needs.

The Commission also funded the evaluation of the West Moreton Adult Integrated Mental Health Service (Floresco). The Floresco Centre is a multi-agency, cross-sectoral service providing a 'one stop shop' for people with mental illness and their carers. The evaluation aims to build and share evidence about what is working to improve the coordination and integration of clinical and non-clinical community-based services. This is important given little evidence is currently available on successful strategies to integrate services for mental health in Australia. The evaluation and findings will be provided to the Commission later in 2018.

Housing

Safe, secure, affordable housing is critical to the recovery of people experiencing mental illness, mental health difficulties or problematic alcohol and other drug use. The Commission's first Ordinary Report, **Social housing: Systemic issues for tenants with complex needs**, identified ways to enable people living with complex needs to maintain their social housing tenancy.

The Ordinary Report was one of the key contributors to the policy change related the then Anti-social Behaviour Management Policy. The policy change meant that clients were no longer evicted under a 'three-strikes' rule for anti-social behaviour which may have been due to a range of social and emotional issues, including mental illness. A Fairness Charter was introduced, which meant greater consideration was given to individual tenant circumstances, including mental health issues or complex needs.

The Ordinary Report also contributed to the establishment of the Mental Health Demonstration Project. The project is a partnership between the Department of Housing and Public Works and Queensland Health, in collaboration with a range of other government and non-government agencies. It was designed to test a new integrated housing, mental health and welfare initiative to assist people in social housing to sustain their tenancies while managing mental illness and/or related complex needs.

During 2017–18 the Commission supported the project by participating in planning and evaluation activities. The Commission will continue work with the Department of Housing and Public Works and the Department of Health to consider the findings of the project evaluation and to identify the next steps to best support people living with mental illness and related complex needs.

As part of the independent review of the Commission's performance in 2016, the Queensland Public Service Commission recommended an evaluation of the drivers of successful reform arising from the Ordinary Report be conducted. In 2017, KPMG were engaged to undertake this evaluation.

The final report, **Key Drivers for Policy and Practice Change in Social Housing** identified three key drivers of reform:

- robust, quality evidence
- genuine collaboration
- the independent role of the Commission.

The KPMG report was published on the Commission's website in September 2017 and widely promoted. The evaluation outcomes were shared directly with the Minister for Health and Minister for Ambulance Services, relevant government agencies, and Commissions in New South Wales, Victoria, Western Australia, South Australia, and the National Mental Health Commission. The Commission will continue to advocate for and work with government agencies to ensure all people living with mental illness in Queensland have access to the range of services that meet their needs.

National Disability Insurance Scheme

The roll out of the National Disability Insurance Scheme (NDIS) is the culmination of one of Australia's biggest and most complex social service reform agendas. The inclusion of psychosocial disability within it has brought complexities for people living with psychosocial disability, carers, service providers, and the National Disability Insurance Agency (NDIA). In response to sector-wide advocacy—including that undertaken by the Commission—the NDIA is working to improve the operation of the NDIS for people living with a psychosocial disability and the organisations providing related services.

In 2017–18, the Queensland Mental Health Commissioner represented Australia's mental health commissions on the NDIA's National Mental Health Sector Reference Group. Having a strong voice to advocate for people with a psychosocial disability helped ensure the NDIS would effectively deliver outcomes for those people.

The Commissioner's speaking opportunities and a published opinion piece on the NDIS empowered stakeholders to identify areas of innovation and to advocate for improvements to the NDIS. Over the coming years, as the NDIS is rolled out, the Commission will continue to advocate on behalf of Queenslanders living with psychosocial disability.

Key issues we will continue to monitor related to the NDIS for people with a psychosocial disability include ensuring:

- the NDIS is accessible and assessment and planning processes are appropriate
- support packages meet people's needs and aspirations
- people with packages can maintain choice and control, especially where markets are thin, such as in rural and remote areas.

Importantly, the Commission is aware that a proportion of people living with severe and persistent mental illness will not be eligible for an NDIS package. It is vital for these people to continue to have access to essential community-based psychosocial supports. The Commission will continue to advocate for and work with governments to ensure all people living with mental illness in Queensland have access to the range of services that meet their needs, goals, aspirations, and inclusion in a just society.

Supported decision-making

As the NDIS rolls out, effective support for decision-making is becoming increasingly important for people with cognitive impairments or intellectual disability. Under the NDIS, people and their families should have more choices about the services and supports they receive and greater control over their lives—and this requires a range of decisions to be made.

The Commission continued to support an Australian Research Council (ARC) Linkage grant, Effective decision-making support for people with a cognitive disability, being led by Professor Christine Bigby and Professor Jacinta Douglas from La Trobe University.

The research is developing an evidence-based practice framework, which will include a set of resources to guide supporters. These resources are being trialled in Queensland, New South Wales and Victoria. The Commission actively supported the recruitment of participants to the trials.

The four-year project is in its third year and is due for completion in 2019–20.

Human rights

Human rights belong to everyone and are fundamental to supporting recovery of people living with mental health problems, mental illness and problematic alcohol and other drug use. These rights include, but are not limited to, the right to respect and dignity as an individual, prohibition of inhuman or degrading treatment, and equitable access to health care of appropriate quality. The Commission maintained its advocacy for reforms that strengthen human rights protections, particularly for vulnerable Queenslanders.

We have continued advocacy for the introduction of a human rights act in Queensland, most recently identified as an option for reform in the report, **Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use**. The Commission is encouraged by the Queensland Government's recent commitment to introduce a human rights act for Queensland.

Australia's ratification of the **Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment** (OPCAT) in December 2017 is an important step forward for protecting the human rights of people in places of detention—including those in closed psychiatric units and institutions. OPCAT, through the establishment of a preventative-based inspection mechanism, will require Australia to introduce regular inspections of all places where people are deprived of their liberty. The Commission contributed to a joint submission from the National Mental Health Commission to the Australian Human Rights Commission on the domestic operation of OPCAT. The work of the Commissions ensured the experiences and perspectives of people in locked mental health wards are being considered in the implementation of OPCAT. The Commission will continue to be involved in discussions related to Queensland's implementation of the required inspection mechanisms.

Mental health law reform is an area of significant focus for the Commission and we work closely with the Office of the Public Guardian, the Office of the Public Advocate and Queensland Health to advocate for and uphold the rights of involuntary mental health inpatients, and consumers subject to seclusion and restraint.

The Commission supported the Office of the Chief Psychiatrist, Department of Health, to deliver a community forum in Brisbane to evaluate the implementation process for the *Mental Health Act 2016*. The forums captured the views of stakeholders, including people with a lived experience, on how the objectives and principles of the new legislation had been applied after 12 months of operation. The Commission will continue to work with the Department of Health and other government agencies to monitor and evaluate the Act's operation.

In keeping with driving evidence-based reform, the Commission commenced a two-year research project to investigate and analyse the effectiveness and practical application of the human rights protections.

The research will focus on:

- to what extent processes have been implemented to protect the human rights of people who receive involuntary treatment in hospital and community settings as provided in the *Queensland Mental Health Act 2016*
- how these processes compare to other Australian states and territories
- stakeholders' experiences of how these processes are working in practice
- consumers' experiences of human rights protection under the *Queensland Mental Health Act 2016*.

The findings will inform the ongoing evaluation of the *Mental Health Act 2016*.

Regular and ongoing dialogue to discuss restrictive practices and safe mental health inpatient wards has also been established between the Queensland Mental Health Commissioner, Queensland's Chief Psychiatrist, the Executive Director of the Mental Health, Alcohol and other Drugs Branch, the Public Advocate, and the Public Guardian.

Discussion continued to examine how to implement responses to the Commission's **Options for Reform: Moving towards a more recovery-oriented, least restrictive approach in acute mental health wards including locked wards** report. The report found the issue of locked wards is complex: that acute mental health wards may need to be locked at times to ensure the safety of everyone, and that decisions about locking wards should be made locally on objective criteria that are clearly explained to consumers.

Health system performance

Lived experience workforce development

Including people with lived experience as active participants in shaping mental health policy, programs and services will build a more responsive system focused on delivering the best possible outcomes.

In 2016, the Commission engaged Dr Louise Byrne, lecturer in Lived Experience Mental Health at Central Queensland University to undertake a research project examining the barriers and enablers to the employment of people with a lived experience into the mental health workforce. The research focused specifically on understanding the perspectives of executive and senior managers of mental health services.

The Commission published the final report, **Identifying barriers to change: the lived experience worker as a valued member of the mental health team**, in October 2017. It outlines key challenges, issues and concerns the lived experience workforce is facing, including organisational culture, role clarity, support and supervision, and career pathways.

The Commission recently engaged Dr Louise Byrne to work with a group of peer workforce leaders on the development of a lived experience workforce framework for use at both the system and organisational levels in Queensland to increase the opportunities for people with a lived experience to participate in the mental health workforce.

The framework is due for completion late 2019.

Improving outcomes from first responders

The Commission continued its partnership with Queensland Health, Queensland Police Service and Queensland Ambulance Service to identify and promote ways for first responders to work more effectively together. The focus of this work is to improve outcomes of interactions for people with a mental illness or experiencing a mental health or alcohol and/or other drug related crisis, when they come into contact with frontline police, ambulance and health workers.

The majority of interactions do not result in violence; however, if a situation escalates, the impact can be significant: not only on the person living with a mental illness, or in crisis, but also on frontline workers. This was the case, in separate incidents between August 2013 and November 2014, when officers from the Queensland Police Service, while acting in the course of their duties, fatally shot five men who were experiencing mental illness.

The **State Coroner held inquests into the five deaths and released recommendations** on 20 October 2017. To make interactions safer for everyone, including first responders, the Coroner recommended further improvement of existing training for police officers in communication, de-escalation, exchange of information and mental health. The Coroner also recommended a comprehensive review of the Mental Health Intervention Project with a focus on establishing full-time dedicated mental health intervention coordinators in each police district and region. The Coroner suggested extending the hours of operation for mental health clinicians working within the Brisbane Police Communication Centre to 24 hours a day, seven days a week.

The **Queensland Government released a response to the Coroner's recommendations** in July 2018.

In October 2017, the Commission published, **Improving outcomes from police interactions: A systemic approach options paper**. The options outlined in this paper to improve first responders' interactions include training in mental health, better information sharing and cooperation, and involving families, carers and support people in the response, if possible. These options are supported by Queensland Health, Queensland Police Service and Queensland Ambulance Service.

In developing the options paper, the Commission considered international and national evidence on what works, the nature of police interactions in Queensland, and models being implemented to improve the experiences of people living with mental illness, their support people, and frontline police, ambulance and health workers.

The Commission will publish a progress report on the implementation of the options in October 2018.

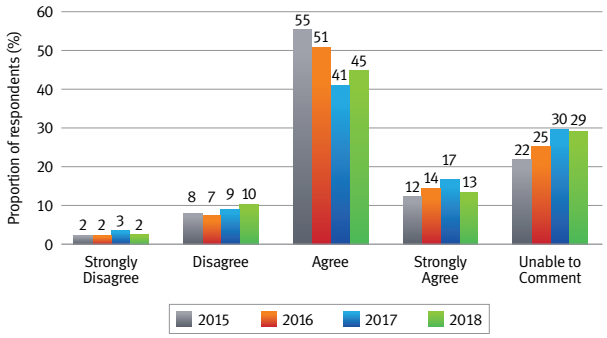
Significant reforms, such as improving Queensland's first responder system requires strong commitment, a combined effort and strong partnerships across government agencies. The Commission believes the continuation of existing efforts from Queensland Health, Queensland Police Service and Queensland Ambulance Service, together with the implementation of the Queensland Government's response to the Coroner's recommendation, and the options outlined in the options paper, will lead to safer interactions between people in crisis and first responders.

Stakeholder views

This graph reflects a consistently positive view that the work undertaken by the Commission is well targeted and effective over the last four-year period.

Stakeholder views on whether the Commission responds to emerging issues and trends

"The research, review and evaluation work the QMHC is commissioning helps identify and respond to current and emerging issues and trends."



awareness

We facilitate and promote mental health and wellbeing awareness, as well as prevention and early intervention activities through whole-of-government and whole-of-community action.

+ promotion

This is achieved by working with government and non-government partners to:

- undertake whole-of-government planning in the areas of mental health promotion, prevention and early intervention
- improve public awareness and understanding of common mental health issues
- promote early detection and help-seeking for mental illness and problematic substance use
- minimise stigma associated with mental health, alcohol and other drug use
- reduce suicide and its impact on Queenslanders.

Mental health and wellbeing capacity building

In 2017–18, the Commission continued its partnership with Maudsley International to deliver the Mental Health and Wellbeing Capacity Building Project. The project aims to build mental health and wellbeing awareness, as well as the knowledge and skills of stakeholders across the community, non-government and government sectors, using two internationally recognised frameworks:

- Wheel of Wellbeing (WoW) framework—for understanding and promoting the six universal themes associated with good mental health and wellbeing: body, mind, spirit, people, place and planet.
- Mental Wellbeing Impact Assessment—a systematic approach to assessing and identifying ways to improve and minimise risks to mental health and wellbeing in policies, programs, services, and projects.

