

2019–2020 ANNUAL REPORT



About this report

This annual report provides information about the Queensland Mental Health Commission's (the Commission) financial and non-financial performance for 2019–20. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drugs (AOD) system in Queensland.

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

Queensland Mental Health Commission Annual Report 2019–20
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Feedback

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Translation

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Acknowledgements

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

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

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

Letter of compliance

Queensland
**Mental Health
Commission**

ABN 54 163 910 717

2 September 2020

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

Dear Deputy Premier

I am pleased to submit for presentation to the Parliament the Annual Report 2019–20 and financial statements for the Queensland Mental Health Commission.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements can be found at Appendix 1 on [page 63](#) of this report.

Yours sincerely



Ivan Frkovic
Commissioner
Queensland Mental Health Commission

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From the Commissioner

The *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)* has continued to be our ‘true north’ to align our activities and achievements in 2019–20.

The year started with a strong commitment from the Queensland Government, with an \$80.1 million budget allocation for a range of suicide prevention initiatives under the Shifting Minds Suicide Prevention Flagship, including substantial funding for alternatives to emergency departments.

This flagship was the result of significant work and collaboration by the Commission and other agencies to put forward a package of initiatives to advance reform priorities under *Shifting minds*. It was a decisive step by the Queensland Government, backed by concrete funding, to start the shift away from emergency departments as the default setting for people in crisis experiencing suicidality.

Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life) followed, providing the platform for ongoing government action to reduce Queensland’s suicide rate. The plan has mobilised a new collaborative approach across government and non-government sectors to address the protective and risk factors of suicide across many fronts. We are in the process of establishing a formal network to inform our collective approach, and we are continuing to improve access to timely and linked data to inform real-time decision-making.

Lived experience of mental health challenges, problematic AOD use and suicide is critical to helping drive reform in Queensland, and to leading improvements in consumer and carer experiences of service. Embedding lived experience into the system has been an important focus for our work this year. This included launching the Queensland Framework for the Development of the Mental Health Lived Experience Workforce, evaluating Stretch2Engage pilots and creating a wealth of implementation resources for other organisations, as well as starting work to establish a mental health consumer peak body.

We have also leveraged important initiatives to increase workforce participation for people with lived experience, particularly targeted at social enterprises that provide real jobs, real wages and real career paths. Our financial support and partnership with the Department of Employment, Small Business and Training has contributed to the development of Queensland’s social enterprise sector and the seeding of several large-scale employment-focused social businesses that are on track to achieving 100 jobs by 2021.

Our four Better Futures Grants projects, totalling \$740,000 in investment, are also directed at breaking down two of the barriers to social and economic participation for people with a lived experience—employment and housing. The work started during the year and are showing early signs of promising results, despite some COVID-19 pandemic-related delays.

Human rights continue to be a core focus area for the Commission. Not only have we examined how the *Mental Health Act 2016* has changed and improved the human rights of people treated under the Act, but we have forged a strong working relationship with the new Queensland Human Rights Commission. We will maintain strong interest in seeing that people’s rights are protected into the future, particularly with regards to least restrictive practices.

There have been some noteworthy advances in breaking down silos across the system. In particular, we have contributed to developing stronger partnerships between State and Commonwealth agencies. A good example is the expansion of the Way Back non-clinical suicide prevention support service in Queensland. Not only is the initiative jointly funded by the State and Commonwealth, but Queensland Health, hospital and health services and Primary Health Networks are co-commissioning these services. This is a major shift in the way we conceive and deliver services, and all parties are commended for this collaboration.

We are leveraging opportunities to strengthen and support sector capacity in population mental health. We have continued to roll out Wheel of Wellbeing training, and have contributed to the Queensland Government's *Our Future State: Advancing Queensland's Priorities* give our children a great start priority from a policy and resource framing perspective. This focuses on building mental health and wellbeing during the first 2000 days from birth to early childhood, and is aimed at changing negative life trajectories, stemming the flow of children into the child safety and youth justice systems and achieving better educational and life outcomes.

Our partnerships include a strong relationship with population mental health national leader Beyond Blue. Here we leverage the partnership to get the best outcomes for the Queensland community, particularly across digital platforms that they provide in the wake of the pandemic.

Stigma and discrimination continue to be consequential issues for people with lived experience. During the year we produced two landmark reports that examined stigma and discrimination for people experiencing alcohol and other drug use. *Changing attitudes, changing lives* and *Don't judge, and listen* shine a light on how stigma, discrimination and stereotypes influence the behaviours of individuals and organisations, and affect policies, laws and practices. *Don't judge, and listen* focused on the racism and stigma experienced by Aboriginal and Torres Strait Islander people and explored alternative, constructive and culturally safe ways to deliver services.

One of the most important pieces of work started during the year was the healing strategy for Aboriginal and Torres Strait Islander people. Our work began with the Department of Child Safety, but we are looking at the implications across a range of government agencies to better address the trauma experienced by Indigenous Queenslanders by forced removal from family and culture. Tackling this trauma at a foundational level could make a real difference to our First Nations peoples and improve interactions across government.

We continue to progress alcohol and other drug policy reform, including increasing the focus on harm reduction— which is as vital as supply and demand reduction. Alongside this, we will be working to increase community literacy around the multiple harms that individuals and the community experience as a result of providing primarily a criminal justice response, rather than a health response to people who have an addiction.

The last word must be about the COVID-19 pandemic. We have worked to support development of an initial national approach and, as the pandemic progresses, our attention at state level has focused on incorporating into economic recovery the human and social aspects of recovery which include longer-term mental health and wellbeing.

My sincere thanks must go to the staff of the Commission, the Council members, people with lived experience, their families and carers, our partners and supporters for contributing to reform this year, and I look forward to continuing the reform journey with you in 2020–21.



Ivan Frkovic
Queensland Mental Health Commissioner

About the Commission

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

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

The Commission contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities* to Keep Queenslanders healthy and Give all our children a great start through the development and implementation of a well aligned *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Plan 2018–2023*.

As an agency within the Health portfolio, the Commission has close links with the Department of Health while retaining its role as a statutory body providing independent advice. It reports through the Commissioner directly to the Minister for Health.

The Commission's work is guided by the protection of human rights under the *Queensland Human Rights Act 2019*. Respect for human rights and dignity is a guiding principle of *Shifting minds*. The *Shifting minds* priorities determine the focus of the Commission's operational planning and delivery.

Our role and functions

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

Developing, monitoring, reviewing and reporting on a whole-of-government mental health, alcohol and other drugs, and suicide prevention strategic plan –Shifting minds: Queensland Mental Health, Alcohol, and other Drugs Strategic Plan 2018–2023 (*Shifting minds*).

Monitoring, reviewing and reporting on matters affecting people living with mental health or substance misuse issues, their families, carers and support people, and people who are vulnerable to or at significant risk of developing mental health or substance misuse issues.

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

Engaging and enabling stakeholders to foster an inclusive and responsive system that promotes opportunities for people with lived experience of mental ill-health, problematic AOD use, and suicidality, and their families, carers and supporters to have a say in reform, and engages within and across sectors to build collaborative partnerships as agents for change. The Commission works with government, non-government and private agencies, people with lived experience of mental health and AOD issues and suicidality, and their families and carers throughout Queensland. Its work extends beyond the health system and acknowledges the many needs and issues faced by those experiencing mental health difficulties and problematic AOD issues.



Queensland Mental Health Commission

Our vision

Queenslanders working together to improve mental health and wellbeing.

Our principles

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

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

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

Carers, family members and support people are integral to wellbeing, treatment and recovery; respected, valued and supported; and engaged.

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

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

Our values

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

Objectives and performance

The Commission's 2019–2023 **Strategic Framework** outlines the objective to achieve better outcomes for people living with mental health or AOD issues and those affected by suicide. This is achieved by agreeing on, supporting and driving system-wide reforms, and bringing together the wisdom of lived experience and professional expertise.

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

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

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

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

- The extent to which agreed commitments in the Strategic Plan are implemented.
- Stakeholder satisfaction with the support provided by and the achievements of the Commission.

This relies on data captured through an annual stakeholder survey. The 2019–20 survey was postponed due to the pandemic.

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

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

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

It plays an important role in influencing the state and national reform agenda by contributing to relevant inquiries and reviews, participating in the National Reducing Stigma and Discrimination Working Group, convened by the Commonwealth and Department of Health and the Delphi Consensus Group to support the Our Turn to Speak National Stigma Report Card Project.

Preamble

Good mental health is important to us all. It is vital to happiness and wellbeing, to ensuring people have meaningful and productive lives. Good mental health contributes to a productive economy and a flourishing society, and its impact can be felt for generations.

The Commission moved swiftly to respond to the immediate mental health, AOD and suicide prevention aspects of the COVID-19 pandemic and its economic fall-out, incorporating mental health recovery implications into our work in the second half of 2020 and beyond.

Now into the second year of its five-year outlook, *Shifting minds* has already brought about change in its three focus areas. Strategic partnerships have been implemented,

new grassroots programs have been initiated, important research has been commissioned and delivered and, importantly, people with lived experience of mental health and problematic AOD use and the effects of suicide have been consulted and engaged. A major *Shifting minds* initiative in 2019–20 was the delivery of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every Life)*. Work to develop a *Shifting minds* monitoring and evaluation framework began in 2019–20.

Focus area 1

Better lives

Like all Queenslanders, people with a lived experience of mental ill-health, problematic AOD use, and suicidality seek and deserve lives with meaning and purpose, connection with family and community and to be free from disadvantage, social exclusion and discrimination.

For people with a lived experience, the second half of 2019–20 was particularly challenging. Good mental health and wellbeing along with social and economic inclusion and participation, which have been the centrepiece of *Shifting minds*, have become more important than ever during the global pandemic. They are the pillars of an effective, functioning, and responsive mental health and AOD system.

By taking a holistic approach, *Shifting minds* advocates for better lives for people with a lived experience. A range of person-centred, accessible, comprehensive, and integrated community-based services and support systems are required to enable people to remain well and connected to the community. The holistic framework includes having a safe and stable place to live, participating in education, training and/or work, social inclusion and good physical health and wellbeing.

Better lives aims to personalise and integrate care and remove the barriers to social and economic participation, and to strengthen coordination between clinical mental health, AOD, physical health, and the private and non-government sectors.

In 2019–20 cross-agency collaboration identified opportunities to refocus the system and investment toward community-based care and support. The Commission facilitated co-planning mechanisms involving government and non-government stakeholders to develop service improvements and enhancement plans to meet the needs of key groups.

Work across health, child safety, youth justice and housing identified the need for progressive development to build critical regional capacity in frontline human and social services to improve identification of mental health and problematic AOD issues to enhance early intervention and prevention.

Building better futures

The Better Futures Grants are a three-year initiative in partnership with the Department of Employment, Small Business and Training (DESBT), the Department of Housing and Public Works (DHPW), and the Department of Innovation, Tourism Industry Development and the Commonwealth Games (DITID). The grants are designed to help reduce the impact of housing and employment issues for people at risk of mental illness or problematic AOD use or who have been affected by suicide. Four grants were awarded in 2018–19.

Lives Lived Well received \$200,000 to establish a social enterprise called Nurture – a sustainable, regenerative farming and distribution co-operative in Logan. Now established, Nurture has in its first year of implementation built the Nurture House operational farm site in Logan and is harvesting food and supplying it to the Logan House rehabilitation facility. Trainees participate in a Skilling Queenslanders for Work 20-week training and employment program on site, to achieve nationally recognised qualifications. They also complete a range of complementary life skill courses to enhance employability. Training has continued during the pandemic, and employment pathways are now being established through relationship-building with a range of employers.

