

ANNUAL REPORT

2021–2022



About this report

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2021–2022. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug system in Queensland. This report is a key accountability document and the principal way in which the Commission reports to Parliament and the Queensland community on its activities.

Queensland Mental Health Commission Annual Report
2021–2022

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Feedback

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Translation



Interpreter

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2021–2022

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Further information about the Commission's activities is available on the website at qmhc.qld.gov.au.

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Acknowledgements

The Queensland Mental Health Commission respectfully acknowledges the Traditional Owners of the lands and waters across Queensland. We pay our respect to Elders past, present and emerging. We acknowledge the important role played by Aboriginal and Torres Strait Islander communities and recognise their right to self-determination and the need for community-led approaches to support healing and strengthen resilience.

We recognise the contribution of people with a lived experience of mental health difficulties, problematic alcohol and other drug use, and suicidality to our work. We value the voice of lived experience, including families, carers and support people, in everything we do.

Letter of compliance

Queensland
**Mental Health
Commission**

ABN 54 163 910 717

12 September 2022

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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2021–2022 and financial statements for the Queensland Mental Health Commission.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements can be found at Appendix 2 on page 81 of this report.

Yours sincerely



Ivan Frkovic
Commissioner
Queensland Mental Health Commission

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From the Commissioner

Over the past year, Queenslanders have continued to experience the broad and varying human, social and economic impacts of COVID-19. Compounding this, widespread flooding that occurred early in 2022 has further affected individuals, families, communities, businesses and the broader economy. Despite these challenging experiences, Queenslanders have done what we do best. From the Care Army of 2020 to the Mud Army 2.0, we have shown up for each other, rolled up our sleeves, and lent a hand to those who need it most. Once again, our community's strength and resilience are clear.

Even with the challenges of the past two years, we continue to make meaningful progress in mental health, alcohol and other drugs (AOD) and suicide prevention reform. This progress has reflected the individual, population and system outcomes sought under *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*.

At the individual level, we have continued to see shifts away from emergency departments as the front door into mental health. This has included opening community-based, peer-led mental health Safe Spaces in eight Hospital and Health Services, complemented by newly established aftercare services that support people following a suicidal presentation. The Queensland Ambulance Service mental health co-responder program has expanded to include 12 locations, providing at-home care for people in crisis.

State and federal investment has contributed to new facilities in Queensland this year, with Queensland's first Head to Health centre opening in Townsville and a 42-bed public residential rehabilitation service for AOD treatment opening in Rockhampton. The landmark bilateral agreement signed in March 2022 between the Queensland and Commonwealth Governments will see another five Head to Health centres and seven satellites established across Queensland, as well as two Head to Health Kids services and integration of public sector clinicians into Headspace centres.

At the population level, there have been significant developments in the state education sector with the rollout of the Student Wellbeing Package. This program will employ more than 460 wellbeing professionals in state schools across Queensland, with a pilot program placing general practitioners in 50 state schools with secondary students. Also, the Queensland Government's new Small Business Support and Wellness Package provides mental health and wellbeing supports for business owners, while the *Dear mind* campaign continues to heighten awareness, improve mental health literacy, and reduce stigma in the community.

There has been continued progress across the system towards more meaningful engagement of people with a lived experience, families and carers. This includes continued development of the peer workforce and the re-establishment of a mental health lived experience peak body for Queensland. All this and other initiatives are clear signs that the system is shifting in the right direction.

The Queensland Parliamentary Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* provided additional drive and focus to the mental health and wellbeing reform agenda in Queensland. It precipitated an unprecedented Queensland Government investment of \$1.645 billion over five years and a capital investment of \$28.5 million towards improving

mental health and AOD services, a range of initiatives to support suicide prevention, and additional beds. I commend the Queensland Government for its leadership and a strong commitment to mental health in the Budget, as recurrent funding is vital to support reform and system sustainability. I look forward to supporting the Queensland Government's response to the inquiry in the coming year.

I give my sincerest thanks to everyone who has contributed to or supported the work of the Commission. Unfortunately, pandemic impacts continue to hinder our ability to engage with you to the extent we'd have preferred, but we hope this will improve in the coming year. It was also heartening to see the sector and everyday Queenslanders share their perspectives, stories, knowledge, recommendations and hope with the inquiry—ensuring the committee heard a fulsome account of the current state of play in mental health and AOD in Queensland.

I thank the Commission staff, the Queensland Mental Health and Drug Advisory Council, the Queensland Government, our partners and supporters, and the many people in Queensland with a lived experience, and their families and carers. Your collective contribution is valued in everything we do. Finally, I would like to acknowledge the tireless efforts and dedication of the broader mental health, AOD and suicide prevention workforce. I thank you for your commitment to delivering quality outcomes for all Queenslanders.

As I embark on the final year of my current term, I am motivated and encouraged by your commitment, and the momentum for reform gathered in 2021–2022. I look forward to continuing our work together.



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 is an independent statutory agency within the health portfolio. It works alongside the Department of Health and other government agencies, and reports through the Mental Health Commissioner directly to the Minister for Health and Ambulance Services. The Commission's work is advised and supported by the independent Queensland Mental Health and Drug Advisory Council.

The Queensland Government's *Unite & Recover – Queensland's Economic Recovery Plan* outlines the Government's objectives for the community, which influence the Commission's strategic direction and program of work.

In 2021–2022 the Commission contributed to the following objectives for the community:

- Safeguarding our health
- Growing our regions
- Backing our frontline services

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 alcohol and other drug (AOD) system in Queensland. The Act sets out the Commission's functions, which underpin its Strategic Framework and program of work.