This work focused on supporting the Commission's Regional Mental Health and Wellbeing Hubs and building capacity in the education sector. This resulted in the training of seven WoW advanced practitioners and an estimated 120 WoW practitioners, and delivery of 210 WoW workshops across the state since the inception of the project in 2014–15.

2017–18 highlights include:

- WoW advanced practitioners delivered an eight-session WoW Do-it-Yourself Happiness program, provided mentoring and support to other WoW Practitioners, and contributed to the promotion and development of statewide WoW capacity.
- 39 participants undertook WoW intensive training to become accredited practitioners, enabling them to deliver one-day WoW workshops, as well as incorporate the framework into their work. As part of accreditation, the trainees conducted seven one-day WoW workshops in communities across Queensland, with more planned in the second half of 2018.
- The Commission established the WoW Support Program through Relationships Australia (Queensland) to support the further expansion, quality and sustainability of WoW capacity in Queensland. This will include further expansion of WoW into the education, neighbourhood, community services and health sectors, developing program manuals, and improving access to WoW resources and networks of practice.

The regional mental health and wellbeing hubs initiative

The Commission continued to partner with local communities to deliver its Regional Mental Health and Wellbeing Hubs initiative. The initiative seeks to improve the mental health and wellbeing of individuals and communities by increasing awareness of mental health and wellbeing, building capacity to promote mental health and wellbeing, and coordinating local wellbeing activity.

Three hubs, Logan, Central Queensland and Far North Queensland, are now operating, each taking its own approach developed in consultation with the local community and with statewide support from the Commission. Each hub continues to use the Wheel of Wellbeing (WoW) framework as an integral part of practice. Hubs personnel undertook WoW advanced practitioner training in 2017–18, enabling them to implement the eight-session Do-it-Yourself Happiness (DIYH) program.

Highlights of the mental health and wellbeing hubs this year include:

- Logan Hub—hosted by Relationships Australia (Queensland), focused on supporting a community of practice and professional network meetings in the Logan region, and the co-facilitation of WoW and DIYH program with partner community organisations, family and neighbourhood centres and a local school. In the Southern Moreton Bay Islands community, WoW workshops were held and WoW principles were incorporated into local events such as the Thrive by the Bay Festival.
- Central Highlands Hub—hosted by CentacareCQ, focused on consolidating satellite hubs and action plans in Blackwater, Capella, Springsure and the Gemfields, as well as expanding into the Isaac region. WoW capacity building in the region resulted in five local people able to deliver WoW one-day workshops, and two WoW advanced practitioners who can deliver the DIYH program. The hub raised awareness of WoW through the Queensland Rural Regional and Remote Women's Network Conference and Channel Country Ladies Day.
- Far North Queensland Hub—hosted by CentacareFNQ, was established in January 2018. The hub focused on initial scoping and identification of government, non-government and community agencies, providers, networks and partners in Cooktown and the Tablelands to build mental health and wellbeing capacity in these locations. A WoW intensive was held in March 2018, enabling 15 hub members to deliver one-day WoW workshops in their local communities.

In early 2018, Griffith University were appointed to evaluate the hubs initiative and are expected to report its findings in early 2019. The evaluation will examine the extent to which the initiative is achieving its intended outcomes, explore how the achievements can be sustained beyond the life of the initiative, and identify lessons for future place-based capacity building programs.

Mental health awareness

The Commission continued to support *beyondblue* Australia-wide in its approach to improving community awareness, understanding and responses to depression and anxiety and suicide with a contribution of $645,000 on behalf of the Queensland Government.

From July to December 2017, *beyondblue* reported:

- 9,060 people in Queensland contacted the *beyondblue* Support Service, which offers free advice and counselling from trained mental health professionals
- the *beyondblue* moderated online peer forums were accessed by 105,834 people in Queensland seeking advice and support from others with similar experiences with depression, anxiety and suicide
- more than 390,000 visitors from Queensland accessed *beyondblue* digital tools and online information designed to empower people to look after their mental health, and offer pathways to help for depression, anxiety and suicidal thinking
- there was an 11 per cent increase in visitors from Queensland to the *beyondblue* website, compared to the previous reporting period
- 145,732 Queensland visitors accessed the national 'Know when anxiety is talking' campaign that aims to help people recognise and take positive action on anxiety. 18,412 Queenslanders completed an anxiety checklist through the *beyondblue* anxiety microsite (a significant first step in getting support)
- 898 education settings in Queensland were participating in *beyondblue*'s KidsMatter and Mindmatters initiatives
- workplaces in Queensland engaged with the Heads Up program to improve employee satisfaction and workplace productivity through mentally health workplaces, with 41,017 visits and 28,024 unique visitors to the *beyondblue* website by Queenslanders
- more than 2,000 Queenslanders heard from a *beyondblue* speaker or ambassador with a lived experience of depression, anxiety or suicide at 67 speaking events held in Queensland.

The Commission is an observer on the *beyondblue* Board and has regular meetings with *beyondblue* to ensure Queensland achieves maximum benefits from its funding contribution.

Ed-LinQ renewal

The Commission continued its involvement in the renewal of the Ed-LinQ initiative through its membership on the Ed-LinQ Governance Committee, chaired by the Children's Health Queensland Hospital and Health Service.

The Queensland Ed-LinQ initiative aims to improve psychological, social and educational outcomes for children and young people through:

- strengthening early detection and collaborative management of mental health issues affecting school-aged children and young people
- enabling improved access to mental health consultation, assessment, information and training opportunities, and
- facilitating a strategic approach for collaboration and integration between the primary care, mental health and education sectors.

The Ed-LinQ initiative was expanded under **Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health and, alcohol and other drug services**. As a member of the Ed-LinQ Governance Committee, the Commission continues to advocate for strengthening the Ed-LinQ model as a partnership approach between the health and education sectors.

Ed-LinQ Workforce Development Program

Since 2013, the Commission contributed to the effective operation of the Ed-LinQ initiative through funding of the statewide Ed-LinQ Workforce Development Program.

The program offers complementary two-day workshops to enable organisations in the health, education and community sectors who provide services to students experiencing mental health problems to work collaboratively for better student outcomes.

In 2017–18, nine two-day workshops were held (delivered through PD Plus Pty Ltd):

- two workshops on non-suicidal self-injury in adolescents in Toowoomba and Mackay
- two anxiety workshops in Emerald and Bundaberg
- four diversity workshops in Redcliffe, Roma, Cairns and the Gold Coast
- one mood disorders workshop at Ipswich.

Evaluations gathered from workshop participants reveal a high level of satisfaction, value and continuing demand for the program. Data indicates the program contributes to the improved knowledge, skills and confidence in the management of children and young people experiencing, or at risk of anxiety, non-suicidal self-injury or mood disorders.

The Commission funded the workforce program until 31 December 2017, when responsibility for it was transferred to the Queensland Department of Health's Mental Health, Alcohol, and other Drugs Branch to be realigned with the Ed-LinQ enhancement occurring under **Connecting care to recovery**.

Supporting evidence-based suicide prevention

The Commission continued to fund the maintenance and development of the Queensland Suicide Register through an annual $250,000 funding agreement with the Griffith University's Australian Institute for Suicide Research and Prevention (AISRAP).

The Queensland Suicide Register is a comprehensive register of all suicide deaths in Queensland since 1990, and is used to highlight the nature and key trends in suicide in Queensland, and identify opportunities and implications for suicide prevention.

During the year, Griffith University used the suicide register to contribute to four research publications and provide advice and data to government and community partners on 17 occasions. Griffith University publishes a major overview of suicide in Queensland every three years, the most recent of which was published in December 2016.

The Commission and Griffith University consulted with Hospital and Health Services, Primary Health Networks (PHNs) and government agencies, to better understand the suicide data and information needs of stakeholders.

The consultations identified opportunities to enhance the use of suicide data through, for example, addressing gaps in data, increasing the frequency of reporting, reducing the lag in reporting, increasing the availability of regional data, and placing greater focus on implications for prevention.

Griffith University is currently working with the Commission and other key data custodians to improve timeliness, accessibility and relevance of reporting from the Queensland Suicide Register in response to the consultations.

Suicide prevention in culturally and linguistically diverse communities

The Commission engaged Health Outcomes International to review resources and training available to support suicide prevention in culturally and linguistically diverse (CALD) communities. The review found:

- there are limited CALD-specific mental health and suicide services, resources and training in the community
- there are high levels of stigma and taboo surrounding mental illness and suicide in CALD communities
- people of CALD background have trouble accessing bicultural workers and interpreters
- there is a lack of cultural capability among mainstream providers.

During 2017–18, in response to the review, the Commission and the Queensland Transcultural Mental Health Centre began to design a program of work to improve access to suicide prevention resources and training for CALD communities, and reduce mental health and suicide-related stigma.

This work is likely to include adapting existing resources for use in CALD communities, making resources available through established CALD-focused channels, developing a suicide prevention training program for CALD communities, and hosting training for CALD networks and ethnic media.

Trialling a place-based approach to suicide prevention

During 2017–18, the Commission continued its collaboration with the Western Queensland Primary Health Network (PHN) to design a place-based approach to suicide prevention in the Maranoa Region.

This project builds on previous work undertaken by KBC Australia and RHealth to consult the community and scope a place-based approach to suicide prevention in the region.

In response to the consultations, RHealth developed a proposal for a more integrated and coordinated approach to suicide prevention in the region. The proposal seeks to improve:

- collaboration between the existing key agencies and services
- shared understanding of contemporary frameworks for suicide prevention
- coordination of efforts to promote community and individual resilience
- ability to recognise and respond to people who are vulnerable to or at risk of suicide.

The proposal is being considered by Western Queensland Primary Health Network (PHN) and the Commission, with a view to establishing a trial, by the end of 2018.

Aboriginal and Torres Strait Islander wellbeing

Cultural, social and emotional wellbeing

Since 2013, the Commission has supported the Cultural, Social and Emotional Wellbeing pilot program in the communities of Kuranda and Cherbourg. The pilot program was based on the research findings from the National Empowerment Project that identified empowerment, healing and leadership programs are an effective way for Aboriginal and Torres Strait Islander peoples to begin to address the sense of powerlessness and disconnection from cultural, social and emotional wellbeing as a result of historical and social determinants.

The Commission provided funding to the Ngoonbi Community Services Indigenous Corporation to work with community members to implement and manage the pilot program.

The aim of the pilot program was to build community capability and strengthen the cultural, social and emotional wellbeing of Aboriginal and Torres Strait Islander people in the two communities.

As part of our commitment to the pilot, the Commission supported community members to complete a Certificate IV Mental Health (Non-clinical), Mental Health First Aid training, Australian Indigenous Leadership Centre Leadership Training, and Mental Health First Aid training, and the Cultural Social and Emotional Wellbeing programs.

These programs supported community members to improve their personal wellbeing and to act as role models for others in their community.

Community members who participated in the program reported improved self-confidence, an increased understanding of, and commitment to, their own health and wellbeing and that of their children and families. This extends to also being inclusive of the community's overall health and wellbeing.

When the pilot ended in December 2017, the Commission supported the Ngoonbi Community Services Indigenous Corporation over a three-month period to transition to new funding arrangements.

National leadership

The National Aboriginal and Torres Strait Islander Leadership in Mental Health group includes Indigenous leaders in mental health, social and emotional wellbeing and suicide prevention. The group provides advice and leadership in these areas and aims to reduce the high rates of suicide among Aboriginal and Torres Strait Islander people.

The Commission has played a key role in supporting the group since 2014, and in 2017–18, the Commission provided more than $25,000 to support the group. The Commission also supported Queensland Mental Health and Drug Advisory Council members, Ms Samantha Wild and Dr Mark Wenitong to participate in the group and attend a two-day workshop in Sydney on 12–13 December 2017 to discuss implementation of the Gayaa Dhuwi (Proud Spirit) Declaration.

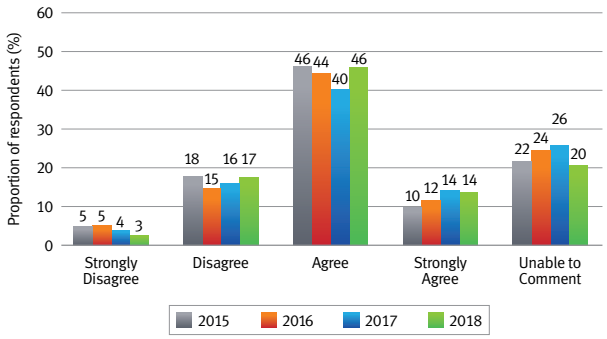
The Gayaa Dhuwi (Proud Spirit) Declaration has been recognised within the **Fifth National Mental Health and Suicide Prevention Plan** as providing a platform for governments to work collaboratively to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait islander peoples.

Stakeholder views

Stakeholder views on whether the Commission's work increases community awareness, while reducing stigma and discrimination

A continuing positive result, indicating the Commission is targeting appropriate work in this area.