Brisbane Youth Service received a \$198,000 grant to trial a Brisbane Couch Surfing Support Line and mobile service to help vulnerable young people find suitable accommodation and reduce the risks associated with homelessness, mental health issues, problematic substance use, or self-harm. The service has continued during the pandemic and in 2019–20 provided 958 occasions of support for 238 young people, including through a telephone hotline, text, email, and face-to-face contact. Of those young people, 72 per cent had not engaged in a support service before and almost half sought accommodation assistance as well as support for related emotional, family, and mental health needs.

Toowoomba-based Mercy Community SEQ received \$200,000 to implement the Green Care Multicultural Mental Health Program. The initiative is a structured educational care program that focuses on social and therapeutic horticulture and traditional and cultural crop and vegetable production.

It is designed to improve the social connectedness and inclusion of migrant and refugee communities in the Toowoomba region, enhancing participants' psychological and physical wellbeing and employability through skills-based horticulture activity workshops.

The HELP Enterprises' Champions of Change: Mental Health in the Workplace initiative received \$142,000 to build employer capacity to improve understanding of mental health and wellbeing in the workplace and address stigma and discrimination. Progress was delayed due to the pandemic. Key achievements in 2019–20 included the development of video content depicting the job-seeking and employment perceptions of people with lived experience of mental illness. The material will contribute to the delivery of accredited training to five large employers, to increase understanding and awareness of workplace mental health and wellbeing. Planning is under way to deliver workshops, training and mentoring to the employers; to develop employer recruitment packs and appoint organisational champions of change; and to place up to 250 work-placement employees across the five employers.

The programs are all aimed at helping improve the mental health, wellbeing, and social inclusion of people with a lived experience. It recognises the importance of having a stable and safe home, a role as a valued employee, and social supports. Employment gives people purpose, builds confidence and self-esteem, ensures financial independence, and helps to promote and sustain recovery. Key to this is reducing stigma and breaking down barriers at the grassroots level to build better futures for people living with mental health and AOD issues.

A comprehensive independent evaluation will assess the efficacy and outcomes of the Better Futures Grants. An evaluation capacity-building workshop was held in the second half of 2019 and another is planned, along with visits to the projects. The evaluation is building the capacity of each of the organisations to do their own local evaluations – a skill they will carry with them into the future. The evaluation is expected to be completed by December 2021.

Strengthening the workforce

Lived experience workers are invaluable members of the mental health workforce, providing unique perspectives to support others on their recovery journeys. They bring a message of hope that recovery is possible. Importantly, they provide an element that complements clinical approaches to treatment. Strengthening the peer workforce is a goal of *Shifting minds*, and was also a recommendation of the National Productivity Commission's mental health draft report released in October 2019.

The 2019 launch of the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* was a highlight of the Commission's investment in evidence-based practical support for public, private, and non-government mental health service providers. The suite of documents – a toolkit for embedding people with lived experience of mental health challenges into mental health service workplaces – was funded by the Commission and developed by an RMIT University team led by lived experience researchers. It was launched in Brisbane in November 2019, followed by regional launches in Cairns, Mt Isa, Wide Bay, Sunshine Coast, Toowoomba, and the Gold Coast.

The framework comprises the second phase of a project that had its origins in 2016. Co-designed with lived experience workers across Queensland, the framework aims to support organisations in the development and management of the lived experience workforce, and provides strategies for training, supervision, support, culture, and career progression.

The framework is flexible and transferable across public, private and NGO sectors. For example, Queensland Health released the *Queensland Health Mental Health Framework Peer Workforce Support and Development 2019*, delivering on a commitment made under *Connecting Care to Recovery 2016–2021: A plan for Queensland's state-funded mental health, alcohol and other drug services* (Connecting Care to Recovery). The framework and the Queensland Health document intentionally complement and align with each other. This is an example of how one part of the system has applied the key elements of the framework to its specific context (lived experience workers employed in hospital and health services).

The framework's strength and durability lie in the fact that it was co-designed with lived experience workers and leaders with knowledge and experience of what is required to embed the lived experience workforce into service delivery. The Commission has used the framework to guide the recruitment of two project officers to drive the establishment

of a Queensland mental health consumer peak organisation. Lived experience was identified as being critical to these roles and the framework was a useful tool to help the Commission consider all aspects of job design, recruitment and ongoing support and development.

The National Mental Health Commission is producing national peer workforce development guidelines as an action under the *Fifth National Mental Health and Suicide Prevention Plan*. The Queensland framework provides significant guidance for this work.

Increasing workforce participation

The Commission has partnered with DESBT to support the establishment of Project 5000 which includes the development of two large self-sustainable employment-focused social enterprises in Queensland. The aim is for the two enterprises to provide support services and long-term employment for 100 eligible jobseekers, with a focus on providing employment opportunities through social enterprise. Project 5000 aligns with *Shifting minds* and with the Queensland Social Enterprise Strategy.

Through the partnership, the Commission contributed \$200,000 to DESBT to support the establishment of the White Box Development Office. DESBT also contributed \$200,000. White Box builds social enterprises that offer industry-focused training and job opportunities, before transitioning participants and their skills and experience to the open labour market. The White Box philosophy is that a job is worth much more than simply a wage, as it gives an individual independence and improved feelings of self-worth and confidence, strengthens relationships, and improves health and wellbeing. The project has already resulted in the employment of several vulnerable or disadvantaged jobseekers, with 33 people securing employment for greater than three months in the following social enterprises:

- **Hotel Housekeeping** – a housekeeper-on-demand service providing employment and support to young people from refugee and asylum-seeker backgrounds. White Box Enterprises is supporting Hotel Housekeeping with finance, space, business support and partners.
- **Jigsaw** – a document-management business providing employment and support to people with a disability. White Box Enterprises is helping Jigsaw to scale and move into Queensland with support such as grants, finance, space and project management.

Strengthening human rights protections

Human rights are inherent to all people and are fundamental to the recovery of people living with mental health issues and problematic AOD use and those experiencing suicidality. The right to respect and dignity of individuals, freedom from inhumane or degrading treatment, and equitable access to appropriate health care are particularly relevant to the mental health and AOD sector. People with lived experience are more likely than other Queenslanders to have their human rights violated by seclusion and restraint, indefinite detention, and the loss of personal and parental rights.

In October 2019, the Commission published the *Overview: Human rights protection frameworks for people being treated involuntarily for a mental illness* research paper. The paper summarised the finding of a research project undertaken by researchers at the University of New South Wales, the University of Sydney, and Griffith University on the Commission's behalf. The research investigated the views and experiences of families, carers and other stakeholders; examined processes to protect the human rights of people who received involuntary treatment in hospital and community settings under the *Mental Health Act 2016* (MHA 2016); and compared Queensland's processes to those in other Australian states and territories and to stakeholder experiences of how the processes were working in practice.

The research concluded that the *MHA 2016* had strengthened human rights protections and improved alignment with the United Nations Convention of the Rights of Persons with Disabilities. It found Queensland was in a strong position compared with other Australian states and territories. The research noted that implementing new mental health legislation was complex, and some issues could only be identified and considered as they emerged. It highlighted the importance of involving people with a lived experience, their carers and family members in all aspects of service planning, delivery, governance, and research.

The Commission anticipates that the Queensland Human Rights Commission's complaints process, introduced in January 2020, will improve protections and safeguards for all Queenslanders and particularly for the most vulnerable people receiving involuntary treatment for a mental illness.

The research, including an extensive literature review, will inform future considerations around work in this area. The project has been shared with other Australian jurisdictions and with a statewide forum of Independent Patient Rights Advisers (IPRAs) who play a key role in informing patients about their rights under the *MHA 2016*. The forum discussed how the IPRA role could assist with developing solutions to issues raised by research participants.

The Commission is working with the Queensland Human Rights Commission and other stakeholders to address issues and drive human rights reform in mental health. A key focus of this work is to provide information and resources for consumers and families using mental health services in Queensland. The Commission's focus on mental health law reform includes work in partnership with the Office of the Public Guardian and the Office of the Public Advocate to advocate for and uphold the rights of involuntary mental health inpatients subject to seclusion and restraint.

Improving access to quality health care

The relationship between physical health and mental health is well documented. People who live with mental health challenges and problematic AOD use have an increased likelihood of experiencing poor physical health and higher rates of chronic illness and preventable disease, resulting in a lower quality of life and reduced life expectancy. The potentially dire effects on individuals are compounded by the fact that those who live with mental ill-health and problematic AOD use are likely to receive lower quality health and social care than their peers, which can lead to financial and social disadvantage. Reducing poor physical health and chronic illness will also serve to reduce pressures on Queensland's health system.

Shifting minds has a focus on improving the physical health of people with a lived experience, recognising that access to quality health care, along with reducing stigma, is important to ensuring health, wellbeing, and quality of life.

Partnering with stakeholders across the private, public, and non-government sectors, the Commission in 2018–19 started a project that examined reform opportunities to improve the physical health of people with lived experience. Background research, a consultation program and analysis were conducted by an independent third party. This work was designed to identify reform opportunities for the Commission to work with stakeholders to lead, invest, and be involved in, with the aim of improving the physical health of those with a lived experience. The researchers consulted with more than 50 key stakeholder groups.

The Commission's Physical Health Project, published in October 2019, identified 12 overarching themes in four categories of reform, aligning with holistic, person-centred approaches to physical and mental health and wellbeing and the principles embedded in the National Health Commission's.

The four identified categories of reform were:

- Individual level determinants such as the protective factors that work to improve a person's ability to cope with difficult circumstances; and initiatives to support patients and/or carers to navigate the healthcare system effectively.
- Health service delivery, with the overarching themes of accountability, access to a comprehensive range of care models, and coordination of care involving GPs and specialist services, to support continuity over time and facilitate step-up and step-down as individuals move between care settings.
- System-wide reform that explores population health, place-based health promotion and illness prevention strategies, and partnerships with all levels of government to ensure a whole-of-system view.
- Resources and enablers such as funding and commissioning strategies, workforce capacity and capability development, digital health strategies to support improvements in service access, integration and quality, and a commitment to research and evaluation.

The Commission will continue to work with stakeholders in 2020–21 to promote these reform opportunities in a whole-of-system approach, and will develop and lead an engagement program with key lived experience representatives.

Working in partnership to expand integrated models of care

The Commission has a key role in engaging, enabling, and integrating coordinated planning to respond to areas of population need. The Commission has continued to work in close partnership with a range of agencies to support the development of new and expanded options across the continuum of community-based care and support, through to suicide and mental health crisis interventions.

In 2019–20, the Commission has worked in partnership with the Department of Health, Children’s Health Queensland, the Department of Child Safety, Youth and Women, and the Department of Aboriginal and Torres Strait Islander Partnerships to support coordinated planning for reduced risk and exposure to adverse child experiences.

The Commission’s support for the Department of Education’s strong commitment to student learning and wellbeing has included collaboration to identify and prioritise service enhancements to strengthen responses for students experiencing complex mental health conditions and/or suicide risk. This has complemented Commonwealth investment in the Be You: National Education Initiative, and has included:

- the extension of mental health coaches across all Queensland education regions to provide systemic support and advice for implementing whole-of-school approaches across the continuum of care to support improved student mental health and wellbeing and school engagement
- the establishment of specialised mental health guidance officer positions across Queensland education regions to support students with complex mental health conditions to transition back to school after admission to a mental health treatment program.