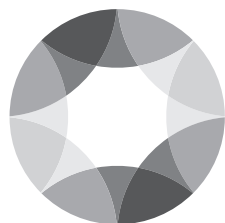
The Commission's functions are:

- ***Developing, monitoring, reviewing and reporting on a whole-of-government mental health, alcohol and other drugs, and suicide prevention strategic plan—Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds).***¹
The Commission's strategic planning also includes ***Every life: The Queensland Suicide Prevention Plan 2019–2029* (Every life).**²
- ***Monitoring, reviewing and reporting*** on matters affecting people living with mental health or substance misuse issues, their families, carers and support people, and people who are vulnerable to, or at significant risk of, developing mental health or substance misuse issues. The Commission's research function is an important lever for reform, along with the sharing of evidence, knowledge and lived experience around systemic reform.
- ***Supporting and promoting awareness, prevention and early intervention initiatives*** that focus on community-wide mental health and wellbeing, including reducing stigma and discrimination.
- ***Engaging and enabling stakeholders to participate in and shape reform***, including people with lived experience of mental ill-health, problematic AOD use and suicidality, and their families, carers and supporters. The Commission builds collaborative partnerships and engages within and across sectors to develop and implement reform.

The Commission works collaboratively with the government, non-government and private sectors, and engages people with lived experience, their families and carers across Queensland. The Commission's work reaches beyond the health system, acknowledging the social determinants of mental health, and the broader needs and issues faced by those experiencing mental health and problematic AOD challenges.

¹ qmhc.qld.gov.au/2018-2023-strategic-plan

² qmhc.qld.gov.au/strategic-planning/action-plans/suicide-prevention



Queensland Mental Health Commission

Our vision

Queenslanders working together to improve mental health and wellbeing.

Our values

The Commission's values encompass the five Queensland public service values and an additional value related to wellness:

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

Our principles

The Commission's work is guided by a set of principles outlined in the Act.

People living with a mental illness or problematic AOD use should:

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

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

Carers, family members and support people are integral to wellbeing, treatment and recovery, and should be respected, valued and supported, and engaged wherever possible in treatment plans.

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

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

Objectives

The Commission's **Strategic Framework 2020–2024**³ outlines the objectives and strategies to achieve the outcomes that matter for people with lived experience.

The Commission's objectives are to achieve better outcomes for people living with mental health issues, problematic alcohol and other drugs use, or those affected by suicide through:

- integrated and coordinated support and encouragement for system-wide reforms, and
- bringing together the wisdom of lived experience and professional expertise.

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

- *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

Each focus area outlines strategic directions and priorities for cross-sector action, and leverages the existing cross-agency policy, program and funding environment.

People with lived experience of mental illness, problematic AOD use and suicidality are essential partners in the Commission's work—engaged across all aspects of the business, and represented on the Queensland Mental Health and Drug Advisory Council.

To achieve reform the Commission also communicates, engages and works in partnership with others, including leaders and decision-makers, funders, advocates, frontline workers and service providers, in both government and non-government sectors.

³ [qmhc.qld.gov.au/about/publications/browse/corporate-plans-and-frameworks/qmhc-strategic-framework-2020-2024](https://qmh.cld.gov.au/about/publications/browse/corporate-plans-and-frameworks/qmhc-strategic-framework-2020-2024)

Reform context

Mental health, alcohol and other drugs (AOD), suicide prevention and related systems reform in Queensland continues to occur in an environment of broad inquiry and review at the national and state levels. Inquiry findings have highlighted various factors that contribute to system inefficiency and ineffective mental health and wellbeing outcomes, providing relevant context for further reform—and prompting additional investment. Beyond the mental health and AOD system, the environment is continuously evolving and placing new external pressures on health and human services systems. This includes the ongoing impacts of COVID-19, natural disasters and economic strains which continue to affect individuals and communities, the workforce and the mental health system.

National context

The National Mental Health and Suicide Prevention Agreement

The National Mental Health and Suicide Prevention Agreement (the *National Agreement*) came into effect in March 2022 and establishes the shared intention of the Commonwealth, state and territory governments to work in partnership to:

- improve the mental health of all Australians
- reduce the rate of suicide toward zero, and
- ensure sustainability and enhance the Australian mental health and suicide prevention system services.

The *National Agreement* recognises that mental health support and suicide prevention must reach beyond the mental health system into the critical environments that support and improve people's lives. This includes education, training, and engagement with government and support services. The *National Agreement* further acknowledges that prioritising prevention and early intervention both early in life and early in illness can improve outcomes for individuals and communities.

As part of the *National Agreement*, all governments have agreed to work together to:

- promote positive mental health
- provide early intervention and prevention supports, and
- ensure that a cross-sector, cross-portfolio focus on improving mental health and preventing suicide is embedded during policy development and service design.

The *National Agreement* further seeks to strengthen mental health and suicide prevention efforts, particularly as the nation continues to respond to the immediate and long-term impacts

of COVID-19. The agreement was supported by a \$600 million Commonwealth investment in 2022, shared among the states and territories.

This was the second tranche of funding to support the Commonwealth's response to the Productivity Commission Inquiry report. In May 2021, the Commonwealth Government released its formal response to the Productivity Commission Inquiry alongside the Federal Budget 2021–2022 under the *Prevention Compassion Care National Mental Health and Suicide Prevention Plan*. The \$2.3 billion plan is based on five pillars: prevention and early intervention, suicide prevention, treatment, supporting the vulnerable, workforce and governance. The advice and recommendations were derived from the Productivity Commission and the *National Suicide Prevention Adviser – Final Advice*.

Bilateral Schedule on Mental Health and Suicide Prevention: Queensland

The Bilateral Schedule on Mental Health and Suicide Prevention: Queensland (the *Bilateral Agreement*) was made under the *National Agreement*. Signed off in March 2022, more than \$260 million will be invested in mental health and suicide prevention support and services in Queensland over the next five years under the landmark agreement.

The *Bilateral Agreement* is comprised of \$150.9 million from the Commonwealth and \$109.5 million from the Queensland Government and includes:

- \$49.9 million for five new Head to Health centres and seven satellites across Queensland
- \$21.5 million for two new Head to Health Kids Hubs
- \$75.3 million to enhance Headspace centres (with Commonwealth funding towards establishing two new sites and Queensland funding towards clinical in-reach into new and existing sites)
- \$78.6 million to expand and enhance existing aftercare services for people following a suicide attempt or crisis
- \$9.4 million for people bereaved or impacted by suicide to access postvention support services
- \$4.9 million for a Distress Intervention Trial Program to prevent and reduce suicidal behaviour
- \$10.3 million to improve perinatal mental health screening and capture and reporting of nationally consistent perinatal mental health data, and
- \$10.5 million to support other services that address system gaps for the 'missing middle'.