"The promotion and awareness work being undertaken by the QMHC is increasing community awareness and reducing stigma and discrimination."



engage

The Commission works to engage and enable others to foster an inclusive and responsive mental health and alcohol and other drugs system that:

- promotes opportunities for people impacted by mental health issues, alcohol and other drugs, or suicide to contribute to reform
- takes into account the views, needs and experiences of groups at-risk of marginalisation and discrimination, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and people with complex needs
- builds collaborative partnerships as agents for change
- supports the Queensland Mental Health and Drug Advisory Council
- promotes opportunities to share knowledge.

+ enable

Lived experience engagement and leadership

The Commission continues to focus on engagement with people with a lived experience, their families, carers and support people in the mental health and alcohol and other drugs sectors. People with a lived experience are central to contemporary mental health reform, and involving them at all levels of planning, delivery and evaluation leads to improved outcomes, more effective services and reduced stigma and harm.

The Commission engaged people with a lived experience of mental health issues, problematic alcohol and other drug use and suicide during the consultation process for renewal of the whole-of-government Strategic Plan.

In 2017, the Commission developed and disseminated a discussion paper, **Engaging people with a lived experience: Renewed priorities** and held a series of lived experience forums in eight locations across the state to inform renewal of the Strategic Plan. Targeted consultation with people with a lived experience was also undertaken in relation to three action plans across the topics of mental health promotion, prevention and early intervention; suicide prevention, and alcohol and other drugs. This engagement will lead to the renewed strategic plan reflecting the need for people with a lived experience to be equal partners in decisions about the kind of support, interventions and services that meet their needs and long-term recovery goals. The renewed strategic plan will acknowledge that the system of care be more person- and family-centred, easier to access and navigate, and respond to the needs of the whole person.

In early 2018, the Commission contributed to Queensland Health's Mental Health Consumer and Carer Representation in Queensland Project. This project aims to identify and determine a contemporary and sustainable model of support and to strengthen the collective voice and experience of mental health consumers and carers in Queensland. The Commission supports this project and the opportunities it will bring to embed lived experience co-design and perspectives in system- and policy-level reform.

Lived experience workforce

The Commission is committed to supporting the development of a workforce of professionals with lived experience of mental health issues, suicide, and problematic alcohol or drug use, and to promoting the value and unique role they play in recovery-oriented services.

In 2016, the Commission engaged Central Queensland University to undertake research to identify the key barriers and enablers to lived experience workforce development in government and non-government mental health services. The lead researcher was Dr Louise Byrne, a lived experience academic. The research project explored executive and senior management perspectives on the lived experience workforce, with an emphasis on why organisations embraced lived experience workers to greater or lesser degrees.

The Commission published the final report, **Identifying barriers to change: the lived experience worker as a valued member of the mental health team** in October 2017. The report outlines key challenges, issues and concerns that the lived experience workforce is facing, including organisational culture, clarity of roles, support and supervision, and the importance of career pathways.

This research resulted in a further project to develop a lived experience workforce framework for use at both the system and organisational levels in Queensland. The Commission re-engaged Dr Louise Byrne to work with a group of workforce leaders on the development of the framework. The framework will provide organisations with an understanding of current state and federal government requirements for consumer engagement and participation, and how some of this can be achieved through building the lived experience workforce. It will also provide resources for designing position descriptions, recruitment processes, change management and organisational preparation, and access to evidence-based research to further the case for inclusion of more lived experience roles in the mental health workforce. This project is due for completion in mid-2019.

This work sits in the context of the commitment made by Queensland Health in **Connecting care to recovery** to enhance the capacity and capability of the mental health, alcohol and other drug workforce, including creation of a peer workforce development plan.

The National Mental Health Commission also funded a feasibility study into the establishment of a member-based organisation for the peer workforce in Australia. This work, being led by the Private Mental Health Consumer Carer Network (Australia) and the National Mental Health Consumer and Carer Forum, will consolidate the efforts across the mental health and suicide prevention sectors.

Stretch2Engage: best practice principles for service engagement

The Commission continued to work in partnership with the Queensland Alliance for Mental Health, the Queensland Network of Alcohol and other Drug Agencies (QNADA), Enlightened Consultants, Queensland Health and Hospital and Health Services to progress plans to pilot and evaluate the **Stretch2Engage Service Engagement Framework for Mental Health and Alcohol and other Drug Services** in a number of mental health and alcohol and other drug services in Queensland.

Stretch2Engage provides a framework for increasing and improving engagement in the mental health, alcohol and other drug, public and non-government sectors. It defines engagement as the processes and techniques organisations employ to involve people using services, their families, carers and friends in the design or redesign of their services.

The Stretch2Engage framework acknowledges engagement of people with a lived experience, their families and carers as a human right that is fundamental to citizenship. It recognises engagement as important (in its own right), while acknowledging the benefits to services that engage effectively.

The core concept underpinning this framework is the need for services to take a different approach to engagement.

The pilot and evaluation will commence in mid-2018 and the findings and engagement tools will be shared publicly with a view to assisting service providers embed lived experience engagement as part of core business.

National representation

The National Mental Health Consumer and Carer Forum (NMHCCF) facilitates the engagement of people with a lived experience of mental illness and carers through a national forum. It provides the opportunity for people with a lived experience of mental illness and carers to foster partnerships and to ensure lived experience voices and perspectives are heard at a national level. Forum members contribute to a range of activities across the mental health sector—including policy, service delivery and evaluation of reform—to improve people's quality of life.

Since 2014, the Commission has provided annual funding to Mental Health Australia to support the forum's operations. The Commission also supports Queensland's representatives on the NMHCCF, by providing advice, information and guidance, where required. In February 2018, Mr Noel Muller and Mr Peter Dillon retired from the Queensland consumer and carer positions, respectively. The contributions of Mr Muller and Mr Dillon are acknowledged and appreciated.

In February 2018, the Commission appointed Ms Tanya Kretschmann from Rockhampton as the consumer representative and Ms Cheryl Rudorfer from Bundaberg as the carer representative. Both representatives attended their first NMHCCF in March 2018, enabling Queensland voices and perspectives to be heard at a national level.

On 27 March 2018, Ms Cheryl Rudorfer retired from the Queensland carer position. The Commission commenced a targeted recruitment process in May, with a new appointment to be announced later in 2018.

The Commission is working with key stakeholders and the NMHCCF Queensland representatives to strengthen connections and Queensland's contribution to this important forum.

Queensland Mental Health and Drug Advisory Council

The Queensland Mental Health and Drug Advisory 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 alcohol or other drug issues, either on its own initiative or at the Commission's request
- make recommendations to the Commission regarding the Commission's functions.

Council meetings

The Council meetings were held in a variety of community settings, to enhance Council's connection and partnerships with local frontline service providers and community leaders. In 2017–18, the Council met four times in the following locations:

- 15 September 2017—Access Community Services Limited, Logan
- 10 November 2017—Mental Illness Fellowship Queensland, Herston
- 16 March 2018—Queensland Mental Health Commission, Brisbane
- 18 May 2018—Queensland Aboriginal and Islander Health Council, South Brisbane.

The Council agreed to hold several of its 2018–19 meetings in regional centres. This approach supports Council members' understanding of regional mental health and wellbeing issues and strategies, and expanding its capacity to provide advice to the Commission.

Several networking events were convened to coincide with the 2017–18 Council meetings. These events provided an opportunity for Council members and Commission staff to meet with community leaders, and non-government and government service providers to hear their views on how to achieve better mental health and wellbeing outcomes in their local area.

The Council meetings were focused on the following issues:

- the renewal of the Strategic Plan
- vision for the future direction of the Commission
- implementation of the new *Mental Health Act 2016*, particularly the introduction of Independent Patient Rights Advisors
- mental health and national security
- foetal alcohol spectrum disorders
- implementation of the government's response to the Barrett Adolescent Centre Commission of Inquiry recommendations
- the cross-sectoral capacity building in mental health and wellbeing, including the work occurring through the Commission in partnership with Maudsley International with the Wheel of Wellbeing
- its role and function.

Communiques from each of the Council meetings are published on the Commission website at **www.qmhc.qld.gov.au**.

Council meeting discussions were enhanced by inviting subject matter experts to speak to specific agenda items. The participation of guest presenters enhanced Council's understanding of some key issues and enabled meaningful discussion.

The following guest speakers are acknowledged for their contributions:

- Mr Scott James, Statewide Coordinator, Independent Patient Rights Advisors Network, Queensland Health, who provided an overview of the functions and future directions of the Independent Patient Rights Advisors (IPRAs) appointed under the *Mental Health Act 2016*
- Ms Jeannine Kimber and Ms Katherine Moodie, nominated by Health Consumers Queensland, who shared their experiences as carer and consumer representatives on the Barrett Adolescent Centre Commission of Inquiry Implementation Steering Committee
- Mr Tony Coggins, Lead Associate, Maudsley International, who updated the Council on the Mental Health and Wellbeing Capacity Building Project.

In the absence of an appointed Chair and Deputy Chair, and in accordance with the Act, the Council chose one of its members to preside. Members nominated Professor David Kavanagh to chair the Council meetings held in September and November 2017 and March 2018. The Council meeting held in May 2018 was chaired by the newly appointed Deputy Chair, Ms Gabrielle Vilic.

The Queensland Mental Health Commissioner attended the Council meetings, as required by the Act.

The Commission provided secretariat support to the Council throughout 2017–18.

Work of the Council

While the Council did not make any formal recommendations to the Commission during 2017–18, members contributed to the Commission's work by:

- providing feedback on the Commission's two discussion papers released for public comment: **A renewed plan for Queensland**; and **Engaging people with a lived experience: Renewed priorities**
- participating in the community consultation forums and roundtables
- promoting the community consultation forums and the discussion papers in their local communities, and within their sectors
- providing feedback on the proposed key concepts for the renewed strategic plan.

Council were also represented on the following Commission project advisory groups:

- Human rights protection frameworks for people being treated involuntarily for a mental illness
- the Commission's work in identifying effective ways of reducing stigma and discrimination that has a negative impact on the mental health and wellbeing of people experiencing problematic alcohol and other drug use
- service-user experiences of service integration and referrals.

Council remuneration

Council remuneration is 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**. Under this policy, the Council Chair receives an annual fee of $4000 and the Deputy Chair and members receive $2500 annually.

Membership

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

The position of Council Chair was vacant from 4 October 2016, and the Deputy Chair from 23 February 2017.

On 3 April 2018 the Minister approved the appointments of Professor David Kavanagh as the new Chair; and Ms Gabrielle Vilic as the Deputy Chair, along with Professor Robert Bland, Associate Professor Brett Emmerson, Ms Karlyn Chettleburgh, and Ms Sue Scheinpflug as four new members.

The new appointments ensure the Council membership provides diverse representation and has expanded to include the Primary Health Networks (PHNs) and Hospital and Health Services.

The current membership and meeting attendance are listed in table 1. Member profiles are available on the Commission's website at **www.qmhc.qld.gov.au**.

Table 1: *Queensland Mental Health and Drug Advisory Council meeting attendance*

Council member	Meetings held	Meetings attended
Members whose term continued during 2017–18		
Professor David Kavanagh* *(Chair)*	4	3
Mr Jeremy Audas	4	4
Ms Janice Crosbie	4	3
Ms Kerrie Keepa	4	3
Ms Emma Kill	4	3
Ms Martina McGrath	4	4
Mr Hamza Vayani	4	4
Dr Mark Wenitong	4	3
Ms Samantha Wild	4	2
Ms Jane Williams	4	3
Members whose terms commenced in 2017–18		
Ms Gabrielle Vilic *(Deputy Chair)*	1	1
Professor Robert Bland	1	0
Ms Karlyn Chettleburgh	1	1
Associate Professor Brett Emmerson	1	1
Ms Sue Scheinpflug	1	1
Ex officio		
Mr Ivan Frkovic *(Mental Health Commissioner)*	4	4

** Professor Kavanagh was appointed a member of the Council from 19 May 2016 to 23 February 2019; and appointed as the Council Chair from 3 April 2018 to 23 February 2019.*

Partnerships and collaboration

Improving the mental health and wellbeing of Queenslanders requires the Commission to work across a wide variety of sectors and with many stakeholders. The collective impact of these relationships can bring about reform and better outcomes for all Queenslanders, including those living with a mental illness and problematic alcohol and other drug use and people affected by suicide.

Mental Health Commissions

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

The MOU establishes the 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.

During 2017–18, the Queensland Mental Health Commission hosted two meetings with all Commissions: a two-day meeting between the Commissioners, held in April 2018, primarily focused on the Commissions' individual priorities and opportunities for future collaboration; and a one-day meeting between the Commissions' second-tier leaders, held in February 2018, which centred on knowledge sharing and the Commissions' collective priority issues.