The Commission has contributed to Department of Health, Department of Youth Justice, and Department of Child Safety, Youth and Women cross-agency planning for expanded and integrated responses for young people and families with complex vulnerabilities; and has collaborated with the Department of Aboriginal and Torres Strait Islander Partnerships to design and deliver an Aboriginal and Torres Strait Islander youth mental health and wellbeing response over four years.

The Commission has worked to support the Department of Health’s trial of new crisis care service options to reduce demand on emergency department hospital-based services. This work aims to provide more appropriate and immediate support in a comprehensive and integrated manner that is adaptable to regional needs and circumstances. It includes linking existing and building new infrastructure and leveraging Commonwealth investment. Examples of the Commission’s involvement include:

- contributing to the Department of Health partnership with the Commonwealth Government to expand Way Back Support Services to provide psychosocial support for up to three months for people who attend hospital following a suicide attempt
- supporting Department of Health planning to establish a mental health crisis stabilisation service to assess and treat people experiencing suicidality and mental distress.

The Commission has partnered with the Department of Health and the non-government sector to support enhanced investment in publicly funded non-government community support services for people living with severe and persistent mental illness and suicidal ideation.

Focus area 2

Invest to save

Good mental health is not just the absence of mental illness, but a state in which people can realise their potential, cope with the normal stresses of life, work productively, and lead contributing lives. When people are mentally and physically fit and well, their lives are happier and more fulfilling. They can achieve education and employment outcomes that contribute to individual and community social and economic prosperity for generations. Strengthening positive mental health and wellbeing, and preventing mental illness, problematic AOD use, and suicide reduces distress, disadvantage, and disability. This contributes to fewer people needing to access costly services across the health and human service sectors.

Shifting minds recognises the need to invest now to ensure the best future for Queenslanders. It advocates effective mental health promotion, prevention and early intervention and harm-reduction strategies that require action at the individual, family, community, structural, and whole-of-population levels. Governments at all levels and across all portfolios have a responsibility to promote and protect good mental health and wellbeing. Its benefits – in the long-term, including to future generations – are significant.

This approach was supported by the National Productivity Commission mental health inquiry draft report released in October 2019, which found that mental ill-health and suicide cost the Australian economy about \$43–\$51 billion a year. Added to this is another \$130 billion a year related to diminished health and reduced life expectancy for those living with mental ill-health. In any one year, about one in five Australians experiences mental ill-health, and almost half of all Australian adults will meet the diagnostic criteria for a mental illness at some point in their lives. The Productivity Commission highlighted the need for generational shift, noting that mental health care had been tacked onto a health system designed around physical illness.

The Invest to save focus area of *Shifting minds* includes strategies to strengthen mental health and wellbeing, starting from a child's early years, through to the workplace and the community. Mental health, AOD, and suicide prevention literacy is important, along with increasing early intervention responses to address diverse needs and experiences.

In 2019–20, the Commission focused on capacity-building, reducing the stigma and discrimination faced by those experiencing mental ill-health problems and problematic AOD use, and helping communities to build and embed awareness, knowledge and capacity for improved mental health and wellbeing.

Bolstering cross-sector capacity

The Commission continues to support and invest in activities that bolster understanding and capacity, recognising that mental health and wellbeing are the cornerstones of flourishing and prosperous individuals, families, communities and economies. This includes the continuation of a partnership with Implemental (formerly Maudsley International) to deliver the Mental Wellbeing Capacity-Building Project. During 2019–20 the project had three key objectives:

- to engage new agencies and organisations across sectors in promoting wellbeing through Wheel of Wellbeing (WoW) training
- to build capacity in key organisations and sectors to apply and embed WoW in service-delivery and workforce
- to contribute to a continuing WoW support function beyond the funded project.

WoW is a flexible and creative framework for understanding and promoting positive mental health and wellbeing through six universal themes: body, mind, spirit, people, place, and planet. It rests on work that suggests an understanding of these themes can contribute to healthier, happier, meaningful, and productive lives, and ultimately can help communities to flourish.

In 2019–20, project delivery focused on developing flexible ways of increasing the number of advanced WoW practitioners verified to train and support others in WoW across sectors. WoW advanced practitioners completed a train-the-trainer program to enable them to deliver intensive training, provide mentoring and support to other WoW facilitators, and contribute to the promotion and development of statewide WoW capacity. A series of one-day workshops was conducted to engage people in the mental health and wellbeing agenda. An education-specific version of WoW has been developed in concert with the Department of Education.

A final Implemental partnership in 2020–21 will build on existing interest in WoW and further embed wellbeing into the work of key sectors, including education, social housing, and early years settings. A key aim is to ensure WoW continues after the Mental Wellbeing Capacity Building Project is completed in early 2021. The Commission will work with an independent external organisation to undertake a qualitative review to identify, examine and document the reach, impact and ripple effect of the project.

Supporting regional mental health and wellbeing hubs

The Regional Mental Health and Wellbeing Hubs – a three-year community mental health investment by the Commission – aimed to improve awareness, knowledge and capacity for good mental health and wellbeing.

The Commission established the hubs initiative in 2016 under the *Early action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–2017*. Regional mental health and wellbeing virtual hubs were established in partnership with community organisations across Queensland, to develop a localised approach to building mental health and wellbeing capacity. CentacareCQ established a Central Highlands Hub, Relationships Australia Queensland established a Logan and Southern Moreton Bay Islands (SMBI) Hub, Selectability (formerly SOLAS) established a North Queensland Hub. The North Queensland Hub ended in 2017, and the Commission partnered with CentacareFNQ in 2018 to establish a Far North Queensland Hub.

Each hub identified and collaborated with key community stakeholders to determine local priorities and implementation methodologies to develop, apply and support ways to increase awareness about the importance and benefits of promoting positive mental health and wellbeing and build the capacity of community groups.

The hubs worked with individuals, community members, groups, networks, industry, and government across their regions to identify community needs and facilitate better access to mental health and wellbeing training and resources. The hubs were free to determine the frameworks and approaches they used to engage and build capacity. The Commission provided access to WoW and Mental Wellbeing Impact Assessment training. Hubs funding concluded in December 2019, after a significant focus on ensuring sustainability of the initiatives.

The project's legacy and ongoing impact is evident across the communities involved. The Central QLD Wellbeing Hubs Inc, an independent corporation launched in November 2019, will continue the work of local community groups in four regions, promoting individual and community health and wellbeing. On the Southern Moreton Bay Islands, a community-developed wellbeing agenda has resulted in innovative initiatives to address social isolation, provide accessible services, and improve use of local infrastructure. In the north, WoW theming has been embedded in the Atherton Maize festival.

A Commission-funded independent evaluation, delivered in 2019, reported that the hubs had achieved the intended outcomes of improving local mental health awareness, capacity and coordination. The evaluation confirmed the value of the approach to resource a community-based organisation to work with community leaders and a range of sector representatives. The evaluation emphasised that communities were well equipped to identify and drive solutions to fit their needs.

The knowledge gained from the hubs will inform future community wellbeing capacity-building initiatives.

Promoting the best start in life

The early years of a child's life, from conception through infancy, are critical to the development of solid foundations for lifelong mental wellbeing. Ninety per cent of brain growth takes place during the first three years of life. Research indicates that prioritising the early years helps to set a child on a trajectory for future success. This has multiple flow-on effects in terms of education, social services, health, and long-term productivity. The focus needs to be on prevention, rather than remediation, if young people are to go on to lead fulfilling, happy and healthy lives.

Shifting minds advocates supporting the best start in life and intervening early to contribute to better outcomes for health and resilience to provide greater returns across all spectrums. Between one-quarter and one-half of adult mental illness may be preventable through intervention during childhood.

The Commission continued in 2019–20 to advocate for and promote cross-agency consideration of priorities to support improved mental health and wellbeing in the early years. This included convening discussions with the architects of the New Zealand Lifetime Child Wellbeing Model. There is cross-agency support for the development of guidance to strengthen perinatal and infant mental health prevention and interventions across the maternity, child health, primary care, and specialist mental health services, and the broader early years, family and community service systems. This will build on an existing strong foundation of maternity, child health, mental health, and early years strategies and programs in Queensland.

Reducing stigma and discrimination

Stigma and discrimination, common in the lives of people living with problematic AOD use, result in distress, shame, anger, rejection, and a sense of worthlessness and hopelessness. This in turn can trigger further AOD use. It can create barriers to people seeking and receiving help and support, and can hinder their ability to reconnect with community and access employment, thus compounding social disadvantage and social isolation. Stigma and discrimination are pervasive in health care and public health; welfare and support services; police, public order and criminal law; employment; and the broader community.

Stigma reduction and social inclusion align with the *Shifting minds* reform agenda, and the Commission is committed to supporting meaningful community participation essential for the mental health, wellbeing and recovery of people with a lived experience.

Changing attitudes, changing lives

In May 2020, the Commission published a final progress report on 18 options for systemic reform outlined in its 2017 *Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use* report. The final report highlighted the progress agencies had made toward reducing AOD stigma and discrimination. This included the Commission funding the Queensland Injectors Health Network to deliver the *Putting Together the Puzzle* anti-stigma training program which was delivered to 172 health professionals and community workers.

The final progress report noted that the most significant progress towards protecting people from discrimination had been the introduction of the *Human Rights Act 2019*, which came into force on 1 January 2020, with a Queensland Human Rights Commission complaints process providing additional safeguards.

Don't judge, and listen

In 2020 the Commission published *Don't judge, and listen: Experiences of stigma and discrimination related to problematic alcohol and other drug use in Aboriginal and Torres Strait Islander communities, families and individuals*. The report, prepared for the Commission by an Aboriginal and Torres Strait Islander-led consulting and research group, involved community consultations in five locations – Cairns/Yarrabah, Inala, Mount Isa, Rockhampton/Woorabinda and Thursday Island. The research was designed to give Aboriginal and Torres Strait Islander people a strong voice, rather than to speak on their behalf. It recognised that a large proportion of Aboriginal and Torres Strait Islander people did not drink alcohol, and considered the effects of negative stereotypes on people regardless of whether or not they engaged in AOD use.

The report found that Aboriginal and Torres Strait Islander research participants experienced multiple forms of stigma and discrimination related to race, clan, location and AOD use and felt judged by mainstream services. Most participants reported they could not get support with mental health and problematic AOD use where and when they needed it. The research highlighted the importance of a multilevel, multifaceted approach to reducing racism and improving social and emotional wellbeing.

The Commission will continue to work with Aboriginal and Torres Strait Islander communities and organisations in developing reform options to reduce racism and strengthen social and emotional wellbeing.

Supporting young men's mental health literacy

The Queensland Rugby Union (QRU) **In Touch Mental Health Program** is an innovative early intervention initiative that aligns with research that identifies young males as a difficult-to-reach group for mental health literacy programs, highlighting the need for a targeted response.

The program focuses on mental health awareness and training for young rugby union players, and aims to increase mental health literacy. It provides an opportunity to intervene early in relation to mental health and suicidality, reducing stigma and fostering a community-wide response. Mental health awareness and literacy are embedded and strengthened through club information sessions and mental health first-aid training; and mental health action plans developed for each club include support resources and contact details. The program has registered 30 premier and junior clubs and referee associations. Information sessions have been delivered, and volunteers from the clubs have been accredited in mental health first-aid training.