National Children's Mental Health and Wellbeing Strategy

The *National Children's Mental Health and Wellbeing Strategy* was launched in October 2021 by National Mental Health Commission Chief Executive Officer Christine Morgan. The strategy identifies four focus areas: family and community, service system, education settings, and evidence and evaluation.

The strategy will help guide important ongoing work in Queensland for the mental health and wellbeing of children aged zero to 12, and complements the work the Commission is undertaking in the early years space.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019 in response to community concerns about widespread reports of neglect, abuse, exploitation and violence against people with disability, including psychosocial disability.

In October 2020, the Royal Commission published its interim report. A number of themes have emerged pertinent to the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.

The Royal Commission has heard people with disability speak about receiving involuntary medical treatment and the effect this has had on them, including seclusion and physical restraint being used to manage mental health. The Royal Commission has identified systemic challenges in the health system, particularly providing health care over a person's lifetime, including mental health care.

The safety, quality of life and human rights of people with disability and lived experiences of mental ill-health, problematic AOD use and suicidality are critically important. A final report and recommendations are due by September 2023 and the Commission will continue to monitor the outcomes and implications for Queensland.

Royal Commission into Defence and Veteran Suicide

The Royal Commission into Defence and Veteran Suicide was established in July 2021 in response to sustained public advocacy regarding deaths by suicide of current and former serving members of the Australian Defence Force.

At the Commission's invitation, in December 2021 the Royal Commission called a roundtable meeting for the Royal Commissioners and representatives from Queensland Health and the Coroners Court of Queensland to discuss the issues facing the mental health systems in Queensland. An interim report is due in August 2022 to address urgent or immediate actions, with a final report and recommendations in June 2024. The Commission will continue to monitor and address the issues arising from the Royal Commission.

State context

Inquiry into the NDIS market in Queensland

The Queensland Productivity Commission (QPC) published its final report for the *Inquiry into the NDIS market in Queensland* in April 2021, and the Queensland Government published its response in October 2021. The report included 20 findings and 56 recommendations, particularly focused on market issues faced by providers.

Notably, the QPC found the scheme's overly complex regulatory and policy framework operates in a way that impedes effective and efficient functioning of the NDIS market. The inquiry found that NDIS participants, including those with psychosocial disability, also struggled with the scheme's complexity and did not receive sufficient information and assistance to develop and utilise an NDIS support plan. Some locations—particularly rural and remote areas—have limited support available, and some types of support (such as allied health) are scarce. Challenges for providers include deficiencies in market coordination, price regulation, quality regulation and workforce issues.

The Queensland Government response outlined several priority areas that align with the strategic priorities of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)*, including:

- ensure an equitable scheme through targeted outreach and planning processes, recognising diversity
- support employment outcomes for people with disability
- ensure a high-quality workforce that is resourced and skilled to deliver real changes
- enable targeted and timely interventions, particularly with regards to thin markets

- build provider confidence through the policy and regulatory environment
- deliver longer-term net benefit through a financially sustainable scheme, and
- improve how the NDIS and Queensland's social services work together through person-centred support.

The Commission will continue working with Queensland Government agencies and the National Disability Insurance Agency (NDIA) via the Commissioner's representation on the NDIA's National Mental Health Sector Reference Group to address these issues and seek better outcomes for people with a psychosocial disability, and the system overall.

Inquiry into social isolation and loneliness in Queensland

The Queensland Parliamentary Community Support and Services Committee completed this inquiry in December 2021. The Commission notes that mental health is strongly impacted by social isolation and loneliness because relationships and positive social connections support wellbeing, while loneliness and isolation erodes it. This topic was explored in detail at the Commission's *Leading reform* summit in 2019 by The University of Queensland's Professor Alex Haslam.

The inquiry created a valuable opportunity to identify ways to enhance wellbeing by reducing social isolation and loneliness. The Committee identified that there is no singular action or treatment to end social isolation and loneliness. Rather, there is a need for systemic change to a more place-based and person-centred approach.

Of particular relevance to mental health reform were recommendations related to building sector capacity, expanding the community-based workforce, trialling social prescribing, co-location of services, and the development of a 10-year statewide strategy to address social isolation and loneliness.

The Commission will work with Queensland Government agencies to support and progress the growth and development of community-based psychosocial support services and infrastructure to address social isolation and loneliness.

Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

In April 2022, the Queensland Parliamentary Health and Environment Committee finalised this inquiry, making 60 recommendations. In particular, the findings recognised the extraordinary pressures on Queensland's public health system (including the mental health and AOD system), and that strong primary, allied and private health care is essential to an effective, sustainable and integrated healthcare system.

The inquiry recommended the Commonwealth and Queensland Governments further invest in early intervention programs in primary care (including primary health clinics and health hubs). This is to prevent and reduce the impact of chronic conditions, including mental health conditions, and reduce the impact on the acute healthcare system. The inquiry further noted that access to affordable primary care, including bulk billing GPs, is difficult for many Queenslanders, resulting in hospitals and emergency departments becoming the 'provider of last resort', particularly in rural and remote areas.

Other recommendations included increased accessibility to allied health services; initiatives to promote recruitment, training and retention of regional, rural and remote workforces; a review of the Primary Health Networks; reduced NDIS case management and administration fees; and better collaboration between the NDIS and public health system.

In May 2022, the Queensland Government provided an interim response which outlined in-principle support of the recommendations. The Commission will work collaboratively with other government departments to progress the recommendations that leverage opportunities to enhance mental health and AOD responses within the health system.

Inquiry into the opportunities to improve mental health outcomes for Queenslanders

In December 2021, a Queensland Parliamentary Mental Health Select Committee was established to conduct an inquiry into Queensland's mental health, AOD and suicide prevention system and services. This was Queensland's first systemic review, and followed growing community concerns voiced by people with lived experience, their families, carers, peak bodies, and the broader public, private and non-government sectors.