As a result of the MOU and regular meetings, the Mental Health Commissions across Australia are more collaborative in their approach to reform, highlighted in the following collective impact activities:

- joint submissions to two Senate Inquiries—**Accessibility and quality of mental health services in rural and remote Australia**; and **The role of Commonwealth, state and territory governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers**
- collaboration on two projects led by the National Mental Health Commission—the Housing, Homelessness and Mental Health project; and the Best Buys project, which looks at the economics of mental health promotion and prevention
- collaboration on a NSW Mental Health Commission project to review headline indicators to monitor mental health reform. The use of data and indicators to measure impact is an ongoing challenge for commissions. This project will help the commissions take a shared approach to measurement
- collaboration on the joint National Mental Health Commission's submission to the Australian Human Rights Commission on the domestic operation of OPCAT.

Queensland Hospital and Health Services

The Commissioner met with the Hospital and Health Services Board Chairs on 6 September 2017 and 13 March 2018 to consult on the renewed Strategic Plan. The Commissioner focused on identifying a shared responsibility and mutual interests in the areas of mental health, problematic alcohol and other drug use and suicide prevention across Queensland. Board Chairs were also updated on what the Commission heard during consultations to renew the Strategic Plan.

The Commission will continue to work in collaboration with Queensland Hospital and Health Services to implement the renewed strategic plan, and plan and deliver community- and hospital-based mental health, alcohol and other drug services, and services for people impacted by suicide.

For more information, refer to the **Protocol supporting collaboration between the Queensland Mental Health Commission and Queensland Hospital and Health Services.**

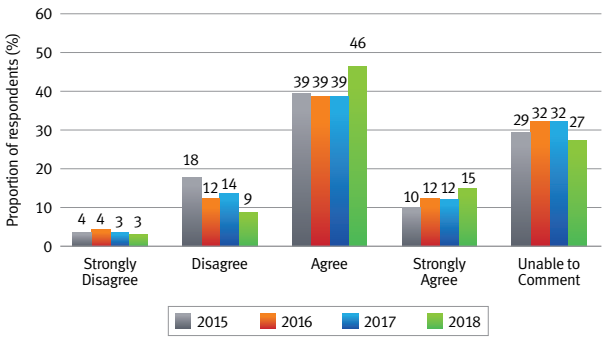
Stakeholder views

There was a significant increase in the 2018 respondents who 'Agree' or 'Strongly Agree' the Commission is improving collaboration across sectors, from 51 per cent in the previous year up to 61 per cent.

Stakeholder views on strengthening cross-sectoral collaboration

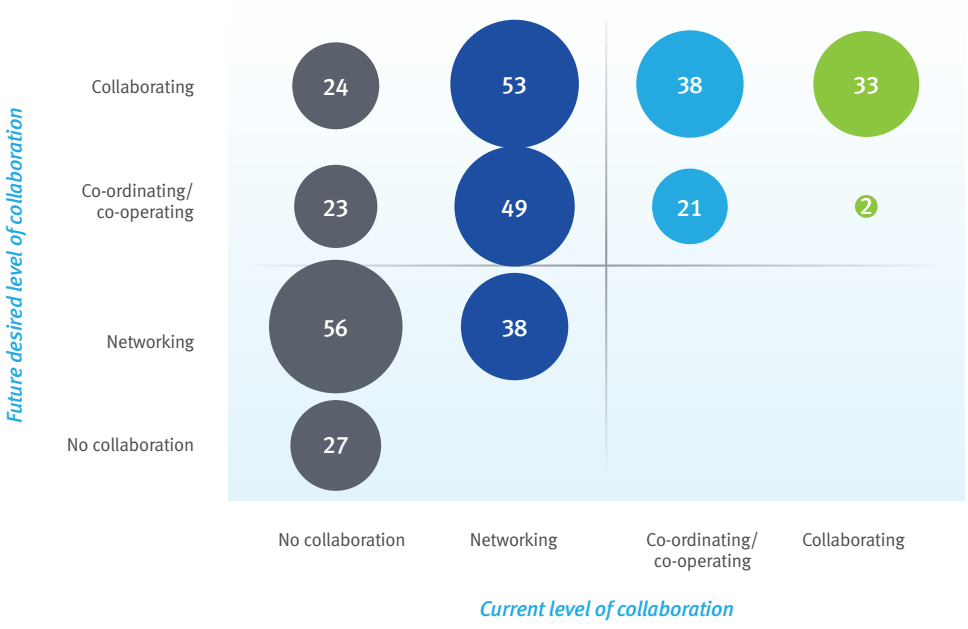
This graph suggests stakeholders view working with the Commission will be key to their own and the sector's future success (irrespective of current levels of collaboration). With only 10 per cent reporting being at a level of 'Collaborating' with the Commission, continuing and increased engagement will be essential to meet stakeholder expectations.

"The QMHC is helping to improve collaboration across sectors (e.g. between health and justice, education, community etc)."



Stakeholder views on perceived versus desired levels of collaboration

Perceived current level of collaboration with QMHC versus future desired level of collaboration.



Participation and knowledge sharing

Engaging and communicating with stakeholders and the community is an essential component of our work. We do this in a variety of ways, such as inviting participation in our consultations, activities and initiatives, and by sharing information and seeking feedback through our communication channels.

During 2017, we continued to engage stakeholders through involvement in community awareness events; sponsoring events that promote knowledge sharing, participation and further the Commission's reform agenda; and publishing information about the Commission's activities through our eNews, website, social media accounts and media releases.

Community awareness

One of the Commission's roles is to take a lead on supporting promotion, awareness and early intervention. We do this by supporting initiatives that promote community awareness of mental health and wellbeing, increase community understanding of mental illness, and reduce stigma and discrimination. Queensland Mental Health Week and World Suicide Prevention Day are the two major community awareness events we support that contribute to achieving this objective.

Queensland Mental Health Week

Queensland Mental Health Week 2017 was held from 8 to 14 October, and incorporated World Mental Health Day on 10 October.

To help extend the week's reach, the Commission introduced a community event grant program in 2017, providing $88,600 in grants to 44 community groups around the state. The grant program was managed by Queensland Alliance for Mental Health on behalf of the Commission. The grant funding resulted in a greater number of events, and contributed to increased community engagement and involvement in the week.

The number of events registered on the Queensland Mental Health Week website reached a record 237, up from 178 in 2016. Engagement through social media also increased, with Facebook page likes increasing to 5000, compared to 4500 the previous year, while the 100 ways in 100 days wellbeing social media campaign pushed Facebook reach to 248,300, compared to 231,600 in 2016. Twitter impressions similarly achieved a new high of 115,900 compared with 72,800 in 2016.

Analysis of the results of Queensland Mental Health Week 2017 indicate that while participation and engagement remain high, the week could be more effective at reaching its stated outcomes. In early 2018 the Commission tendered the coordination of the week to the social services sector to foster new ideas and renewal.

As a result, a consortium comprised of CheckUp and Mental Illness Fellowship Queensland will coordinate QMHW on behalf of the whole sector in 2018.

World Suicide Prevention Day

The Commission supported World Suicide Prevention Day activities as part of its commitment to raise awareness of suicide prevention under the **Queensland Suicide Prevention Action Plan 2015–17**.

Our support included sponsorship of the annual AISRAP Suicide Prevention Forum and funding to Roses in the Ocean for community awareness breakfasts in Brisbane, the Sunshine Coast, Townsville and Mundubbera.

Support for these events aimed to increase community awareness and capacity so that families, workplaces and communities are better equipped to support and respond to people at risk of, and impacted by, suicide.

Sponsorship

Sponsorship of events, conferences and other relevant activities is an important way to promote knowledge sharing, participation and engagement. The Commission provides financial sponsorship up to $10,000, for activities that:

- support outcomes and shared commitments to action under the Strategic Plan
- encourage and contribute to knowledge sharing and exchange about what works to improve the mental health and wellbeing of Queenslanders
- contribute to the Commission's objectives.

In 2017–18, the Commission received 17 applications for sponsorship, with 10 of these applications successful. The benefits and outcomes of these sponsored events included:

- increased knowledge and awareness of suicide prevention in Queensland
- promotion of awareness and support for families with a lived experience of problematic alcohol and other drug use and countering stigma
- support of the peer workforce and networks
- shared knowledge among practitioners and specialists in refugee mental health
- development of new opportunities for suicide prevention in a range of community settings, such as in the housing rental market, in local government and community pharmacies
- support for the mental health and wellbeing of students and staff in the higher education environment.

Stakeholder communication and engagement

The Commissioner's Viewpoint is an opportunity for the Commissioner to discuss topics relevant to the mental health sector in more depth, with a focus on reform, innovation and best practice. These pieces are published via the Commission's eNews and on our social media accounts, with the Commissioner's Linkedin account proving to be an effective channel for communication and engagement with sector leaders, managers and workers in particular. During the year, the Commissioner released Viewpoint pieces on reform priorities for the renewed strategic plan, suicide prevention, drug law reform, and the National Disability Insurance Scheme. Each piece generated discussion and comments from thought leaders and influencers in Queensland, across Australia and internationally.

Table 2: *Commission sponsorships approved in 2017–18*

Organisations	Initiative	Initiative date	Value
Griffith University/Australian Institute for Suicide Research and Prevention	AISRAP Annual World Suicide Prevention Day Community Forum	8 September 2017	$5000
Open Minds	Queensland Mental Health Week Achievement Awards 2017	13 October 2017	$6000
School of Hard Knocks	Hand in Hand Queensland Mental Health Week Concert	15 October 2017	$2500
Canefields Clubhouse	Walk for Wellness	15 October 2017	$2420
The BrookRED Centre	Dialogue Lived Experience Workforce Conference	14–15 March 2018	$10,000
Australia and New Zealand Mental Health Association	19th International Mental Health Conference	8–10 August 2018	$13,500
QPASTT	Healing in Exile—2nd Australia New Zealand Refugee Trauma Recovery in Resettlement Conference	27–19 March 2019	$10,000
ConNetica	Shifting the Dial—New Settings, New Players in Suicide Prevention Forum	8 May 2018	$7500
James Cook University	Australasian Mental Health and Higher Education Conference	6–7 July 2018	$5000
QNADA	Queensland 2018 AOD Outcomes Convention	22 June 2018	$6452

As at 30 June 2018, the Commissioner had 7625 followers, increasing from approximately 4500 at 30 June 2017. Levels of engagement were highest for the Viewpoint piece on contemporary mental health reform *Building lighthouses on headlands*, with 5538 views, 107 shares and 29 comments, indicating a high level of interest in the Commissioner's views on this topic.

Other digital communication and engagement highlights include:

- a 41 per cent increase in Facebook followers to 1964
- a 27 per cent increase in Twitter followers to 1610.

Media

The Commission prepares media statements covering a variety of topics and at the culmination of all its significant initiatives. In 2017–18, we distributed media releases on the following:

- Your Voice, One Vision consultation report
- Improving outcomes from police interactions report
- Wheel of Wellbeing
- Equally Well initiative
- QMHW Community Event Grant scheme
- World Suicide Prevention Day
- Queensland Mental Health Week
- New National Mental Health Consumer and Carer Forum representatives
- The National Disability Insurance Scheme
- Family Drug Support Day
- Changing attitudes, changing lives on stigma and discrimination towards people experiencing alcohol and other drug use
- State Budget.

National, state and regional media covered events the Commissioner attended and his views on a diverse range of topics, including the consultation plan and the future of Queensland's mental health strategy, community mental health and suicide prevention, suicide rates in Queensland, World Suicide Prevention Day, youth mental health facilities, the Wheel of Wellbeing, National Mental Health Consumer and Carer Forum representatives, the Floresco centre, Queensland Mental Health Week and the QMHW grant program, better integration between private and public mental health sectors, police interactions and the National Disability Insurance Scheme.

All media statements, eNews editions, Commissioner Viewpoint pieces and links to social media accounts are available on our website at **www.qmhc.qld.gov.au**.

Website

To more comprehensively reflect the commission's work and make it easier for stakeholders to find the information they need, the Commission redeveloped its website this year. Following stakeholder input to its design, the updated site was launched in August 2017. The website features a new site structure and functionality, revised content and a new visual identity. The website remains the Commission's primary communication tool.

Emerging priority areas

Best practice benchmarking

For 17 years Portugal has gone against the international tide. Facing extremely high levels of drug use and dependence, the country decriminalised the use of all drugs in 2001.

What followed was a public health campaign to tackle addiction and systemic changes to turn drug use into a health issue, rather than a criminal justice one.

In June 2018, Commissioner Ivan Frkovic visited Portugal to observe the country's response in action. He was accompanied by the CEO and Board President of the Queensland Network of Alcohol and other Drug Agencies and an addiction medicine specialist from Metro North Hospital and Health Service.

The Portugal approach is acknowledged by the International Narcotics Control Board as a best practice model.

Other countries have decriminalised and even legalised possession of small quantities of drugs for personal use. What is unique to Portugal is the creation of a specific institution outside the criminal justice and health systems that dissuades use and diverts drug users into treatment services.

The policy shift in Portugal includes demand reduction, supply reduction and harm reduction measures, which are key pillars of the Australian **National Drug Strategy 2017–2026**.