The pandemic brought a halt to organised sporting activity in the first half of 2020, creating an opportunity for staff and players to engage in online learning and personal development. This resulted in the program's reach expanding to encompass a larger rugby community audience through digital engagement, including through the *In Touch* podcast launched in May 2020, designed to highlight mental health and wellbeing matters. A series of promotional videos is planned.

The program's second year will have an increased focus on evaluation to assess the effect of increased knowledge on participants' abilities to manage critical mental health scenarios.

Partnering with Beyond Blue

The Commission has continued its partnership with Beyond Blue to provide people affected by anxiety, depression and suicidality with information, services, and support. This partnership has included a \$645,000 contribution to Beyond Blue on behalf of the Queensland Government, as part of a five-year agreement. Beyond Blue is an independent, not-for-profit organisation with a vision to enable all Australians to achieve their best possible mental health. It works to create change to protect mental health and improve the lives of individuals, families, and communities. This aligns with the *Shifting minds* whole-of-government approach to improving the mental health and wellbeing of all Queenslanders and preventing and reducing the impact of mental illness, problematic AOD use, and suicide.

The Commission's 2016–2020 funding agreement with Beyond Blue has supported national programs to prevent the development of mental health conditions and enable more people to be reached earlier. The Commission has worked with Beyond Blue to support the implementation of Way Back Support Services through partnerships established with Queensland Health and Primary Health Networks. Way Back Support Services provide support to people during the high-risk period of days and weeks immediately after they have experienced a suicidal crisis.

Beyond Blue is a trusted source of information and advice to help people manage their mental health, and continues to change the conversation to improve mental health literacy and reduce stigma and discrimination. The Commission is negotiating a 2020–25 funding agreement and partnership with Beyond Blue.

Focus area 3

Whole-of-system improvement

***Shifting minds* is based on an integrated policy and planning approach, recognising that reform in mental health, problematic AOD use and suicide prevention cannot be achieved through any one agency, sector or tier of government working alone. Meaningful reform requires the collective actions of local, state and Commonwealth governments; the private, public, and not-for-profit sectors; industry; and beyond. It is not simply a matter for the health system. All sectors have an important but different role to play, and shared leadership and accountability are required to deliver a system that reflects and supports the optimal design and mix of services to meet population needs.**

Through the Queensland Government's commitment to *Shifting minds*, the Commission takes a whole-of-government leadership and accountability approach to reform. This focuses on enhancing community-based services, expanding AOD services – particularly rehabilitation and detoxification services – and addressing service gaps and population growth. Cross-sectoral approaches to social and emotional wellbeing need to be strengthened and integrated. Strategic priorities for the Commission have included supporting organisations involved in service delivery and reform to build their capacity for meaningful engagement and consultation with people with lived experience.

Working together on suicide prevention

Queensland has the second highest rate of suicide in Australia. Suicide is preventable. Effective suicide prevention requires a systems-based or whole-of-community approach with strong collaboration across many sectors. This can include a combination of evidence-based strategies across the continuum from prevention, to intervention and post-intervention. The Commission is working on a variety of suicide prevention projects that span this continuum.

The Culturally and Linguistically Diverse (CALD) Suicide Prevention Training Package Project, which began in 2018–19, focuses on early intervention responses for CALD individuals and communities. The Commission funds the Queensland Transcultural Mental Health Centre to undertake the project, which recognises that responses must be tailored to overcome cultural, linguistic and other barriers. Consultation with a variety of CALD communities has been key to the development of resources that highlight entrenched stigma and taboo surrounding mental illness and suicide. The training package will be delivered online, and the project will continue to run into 2020–21.

The Commission continues to partner with Western Queensland Primary Health Network on a Maranoa region place-based suicide prevention pilot project to increase awareness and understanding of contemporary suicide prevention frameworks and strategies. The project aims to increase capacity to recognise and respond to suicide risk, with a focus on vulnerable groups. Initiatives undertaken to date have included mental health first-aid training and a rural minds workshop. A project evaluation will be conducted as part of the Commission's contribution to the project.

The Commission has a continued partnership with the Australian Institute for Suicide Research and Prevention (AISRAP) to maintain the Queensland Suicide Register, which enables the identification of Queensland suicide trends and issues.

Strengthening and integrating a cross-sectoral approach to suicide prevention is a key commitment of *Shifting minds*. The Commission, on behalf of the Queensland Government, led the development of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*, launched in September 2019. The plan outlines the shifts required to reduce Queensland's suicide rates over the next decade. It is supported by 60 actions in the first three years, to be led by Queensland Government agencies in partnership with federal government, non-government, and community organisations. The *Every life* annual report 2019–20 appears on [page 24](#).

Renewing the approach to alcohol and other drugs

In response to the *Shifting minds* commitment, the Commission is progressing work to develop the State Government's renewed approach to AOD, recognising that reducing harm associated with problematic AOD use requires a strategic whole-of-government and whole-of-community approach. This work supports Queensland's commitment under the *National Drug Strategy 2017–2026*. A renewed AOD approach aligns with *Shifting minds* approaches to system-wide integration, the development of multi-agency responses for those with complex needs, drug policy reform, alcohol harm minimisation, increasing AOD misuse prevention and early intervention, workforce development, and addressing stigma and AOD literacy.

The Commission's work to formulate a contemporary Queensland approach to AOD has involved consultation with a wide range of stakeholders, including people who use drugs and have experience problematic AOD use, their families and carers, and service providers across the State. This has enabled the Commission to discuss and consider options to strengthen a whole-of-system harm-minimisation approach by reducing the impacts of problematic AOD use, and identifying strategies to reduce stigma and discrimination.

In May 2020, the Commission engaged the University of Queensland Centre for Health Services Research's Substance Use and Mental Health Unit to deliver a data research project focused on current Queensland-specific and nationally comparable data. This has provided a data profile including demographic information, patterns of drug use, drug-related harms, and help-seeking behaviours of people who use drugs in Queensland. This data will be used in conjunction with the consultation papers and the existing evidence base to inform the renewed Queensland AOD priorities.

The Commission has been working in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC) to support a consultation campaign with targeted regional Aboriginal and Torres Strait communities. The pandemic has led to a revision of consultation plans due to community access restrictions.

During 2019–20 the Commission held policy forum events to initiate discussions about the risks and benefits of drug policy reform options for Queensland.

In July 2019, the Commission hosted an international drug policy reform forum in partnership with the Queensland Network of Alcohol and Other Drug Agencies (QNADA). The event provided an opportunity to hear from leaders in the field on the latest evidence and emerging issues, and to learn from international models of reform. It featured the RAND global think tank's Drug Policy Research Center director Dr Beau Kilmer and University of New South Wales Social Policy Research Centre Drug Policy Modelling Program director Professor Alison Ritter. Dr Kilmer and Professor Ritter discussed the risks and benefits of drug policy reform, including reform options for Queensland. The event was attended by Government policy and AOD sector representatives.

In January 2020, Durham University criminology Professor Fiona Measham, co-founder of The Loop UK drug-checking organisation, featured at a policy briefing on the scientific processes involved in pill testing. The event included demonstrations of laboratory equipment used for pill testing.

The Commission's focus on drug policy reform continues with the exploration of a range of measures, including diverting people from the criminal justice system to treatment and support services.

Supporting lived experience engagement

The Commission's commitment to engaging people with lived experience as equal partners in policy, planning and governance, and to encouraging stakeholder agencies to do the same, is evidenced by the development and piloting of the Stretch2Engage framework. The framework was published in 2017, and the Commission worked with the Stretch2Engage Partnership, comprising the Queensland Alliance for Mental Health, the Queensland Network of Alcohol and Other Drug Agencies, and Enlightened Consultants, to pilot it in 2018 and 2019.

Stretch2Engage guides organisations to improve and increase meaningful engagement of people with lived experience in the mental health and AOD public and non-government sector service design and evaluation. It is founded on values that acknowledge that meaningful engagement of people with a lived experience, their families, friends and supporters is a human right, fundamental to citizenship. Meaningful engagement requires organisations to change how they think and act. Stretch2Engage places the responsibility for engagement on service providers rather than service users.

The Stretch2Engage framework was piloted in Queensland in 2018 and 2019 through seven organisations in metropolitan Brisbane and Toowoomba –Belmont Private Hospital's Brisbane Centre to Postnatal Disorders, Karakan, Metro South Hospital and Health Service's Logan Adolescent Drug Dependencies Early Response Service (LADDERS), the Queensland Injectors Health Network (QulHN), and the Toowoomba Consortia of the Darling Downs Hospital and Health Service's acute mental health unit, Toowoomba Clubhouse and Sunrise Way.

The evaluation, delivered in 2020, revealed an increased capacity of pilot organisations to undertake meaningful engagement with service users, in turn leading to an increase in engagement activity. It noted there was increasing recognition that small, cost-effective changes could make a significant difference to engagement practice and service-user experience. Ninety per cent of staff surveyed said they believed the project had increased their organisation's engagement capacity. More than 75 per cent agreed the Stretch2Engage pilot had changed the way their organisation considered engaging service users and their families and friends, and 70 per cent said that sustaining changes made during the pilot would be 'somewhat easy' or 'very easy'.

The Commission uses Stretch2Engage to inform its lived experience engagement activities and encourages stakeholders in the mental health and AOD sector and other human services to use it. Stretch2Engage resources and evaluation are available on the [Commission's website](#).

Developing a healing strategy

Shifting minds calls for a renewal, strengthening and integration of cross-sectoral approaches to social and emotional wellbeing. This has been articulated through work that began in January 2020 to develop a Queensland Healing Strategy and implementation plan. The Commission is working to develop a Healing Strategy in partnership with the Department of Child Safety, Youth and Women; Family Matters Queensland; the Queensland Aboriginal and Torres Strait Islander Child Protection Peak; and the Queensland First Families and Children's Board. All Queenslanders have a role to play in the Healing Strategy and its implementation.

The Healing Strategy results from an action identified in the Changing Tracks action plan 2017–2019 under *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037*. The work is focused on building on existing strengths in Aboriginal and Torres Strait Islander communities experiencing trauma caused by historical and ongoing disadvantage.

The Healing Foundation has been engaged to develop the strategy and implementation plan through a co-design process with Aboriginal and Torres Strait Islander people. The foundation is a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions such as the forced removal of children from their families. The strategy, due for completion in 2020, will be grounded in strong connection to community, family and Country, and built on rich and resilient Aboriginal and Torres Strait Islander cultures.

Strategic leadership

The success of reforms outlined in *Shifting minds* is dependent on strong leadership including meaningful representation and participation of people with a lived experience as equal partners.

Work is under way to establish a new mental health consumer representative peak organisation for Queensland. This aligns with the *Shifting minds* whole-of-system improvement focus area to authentically engage people with lived experience in policy, planning and governance. It is anticipated the peak will be operational in the later part of 2021. Details can be found on the [Commission's website](#).

The Commission also administers the Queensland Government's funding contribution to the National Mental Health Consumer and Carer Forum.

In addition, during 2019–20, the Commission contributed to the Australian Government Productivity Commission's inquiry into mental health and made a submission to the Royal Commission into Aged Care Quality and Safety.

Every life

Shifting minds is the parent plan to *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*. *Every life* was launched on World Suicide Prevention Day, 10 September 2019 as a bold new plan to tackle Queensland's suicide rate.