The Commission called for this review of the mental health and AOD system as a means to reinvigorate and strengthen the reform agenda. Notably, the inquiry provided a critical opportunity to comprehensively assess whole-system performance and transparently address the growing systemic pressures within and beyond the health system.

The inquiry received 164 submissions, held 15 public and four private hearings, made 11 site visits and received evidence from 243 witnesses representing a broad range of stakeholders across the sector. The Commission provided an initial briefing paper to the Committee and an extensive final submission, while the Commissioner gave evidence on four occasions.

The findings of this inquiry provided a critical step in driving forward mental health, AOD and suicide prevention reform agenda and in improving outcomes for people with lived experience, their families and carers. The Committee identified many pockets of excellence, and crucial areas for reform.

The Committee delivered its final report in June 2022, providing 57 recommendations. The report identified many clear gaps in service provision, including the need for additional funding to alleviate demand pressures now and into the future. The Committee identified priorities across the following key areas:

- planning and governance of mental health care
- developing a mental health and wellbeing strategy
- reducing stigma and encouraging help-seeking
- developing workplace and small business prevention strategies
- providing housing and employment support
- implementing more person-centred case management and support
- expanding services across the continuum
- increasing specialised services
- reforming the primary healthcare system
- addressing the ‘missing middle’, particularly through community organisations

- ensuring the NDIS empowers individuals towards independence
- improving and expanding crisis and emergency care systems
- increasing services for people in the criminal justice system
- targeted consideration for at-risk populations, and
- developing a statewide trauma strategy.

Implementing the recommendations will require a coordinated and sustained effort across governments and sectors.

The Queensland Government is due to provide its response to the report in the second half of 2022; however, the inquiry has already influenced investment in the 2022–2023 Queensland State Budget. The Commission will use the inquiry’s findings and the individual and sector submissions to shape renewal of the *Shifting minds* strategic plan.

Queensland Budget 2022–2023

The Queensland Government announced its 2022–2023 State Budget on 21 June 2022, with an unprecedented investment of \$1.645 billion over five years into mental health, AOD and suicide prevention. The investment includes Queensland’s \$109.5 million contribution to the *National Agreement*.

A large proportion of the funding will go towards initiatives under *Better Care Together: a plan for Queensland’s state-funded mental health and alcohol and other drug services* to address system pressures. This will include additional investment in the different types of beds required, community clinical positions, psychosocial support services and a range of bed- and community-based AOD services.

More specifically, the funding also includes additional support for AOD services, in addition to the \$51 million committed in 2020 to build three new residential rehabilitation facilities for AOD treatment in Ipswich, Bundaberg, and a dedicated youth service in Cairns.

This funding will also support the implementation of a renewed AOD plan for Queensland.

Ongoing system challenges

Impact of COVID-19

Continuously emerging data clearly demonstrates the effect of the pandemic on mental health.

There was a large increase in psychological distress between the beginning of COVID-19 and April 2020, and although distress levels have begun to stabilise since January 2022, they remain at higher levels than pre-pandemic.⁴ According to the Australian Institute of Health and Welfare, in the four weeks to 9 January 2022 Lifeline received 90,000 calls nationally (up 6.5 per cent from the same period in 2021 and up 16 per cent from 2020), and Kids Helpline received 23,000 answerable contact attempts nationally (up 1.8 per cent from the same period in 2021 and up 0.4 per cent from 2020).

Queensland Health's submission⁵ to the Queensland Parliamentary Mental Health Select Committee inquiry noted that during 2020–2021, Adis reported ongoing increases in call volume, and responded to an average of 3,862 inbound calls per month from Queenslanders seeking support for their own or someone else's substance use. Further, on average the Adis website has 13,319 new users monthly.

Flooding

Direct and indirect exposure to floods can lead to a range of negative mental health impacts, with a heightened risk of experiencing post-traumatic stress disorder, psychological distress, depression and anxiety in flood-affected areas.⁶ Research following natural disasters has consistently demonstrated that most people adjust and recover without additional or professional intervention and maintain this over time. However, some people will experience a decline in their mental health and wellbeing, or experience mental health problems in the months or years after the initial event—and many people who could benefit from assistance do not seek help in a timely way, or at all.

To support flood recovery in Queensland, the Commonwealth and Queensland Governments jointly committed \$720 million to Disaster Recovery Funding Arrangements. The Human and Social Recovery Package included:

- \$20 million in flexible funding grants
- \$24.5 million for a community health and wellbeing package
- \$121.1 million for an accommodation package, and
- more than \$12 million for a community development program.

Increased demand and complexity

The Queensland Health submission⁵ to the Queensland Parliamentary Mental Health Select Committee inquiry confirmed the ongoing mental health, AOD and suicide demand pressures being experienced across the system.

Over the previous five years, there had been an average annual increase of 2.1 per cent in the number of people accessing mental health treatment and care, with more than 109,000 people accessing a service in 2020–2021. The number transitioning to ongoing care increased by 16 per cent, while the number of open service episodes increased by 19 per cent.

Hospital and Health Services have also reported increased complexity of presentations. According to the submission, referrals for mental health community treatment services increased by 12 per cent between 2019–2020 and 2020–2021. Notably, referrals for adolescents aged 12 to 17 years increased by approximately 20 per cent over this period.

There has been a significant increase in young people presenting with eating disorders, with referrals almost doubling (97 per cent) to 806 referrals in 2020–2021 compared to the previous year. Queensland Health also pointed to significant increases in crisis-driven referrals from emergency departments to mental health treatment and care by Queensland Police and Queensland Ambulance Service.

⁴ COVID-19 Impact Monitoring Survey, Australian National University.

⁵ Queensland Health, 2022. *Submission: Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. Available from documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/submissions/00000150.pdf.

⁶ The Black Dog Institute, 2021. *Mental health impacts of floods*. Available from blackdoginstitute.org.au/wp-content/uploads/2021/03/Mental-Health-Impact-of-Floods.pdf.

Focus area 1

Better lives

All Queenslanders deserve lives with meaning and purpose with strong connection to family and community, and opportunities for social and economic participation and inclusion.