In Australia, Victoria's Inquiry into Drug Law Reform initiated discussions with stakeholders about the risks and benefits of decriminalisation of possession of illicit drugs for personal use, and the recent pill-testing trial conducted in the Australian Capital Territory has added to the growing body of research on the benefits of pill testing as a harm reduction measure.

The group's reflections on what they observed in Portugal and consideration of the findings within the Queensland context are included in the report, **Portugal's response to drug related harm**.

There have been significant and positive changes in the mental health sector over the last 30 years, yet more needs to be done to further align investment and reform to improved outcomes for all Queenslanders.

In late 2017, both the **Fifth National Mental Health and Suicide Prevention Plan** and the **National Drug Strategy 2017–2026** were endorsed by the Australian government. These strategies will guide both national and state-based approaches to policy, investment and action over the coming years.

Aligning to national priorities, in Queensland, the renewed whole-of-government strategic plan for mental health and alcohol and other drugs will have three key focus areas, including:

1. **Better lives**: better individual outcomes through person-centred and integrated services
2. **Invest to save**: a focus on population mental health and wellbeing, and intervening early
3. **Whole-of-system improvement**: a balanced system through strong mental health leadership and collective responsibility.

Focusing on these three areas aims to achieve better outcomes for individuals, better outcomes for communities and society, and better outcomes for government and industry.

Integral to any reform process is a clear and timely understanding of the impact it is having. This requires effective data collection, analysis and evaluation. The Commission will work with the National Mental Health Commission to develop the new national monitoring and reporting framework for mental health and suicide prevention—as well as with local stakeholders to develop an appropriate evaluation framework for Queensland.

We acknowledge that no one level of government, agency or sector is responsible for pursuing the reform required to ensure the good mental health and wellbeing of Queenslanders, while reducing the impact of mental illness, problematic alcohol and other drug use and suicide. We must work together with leaders from across public, private, non-government agencies and industry to advocate for change, drive collaboration, monitor impact, and share responsibility and accountability for the achievement of outcomes.

The Commission will continue to engage with leaders from a broad range of government agencies, industry and sectors to support innovative, evidence-based and ongoing efforts for reform. We will continue to develop genuine partnerships with people with a lived experience and their families and carers.

There has been rapid change in community attitudes towards reducing the health and societal harms associated with illicit drug use. There are plenty of opportunities to learn from the reform experiences of others locally and internationally. In the coming year, the Commission will continue a dialogue about the benefits and risks of decriminalisation of illicit drugs for personal use, as well as other innovative harm reduction strategies such as 'pill' testing at events.

In partnership with the Queensland Network of Alcohol and other Drug Agencies, the Commission hosted cross-sectoral forums that shared knowledge and stimulated discussion.

Cross-sectoral forums included:

- July 2017—Dr Marc Lewis, a cognitive neuroscientist from Canada, presented on models of understanding alcohol and other drug addiction and spoke about the brain changes that accompany addiction which has implications for treatment and recovery
- January 2018—Professor Fiona Measham, Professor of Criminology, School of Applied Social Sciences at Durham University in England, presented on drug safety testing and how its success is measured. Professor Measham's presentation contributed to discussion about new and innovative harm reduction strategies to prevent overdoses and save lives.

Both events were well attended and contributed to our collective knowledge of innovative ways to address problematic alcohol and other drug use from both clinical and psycho-social perspectives.

In June 2018 the Commissioner visited Portugal to observe the country's response to illicit drug use, which is acknowledged by the International Narcotics Control Board as a best practice model.

Together with other Queensland delegates, the Commissioner met with leading subject matter experts and witnessed first-hand the approach taken that has shifted the response from a criminal justice one to a public health response.

The group's reflections on what they observed and consideration of the findings within the Queensland context are included in the delegation's report, **Portugal's response to drug related harm.**

agency governance

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

Legislative obligations

In addition to the legislative functions and obligations, the Commission 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*
- *Public Service Act 2008*
- *Industrial Relations Act 2016*
- *Statutory Bodies Financial Arrangements Regulation 2007*
- *Crime and Corruption Act 2001.*

All Queensland Government legislation can be found at **www.legislation.qld.gov.au**.

Management and structure

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. The Commissioner is responsible for the management and performance of the Commission's functions in accordance with its legislative obligation, outlined in the Act.

The Commission does not have a board of management, rather its leadership is provided through an Executive Management Team (EMT), which is responsible for delivering the Commission's legislative requirements within a compliant corporate governance framework.

Table 3: *Executive Management Team membership*

Position	Name
Mental Health Commissioner	**Ivan Frkovic**
Executive Director, Strategy Policy and Research	**Jessica Martin**
Director, Communication and Engagement	**Robyn Oberg**
Business Manager	**Michael Corne**

This year saw significant changes in the profile of the EMT with a new Commissioner, Executive Director and the inclusion of a fourth member who brings strategic communication expertise to the team.

Organisational structure

In 2017–18 the Commission's approved staffing establishment was 18 full time equivalents (FTE).

While the Commission's structure is intentionally lean and designed to work collaboratively with other government bodies, industry and community groups, a number of temporary positions were established to assist with the existing workload and renewed strategic plan development.

The Commission continues to outsource corporate services to the Corporate Administration Agency, which includes access to advice in meeting its statutory body compliance obligations. We also engage consultancies and contractors, when necessary, which provides flexibility to respond to emerging priorities and opportunities and to engage subject matter expertise to address specific requirements.

Future capability and capacity requirements for the Commission are under review to ensure alignment with its legislative commitments and those required under the renewed strategic plan, when finalised. This review is scheduled for completion early in the new financial year.

Agency effectiveness

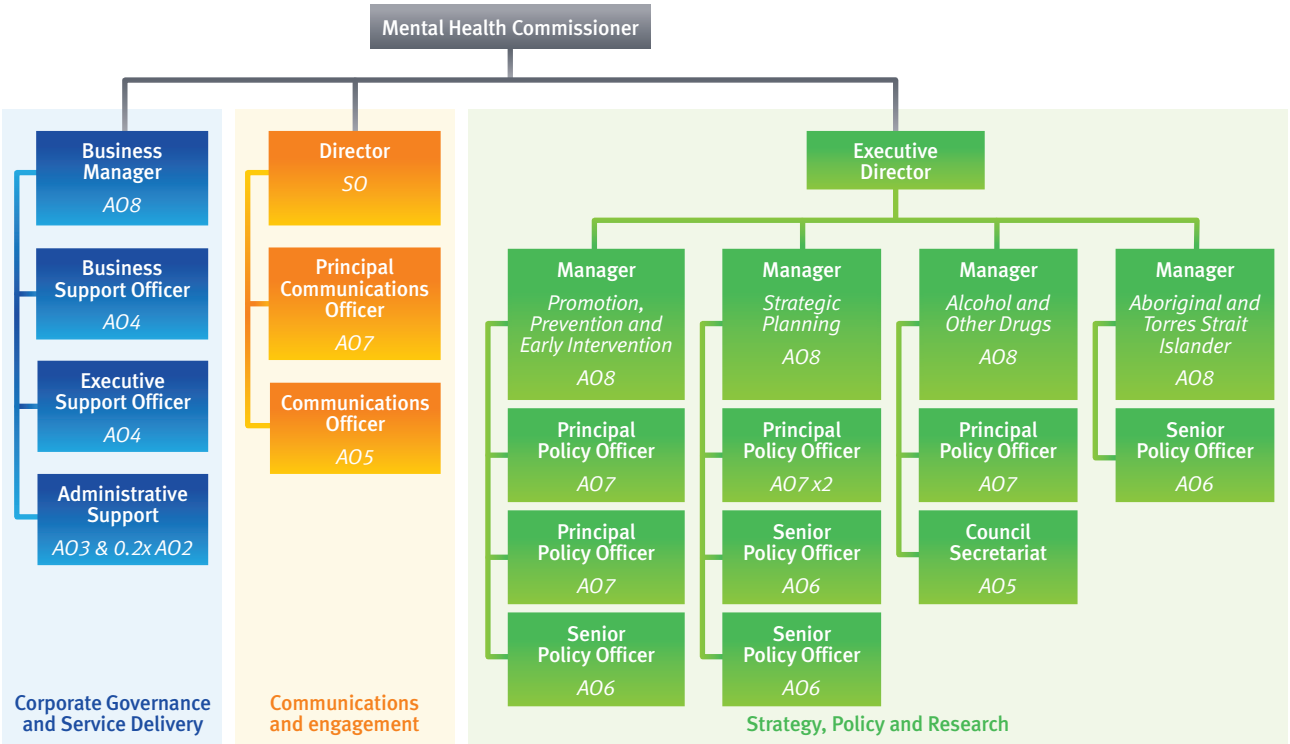
The Commission engages a third party to undertake an annual survey, which is core to its effectiveness evaluation model. Survey results have been collected for five years, and the responses are used to identify trends. The results are also used to manage annual performance against the Commission's agreed service standards outlined in its strategic framework (four-year outlook) and annual operational plan.

Survey results

This year marks the fifth year of the Commission's operation and the fifth time that Queenslanders have been invited to provide their opinion, through the annual survey, on the performance of the Commission and the mental health and alcohol and other drugs system overall.

This year's survey was sent to a core stakeholder group of 1150 people, and 490 responses were received, reflecting a response rate of 43 per cent. The targeted group represents those stakeholders who the Commission has had some interaction with over the years and who have shown an interest in survey participation.

Table 4: *The Commission's organisational structure in 2017–18*



The methodology also captures any responses where respondents believe that they were unable to comment, the percentage of which varied between 10 per cent and 30 per cent depending on the question being asked. The Commission will analyse the value of including these responses as part of a review of the 2018–19 survey preparation.

Respondents continue to represent a variety of roles in the sector, with the largest proportion identifying as service providers, and persons with lived experience and their family members.

The survey tracks the Commission's Service Delivery Statement service standards, which measure stakeholder satisfaction in relation to:

1. opportunities to provide lived experience, support person and provider perspectives on mental health and problematic alcohol and other drug use issues (40 per cent are satisfied)
2. the extent to which lived experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system (60 per cent are satisfied)
3. the range of stakeholders involved in developing and implementing solutions (42 per cent are satisfied).

While the latter two service measures have remained reasonably consistent over the last three years, the first measure reflects a downward trend of 10 per cent over this period. Further analysis to be conducted early in the new financial year will seek to determine the reason for this, with the results to be incorporated into future engagement strategy planning.

Public sector ethics

The Queensland Public Service Code of Conduct applies to the Commission. The Commission includes Code of Conduct in its induction processes and incorporates its requirements, principles and values into staff performance management plans. Online training is programmed for staff bi-annually, with the majority completing a training refresher this year.

Risk management

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

Risk management within the Commission seeks to minimise its vulnerability to internal and external events and influences that could adversely impact its reputation and the achievement of its objectives and strategic priorities.

The Commission actively encourages innovation and appropriately manages any potential benefits against potential risk.

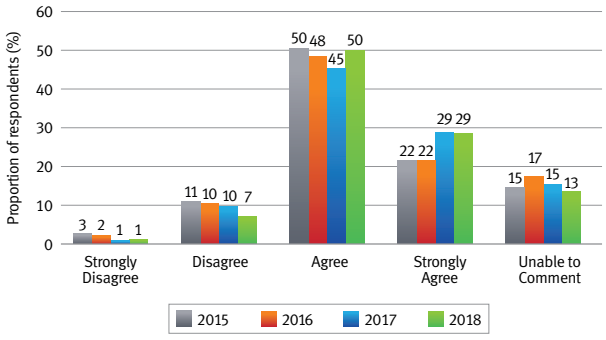
The Commission's risk management practices comply with the *Financial Accountability Act 2009*.

Due to the Commission's size, it has not established a specific risk management committee. Instead, the responsibility is included as part of the Executive Management Team Charter, which includes a review of key risks and the identified controls every six months.

Stakeholder views

The sector's perception of the Commission's credibility is now at 79 per cent. This continued upward trend since inception indicates the Commission has developed and maintained a positive working profile within the sector.

"I believe the QMHC is seen as a credible organisation."



Key strategic risks are:

- **Expectations**—Stakeholders, including people with lived experience, families, carers and supporters, non-government agencies, the public and private sectors, academia and professional bodies, hold high and varied expectations of the Commission. This is managed through promoting the Commission's role, working collaboratively and communicating regularly.
- **Reputational**—Perceptions of the Commission as an independent body are essential to its credibility, reputation and capacity to effect change. This is influenced by consistent use of objective and informed evidence complemented by timely and transparent reporting of progress across all sectors. Independence is reinforced through consultation and decision-making processes.
- **Governance**—The capacity of the Commission to perform effectively and efficiently in a complex environment with finite resources requires robust governance and management systems. The Commission seeks advice from relevant agencies on best practice governance for statutory bodies in the Queensland Government environment.
- **Reform influence**—The Commission's ability to facilitate reform across government links closely with the first two risks and requires it to effectively monitor changing government priorities and maintain sound relationships with all relevant state government agencies. Annual performance surveys monitor perceptions of the agency's credibility.