Every life recognises that any death by suicide is one death too many, and that effective suicide prevention requires collective leadership and well-coordinated efforts across government, non-government, and community organisations. It notes that there is significant suicide prevention activity occurring throughout Queensland, but this work has not always been well co-ordinated.

Every life is a 10-year plan to be implemented in three phases. The first phase, from 2019 to 2022, includes 60 specific actions to be taken across 15 Queensland Government agencies working in partnership with community partners. Phases two and three will build on the preceding phases.

The four action areas under the plan are:

- **Building resilience** by improving wellbeing by enabling children and families to thrive, strengthening school-based mental health support, building mentally healthy workplaces, building inclusive and resilient communities, and creating safer public spaces.
- **Reducing vulnerability** by strengthening support for vulnerable people by prioritising men's suicide prevention, working collaboratively to support vulnerable Queenslanders, and investing in targeted interventions for those at greatest risk.
- **Enhancing responsiveness** to suicidality by improving the ways public services respond to those who may be distressed, expanding options for care of suicidal people, pursuing excellence in care of suicidal people across the health system, and expanding follow-up support.
- **Working together** to achieve more by improving co-ordination of suicide prevention activity, strengthening Aboriginal and Torres Strait Islander leadership in mental health and suicide prevention, and improving the way data and evidence are used to drive prevention.

The plan is intended to provide a clear direction for Queensland's approach to suicide prevention over the next decade, and to evolve in response to emerging issues. Queensland Government agencies will support *Every life* through implementing, evaluating, and reporting on their actions; contributing to the evolution of *Every life* over time; and participating in the Queensland Suicide Prevention Network.

Agencies are responsible for their contributions to the plan. The Commission had a key role in collaboratively developing the plan, and is driving ongoing coordination and evaluation efforts.

The Queensland Suicide Prevention Network

The Commission will lead the establishment of a Queensland Suicide Prevention Network (the Network) to support *Every life's* implementation (action 52). The Network will provide a forum to support collective impact between government agencies, people with lived experience, academia, and broader suicide prevention stakeholders, to build on lessons to date, inform planning, share information, and expand partnerships. It is anticipated the AQP Deputy Director-General (DDG) Cluster Group for *Keep Queenslanders Healthy* will provide the governance. The Network will take a comprehensive cross-sectoral approach across the spectrum of building resilience and wellbeing; addressing determinants of risk and vulnerability beyond the individual; early detection and support; and quality interventions and continuing care.

The Queensland Suicide Prevention Plan 2019–2029

In 2019–20, the Commission prioritised the Network's establishment as part of its coordination role in *Every life*. The Network will be a fundamental component in supporting lead agencies and strengthening a whole-of-government approach to suicide prevention. It will provide a mechanism to establish a shared understanding of contemporary suicide prevention issues in Queensland and will promote opportunities for strategic leveraging of existing initiatives and resources. The Network is expected to reduce fragmentation in suicide prevention and pave an opportunity to progress actions from *Every life*, including building the plan's future phases.

Key implementation achievements

Implementation achievements during its first year include work led by the Department of Housing and Public Works (DHPW) to support suicide prevention by ensuring agency procurement practices are focused on the achievement of the government's social objectives. This includes working with suppliers who have a focus on the long-term mental health of the community (action 53). DHPW has amended its prequalification (PQC) system in response to research indicating that construction industry workers have a higher risk of experiencing mental health problems than workers in other professions. The PQC system, which applies to all building contractors directly contracted on government projects valued at more than \$1 million, now requests prospective suppliers to respond directly to questions regarding mental health and suicide prevention practices.

DHPW has also entered into contracts with Social Traders – an organisation that creates jobs for disadvantaged Australians by linking business and government buyers with social enterprises – for whole-of-government access to the Social Traders online portal of social enterprises; and 13 months of dedicated social procurement support to participating government agencies.

The Queensland Family and Child Commission (QFCC) has implemented initiatives in line with its *Every life* action to roll out public education programs. This has included 25 schools delivering Talking Families Schools program, Families are First engagement with communities to build cultural safety and collect stories to support families deal with mental health and AOD challenges, and Out of the Dark, to support help-seeking for parenting issues, celebrate Aboriginal and Torres Strait Islander cultural parenting practices, and keep young people safe online.

The Department of Education has extended the Mental Health Coach Initiative for a further four years and made all mental health coach positions permanent as part of its ongoing commitment to promoting and strengthening the wellbeing and mental health of Queensland state school students.

The Department of Health is leading the establishment of a comprehensive integrated model of suicide and mental health crisis care in Queensland. The Crisis System Reform project will deliver a statewide framework for crisis service delivery and trial two new crisis care options, including Crisis Support Spaces. In 2019–20, stage one of the project had a number of Hospital and Health Services (HHSs) participating in crisis system reform with funding for project staff and new referral pathways being developed. Statewide codesign consultation has commenced for the crisis support services/safe spaces, involving people with a lived experience, mental health and emergency department representatives.

The Department of Health is progressing the continued implementation of the statewide co-responder model as part of the comprehensive approach to crisis care reform. The Mental Health Intervention Program is a collaboration between the Queensland Police Service, Queensland Ambulance Service and Queensland Health. During 2019–20, the program was reviewed and in 2020–21, the agencies will consider the coordination required to implement the recommendations of the review.

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 AOD issues, either on its own initiative or at the Commission's request
- make recommendations to the Commission regarding the Commission's functions.

The Council meets in a variety of community settings and locations across Queensland to enhance its connections and partnerships with frontline service providers and community leaders. The Council met five times in 2019–20.

Site visits convened to coincide with the scheduled Council meetings supported connections with regional organisations and provided insight into local issues affecting mental health, AOD use and suicide in the community.

As required by the Act, the Queensland Mental Health Commissioner attended Council meetings, and secretariat support was provided by the Commission. Communiqués from each of the Council meetings are published on the [Commission's website](#).

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

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

The appointment terms for Deputy Chair Ms Gabrielle Vilic and four ordinary Council members – Professor Robert Bland, Ms Karlyn Chettleburgh, Professor Brett Emmerson and Ms Sue Scheinplug – expired on 23 February 2020.

Full member profiles are available on the [Commission's website](#).



Queensland Mental Health and Drug Advisory Council

Message from Council Chair Professor David Kavanagh

The year to 30 June 2020 was a busy one for the Council, both in its support of service reform through the implementation of *Shifting minds* and its contributions to the Commission's response to the mental health challenges produced by COVID-19.

To strengthen the Council's engagement with regional communities and its awareness of and support for local initiatives in mental health, the Council visited the Sunshine Coast, West Moreton, Toowoomba, and Rockhampton in conjunction with its meetings. In early 2020, Council regional visits were paused in response to pandemic safety restrictions.

During the Council's two-day visit to the Sunshine Coast in July 2019, a series of meetings was held to discuss local issues and initiatives with services and community members.

The October 2019 Council meeting in Darling Downs and West Moreton was attended by the Minister for Health and Minister for Ambulance Services Mr Steven Miles. The meeting included a presentation by members of the West Moreton Prison Health and Prison Mental Health teams on their services and the challenges faced in service delivery across nine correctional facilities. In Toowoomba, the Council attended stakeholder meetings focused on suicide prevention, child and youth services, and the *Stretch2Engage* approach to organisational and service enhancement.

In December 2019, a two-day visit to Rockhampton included meetings with Primary Health Networks, the Hospital and Health Service, and non-government agencies.

Our February 2020 meeting in Brisbane included discussions on the development of a Queensland peak body for mental health consumers, and on implications of the *Human Rights Act 2019* on services.

The Council had a videoconference meeting in May 2020 on issues posed by the pandemic.

On behalf of the Council, I thank the guest speakers, hosting organisations and stakeholders for supporting our information gathering forums and events, and for deepening our understanding of relevant issues both across Greater Brisbane and regional Queensland. We were repeatedly impressed by the enthusiasm, innovation and achievements of services, often in the context of limited resources and significant challenges.

Work that was supported by the Council in 2019–20 included:

- development of Queensland's whole-of-government suicide prevention plan – *Every life: The Queensland Suicide Prevention Plan 2019–2029*
- renewal of Queensland's approach to alcohol and other drugs
- the Commission's submissions to the Royal Commission into Aged Care Quality and Safety and Productivity Commission Inquiry
- development of the Commission's research agenda plan
- recommended enhancement of National Disability Insurance Scheme support
- commissioned research into the impact of stigma and discrimination on Aboriginal and Torres Strait Islander communities, related to alcohol and other drug use.

In 2020–21, the Council's primary focus will be to support Queensland's mental health and wellbeing during the pandemic and throughout recovery phases; to continue supporting implementation of *Every life* and *Shifting minds*; and to collaborate on development of a renewed approach to alcohol and other drugs.

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

Professor David Kavanagh
Council Chair

Our next steps

Governments and communities are under increased economic, human and social pressures from the ongoing COVID-19 pandemic. The full extent of the pandemic and its effects are still unknown, but already significant. In the coming year, the Commission will continue to seek reform within the *Shifting minds* framework, adapting our approaches to this more challenging and unpredictable environment.

Our focus will shift to identifying ways in which we can realise increased benefits within the system's current resources. In particular, we need to re-calibrate the system to ensure we are using our resources as effectively as possible. For example, we need to reassess the occupancy of our mental health inpatient beds and determine what reduction we could achieve if alternatives were provided in a community context. Our 'best buys' continue to be in re-balancing the system towards community-based responses, rather than traditional and expensive hospital-centric models.

There are still valuable gains to be made in terms of service co-planning, co-commissioning, coordination, and integration; fine-tuning stepped care approaches; and re-assessing activities that may not be effective, or that unduly congest the system.

An example is reducing red tape for clinicians so they can spend more face-to-face time with consumers and families. This may include reviewing the roles of our front-line workforce across sectors to reduce duplication and provide a continuum of care and support. We will progress work around restorative justice and enhancing person-centred, positive and healing cultures. Another example is continuing to embed lived experience-led recovery into our treatment and support system, promoting longer-term outcomes for individuals, as well as system savings.

It is also time to assess the evidence and learn from experience involving activities that have accelerated under the pandemic. For example, considering the multiple benefits and effectiveness of prevention, embedding digital platforms as an integral part of our service toolkit, and consolidating the pivot to community care and support works, as an effective and positive system reform.

The Commission will develop a clear position around drug policy reform, including exploring what benefits could be attained from reconsidering the age of criminal responsibility. By shifting the system towards harm-reduction we can reduce cost, reduce the impact to individuals, communities, and governments, and focus our law enforcement effort on supply reduction rather than minor possession offences.

Our work around the early years policy frame is essential to changing the long-term trajectory of mental ill-health for many Queenslanders. We will continue to work with our partners to adopt approaches focused on improving early years outcomes. Studies have shown that investment in this area can reduce social and human services costs across the life span.

Enhancing relationships and partnerships will continue to be a major focus for the coming year. This will include steps to enhance integration, coordination, and collaboration across multiple government, non-government, and private agencies to leverage common objectives.

The National Productivity Commission's final report into mental health, expected in early 2020–21, will have considerable implications at the national and state level. We will be particularly interested in opportunities to better leverage Federal Government programs and schemes, as well as bringing the state, federal and community mental health systems together to address the 'missing middle'—those people who are too unwell for a primary health care response, but not sick enough to need support from the public mental health system.