The *Better lives* focus area seeks to reframe service delivery, placing clinical care within a holistic framework that acknowledges the equal importance of psychosocial supports alongside other universal human needs, such as access to stable housing, opportunities for education and employment, good health care and protection of human rights.

To live well and remain connected to the community, it is also acknowledged that a strong service system is required that delivers person-centred, accessible, comprehensive and integrated care, with community-based services at the centre. A quality service system is also dependent on a diverse and skilled workforce, that includes a strong and well-integrated peer workforce.

This year the Commission continued to support housing and employment initiatives for Queenslanders with mental illness or problematic alcohol and other drug (AOD) use. Human rights matters such as compulsory treatment orders and Queensland's locked ward policy were also addressed, and work progressed with various partners on targeted suicide prevention initiatives.

Work in partnership to expand integrated models of care

Enhance housing access and supports

It is well established that access to safe, secure and affordable housing has a significant impact on quality of life and keeping people well, and is an important focus for system reform. The relationship between housing, homelessness, mental illness and problematic AOD use is interrelated, complex and bi-directional.

People with mental ill-health and problematic AOD use have greater housing instability, poorer housing quality, greater variability in housing pathways, less choice of living conditions and neighbourhood amenities, and are highly vulnerable to homelessness. Without a home, it is more challenging to receive effective community-based supports, more demanding to self-manage care and treatment plans, and more difficult to establish relationships with support workers.

An integrated approach is needed to support people with a lived experience who are currently homeless or at risk of homelessness. This includes increasing the availability of safe, secure, appropriate and affordable housing; providing more and better support to sustain tenancies; and strengthening and expanding early intervention and prevention.

The *Queensland Housing and Homelessness Action Plan 2021–2025* aims to deliver a coordinated housing and homelessness response across government, in priority locations throughout the state and for people with complex housing and support needs. The Commission continues to support the Department of Communities, Housing and Digital Economy (DCHDE) to implement the action plan and prioritise placements in social housing. Through participation in a cross-agency advisory committee, the Commission advocates for people living with mental ill-health and AOD problems and highlights the system issues that compound housing insecurity and homelessness for this cohort. The Commission leveraged relationships with Queensland Health and DCHDE to enhance collaboration around housing supports, while the Commission's networks have also been useful for engaging people with lived experience in consultation processes.

The Commission has also been working with DCHDE and other stakeholders across sectors to develop a youth-specific integrated framework of housing with support, to assist vulnerable young people to achieve social and economic independence. The Commission provided expertise on prevention and early intervention support for young people

at risk of housing instability, particularly where there are opportunities to better coordinate responses across sectors such as at transition points (for example, leaving care and detention and transitioning to independence).

Improve access to quality health care

Supporting people with psychosocial disability

The National Disability Insurance Scheme (NDIS) aims to improve the lives of people with psychosocial disability by enhancing their social and economic participation and supporting them to lead meaningful lives within their communities.

As of 31 December 2021, the NDIS supports 53,123 participants with a primary disability being psychosocial disability—totalling 11 per cent of participants within the scheme. In Queensland:

- there were 9,905 active NDIS participants with a primary diagnosis of psychosocial disability
- the average annualised committed supports for participants with a primary diagnosis of psychosocial disability were \$90,300 and average payments were \$68,700.⁷

The Queensland Mental Health Commissioner is a member of the National Disability Insurance Agency's Mental Health Sector Reference Group, representing all the state and territory mental health commissions.

In addition, the Commission has worked at the national level to support the NDIS Psychosocial Disability Recovery-Oriented Framework, released in December 2021. The framework's guiding principles are:

1. Supporting personal recovery
2. Valuing lived experience
3. NDIS and mental health services working together
4. Supporting informed decision making
5. Being responsive to the episodic and fluctuating nature of psychosocial disability
6. A stronger NDIS recovery-oriented and trauma-informed workforce

In March 2022, the *National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Act 2022* (Cth) was passed. Amendments to the NDIS included two significant changes regarding psychosocial disability:

- 'psychiatric condition' was replaced with 'psychosocial disability' in section 24(1)(a)
- revised wording at the end of section 24 now recognises that psychosocial disability which is episodic or fluctuating in nature can be assessed as permanent.

This reform ensures more people have access to support available through the scheme.

Prioritising physical health needs

Evidence shows that people living with mental illness or problematic AOD use often have poor physical health compared to other Queenslanders. This results in a lower quality of life, as well as a reduced life expectancy due to preventable illness and chronic disease.

For several years, the Commission has supported the Equally Well movement to improve physical health outcomes for Queenslanders with lived experience. In 2019, the Commission published two key reports (a case for change and a strategic position paper for *Improving physical health for people with a lived experience of mental illness or problematic alcohol and other drug use*) that identified the key themes, barriers and enablers for reform opportunities. In 2021, the findings were put to a group of lived experience consultants and the feedback was shared with key stakeholders to drive ongoing integrated reform.

In April 2022, the Commission sponsored the Equally Well Symposium at Griffith University. The event brought together key players across sectors and the peer workforce, laying the foundation for future collaboration. The Queensland Mental Health Commissioner was among the guest speakers, all representing social and community organisations, government agencies, allied health bodies, research institutes and university partners.

The Commission continues to connect allied health and mental health providers to drive integrated approaches that deliver better holistic outcomes for people. Additionally, consultation is currently underway with Equally Well Australia and the Mitchell Institute to develop resources that progress Equally Well principles across the sector.

⁷ National Disability Insurance Agency, 2022. *Submission to the Mental Health Select Committee of the Queensland Parliament – Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. Available from documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-SDEF/submissions/00000162.pdf.

Strengthen suicide-related care and support

Examining suicides in the construction industry

With high rates of suicide in the construction industry, the Commission continues to support a landmark research project between MATES in Construction, The University of Queensland and Central Queensland University to examine the incidence of suicide crises among this population. By linking data about demographics, health services utilisation and outcomes for individuals, this level of analysis can provide valuable information about the touchpoints between people in distress and the wider service system.

Due for completion in 2023, this project recognises the importance of working together to reduce suicide through responses beyond the health sector. Findings from this study will form the basis of a collaborative inquiry between project investigators, mental health clinicians and organisations that provide services to the construction industry to improve preventative responses for those who may be in a suicidal crisis.