Audit committee and internal audit

A separate audit committee has not been established, rather responsibility is included as part of the Executive Management Team Charter. The internal audit function is provided by the Corporate Administration Agency. A separate internal audit function is not required unless directed by the Minister.

The focus of the 2017–18 internal audit program was:

- finalisation of corporate standards suitability and compliance project
- finance and budget management
- grant and procurement policy compliance
- records management practice compliance.

Audit results indicated sound management practices with only minor observations for process improvement. The corporate policy review was finalised with a number of new human resource management standards prepared to address recent legislative changes and minor improvements made to existing standards.

Information management and record keeping

Records management

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

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

Stakeholder management

A stakeholder management system, which records and profiles the stakeholders with whom the Commission engages, is now well established. This tool is proving invaluable in focusing both collaborative and consultative efforts and currently contains approximately 3000 individual and organisation stakeholder profiles.

The system was recently upgraded, greatly improving usability. The Commission took the opportunity to also review the system's methodology for recording stakeholder data to better align it with changing business requirements.

Internal communication and governance

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

Open data

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

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

Interpreter services

Interpreter services are available for all the Commission's publications and online information. Interpreter services are also available upon request for the Commission's events and for activities undertaken by a third party on the Commission's behalf.

During 2017–18 no interpreter services were requested or engaged.

Human resources

Full-time equivalent staffing

While the Commission's approved full time equivalent staffing level (FTE) is 18, as at 30 June 2018 it was 23.2, which includes extra temporary staff considered necessary to progress important work, and in particular to finalise the renewed strategic plan. It also includes backfill arrangements for one person on long-term leave without pay.

The Commission is currently conducting a capability and capacity review, the results of which will determine future structure and resourcing requirements. It is anticipated this review will be finalised by late 2018.

Separation rate for permanent staff during the reporting period was 11 per cent, which equates to two staff, both of whom moved on to other government roles as a career progression opportunity. No redundancies, early retirement or retrenchment packages were paid during 2017–18.

Training and development

The Commission continues to invest in an online training tool to provide staff with access to professional development opportunities and corporate governance training. LearnConnect ensures training is consistent and high quality, and enables staff to plan and undertake training around their work commitments.

During the year, $19,000 was invested in individual staff development training. Allocation is managed through staff annual performance and development planning. This year, a number of staff participated in professional development activities or were supported through the study and research assistance scheme.

Staff care

The Commission is committed to providing a flexible working environment that supports staff needs and meets the Commission's operational requirements. Flexible working hour arrangements assist staff to manage work-life balance.

During the year the Commission undertook its fourth annual staff climate and wellness review. Key findings from the review have been discussed with staff, resulting in a number of actions for both staff and management to ensure a positive culture moving forward.

From 2018–19, the Commission will participate in the annual Working for Queensland survey, which measures Queensland public sector employee perceptions of their work, manager, team and organisation.

Industrial and employee relations

Staff conditions continue to be covered by the Queensland Health Enterprise Bargaining Agreement (EB 9). The current Queensland Public Health Sector Certified Agreement (No.9) 2016, which applies to all the Commission's Administrative Officer (AO) stream staff, was signed in June 2017.

financial performance

Income

The Commission's fifth year operating budget was $9.02 million, administered as a grant through the health portfolio. The remaining sources of income came from a cash at bank position from the previous year, small contributions from other agencies, and interest payable against cash at bank.

Expenses

Employee expenses of $3.066 million relate directly to maintaining a full-time equivalent staffing of 18 and a further four temporary positions that were established during the financial year.

Of the $2.64 million expended in general supplies and services, approximately $1.61 million was expended on consultancy and contractor activities that informed and supported our key result area delivery. A further $0.25 million was expended for corporate services support provided to the Commission by an outsourced third party and $0.32 million was expended on accommodation leasing costs.

The Commission's grant expenses of $2.62 million relate to:

- recurrent grant and service arrangement commitments ($1.57 million)
- the Stronger Community Mental Health and Wellbeing Grants Program ($0.59 million)
- new grants which support key result areas ($0.46 million).

Consultancies and contractors

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

The table below lists the consultancies and contractors engaged during 2017–18 for contracts over $20,000. Consultancies which will be finalised in the next financial year show a carry forward value. Also included are those which commenced in an earlier period but not finalised—that is, the total contract value may relate to multi-year contracts preceding 2017–18.

Table 5: *Key consultancies engaged during 2017–18*

Description	Organisation	Total value ex GST	Expenditure 2017–18	Commitment 2018–19
Co-design and publish suicide prevention resources for culturally and linguistically diverse communities	Health Outcomes International	$162,360	$29,520	–
Address stigma and discrimination related to gaining and maintaining employment for people living with mental illness	EYSweeney	$145,245	$84, 655	–
Prepare a report on service user experience of service integration and referrals	University of Queensland, Institute for Social Science Research	$193,093	$62,371	$83,170
Supporting Regional Mental Health and Wellbeing Hubs (years 1 and 2)				
Central Highlands Hub	Centacare CQ	$140,736	$88,645	New Contract established
Logan and Southern Moreton Islands Hub	Relationships Australia (QLD)	$105,972	$25,000	New Contract established
Northern and Western Queensland Hub	Selectability	$99,475	$24,875	New Contract established
Continued support of Regional Mental Health and Wellbeing Hubs (years 3 and 4)				
Central Highlands Hub	Centacare CQ	$288,495	$57,700	$230,795
Cooktown and Tablelands Hub	Centacare FNQ	$215,000	$86,000	$129,000
Logan and Southern Moreton Islands Hub	Relationships Australia (QLD)	$200,000	$40,000	$160,000
Review Success of Social housing Ordinary Report recommendations	KPMG	$99,414	$39,766	–
Identify effective ways of reducing the impact of stigma and discrimination related to problematic alcohol and other drug use on Aboriginal and Torres Strait Islander Queenslanders	ACIL Allen Consulting	$209,972	$86,989	$122,984
Develop and publish a paper into human rights protections for people being treated involuntarily for mental illness	University of New South Wales, Social Policy Research Centre	$207,925	$83,170	$62,378

Table 6: *Key contractors engaged during 2017–18*

Description	Organisation	Total value ex GST	Expenditure 2017–18	Commitment 2018–19
Evaluate the Regional Mental Health and Wellbeing Hubs	Griffith University	$128,724	$64,362	$64,362
Deliver the Wheel of Wellbeing Support Program	Relationships Australia (QLD)	$290,000	$58,000	$232,000
Deliver the Queensland cross-sectoral mental health and wellbeing capacity building program	Maudsley International	$341,756	$99,356	$242,400
2017 Queensland Mental Health Week project management and coordination	Julie Martin	$25,000	$15,628	–
Professional media services	The Prism Partnership	$194,344	$15,241	$39,611
Website redesign	Social Change Media Group	$65,830	$7377	
Media monitoring services	Isentia	$46,200	$17,201	$9346
Organisational Effectiveness Model Management	Paxton Partners	$450,370	$86,608	$91,697
Queensland Mental Health Week 2018 Coordination	Check Up	$70,351	$14,070	$56,281
Facilitation of public consultation forums reviewing the Strategic Plan and associated action plans	Engagement Plus	$67,875	$14,643	–
The provision of website redevelopment, hosting and support services	Thirteen Digital	$63,130	$8,883	–
Provision of Temp Agency Staff – Administration Support	Davidson Recruitment	$69,182	$41,917	–
Provision of Temp Agency Staff – Communication Support	Blue Sky Careers	$72,727	$58,079	–

Grants

Each year the Commission invests approximately $3 million in grants and partnership support activity, reflecting approximately one-third our annual budget. Grants are key mechanisms through which the Commission drives the reform agenda.

The annual Stronger Community Mental Health and Wellbeing Grants Program provided 15 grants to organisations within the sector (see appendix 1).

The table below lists other key grants that support partnership activity within the sector ($20,000 or more) funded by the Commission during the financial year.

Overseas travel

During 2017–18, the Mental Health Commissioner attended the International Initiative for Mental Health Leadership Exchange (IIMHL) in Stockholm, Sweden, 28 May – 1 June 2018, followed by meetings with Director-General of the General-Directorate for Intervention on Addiction and Dependences in Lisbon, Portugal, 5 to 7 June 2018.

The key objectives of the travel were:

- Stockholm—The IIMHL organises systems for international innovation sharing, networking and problem solving across countries and agencies and aims to provide better outcomes for people who use mental health and addiction services and their families. The Leadership Exchange is a week-long learning event that will contribute to the Commission's capacity to provide advice on the most recent international developments in mental health and addictions, particularly perinatal and infant mental health.
- Lisbon—These meetings enabled the Commissioner to gain firsthand insight into the benefits and risk of decriminalising (not legalising) drug possession of an agreed quantity for personal use, and how Portugal is managing this, which would greatly assist managing and informing this debate in Queensland.

The total cost of the travel was $11,400.

Table 7: *Key grants that support partnership activity within the sector during 2017–18*

Description	Organisation	Total value ex GST	Expenditure 2017–18	Commitment 2018–19
Evaluation of West Moreton Adult Integrated Mental Health Services Model (Floresco)	Aftercare	$95,000	$45,000	–
Queensland Suicide Register (new contract arrangement)	Griffith University, AISRAP	$250,000	$250,000	–
Ed LinQ Cross-Sectoral Workforce Development Program, designed to improve linkages between education system, primary care and mental health system (to improve early detection)	PD Plus	$280,000	$90,000	–
beyondblue Awareness Program, developing promotion and prevention strategies, enhance sector training, commission and support research and promote partnerships (Australia-wide)	*beyondblue*	$2,580,344	$645,086	$645,086
Department of Housing and Public Works, Social Procurement Project	Department of Housing and Public Works	$390,000	$130,000	$130,000
National Empowerment Project, Pilot Sites in Cherbourg and Kuranda	Ngoonbi Cooperative Society	$358,961	$219,459	–
Support transition for the National Empowerment Project pilot Community Social and Emotional Wellbeing Program	Ngoonbi Cooperative Society	$57,687	$57,687	–
Place Based Project, Rockhampton	Queensland Council of Social Service Ltd	$100,000	$75,000	–
Place-based Suicide Prevention Project, Maranoa Region	Western Queensland Primary Care Collaborative Ltd (Western Qld PHN)	$50,000	$50,000	–
E Grow Phase II	Grow Queensland	$85,800	$77,220	$8760
Queensland Mental Health Week Community Events Grant Program Facilitation (2017)	Queensland Alliance for Mental Health	$88,670	$88,670	–
Co-contribution to assist in the maintenance of the National Mental Health Consumer and Carer Forum (NMHCCF)	Mental Health Australia	$20,943	$20,943	–
Co-contribution with Mental Health and Other Drug Branch, Queensland Health, to develop a sustainable model for the annual Walk for Awareness Event	Mental Awareness Foundation	$70,000	$50,000	$20,000
Contribution to the development of a sustainable business model for recipient operations	Queensland Men's Shed Association	$60,000	$50,000	$10,000
World Suicide Prevention Day initiatives	Roses in the Ocean	$27,000	$27,000	–
Queensland Mental Health Week Community Events Grant Program (2018)	Queensland Alliance for Mental Health	$170,000	$85,000	$85,000

financial statements

for the financial year ended 30 June 2018

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

Queensland Mental Health Commission Financial Statements 2017–18

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

Statement of Comprehensive Income
for the year ended 30 June 2018

	Notes	2018 Actual $'000	2017 Actual $'000	2018 Original Budget $'000	Budget Variance* $'000
Income from Continuing Operations					
Government Contributions	**3**	8,905	8,707	8,870	35
User charges		-	32	-	-
Interest		135	130	150	(15)
Other revenue		-	3	-	-
Total Income from Continuing Operations		9,040	8,872	9,020	20
Expenses from Continuing Operations					
Employee expenses	**4**	3,066	2,750	2,548	518
Supplies and services	**5**	2,641	2,926	3,375	(734)
Grants	**6**	2,619	3,042	3,068	(449)
Depreciation	**10**	19	21	-	19
Other expenses	**7**	102	126	29	73
Total Expenses from Continuing Operations		8,447	8,865	9,020	(573)
Operating Result from Continuing Operations		593	7	-	593
Total Comprehensive Income		593	7	-	593

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

The accompanying notes form part of these statements.

Statement of Financial Position
as at 30 June 2018

	Notes	2018 Actual $'000	2017 Actual $'000	2018 Original Budget $'000	Budget Variance* $'000
Current Assets					
Cash and cash equivalents	**8**	3,139	2,870	2,355	784
Receivables	**9**	180	105	110	70
Total Current Assets		3,319	2,975	2,465	854
Non Current Assets					
Plant and equipment	**10**	81	101	121	(40)
Total Non Current Assets		81	101	121	(40)
Total Assets		3,400	3,076	2,586	814
Current Liabilities					
Payables	**11**	423	724	231	192
Accrued employee benefits	**12**	141	121	59	82
Other liabilities	**13**	-	13	72	(72)
Total Current Liabilities		564	858	362	202
Non Current Liabilities					
Other liabilities	**13**	25	-	13	12
Total Non Current Liabilities		25	-	13	12
Total Liabilities		589	858	375	214
Net Assets		2,811	2,218	2,211	600
Equity					
Contributed equity		230	230		
Accumulated surplus		2,581	1,988		
Total Equity		2,811	2,218		

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

The accompanying notes form part of these statements.