We will continue to support the implementation of the *Every life* suicide prevention plan, which is particularly important as our community experiences multiple stressors because of the pandemic. Establishing a formal network to guide state-wide suicide prevention activity will be critical to minimising the number of people who simply fall through service and support gaps.

Amplifying the voices of people with lived experience through the establishment of a new Queensland mental health consumer peak body will help influence, inspire and inform our work and that of the sector in the coming year, as we embark on this next phase of the *Shifting minds* reform journey.

Despite the challenges of 2020, in the coming year we will continue to measure the progress of the *Shifting minds* strategic plan, concentrating our effort around the plan's three focus areas: Better lives, Invest to save and Whole-of-system improvement.

Corporate performance

Agency governance

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

Legislative obligation

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

- *Financial Accountability Act 2009*
- *Public Records Act 2002*
- *Public Interest Disclosure Act 2010*
- *Auditor-General Act 2009*
- *Public Sector Ethics Act 1994*
- *Right to Information Act 2009*
- *Information Privacy Act 2009*
- *Workers Compensation and Rehabilitation Act 2003*
- *Work Health and Safety Act 2011*
- *Human Rights Act 2019*
- *Multicultural Recognition Act 2016*
- *Public Service Act 2008*
- *Industrial Relations Act 2016*
- *Statutory Bodies Financial Arrangements Regulation 2007*
- *Crime and Corruption Act 2001*

Management and structure

Management

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's leadership is provided through an executive leadership team responsible for delivering the Commission's legislative requirements within a compliant corporate governance framework and for providing strategic guidance.

Table 1: Executive leadership team membership

Position	Name
Mental Health Commissioner	Ivan Frkovic
Executive Director	Bretine Curtis
Director Communication and Engagement	Carolyn Varley
Director System Planning and Response	Fiona Davidson
Director Policy and Program Delivery	Kylie Barnes
Manager Corporate Governance and Service Delivery	Michael Corne

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

Organisational structure

The Commission has a staffing establishment of 23 full-time equivalent (FTE) positions, 15.5 of which are currently filled by permanent staff. This FTE provides a core expertise and skill base necessary to undertake the Commission's role. Its structure remains intentionally lean and provides agility and flexibility essential to responding to challenges identified through the implementation of *Shifting minds*.

The Commission works collaboratively with government, industry, and community groups, and engages temporary staff as required to provide expertise and capacity to progress specific work. Consultancies and contractors are engaged as required, providing further flexibility to respond to emerging priorities and harness specific expertise to address requirements.

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

Agency effectiveness

The Commission engages a third party to undertake a stakeholder pulse survey, usually around May each year. The survey was not been conducted in 2019–20 due to the pandemic. The Commission is taking the opportunity to review its broader effectiveness model to align more closely with *Shifting minds* evaluation work.

The review will include updating the survey methodology and stakeholder target base as part of the Commission's stakeholder engagement strategy review to be delivered in the second half of 2020.

Public sector ethics

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

Risk management

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

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

Due to the Commission's size, a specific risk management committee has not been established. Risk management responsibility is included in the executive leadership team's charter, which includes a review of key risks and the identified controls on a six-monthly basis. Key strategic risks and mitigation strategies are outlined in the Commission's Strategic Framework.

No new high strategic or operational risk issues were identified during the year.

Human rights

The Commission was not the subject of any complaints under the *Human Rights Act 2019* during the reporting period.

Audit committee and internal audit

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

The 2019–20 internal audit program focused on grant evaluation process management, and corporate governance compliance. Audit results indicated sound management practices with only minor observations for process improvement.

Information management and record-keeping

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

The Commission's records management practices are undertaken in accordance with the requirements of the *Public Records Act 2002*.

Records management training is provided to staff as part of their induction and refreshed annually in the Commission's staff training program.

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

All-staff sessions are undertaken on a regular basis to ensure staff are well informed and get the opportunity to contribute.

The Commission aligns with Queensland Health's open data strategy, which can be accessed [here](#).

Interpreter services are available for all the Commission's publications and online information. Interpreter services are also available on request for Commission events and for activities undertaken by a third party on the Commission's behalf. No interpreter services were directly engaged during 2019–20.

Human resources

The Commission's staffing profile as at 30 June 2020 was 26, comprising 15.5 permanent staff and a range of temporary staff with the expertise required to progress important cross-agency work relating to *Shifting minds*. Several temporary staff arrangements were extended beyond original contracts, enabling important work to continue which also supported individual temporary employment during the pandemic.

The separation rate for permanent staff during the reporting period was eight per cent, with two staff members moving to roles outside the Commission as part of their professional progression.

Training during the year focused on corporate governance topics including contract, budget, and correspondence management, and two interactive Aboriginal and Torres Strait Islander cultural awareness sessions.

During 2019–20, \$16,000 was budgeted for individual staff development and training activities.

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

The Commission's flexible work practices were put to the ultimate test in the first half of 2020, with all staff working from home from mid-March 2020 due to pandemic restrictions. Organisationally, the Commission was well prepared as it had previously invested in technology that enabled staff mobility and systems access while working off site. Minimal information technology system change was required to ensure a smooth transition and continued connectivity.

Staff were highly responsive to the changes and quickly adjusted to the new work arrangements, performing positively in a challenging environment. Strong and effective communication was key to the success of changed working practices, along with ongoing assurances and demonstrations that staff health and wellbeing continued to be the Commission's primary focus.

The Commission began planning in June 2020 for a return to the workplace, with a strong focus on ensuring workplace arrangements would comply with Safe Work Australia COVID-safe principles and be guided by advice from Queensland's Chief Health Officer.

The Commission is part of the broader health portfolio Enterprise Bargaining Agreement, which was reviewed in 2019–20 with conditions accepted by all parties. Rollout will be affected by the pandemic and resultant Government restrictions on pay increases.

No other industrial relations issues arose during 2019–20.

Stakeholder engagement

Stakeholders and partners are at the core of everything the Commission does. We cannot achieve reform without the input and collaboration of Queenslanders and the services that support them. In 2019–20, the Commission expanded its communication and engagement approaches and output, particularly in response to the need to support mental health and wellbeing during the pandemic.

The second annual Leading Reform Summit, held in November 2019, was the year's major stakeholder activity, attracting more than 300 leaders across the mental health, AOD, suicide prevention, and other human services sectors. The Summit is an opportunity for sector leaders to examine the status of the sector and discuss priorities and directions for reform under *Shifting minds*. It is a catalyst to align leaders, introduce new evidence and strategies, fuel collaboration, harness the collective knowledge of sector leaders, and drive the reform agenda.

A **Leading reform blog** was developed on the Commission's website in the latter part of 2019–20 as part of a 2019 Summit objective to extend the conversation year-round and build ongoing engagement on topics relevant to reform.

The Commissioner has continued to engage across the sector and beyond, with a full schedule of meetings and events with stakeholders throughout the year. Many of these events and meetings moved online in response to the pandemic. An increased emphasis on deepening relationships and partnerships under the *Shifting minds* banner included work through the cross-sectoral Strategic Leadership Group and Directors-General forums, and multi-level joint initiatives across health, mental health, justice, education, employment and training, housing, child safety, and domestic and family violence.

Changes in communication approaches due to pandemic restrictions on physical gatherings included an increase in the use of video to communicate with diverse audiences. Commission videos can be found on [Vimeo](#).

The Commission's mainstream media profile increased significantly during the year, with **media releases** available on the website. The Commission uses social media (Facebook, Twitter, Instagram, and LinkedIn) to focus on mental health promotion and AOD and suicide-prevention awareness; highlight the need to reduce stigma and discrimination; and discuss and showcase reform opportunities. A comprehensive social media strategy introduced in 2019–20 has helped drive a significant increase in engagement across all platforms.

The Commission also increased the frequency of its electronic newsletter to provide stakeholders with clear and accessible information about the mental health, AOD and suicide prevention implications of and responses to the pandemic. The newsletter, designed to inform and engage subscribers across all levels and sectors of the community, is a key channel for stakeholder communication, as is the Commission's website. A targeted ***COVID-19 and mental health campaign*** web presence was created in March 2020.

The Commission has a strong focus on a broad range of mental health and wellbeing awareness and promotion activities, including World Suicide Prevention Day and Queensland Mental Health Week (QMHW). The Commission was again responsible, in partnership with sector organisations, for the planning, coordination and delivery of QMHW activities held from 5 to 13 October.

The Commission's sponsorship program supports a range of events, conferences, and other activities to promote knowledge-sharing, participation, and engagement. The pandemic resulted in the cancellation or postponement of a range of planned events, but the sponsorship program continued, supporting virtual and physical events.

Financial performance

The Commission's seventh annual operating budget was \$9.6 million, the majority of which was administered as a grant through the health portfolio (\$8.88 million). The remaining sources of income came from Queensland Health as contribution for a specific grant to industry (\$250,000) and the development of a Queensland mental health consumer peak body (\$338,000); and interest payable against cash at bank (\$96,000).

Employee expenses of \$3.8 million relate directly to maintaining a full-time equivalent (FTE) staffing establishment of 23, with a number of temporary project staff to complete key deliverables under *Shifting minds*.

Of the \$3.3 million expended in general supplies and services, approximately \$1.7 million was spent on consultancy and contractor activities which informed and supported operational plan delivery. A further \$340,000 went to corporate services support provided to the Commission by an outsourced third party, and \$360,000 was spent on accommodation.

The Commission's total grant expenses of \$2.2 million relate to recurrent grant and service arrangement commitments, a Better Futures Grants Program, and other new grants, all of which support *Shifting minds* priorities.

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

It may include contractual engagement through:

- Consultancy or contractor services
- Grants
- Memorandum and Understandings, particularly with other government agencies
- Sponsorships.

The activities undertaken by the Commission throughout 2019–20 are published on line and are available through the Queensland Government [Open Data Portal](#).

Overseas travel

Commissioner Ivan Frkovic attended the International Initiative for Mental Health Leadership Exchange in Washington DC from 8–14 September 2019. Total Commission expenditure for his attendance was \$2750, noting that flight costs were at the Commissioner's personal expense.

Financial statements

for the financial year ended 30 June 2020

General information

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

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

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

Level 30, 400 George Street
BRISBANE QLD 4000

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

Statement of Comprehensive Income

for the year ended 30 June 2020

		2020 Actual	2019 Actual	2020 Original Budget	Budget Variance*
	Notes	\$'000	\$'000	\$'000	\$'000
Income from Continuing Operations					
Government contributions	3	9,471	9,126	8,883	588
Interest		96	156	150	(54)
Total Income from Continuing Operations		9,567	9,282	9,033	534
Expenses from Continuing Operations					
Employee expenses	4	3,794	3,546	3,290	504
Supplies and services	5	2,946	2,915	3,120	(174)
Grants	6	2,082	2,879	2,574	(492)
Depreciation	10	19	19	20	(1)
Other expenses	7	118	117	29	89
Total expenses from Continuing Operations		8,960	9,476	9,033	(73)
Operating result from Continuing Operations		607	(194)	-	607
Total Comprehensive Income		607	(194)	-	607

*An explanation of major variances is included at note 18(a)

The accompanying notes form part of these statements.