Men in farming occupations

Men in farming occupations have a disproportionately high risk of death by suicide—double the rate of employed men generally. Social isolation and climate factors such as drought and flooding can further exacerbate this risk and contribute to poor mental health for farmers, their families, farm workers, and the local community.

The Commission has supported an ongoing collaborative research project between South Australia's Minister for Primary Industries and Regional Development, University of South Australia, SuperFriend Industry Funds' Mental Health Initiative, and the New South Wales Department of Primary Industries to develop tailored suicide prevention strategies for men in farming occupations. Researchers have engaged with farmers and their networks to co-design solutions that will enable rural suicide prevention teams to develop sustainable strategies and build community capacity.

A suite of tools and events for rural mental health and suicide prevention were launched in June 2022, including targeted music festivals and cultural events across the country, workshops, information resources, tailored print material, films and podcasts. The Commission is also working with stakeholders to complete a final research report, due to be released at a national workshop in February 2023 alongside a new mixed media platform with capacity building resources for farmer suicide prevention.

Support the workforce

Training to address AOD stigma and discrimination

Following the 2018 report *Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use*, the Commission engaged QulHN to deliver the national *Putting Together the Puzzle* anti-stigma workforce training program.

Putting Together the Puzzle aims to reduce AOD-related discrimination by challenging negative attitudes and providing lived experience insight. Although training and awareness alone will not stop stigma, *Putting Together the Puzzle* has been proven to effectively facilitate interactive discussions which help to shift discriminatory beliefs.

QulHN trained 172 health professionals and community-based workers across 10 metropolitan and regional areas in Queensland during 2018–2019. Through recent engagement with community and sector stakeholders, the Commission has heard that stigma continues to create a barrier that prevents people from seeking help for problematic AOD use.

Consequently, the Commission has again partnered with QulHN to progress the delivery of further training to commence in July 2022 through to June 2023.

Strengthen social inclusion and human rights protections

Human rights research

Revisions were made to the *Mental Health Act 2000* in 2016 to align with the human rights framework adopted by the 2008 United Nations Convention on the Rights of Persons with Disabilities. The *Mental Health Act 2016* includes a number of ‘less restrictive options’ than compulsory treatment, including supported decision making provisions.

On 1 January 2020, the *Human Rights Act 2019* commenced in its entirety. It forms part of the administrative law obligations and oversight mechanisms for government. The main objectives of this legislation are to:

- protect and promote human rights
- help build a culture in the Queensland public sector that respects and promotes human rights, and
- help promote a dialogue about the nature, meaning and scope of human rights.

These legislative reforms were intended to minimise coercion and enhance patient autonomy. However, the use of compulsory treatment orders has increased in Queensland despite implementation of the *Mental Health Act 2016*.⁸

In response, research titled *Intersections of Mental Health and Human Rights in Queensland* commenced at the University of Canberra in February 2022, supported by funding from the Commission over three years. Professor Neeraj Gill from Griffith University is one of the project leads.

Through mixed methods of research, the project aims to identify reasons for the unintended increase in involuntary psychiatric treatment in Queensland. The project will also recommend strategies to implement evidence-informed alternatives to coercion in Queensland’s mental health services. The final report is due in the second half of 2024.

Locked wards

Queensland Health’s *Policy and practice guideline for Hospital and Health Service Chief Executives – Securing adult acute mental health inpatient units* issued in 2013 states that authorised public acute mental health wards across Queensland must be secure. However, since the policy’s implementation there has been a range of legislative changes and emerging international research.

This year, the Commission continued to support an independent review of the locked wards policy for public mental health wards, giving consideration to human rights principles, international evidence, and less restrictive contemporary best practice models. Based on advice from the Queensland Mental Health and Drug Advisory Council, the Commission provided contemporary research to the Department of Health as the basis for ongoing discussion about revision of the policy.

Restorative practice

Restorative practice is a continuum of proactive and reactive strategies designed to prevent or respond to conflict and incidents of harm between people, while repairing relationships. It can be embedded within the general delivery of services and carried out in an informal way, or at the other end, restorative practice is often termed ‘restorative justice’ and involves more formal processes.

There is little research detailing the effectiveness of restorative practice in either preventing or responding to conflict in mental health settings, nor what might constitute good practice in this context. Thus, the Commission provided funding for an independent evaluation of an Australian-first restorative practice in mental health services trial at the Prince Charles Hospital.

The final evaluation report—now expected in the first quarter of the next financial year—will provide much-needed evidence about the value of restorative practice approaches in mental health care.

8 Gill, Neeraj S., Amos, Andrew, Muhsen, Hassan, Hatton, Joshua, Ekanayake, Charuka, and Kisely, Steve (2020) *Measuring the impact of revised mental health legislation on human rights in Queensland, Australia*. International Journal of Law and Psychiatry, 73. 101634. Available from researchonline.jcu.edu.au/66004/.

Increase workforce participation

Tailored employment initiatives for people with a lived experience

People who are meaningfully engaged in education, training and employment tend to have better mental health and wellbeing and are generally more involved in their community. But people with a lived experience of mental illness, problematic substance use or suicidality can face challenges in obtaining and keeping paid work—particularly in areas of their choosing—and are also more likely than others to face stigma and discrimination in the labour market.

According to the Australian Bureau of Statistics, in 2018, 25.7 per cent of working-age Australians (15–64 years) with a psychosocial disability were employed, compared to 80 per cent of the general population. However, 85 per cent of people with a psychosocial disability reported employment restrictions because of their disability compared to 60 per cent of those with other disabilities.

Although employment services are predominantly the responsibility of the Commonwealth Government, state government programs like Back to Work (BTW) and Skilling Queenslanders for Work (SQW) have a vital role in improving employment outcomes for Queenslanders. These programs focus on employment readiness, skills development and connecting job seekers with employers, and have been successful in helping people in vulnerable cohorts prepare for entering or re-entering work.

The Commission is working with the Department of Employment, Small Business and Training (DESBT) to build on existing government initiatives (like BTW and SQW) that provide pathways into work for highly disadvantaged and at-risk cohorts in Queensland, including those with mental illness and problematic AOD use.