Statement of Changes in Equity
for the year ended 30 June 2018

	2018	2017
	$'000	$'000
Contributed Equity		
Balance as at 1st July	230	230
Balance as at 30 June	230	230
Accumulated Surplus		
Balance as at 1st July	1,988	1,981
Operating Result from Continuing Operations	593	7
Balance as at 30 June	2,581	1,988

The accompanying notes form part of these statements.

Statement of Cash Flows
for the year ended 30 June 2018

	Notes	2018 Actual $'000	2017 Actual $'000	2018 Original Budget $'000	Budget Variance* $'000
Cash flows from operating activities					
Inflows:					
Government Contributions		8,905	8,694	8,870	35
User charges		-	32	-	-
GST collected from customers		5	5	-	5
GST input tax credits from ATO		521	565	-	521
Interest receipts		135	130	150	(15)
Other		13	3	-	13
Outflows:					
Employee expenses		(3,024)	(2,695)	(2,548)	(476)
Supplies and services		(3,019)	(2,506)	(3,375)	356
GST paid to suppliers		(541)	(540)	-	(541)
GST remitted to ATO		(5)	(5)	-	(5)
Grants		(2,619)	(3,042)	(3,068)	449
Other		(102)	(126)	(29)	(73)
Net cash provided by operating activities		269	514	-	269
Net increase in cash held		269	514	-	269
Cash at beginning of financial year		2,870	2,356	2,355	515
Cash at end of financial year	**8**	3,139	2,870	2,355	784

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

The accompanying notes form part of these statements.

Reconciliation of Operating Result to Net Cash from Operating Activities		
Operating surplus/(deficit)	593	7
Depreciation expense	19	21
Changes in assets and liabilities:		
(Increase)/decrease in receivables	15	5
Increase/(decrease) in payables	(391)	492
Increase/(decrease) in accrued employee benefits	20	62
Increase/(decrease) in other current liabilities	13	(60)
Increase/(decrease) in other non-current liabilities	-	(13)
Net cash provided by operating activities	269	514

Notes to and forming part of the Financial Statements 2017–18
for the year ended 30 June 2018

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

The QMHC 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, Drug and Alcohol Strategic Plan 2014-2019 by supporting its implementation and the development of whole-of-government action plans in key priority areas;
- research and reporting on issues impacting people experiencing mental health difficulties, mental illness and problematic alcohol and other drug use and those affected by suicide;
- mental health promotion, awareness and early intervention;
- supporting the Queensland Mental Health and Drug Advisory Council and promoting engagement of people with lived experience in system reform.

2. Basis of Financial Preparation

Statement of Compliance

The QMHC has prepared these statements in compliance with section 42 of the *Financial and Performance Management Standard 2009* . The financial statements comply with the Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2017.

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.

No new accounting standards have been applied for the first time in these financial statements. Refer to Note 18.

The Reporting Entity

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

Authorisation of Financial Statements for Issue

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

Currency, Rounding and Comparatives

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.

Amounts shown in these financial statements may not add to the correct subtotals due to rounding.

Comparative information reflects the audited 2016-17 financial statements except where restated for consistency with disclosures in the current reporting period.

Current/Non-Current Classification

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

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

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

Basis of Measurement

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

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

	2018 $'000	2017 $'000
3. Government Contributions		
Department of Health	8,905	8,707
Total	8,905	8,707

Accounting policy

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

4. Employee Expenses

Employee Benefits		
Wages and salaries	2,286	2,016
Employer superannuation contributions	300	270
Annual leave levy/expense	247	234
Long service leave levy/expense	52	47
Employee Related Expenses		
Workers' compensation premium	16	19
Payroll tax and fringe benefits tax	140	129
Other employee related expenses	25	35
Total	3,066	2,750

	2018 No.	2017 No
Full-Time Equivalent Employees	23	18

Accounting policy

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.

Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Annual Leave and Long Service Leave

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

4. Employee Expenses (contd)

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 employee benefits and is recognised separately as employee related expenses.

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

	2018 $'000	2017 $'000
5. Supplies and Services		
Corporate service charges	248	238
Consultants and contractors	1,612	1,761
Travel	82	77
Building Maintenance and Services	125	55
Operating lease rentals	316	385
Information and Communication Technology	57	40
Motor vehicle	1	1
Advertising and promotion	61	112
Administration costs	110	256
Other	29	1
Total	2,641	2,926

5. Supplies and Services (contd)

Accounting Policy

Operating Lease Rentals

The Commission has an operating lease for office accommodation. Operating lease payments are recognised in the period they are incurred using a straight line basis over the period of the lease. The difference between the expense and the cash payment at a point in time is recorded as a deferred lease liability.

Disclosure - Operating Leases

Operating leases are entered into as a means of acquiring access to office accommodation. Lease terms extend over a period of 5 years. The Commission has no option to purchase the leased item at the conclusion of the lease. Lease payments are generally fixed, but with inflation escalation clauses on which contingent rentals are determined.

		2018 $'000	2017 $'000
6. Grants			
Grants		2,619	3,042
Total		2,619	3,042

Disclosure relating to Grants

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

7. Other Expenses			
External audit fees	*	16	16
Sponsorships		86	110
Total		102	126

Disclosure relating to Other Expenses

* Total audit fees payable to the Queensland Audit Office relating to the 2017-18 financial statements are quoted to be $15,500 (2017 $15,500). There are no non-audit services included in this amount.

	2018 $'000	2017 $'000
8. Cash and Cash Equivalents		
Cash at bank	3,139	2,870
Total	3,139	2,870

Accounting policy

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		
Other Debtors	90	13
	90	13
GST receivable	56	36
	56	36
Long service leave reimbursements	3	5
Annual leave reimbursements	31	51
Total	180	105

Accounting policy

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

Other debtors generally arise from transactions outside the usual operating activities of the Commission and are recognised at their assessed values. Terms are a maximum of 30 days, no interest is charged and no security is obtained.

10. Plant and Equipment and Depreciation Expense

	Plant and Equipment 2018 $'000	2017 $'000
Gross	242	242
Less accumulated depreciation	(161)	(141)
Carrying amount at 30 June	81	101
Represented by movements in carrying amount		
Carrying amount at 1 July	101	121
Depreciation expense	(20)	(20)
Carrying amount at 30 June	81	101

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:

Class	*Rate%*
Plant and Equipment:	8.45 - 33.33

	2018 $'000	2017 $'000
11. Payables		
Trade creditors	167	192
Accrued expenses	242	518
Payroll tax	14	14
Total	423	724

Accounting Policy

Trade creditors are recognised upon receipt of the goods or services and are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 day terms.

12. Accrued Employee Benefits		
Current		
Salary and wage related	48	39
Annual leave levy payable	73	63
Long service leave levy payable	14	12
Superannuation	6	7
Total	141	121

Accounting Policy

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* .

	2018 $'000	2017 $'000
13. Other Liabilities		
Current		
Deferred lease liability	-	13
Total	-	13
Non-current		
Deferred lease liability	25	-
Total	25	13

Accounting Policy

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

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

The Commission's previous lease of 4 years expired on 31 August 2017 after which it entered into a further leasing agreement for 5 years. As part of the new agreement a rental discount has been applied across the period of the lease.

14. Commitments for Expenditure

(i) Non-cancellable Operating Leases

Commitments under operating leases at reporting date are exclusive of anticipated GST and are payable as follows:

Not later than one year	297	315
Later than one year and not later than five years	1,060	1,298
Later than 5 years	-	59
Total	1,357	1,672

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

15. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2018.

16. Events after the Balance Date

There were no significant events occurring after balance date.

17. Financial Risk Disclosures

Financial Instrument Categories

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

Category	Note	2018 $'000	2017 $'000
Financial Assets			
Cash and cash equivalents	**8**	3,139	2,870
Receivables	**9**	180	105
Total		3,319	2,975
Financial Liabilities			
Financial liabilities measured at amortised cost:			
Payables	**11**	423	724
Total		423	724

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

Financial Risk Management

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.

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

17. Financial Risk Disclosure (contd)

Financial Risk Management (contd)

Risk Exposure (contd)

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

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

Changes in Accounting Policy

The Commission did not voluntarily change any of its accounting policies during 2017-18.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2017-18.

Accounting Standards Applied for the First Time

Two new standards have been applied including:

AASB 2016-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107 requires the disclosure of information that will allow users to understand changes in liabilities arising from financing activities.

AASB 2017-2 Amendments to Australian Accounting Standards – Further Annual Improvements 2014-2016 Cycle clarifies the scope of AASB 12 by specifying that the disclosure requirements of AASB 12 apply to an entity's interests in other entities that are classified as held for sale, held for distribution to owners in their capacity as owners or discontinued operations in accordance with AASB 5.

These amendments had no effect on the Commission's accounting activities.

Future Impact of Accounting Standards Not Yet Effective

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

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

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

These standards will first apply to the Commission from its financial statements for 2019-20.

The Commission has analysed the new revenue recognition requirements under these standards and is yet to form conclusions about significant impacts. Potential future impacts identifiable at the date of this report are as follows:

- Grants that are not enforceable and/or not sufficiently specific will not qualify for deferral, and continue to be recognised as revenue as soon as they are controlled. The Commission receives a grant for which there is no sufficiently specific performance obligations, so this grant will continue to be recognised as revenue upfront.
- The Commission does not currently have any revenue contracts with a material impact for the period after 1 July 2018, and will monitor the impact of any such contracts subsequently entered into before the new standards take effect.

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

AASB 9 Financial Instruments and AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)

These standards will first apply to the Commission from its financial statements for 2018-19. The main impacts of these standards on the Commission are that they will change the requirements for the classification, measurement, impairment and disclosures associated with the Commission's financial assets. AASB 9 will introduce different criteria for whether financial assets can be measured at amortised cost or fair value.

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

AASB 9 Financial Instruments and AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) (contd)

The Commission has reviewed the impact of AASB 9 on the classification and measurement of its financial assets. The following summarises the estimated impact (or ranges of estimates) of AASB 9 will change the categorisation and valuation of the amounts reported in Note 17:

- There will be no change to either the classification or valuation of the cash and cash equivalent item.
- The amount of impairment for trade receivables owing from other government agencies of $180 thousand is insignificant and immaterial due to the low credit risk (high quality credit rating) for the State of Queensland. No additional impairment provision will be raised for these amounts on transition.
- All financial liabilities listed in Note 17 will continue to be measured at amortised cost. The Commission does not expect a material change in the reported value of financial liabilities.

AASB 16 - Leases

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

Impact on Lessees

Unlike AABS 117 Leases, AASB 16 introduces a single lease accounting model for lessees. Lessees will be required to recognise a right-of-use asset (representing rights to use the underlying leased asset) and a liability (representing the obligation to make lease payments) for all leases with a term of more than 12 months, unless the underlying assets are of low value.

In effect, the majority of operating leases (as defined by the current AASB 117) will be reported on the statement of financial position under AASB 16. There will be a significant increase in assets and liabilities for agencies that lease assets. The impact on the reported assets and liabilities would be largely in proportion to the scale of the Commission's leasing activities.

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

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

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

The Commission has not yet quantified the exact impact on the Statement of Comprehensive Income or the Statement of Financial Position of applying AASB 16 to its current operating leases, including the extent of additional disclosure required. The exact impact will not be known until the year of transition. However, assuming the Commission's current operating lease commitments (see Note 14) were recognised ‘on-balance sheet’ at transition, the expected increase in lease liabilities (with a corresponding right-of-use asset) is estimated to be $1.06 million. The reclassification between supplies and services expense and depreciation/interest has not yet been estimated.

19. Budgetary reporting disclosures

This section contains explanations of major variances between the Commission's actual 2017-18 financial results and the original budget presented to Parliament.

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

Employee Expenses:	The majority of the variance ($435k) relates to the employment of four additional temporary staff engaged to develop and deliver a renewed whole of government strategic plan.
Supplies and Services:	Decrease in expenses relates to a reassignment of consultancy work of $760k to the next financial year. This is due to the re-alignment of the Commission's strategic priorities under the impending Whole-of-Government Queensland Mental Health, Drug and Alcohol Strategic Plan (the Strategic Plan).
Grants:	Reflects management's decision to not release a second round of grant funding worth $400k that was initially planned for 2017-18. This decision was taken to ensure that the Commission retained sufficient funds to deliver projects under the impending Strategic Plan in 2018-19.

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

Cash and Cash Equivalents:	Budget anticipated an increase in cash outflows of $500k in 2017-18 which did not occur because of the reassignment of consultancy work to 2018-19 to implement strategic priorities under the impending Strategic Plan. The remaining $200k relates to timing of supplier invoices at year end.
Payables:	The increase in payables reflects a higher level of unpaid supplier invoices at year end.