Statement of Financial Position

as at 30 June 2020

	Notes	2020 Actual \$'000	2019 Actual \$'000	2020 Original Budget \$'000	Budget Variance* \$'000
Current Assets					
Cash and cash equivalents	8	3,532	3,138	3,211	321
Receivables	9	81	143	91	(10)
Total Current Assets		3,613	3,281	3,302	312
Non-current Assets					
Plant and equipment	10	42	61	41	1
Total Non-current Assets		42	61	41	1
Total Assets		3,654	3,342	3,343	312
Current Liabilities					
Payables	11	193	520	332	(139)
Accrued employee benefits	12	190	158	142	48
Other current liabilities	13	-	-	32	(32)
Total Current Liabilities		382	678	506	(124)
Non-current Liabilities					
Other non-current liabilities	13	-	47	25	(25)
Total Non-current Liabilities		-	47	25	(25)
Total Liabilities		382	725	531	(149)
Net Assets		3,272	2,617	2,812	460
Equity					
Contributed equity		230	230		
Accumulated surplus		3,042	2,387		
Total Equity		3,272	2,617		

*An explanation of major variances is included at note 18(b)

The accompanying notes form part of these statements.

Statement of Changes in Equity

for the year ended 30 June 2020

	Contributed Equity	Accumulated Surplus	Total
	\$'000	\$'000	\$'000
Balance as at 1st July 2018	230	2,581	2,811
Operating result			
Operating result from continuing operations	-	(194)	(194)
Balance as at 30 June 2019	230	2,387	2,617
Net effect of changes in accounting policies	-	47	47
Balance as at 1st July 2019	230	2,434	2,664
Operating result			
Operating result from continuing operations	-	607	607
Balance as at 30 June 2020	230	3,042	3,272

The accompanying notes form part of these statements.

Statement of Cash Flows

for the year ended 30 June 2020

		2020 Actual	2019 Actual	2020 Original Budget	Budget Variance*
	Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Government contributions		9,471	9,216	8,883	588
GST collected from customers		27	27	-	27
GST input tax credits from ATO		480	471	-	480
Interest receipts		96	156	150	(54)
Other		-	-	-	-
<i>Outflows:</i>					
Employee expenses		(3,739)	(3,558)	(3,290)	(449)
Supplies and services		(3,273)	(2,795)	(3,120)	(153)
GST paid to suppliers		(441)	(495)	-	(441)
GST remitted to ATO		(27)	(27)	-	(27)
Grants and subsidies		(2,082)	(2,879)	(2,574)	492
Other		(118)	(117)	(29)	(89)
Net cash provided by (used in) operating activities		393	(1)	20	373
Net increase (decrease) in cash held		393	(1)	20	373
Cash at beginning of financial year		3,138	3,139	3,191	(53)
Cash at end of financial year	8	3,532	3,138	3,211	320

*An explanation of major variances is included at note 18(c)

The accompanying notes form part of these statements.

Reconciliation of Operating Result to Net Cash from Operating Activities

Operating surplus/(deficit)	607	(194)
Depreciation expense	19	19
Changes in assets and liabilities:		
(Increase)/decrease in receivables	39	37
Increase/(decrease) in accounts payable	(327)	98
Increase/(decrease) in accrued employee benefits	55	17
Increase/(decrease) in other current liabilities	-	-
Increase/(decrease) in other non-current liabilities	-	22
Net cash provided by/(used in) operating activities	393	(1)

Notes to and forming part of the Financial Statements 2019–20 for the year ended 30 June 2020

Section 1: About the Commission and this Financial Report

Note 1: Basis of Financial Statement Preparation

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

Section 2: Notes about our Financial Performance

Note 3: Grants and Contributions

Note 4: Employee Expenses

Note 5: Supplies and Services

Note 6: Grants

Note 7: Other Expenses

Section 3: Notes about our Financial Position

Note 8: Cash and Cash Equivalents

Note 9: Receivables

Note 10: Plant and Equipment and Depreciation Expense

Note 11: Payables

Note 12: Accrued Employee Benefits

Note 13: Other Liabilities

Section 4: Notes about Risk and Other Accounting Uncertainties

Note 14: Contingencies

Note 15: Events after the Balance Date

Note 16: Financial Risk Disclosures

Note 17: First Year Application of New Accounting Standards or Change in Accounting Policy

Section 5: Notes about our Performance Compared to Budget

Note 18: Budgetary Reporting Disclosures and Significant Financial Impacts from COVID-19

Section 6: Other Information

Note 19: Key Management Personnel (KMP) Disclosures

Note 20: Related Party Transactions

Note 21: Taxation

1. Basis of Financial Statement Preparation

1.1 General Information

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

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

The head office and principal place of business of the Commission is Level 30, 400 George Street, Brisbane QLD 4000.

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

1.2 Compliance with Prescribed Requirements

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

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

New accounting standards applied for the first time in these financial statements are outlined in Note 17.

1.3 Presentation

Currency and Rounding

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

Comparatives

Comparative information reflects the audited 2018-19 financial statements except where restated for a prior period error. No prior period errors have been detected in the current year.

Current/Non-Current Classification

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

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

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

1.4 Authorisation of Financial Statements for Issue

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

1.5 Basis of Measurement

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

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

1.6 The Reporting Entity

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

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

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

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

	2020 \$'000	2019 \$'000
Department of Health	9,471	9,126
Total	9,471	9,126

Accounting Policy - Grants and Contributions

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

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

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

The Commission received \$8.883 million from the Department of Health in 2019-20 year to undertake its legislative obligations. This funding has been recognised as revenue on receipt as the Commission's obligations are not sufficiently specific. The grant is used to meet the Commission's operational objectives, and the Commission has full discretion on how the funds are to be distributed. The Commission has also received a further \$0.588 million throughout the year from the Department of Health to undertake activities on behalf of the Department. Deliverables are not sufficiently specific for AASB 15 consideration.

4. Employee Expenses

Employee Benefits

Wages and salaries	2,841	2,662
Employer superannuation contributions	373	349
Annual leave levy/expense	287	271
Long service leave levy/expense	75	53

Employee Related Expenses

Workers' compensation premium	21	21
Payroll tax and fringe benefits tax	171	159
Other employee related expenses	27	31

Total	3,794	3,546
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4. Employee Expenses (cont'd)

	2020 No.	2019 No
Full-Time Equivalent Employees	23	25

The number of employees as at 30 June 2020 are measured on a full-time equivalent basis, reflecting Minimum Obligatory Human Resource Information (MOHRI).

Accounting Policy - Employee Expenses

Wages, Salaries and Sick leave

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

Wages and salaries expense does not include the one-off, pro-rata payments of \$1,250 for 21 full time employees, this payment of \$26 thousand is expected to be paid in the 2020/21 financial year

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

Annual Leave and Long Service Leave

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

Superannuation

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

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

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

Workers' Compensation Premiums

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

Key management personnel and remuneration disclosures are detailed in Note 19.

	2020 \$'000	2019 \$'000
5. Supplies and Services		
Consultants and contractors	1,741	1,676
Corporate service charges	340	342
Lease expenses	302	303
Administration costs	196	177
Travel	72	113
Other	63	67
Building Maintenance and Services	100	84
Advertising and promotion	61	93
Information and Communication Technology	71	58
Motor vehicle	1	2
Total	2,946	2,915

5. Supplies and Services (cont'd)

Accounting Policy - Distinction between grants and procurement

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

Office Accommodation

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

Lease Expenses

Lease expenses include lease rentals for leases of low value assets and lease rentals for non-specialised commercial office accommodation with the Department of Housing and Public Works (DHPW). Refer to Note 17 for other lease disclosures.

	2020 \$'000	2019 \$'000
6. Grants		
Grants	2,082	2,879
Total	2,082	2,879

Accounting Policy - Grants

Grant payments are made in line with meeting the strategic objectives of the Commission. It includes funding for research through partnerships, initiatives and projects and supporting strategies throughout the community which promote awareness, prevention and early intervention of mental illness. All recipients are required to report on delivery and where not delivered, conditions apply for possible repayment. Grant expense is recognised when payment is made by the Commission or when the Commission has entered into an enforceable undertaking for which the Commission is obligated to make future payments as part of the agreement.

7. Other Expenses

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

Sponsorships

	14	3
	103	114
Total	118	117

Disclosure relating to Other Expenses

- * Total audit fees quoted by the Queensland Audit Office relating to the 2019-20 financial statements are \$18,000 (2019: \$17,500). There are no non-audit services included in this amount.

	2020 \$'000	2019 \$'000
8. Cash and Cash Equivalents		
Cash at bank	3,532	3,138
Total	3,532	3,138

Accounting Policy - Cash and Cash Equivalents

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

9. Receivables

GST receivable	41	80
	41	80
Long service leave reimbursements	-	-
Annual leave reimbursements	40	63
Total	81	143

Accounting Policy - Receivables

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

The Commission's trade debtors are from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 16 for the Commission's credit risk management policies.

10. Plant and Equipment and Depreciation Expense

	<i>Plant and Equipment</i>	
	2020	2019
	\$'000	\$'000
Gross	242	242
Less accumulated depreciation	(200)	(181)
Carrying amount at 30 June	42	61
<i>Represented by movements in carrying amount</i>		
Carrying amount at 1 July	61	81
Depreciation expense	(19)	(19)
Carrying amount at 30 June	42	61

Accounting Policy

Measurement of Plant and Equipment using Cost

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

Basis of Capitalisation and Recognition Thresholds

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

Depreciation of Plant and Equipment

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

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

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

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

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

	2020 \$'000	2019 \$'000
11. Payables		
Current		
Trade creditors	49	325
Accrued expenses	125	179
Payroll tax	19	16
Total	193	520

Accounting Policy - Payables

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

12. Accrued Employee Benefits

Current		
Salary and wage related	84	58
Annual leave levy payable	72	76
Long service leave levy payable	22	16
Superannuation	11	8
Total	190	158

Accounting Policy - Accrued Employee Benefits

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

	2020 \$'000	2019 \$'000
13. Other Liabilities		
Non-current		
Deferred lease liability - lease incentive	-	47
Total	-	47

Accounting Policy - Other Liabilities

Pursuant to the transitional policies in AASB 16 *Leases* and guidance under the Queensland Treasury's Financial Reporting Requirements for Queensland Government Agencies, on 1 July 2019, all straight-lining assets and liabilities and lease incentives liabilities relating to office accommodation with DHPW are no longer categorised as leases and must be derecognised against the opening accumulated surplus. As the Commission has an existing office accommodation leasing agreement under the QGAO scheme with DHPW, the associated lease incentive has been derecognised in the 2019-20 year.

14. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2020.

15. Events after the Balance Date

There were no significant events occurring after balance date.

16. 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	2020 \$'000	2019 \$'000
Financial Assets			
Cash and cash equivalents	8	3,532	3,138
Financial assets at amortised cost:			
<i>Receivables</i>	9	81	143
Total Financial Assets		3,613	3,281
Financial Liabilities			
Financial liabilities measured at amortised cost - comprising:			
<i>Payables</i>	11	193	520
Total Financial Liabilities at Amortised Cost		193	520

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

Risks Arising from Financial Instruments

(a) Risk Exposure

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

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

16. Financial Risk Disclosure (cont'd)

Risks Arising from Financial Instruments (cont'd)

(a) Risk Exposure (cont'd)

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

Risk Exposure	Exposure
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.

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

Accounting Standards Applied for the First Time

Three new accounting standards with material impact were applied for the first time in 2019-20:

- AASB 15 *Revenue from Contracts with Customers*
- AASB 1058 *Income of Not-for-Profit Entities*
- AASB 16 *Leases*

The effect of adopting these new standards are detailed in this note. No other accounting standards or interpretations that apply to the Commission for the first time in 2019-20 have any material impact on the financial statements.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2019-20.