Discussions between DESBT and the Commission have explored opportunities to incorporate mental health literacy information and resources as part of these programs. The Commission is consulting with other government agencies, including the Office of Industrial Relations, to develop and appropriately tailor this information to support workforce participation and outcomes.

Better Futures Grant Program final evaluation

The Commission partnered with DESBT, the Department of Communities, Housing and Digital Economy (DCHDE) and the Department of Tourism, Innovation and Sport (DTIS) to deliver the Better Futures Grants program.

The program offered up to \$200,000 for innovative initiatives that helped reduce the impact of housing and employment issues for Queenslanders with a lived experience of mental illness or problematic AOD use, or those impacted by suicide. Four not-for-profit organisations were awarded a grant, with a total funding pool of \$720,000. Initiatives were developed and implemented with the support of the Commission, DESBT, DCHDE and DTIS, before completion in July 2021.

An independent evaluation of the grants program commenced in 2021 to ascertain the suitability, cost-effectiveness, equity and efficiency of the initiatives, as well as the social return on investment, sustainability and scalability.

The final evaluation report was completed in early 2022 and found the program had contributed to employment outcomes or increased housing security for some of the vulnerable and disadvantaged participants. Notably, the evaluation concluded this would not have been possible in the timeframe without the investment of the Better Futures Grants.

The evaluation also found that the Better Futures Grants addressed a need for programs to consider mental health in combination with employment and homelessness. Specifically, it highlighted that these issues are often interrelated and can be improved when individuals are provided with financial support, 'wraparound' (holistic) care, and when mental health is addressed.

The Commission is considering the findings of the evaluation and is exploring options to continue to support housing and employment outcomes for people with lived experience.

Future focus

While significant gains were made this year, particularly with regards to suicide prevention for different cohorts, ongoing work remains for the Commission to remove barriers to social and economic participation. This coming year, the Commission will continue to work across government to progress activities addressing the growing housing uncertainty for people with mental ill-health, and review the evidence base to strengthen employment models.

Access to psychosocial supports also continues to be reported as a significant gap, as evidenced in the submissions to the Queensland Parliamentary Mental Health Select Committee inquiry. The Commission will continue to advocate for access to community-based psychosocial support as an essential part of the mental health system.

Focus area 2

Invest to save

Improving mental health and reducing the incidence and impact of mental illness requires actions in the everyday settings of life including families, early childhood, schools, workplaces, and the community more broadly—as well as through supportive policy and service delivery. When people have a good understanding of mental health and wellbeing, and the signs and symptoms of illness or problems, they are better able to seek help for themselves and support others.

Investing in effective mental health promotion, prevention, and early intervention benefits individuals, communities, and all systems over time. Mental health promotion aims to improve and protect the mental health of everyone in the population while also targeting individuals and groups at higher risk. Primary prevention focuses on the entire population and aims to stop people from developing a mental health condition by reducing risk factors and strengthening the protective factors associated with mental illness. Early intervention is about appropriate actions to lessen the impact, duration and severity of mental health conditions and specifically targets early signs and symptoms of vulnerability for mental ill-health.

Trusted messaging that increases mental health awareness and literacy is essential. The Commission continued to support Queensland Health's *Dear mind* wellbeing campaign this year, and its partnership with Beyond Blue. In response to the Queensland floods, the Commission developed new resource guides to help people access appropriate support, as well as supporting initiatives for mentally healthy workplaces and communities.

The Commission's investment in early life has this year focused on supporting the development of an integrated continuum of care for early years mental health, contributing to cross-sector leadership mechanisms for child wellbeing, and an initiative to support caregivers and infants who have experienced adversity.

Increase mental health, AOD and suicide prevention literacy

Beyond Blue partnership

The Commission's ongoing partnership with Beyond Blue continued this year, supported by an annual funding contribution on behalf of the Queensland Government. The partnership supports national programs such as Beyond Blue Support Service, Coronavirus Mental Wellbeing Support Service, NewAccess for Small Business Owners, Be You (supporting early years services, primary schools and high schools), and The Way Back Support Service.

Partnering with Beyond Blue provides Queenslanders access to on-demand support through significant online resources, phone lines, chat and email. Compared to pre-pandemic in 2019, the number of people contacting Beyond Blue support services has increased by 18.6 per cent. People contact Beyond Blue most commonly with concerns about anxiety, worry, depression, and concerns for themselves and the community. Between July 2021 and June 2022 there were more than one million Beyond Blue website sessions from Queensland. Across Australia there was an increase in the number of resources downloaded in the second half of 2021, and then a decline in website sessions in 2022.

Complementing its group of notable ambassadors, Beyond Blue also runs a Speakers Program. Speakers are community members who have experienced or cared for someone with anxiety, depression or suicidality, who volunteer to speak publicly about their experience to raise awareness, reduce stigma and encourage others to seek help when they need it. There are eight speakers and one ambassador throughout Queensland and in the last year, they spoke at 36 Queensland events, reaching an estimated audience of 2,200 people.

In recent years, Beyond Blue and Queensland Health have expanded The Way Back Support Service across Queensland to provide aftercare for people following a suicide attempt. Across Queensland, The Way Back Support Service operates in 10 sites across all seven Primary Health Networks. Interim evaluation of the service found that people using it had reduced psychological distress and suicidal ideation, and many reported that they felt ‘seen and heard’ and supported to identify their own strengths to help recovery. Across Queensland there were 6,468 referrals to the service between July 2021 and June 2022.

As well as the Commissioner’s role on Beyond Blue’s National Advisory Committee, ongoing collaboration between the Commission and Beyond Blue teams at all levels ensures the needs of Queenslanders continue to be addressed.

Natural disaster response

Following significant flooding across Queensland, the Commission contributed to a coordinated cross-government disaster response as part of the Human and Social Recovery Group. This group provides engagement and access to emotional, psychological and mental health support for disaster-affected people at the individual, family and community levels. The Commission advised on available mental health supports in the state and ensured evidence-based information and services were shared.