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

Employee Expenses:	The majority of the variance ($435k) relates to the employment of four additional temporary staff engaged to develop and deliver a renewed whole of government strategic plan.
Supplies and Services:	The variance relates to delay of consultancy work of $760k, meaning less cash outflow in the current year. This was offset by an increase in cash payments of accruals and payables at the start of the year due to a higher than expected accounts payable balance as at 30 June 2017.
Grants:	Reflects management's decision to not release a second round of grant funding worth $400k that was initially planned for 2017-18. This decision was taken to ensure that the Commission retained sufficient funds to deliver projects under the new Strategic Plan in 2018-19.

20. Key management personnel (KMP) disclosures

Details of key management personnel

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of the Commission during 2017-18 and 2016-17. Further information about these positions can be found in the body of the Annual Report under the section relating to Executive Management.

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

KMP Remuneration Policies

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

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

Remuneration expenses for KMP comprise the following components:

Short term employee expenses which include:

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

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

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

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

Performance Payments

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

20. Key management personnel (KMP) disclosures (contd)
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.

2017-18

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	$'000	$'000	$'000	$'000
Mental Health Commissioner (commenced 1 July 2017)	248	7	5	30	-	290
Executive Director (current) (commenced 9 October 2017)	124	7	3	13	-	147
Executive Director (former) (ceased 6 October 2017)	60	-	1	6	-	67
Director Comm & Engagement (commenced 31 October 2017)	92	-	2	10	-	104
Business Manager	136	-	3	16	-	155
Total Remuneration	**660**	**14**	**14**	**75**	-	**763**

2016-17

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	$'000	$'000	$'000	$'000
Mental Health Commissioner	292	-	6	28	-	326
Executive Director	172	-	4	18	-	194
Business Manager	123	-	3	15	-	141
Total Remuneration	**587**	**-**	**13**	**61**	**-**	**661**

Included in the Commissioner's 2016-17 short-term monetary expenses is amounts physically paid to the Commissioner after their departure, however related to amounts owing while employed as the Commissioner

21. Related party transactions

Transactions with people/entities related to KMP

There are no transactions to disclose.

Transactions with other Queensland Government-controlled entities

- The Commission's ongoing source of funding from government for services is provided by grant from the Department of Health (refer to Note 3).
- The Commission purchases corporate services from Corporate Administration Agency, Department of Premier and Cabinet (refer to Note 5).
- The Commission has entered into an operating lease (via a letter of financial commitment) for the premise at 400 George Street with the Department of Housing and Public Works (refer to Note 5).
- All other transactions in the year ended 30 June 2018 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

22. Taxation

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

Management Certificate
for Queensland Mental Health Commission

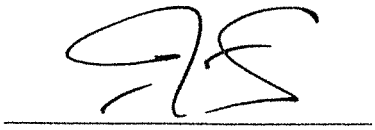
Management Certificate
for Queensland Mental Health Commission

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

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and

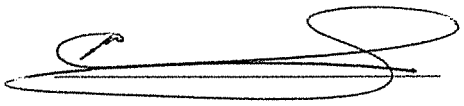
(b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year ended 30 June 2018 and of the financial position of the Commission at the end of that year; and

(c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.



Ivan Frkovic
Mental Health Commissioner
Queensland Mental Health Commission

Date: 31/7/18.



Michael Corne
Business Manager
Queensland Mental Health Commission

Date: 31 July 2018

Independent Auditor's Report

To the Commissioner of the Queensland Mental Health Commission

Report on the audit of the financial report

Opinion

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

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2018, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2018, 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 entity 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 2018, 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 entity for the financial report

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

The Commissioner is also responsible for assessing the entity'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 entity 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 entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity'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 entity'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 entity 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 2018:

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.

3 August 2018

C G Strickland
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

appendices

Appendix 1

Stronger Community Mental Health and Wellbeing grant recipients

Organisation	Community	Target Group	Description	Grant
Access Community Services	Logan	Aboriginal and Torres Strait Islander people People from culturally and linguistically diverse (CALD) backgrounds	The **PAW's and CALD Social Growth Project** delivered a series of retreats and a working group focused on promoting recovery, resilience and social inclusion for Aboriginal and Torres Strait Islander women and women from CALD backgrounds who are experiencing mental illness.	$25,950
Aftercare	Brisbane	Young people aged between 12 and 21	A series of workshops delivered by **Artful Voices Hearing Voices Group** for young people aged 12 to 21 who hear voices, as well as for their families, friends and carers. The workshops aimed to improve understanding of the voice hearing experience; identify needs and support options; plan for day-to-day situations, as well as crisis situations; and make connections and share with others in a similar situation.	$13,450
Dysart Community Support Group	Dysart	Rural and remote	The **Isaac Wheel of Wellbeing Project** trained local facilitators to deliver Wheel of Wellbeing (WoW) workshops and further promote and embed the WoW framework in the Isaac region, including in remote communities impacted by natural emergencies such as cyclones, droughts and floods.	$45,987
Eacham Community Help Organisation (ECHO)	Malanda and surrounds	Rural and remote	**Rural Wheel of Wellbeing** delivered Wheel of Wellbeing (WoW) workshops to community members in Malanda and surrounding communities. This project will included the development of a community wellbeing work plan based on WoW principles.	$23,179
Mental Health Carers Arafmi QLD	Statewide	Mental health carers	The **Carer Peer Learning Network** established an online Carer Peer Learning Network to share the experiences and voices of mental health carers, develop and deliver peer support resources and training sessions across Queensland.	$50,000
Multicultural Centre for Mental Health and Wellbeing – Harmony Place	Brisbane	People from culturally and linguistically diverse (CALD) backgrounds	The **Community Mental Health Advocate Project** provided training and support to CALD community members and frontline staff to become Community Mental Health Advocates. The project aimed to reduce stigma and other barriers for migrants and refugees seeking support for mental health issues.	$50,000

Appendix 1

Stronger Community Mental Health and Wellbeing grant recipients

Organisation	Community	Target Group	Description	Grant
Open Doors Youth Service	Brisbane	Young people who identify as lesbian, gay, bisexual, transgender and/or intersex	The **Pride Art Therapy Program** delivered an art therapy program to lesbian, gay, bisexual, transgender and/or intersex (LGBTI) young people and support them to live healthy empowered lives through connecting to community and culture, decreasing stigma, and promoting social inclusion.	$48,293
Phunktional	Horn Island Thursday Island	Aboriginal and Torres Strait Islander young people	The **Two Households: An inclusive mental health and wellbeing initiative in Far North Queensland** project offered a series of performance and health and wellbeing workshops with Aboriginal and Torres Strait Islander young people to develop and perform 'Two Households'. The performance explored themes of alcohol and other drug use, domestic violence and racial intolerance. The project aimed to improve health and wellbeing, support active participation, promote racial tolerance, increase feelings of confidence and self-worth and strengthen the capacity for self-expression.	$50,000
Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) – Stronger Together	Brisbane and Logan	People from culturally and linguistically diverse backgrounds	**Stronger Together: Communities building inclusion and connection** trained and supported a group of community champions from refugee backgrounds to raise community awareness and support for young people aged 12 to 25 years from refugee backgrounds who were at risk of or impacted by problematic alcohol and other drug use. The project also delivered a series of community events to build social connectedness, reduce stigma and enhance community understanding of alcohol and other drug issues for young people from refugee backgrounds.	$50,000
Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) – Youth Voice	Greater Brisbane	People from culturally and linguistically diverse backgrounds	**Youth Voice: Young people, belonging and wellbeing** delivered a series of events for young people aged 12 to 25 years from culturally and linguistically diverse backgrounds to discuss social issues important to them. The project aimed to strengthen the social inclusion of young people in the broader community and increase their confidence to engage in discussions about multiculturalism, diversity and other social issues.	$50,000

Organisation	Community	Target Group	Description	Grant
Red Ridge	Central West Queensland	Rural and remote	**Inspiration in Isolation** established a wellbeing companion program to support a number of rurally isolated women to attend an event focused on improving mental and physical health and wellbeing, and promoting social inclusion and connections.	$18,000
The Pharmacy Guild of Australia (Queensland Branch)	Toowoomba, Dalby, Goondiwindi, Bundaberg	Rural and remote	**Community Farmacy—The helping hand** initiative delivered Mental Health First Aid training to community pharmacy staff and members of the farming community in four rural and remote locations. This initiative aimed to promote community connections and social inclusion and reduce stigma related to mental illness. It also aimed to build the capacity of community pharmacy staff to provide assistance and support to people experiencing mental health issues.	$45,420
University of Queensland	South East Queensland	People from culturally and linguistically diverse backgrounds	**Beyond the Reef** project worked with culturally and linguistically diverse Maori and Pasifika young people to develop and perform a series of community arts activities to explore issues related to mental health and wellbeing, culture, stigma and social inclusion.	$44,923
Wesley Mission Queensland	Brisbane	Current and former members of the Australian Defence Force and their partners	**Stand Together** is a physical activity and mindfulness program for current and former members of the Australian Defence Force experiencing mental health issues, including depression, anxiety and post-traumatic stress disorder.	$25,649
Young People Ahead Youth and Community Service	Mount Isa	Rural and remote	**Peers Take Action** developed a peer mentoring project for young people aged 16 to 25 in Mount Isa. The project aimed to promote social inclusion, raise awareness about mental illness, problematic alcohol and other drug use and suicide, and enhance knowledge about how to access services and support.	$50,000
			Total (excluding GST)	**$590,851**

Appendix 2
Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	3
Accessibility	• Table of contents	ARRs – section 9.1	1
	• Glossary		86
	• Public availability	ARRs – section 9.2	87
	• Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	87
	• Copyright notice	*Copyright Act 1968* ARRs – section 9.4	87
	• Information Licensing	*QGEA – Information Licensing* ARRs – section 9.5	87
General information	• Introductory Information	ARRs – section 10.1	6
	• Agency role and main functions	ARRs – section 10.2	6
	• Machinery of Government changes	ARRs – section 31 and 32	Not applicable
	• Operating environment	ARRs – section 10.3	6–8
Non-financial performance	• Government's objectives for the community	ARRs – section 11.1	6
	• Other whole-of-government plans / specific initiatives	ARRs – section 11.2	10–14
	• Agency objectives and performance indicators	ARRs – section 11.3	7, 44
	• Agency service areas and service standards	ARRs – section 11.4	44–45
Financial performance	• Summary of financial performance	ARRs – section 12.1	49
Governance – management and structure	• Organisational structure	ARRs – section 13.1	44
	• Executive management	ARRs – section 13.2	43
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3	43
	• *Public Sector Ethics Act 1994*	*Public Sector Ethics Act 1994* ARRs – section 13.4	45
	• Queensland public service values	ARRs – section 13.5	7

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	45
	• Audit committee	ARRs – section 14.2	46
	• Internal audit	ARRs – section 14.3	46
	• External scrutiny	ARRs – section 14.4	Not applicable
	• Information systems and recordkeeping	ARRs – section 14.5	46
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	47
	• Early retirement, redundancy and retrenchment	Directive No.11/12 *Early Retirement, Redundancy and Retrenchment* Directive No.16/16 *Early Retirement, Redundancy and Retrenchment* (from 20 May 2016) ARRs – section 15.2	47
Open data	• Statement advising publication of information	ARRs – section 16	46
	• Consultancies	ARRs – section 33.1	https://data.qld.gov.au 49
	• Overseas travel	ARRs – section 33.2	https://data.qld.gov.au 52
	• Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au 47
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	76
	• Independent Auditor's Report	FAA – section 62 FPMS – section 50 ARRs – section 17.2	77

FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2009*
ARRs *Annual report requirements for Queensland Government agencies*

Appendix 3

List of acronyms

AISRAP	Australian Institute for Suicide Research and Prevention
ARC	Australian Research Council
CALD	Culturally and linguistically diverse
DPMP	Drug Policy Modelling Program
HHS	Hospital and Health Service
IIMHL	International Initiative for Mental Health Leadership
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MWIA	Mental Wellbeing Impact Assessment
NATSILMH	National Aboriginal and Torres Strait Islander Leadership in Mental Health
NDIS	National Disability Insurance Scheme
NEP	National Empowerment Project
PHN	Primary Health Network
WOW	Wheel of Wellbeing

About this report

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2017–18. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug system in Queensland.

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

Queensland Mental Health Commission
Annual Report 2017–18
ISSN 2203-8574

Feedback

We value the views of our readers and invite your feedback on this report. Please contact the Queensland Mental Health Commission on telephone **1300 855 945**, fax (07) 3405 9780 or via email at **info@qmhc.qld.gov.au**.

Translation

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on **1300 855 945** and we will arrange an interpreter to effectively communicate the report to you.

Licence

Published by the Queensland Mental Health Commission, September 2018

An electronic copy of this report is available at **www.qmhc.qld.gov.au/about/publications**

To request a paper copy of this report or for more information:

Mail: PO Box 13027 George Street QLD 4003
Phone: **1300 855 945**
Email: **info@qmhc.qld.gov.au**

Queensland
Mental Health Commission

2018