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

The Commission applied AASB 15 *Revenue from Contracts with Customers* and AASB 1058 *Income of Not-for-Profit Entities* for the first time in 2019-20. The nature and effect of changes resulting from the adoption of both Accounting Standards are described below.

AASB 15 *Revenue from Contracts with Customers*

The Commission has considered the impact of applying AASB 15 *Revenue from Contracts with Customers* and determined that there is no material impact on the Commission.

QMHC receives the majority of its revenue in the form of a grant from the Department of Health. The grant received supports the broad objectives of QMHC and as it does not contain sufficiently specific performance obligations as required by AASB 15, it will be recognised as revenue under AASB 1058.

AASB 1058 *Income of Not-for-Profit Entities*

AASB 1058 applies to transactions where the Commission acquires an asset for significantly less than fair value principally to enable the Commission to further its objective.

The Commission applied the modified retrospective transition method and has not restated comparative information for 2018-19. They continue to be reported under relevant standards applicable in 2018-19, such as AASB 1004.

Revenue recognition for the Commission's contributions will not change under AASB 1058, as compared to AASB 1004. Revenue will continue to be recognised when the Commission gains control of the asset (e.g. cash or receivable) in most instances.

17.2 AASB 16 *Leases*

The Commission applied AASB 16 *Leases* for the first time in 2019-20. The Commission applied the modified retrospective transition method and has not restated comparative information for 2018-19, which continue to be reported under AASB 117 *Leases* and related interpretations.

The nature and effect of changes resulting from the adoption of AASB 16 are described below.

1. Definition of a lease

AASB 16 introduced new guidance on the definition of a lease.

For leases and lease-like arrangements existing at 30 June 2019, the Commission elected to apply the practical expedient to grandfather the previous assessments made under AASB 117 and Interpretation 4 *Determining whether an Arrangement contains a Lease* about whether those contracts contained leases. However, arrangements were reassessed under AASB 16 where no formal assessment had been done in the past or where lease agreements were modified on 1 July 2019.

17. First Year Application of New Accounting Standards or Change in Accounting Policy (cont'd)

Accounting Standards Early Adopted (cont'd)

1. Definition of a lease (cont'd)

Amendments to former operating leases for office accommodation

In 2018-19, the Commission held operating leases under AASB 117 from the Department of Housing and Public Works (DHPW) for non-specialised commercial office accommodation through the Queensland Government Accommodation Office (QGAO) program.

Effective 1 July 2019, the framework agreements that govern QGAO were amended with the result that these arrangements would not meet the definition of a lease under AASB 16 and therefore are exempt from lease accounting.

From 2019-20 onward, the costs for these services are expensed as supplies and services expenses when incurred. The new accounting treatment is due to a change in the contractual arrangements rather than a change in accounting policy.

2. Changes to lessee accounting

Previously, the Commission classified its leases as operating or finance leases based on whether the lease transferred significantly all of the risks and rewards incidental to ownership of the asset to the lessee.

This distinction between operating and finance leases no longer exist for lessee accounting under AASB 16. From 1 July 2019, all leases, other than short-term leases and leases of low value assets, are now recognised on balance sheet as lease liabilities and right-of-use assets.

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

This section contains explanations of major variances between the Commission's actual 2019-20 financial results and the original budget presented to Parliament.

Significant Financial Impacts - COVID 19 Pandemic

The following significant transactions were recognised by the Commission during the 2019-20 financial year in response to the COVID-19 pandemic.

Operating Statement

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

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

<i>Government Contributions:</i>	Increase reflects \$588k contribution from Queensland Health for a \$250k NGO Grant and \$338k contribution towards a project to establish a new sector peak body to be managed by the Commission on behalf of the Department.
<i>Employee Expenses:</i>	Variance relates to the employment of additional seven temporary staff, engaged to deliver various programs targeting Shifting minds, QLD Mental Health, Alcohol and Other Drug Strategic Plan priorities that required expertise and resources not available through existing core staff FTE.
<i>Supplies and Services:</i>	Decrease in expenses relates mainly to project commencement and/or delivery delays and contract variations requiring reassignment of work of approximately \$200k for the financial year 2019/20 to the next financial year. Key reason for delay can be attributed to COVID 19 limitations on physical sector consultation.
<i>Grants:</i>	Decrease in expenses relates mainly to a Grant to Government payment of \$520k not progressed in this Financial year. This has resulted in a contract variation with payments now transferred to the 2020/21 financial year.
<i>Other Expenses:</i>	The majority of the variance reflects expenditure relating to sponsorships given that were included in the grants budget for the year.
<i>Operating result from Continuing Operations:</i>	Majority of increased revenue of \$588k from Department of Health to be expended in 2020/21 year. Result also impacted by reduced grant spending.

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

<i>Cash and Cash Equivalents:</i>	Majority of variation reflects yet to be expended extra revenue and delayed contract deliverables impacted by COVID 19.
<i>Payables:</i>	The reduction in payables reflects lower level of unpaid supplier invoices at year end.
<i>Other current liabilities:</i>	Original budget reflects a misclassification of the lease incentive.

18. Budgetary Reporting Disclosures and Significant Financial Impacts from COVID-19 (cont'd)

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

<i>Government Contributions:</i>	Increase reflects \$588k contribution from Queensland Health for a \$250k NGO Grant and \$338k contribution towards a project to establish a new sector peak body to be managed by the Commission on behalf of the Department.
<i>Employee Expenses:</i>	Variance relates to the employment of additional seven temporary staff, engaged to deliver various programs targeting Shifting minds, QLD Mental Health, Alcohol and Other Drug Strategic Plan priorities that required expertise and resources not available through existing core staff FTE.
<i>Grants and subsidies:</i>	Decrease in expenses relates mainly to a Grant to Government payment of \$520k not progressed in this Financial year. This has resulted in a contract variation with payments now transferred to the 2020/21 financial year.
<i>Supplies and Services:</i>	Decrease in expenses relates mainly to project commencement and/or delivery delays and contract variations requiring reassignment of work of approximately \$200k for the financial year 2019/20 to the next financial year. Key reason for delay can be attributed to COVID 19 limitations on physical sector consultation.
<i>Other:</i>	The majority of the variance reflects expenditure relating to sponsorships given that were included in the grants budget for the year.

19. 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 2019-20 and 2018-19. Further information about these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Mental Health Commissioner	The Mental Health Commissioner directs the overall efficient, effective and economical administration and guides the strategic direction of the Commission.
Executive Director	The Executive Director provides strategic leadership for the Commission's policy and program and research functions and is a member of the Executive Leadership Team.
Director - Communication and Engagement	The Director leads the Commission's communication and engagement functions and is a member of the Executive Leadership Team.
Director - System Planning and Response	The Director leads the System Planning and Response functions and is a member of the Executive Leadership Team.
Director - Policy and Program Delivery	The Director leads the Policy and Program Delivery functions and is a member of the Executive Leadership Team.
Manager Corporate Governance and Service Delivery	The Manager leads the Commission's business, corporate governance and service delivery functions.

KMP Remuneration Policies

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

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

Remuneration expenses for KMP comprise the following components:

Short term employee expenses which include:

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

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

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

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

Performance Payments

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

19. Key Management Personnel (KMP) Disclosures (cont'd)

Remuneration Expenses

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

2019-20

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

2018-19

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

In the 2019/20 year, the position title for Business Manager has changed to Manager Corporate Governance and Service Delivery.

20. Related Party Transactions

Transactions with people/entities related to KMP

There are no transactions to disclose for the 2019/20 year.

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. The Commission also receives funding for work it undertakes on behalf of the Department of Health (refer to Note 3).
- The Commission contributed funding to initiatives undertaken in partnership with other departments, including Department of Employment Small Business and Training and Department of Health.
- The Commission purchases corporate services from Corporate Administration Agency, Department of Environment and Science (refer to Note 5).
- The Commission has entered into a lease (via a letter of financial commitment) for the premise at 400 George Street with the Department of Housing and Public Works (refer to Note 5).
- All other transactions in the year ended 30 June 2020 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

21. Taxation

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

Management Certificate for Queensland Mental Health Commission

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009* (the Act), s.39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with s.62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year ended 30 June 2020 and of the financial position of the Commission at the end of that year; and

The Commissioner, as the Accountable Officer of the Commission, acknowledges responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Ivan Frkovic
Mental Health Commissioner
Queensland Mental Health Commission



Michael Corne
Manager Corporate Governance and Service Delivery
Queensland Mental Health Commission

Date: 31 July 2020

Date: 31 July 2020

To the Commissioner of the Queensland Mental Health Commission

Report on the audit of the financial report

Opinion

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

In my opinion, the financial report:

- a) gives a true and fair view of the Commission's financial position as at 30 June 2020, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

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

Other Information

Other information comprises the information included in the Commission's annual report for the year ended 30 June 2020, but does not include the financial report and my auditor's report thereon.

The Commissioner is responsible for the other information.

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

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

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

I have nothing to report in this regard.

Responsibilities of the Commissioner for the financial report

The Commissioner is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Commissioner determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2020:

- 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.



31 July 2020

C Strickland
as delegate of the Auditor-General

Queensland Audit Office
Brisbane



Appendices

Appendix 1

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	65
	• Public availability	ARRs – section 9.2 Inside front cover
	• Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 Inside front cover
	• Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4 Inside front cover
	• Information Licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5 Inside front cover
General information	• Introductory Information	ARRs – section 10.1 6
	• Machinery of Government changes	ARRs – section 10.2, 31 and 32 (if applicable)
	• Agency role and main functions	ARRs – section 10.2 6
	• Operating environment	ARRs – section 10.3 6
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 9
	• Agency objectives and performance indicators	ARRs – section 11.3 8
	• Agency service areas and service standards	ARRs – section 11.4 31
Financial performance	• Summary of financial performance	ARRs – section 12.1 34
Governance – management and structure	• Organisational structure	ARRs – section 13.1 31
	• Executive management	ARRs – section 13.2 30
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3 30
	• Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 31
	• Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5 6, 31
	• Queensland public service values	ARRs – section 13.6 7

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	31
	• Audit committee	ARRs – section 14.2	31
	• Internal audit	ARRs – section 14.3	31
	• External scrutiny	ARRs – section 14.4	Not applicable
	• Information systems and recordkeeping	ARRs – section 14.5	32
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	32
	• Early retirement, redundancy and retrenchment	Directive No.11/12 <i>Early Retirement, Redundancy and Retrenchment</i>	Not applicable
		Directive No.16/16 <i>Early Retirement, Redundancy and Retrenchment</i> (from 20 May 2016)	
Open data		ARRs – section 15.2	
	• Statement advising publication of information	ARRs – section 16	32
	• Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 33.2	https://data.qld.gov.au
Financial statements	• Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
	• Certification of financial statements	FAA – section 62	58
		FPMS – sections 42, 43 and 50	
		ARRs – section 17.1	
	• Independent Auditor's Report	FAA – section 62	59
		FPMS – section 50	
		ARRs – section 17.2	

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

Appendix 2

List of acronyms and initialisations

AISRAP	Australian Institute for Suicide Research and Prevention
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AOD	Alcohol and other drugs
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AQP	<i>Our Future State: Advancing Queensland's Priorities</i>
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CALD	Culturally and linguistically diverse
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PHN	Primary Health Network
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WoW	Wheel of Wellbeing
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