As part of the recovery effort, the Commission developed an emotional wellbeing **resource guide**⁹ aimed at the Queensland community. The guide recognises that mental health moves across a continuum—from good mental health and wellbeing through to mild, moderate and severe distress—and that different needs require different supports. Given that Queenslanders had varied experiences during the floods, the guide helps people navigate through the various mental health services available to assist them with the right help at the right time. It also includes advice around self-help and non-clinical support appropriate for people not in severe distress, which is equally important but sometimes overlooked in mental health communication.

The Commission also responded to a request from the disaster response group for information specific to the needs of service providers, volunteers and others assisting people in emotional distress or crisis after a disaster. Supporting people in emotional distress can be challenging, so the Commission developed a **fact sheet**¹⁰ with simple information and tips for responding to trauma, hopelessness and anger, directing people to more detailed materials as needed.

Both guides were shared on the Commission’s communications channels and through cross-government working groups.

The Commission also worked with the Primary Health Networks, Queensland Health and relevant Hospital and Health Services to coordinate the Commonwealth’s flood recovery package (Primary and Mental Health Care Flood Support Funding). This ensured urgent access and coordination of primary healthcare services in flood-impacted regions. Non-government organisations including GIVIT, the Australian Red Cross, the Salvation Army, St Vincent de Paul Society Queensland, Lifeline and many others also provided critical support for Queenslanders throughout the floods.

Wellbeing in pandemic times

After the success of Queensland Health’s *Dear mind* campaign over the previous two years, a third phase commenced in market in April 2022, scheduled to run until the end of July 2022. This iteration features the best performing messages from the first and second phases, to support recovery and encourage Queenslanders to invest in their wellbeing in the post-pandemic era.

Dear mind was initially created in consultation with the Commission and informed by the most contemporary research. It aims to increase understanding of mental wellbeing and improve people’s ability to make positive changes to their behaviour. Evidence shows that previous phases of the campaign had a strong positive impact on mental wellbeing. A fourth phase is in planning and development and will build upon insights gained in the first three campaign periods.

⁹ qmhc.qld.gov.au/need-help/mental-health-in-natural-disasters

¹⁰ qmhc.qld.gov.au/need-help/supporting-someone-in-emotional-distress

Strengthen mentally healthy environments

Workplace mental health

Many people spend significant time in the workplace, and employment itself provides many benefits for mental health and wellbeing. High levels of psychosocial risk factors in some jobs or workplace environments increase the likelihood of people experiencing work-related mental illness. Organisations that prioritise mental health help foster and protect the mental health and wellbeing of their staff, and reduce the associated stigma of mental ill-health.

The Commission continues to play a coordination role with national and state workplace mental health initiatives, facilitating conversations with the Queensland Office of Industrial Relations (OIR) and the Public Service Commission to encourage strategic collaboration. The OIR provides leadership in this space, participating at a national level to progress workplace initiatives.

In September 2021, the National Mental Health Commission released the Blueprint for Mentally Healthy Workplaces. The blueprint was developed as part of the National Workplace Initiative—a project which aims to create a consistent approach to mentally healthy workplaces across Australia, supported by \$11.5 million federal funding over four years. Industry-led initiatives such as MATES in Construction, Healthy Heads in Trucks and Sheds and the mental health framework developed by the Australian Football League provide valuable support to mentally healthy workplaces.¹¹

The blueprint is underpinned by three core pillars:

1. Protect: identify and manage work-related risks to mental health
2. Respond: support people experiencing mental ill-health or distress
3. Promote: enhance the positive aspects of work

The Commission has supported the implementation of the blueprint in Queensland by collaborating with industry and government leaders, with a focus on supporting the small business community.

Staying well in small business

The level of psychological distress among people in small businesses is higher than the general population. Owners and staff face unique work-related stressors including long working hours, social isolation, cash flow issues, job insecurity and lack of administrative support. There are also barriers to accessing support if needed, including limited or no human resource expertise, and difficulty taking time off work.

According to Beyond Blue, a high level of psychological distress is reported by 23 per cent of micro business (one to four employees) owners, 25 per cent of small business (five to 19 employees) owners, and 36 per cent of sole operators.¹² Many small business owners have also reported experiencing distress in response to COVID-19 challenges, with 63 per cent indicating that their mental health or an employee's mental health had been impacted (up from 45 per cent in June 2021).¹³

The Commission continues to support ongoing Beyond Blue initiatives like the NewAccess mental health coaching program for small business owners and sole traders, and the Heads Up workplace resources. New activities from this year are outlined below.

Small Business Support and Wellness Package

A Queensland Government program providing mental health and wellbeing supports, collaboratively developed by DESBT, was announced in May 2022. The Small Business Support and Wellness Package includes additional wellness coaches, funds to provide professional services for small business owners, and locally developed wellbeing responses—supported by a promotional campaign. A key strength of the program is the way it leverages the counsellors for small business established through the Rural, Small Business and Tourism Financial Counsellors Network, ensuring all points of contact for small business owners are experienced and supportive.

The Commission has partnered with DESBT to enhance the Small Business Support and Wellness Package by extending the wellness coach initiative from two to three years, funding an external evaluation, and building the capacity of the counselling network to include evidence-based non-clinical mental health and wellbeing interventions. The program begins in the second half of 2022, and the Commission is delighted to see small businesspeople across Queensland provided with practical local support, and linked with existing national information and resources.

11 National Mental Health Commission, 2021. *Series on industry initiatives supporting mentally healthy workplaces; Paper 2 – Stories from the field: Case studies of pioneering industry action*. Available from haveyoursay.mentalhealthcommission.gov.au/series-on-industry-initiatives-supporting-mentally-healthy-workplaces.

12 Beyond Blue, undated. *Mental health of small business owners infographic*. Available from headsup.org.au/docs/default-source/resources/bb-mental-health-small-business-owners-infographic-web.pdf?sfvrsn=8cb7234d_2.

13 Chamber of Commerce and Industry of Queensland, 2021. *Pulse Survey of Business Conditions (December 2021)*. Available from info.cciq.com.au/January-2022-Pulse-Report-Download.html.

Chambers of Commerce

The Commission has also been collaborating with the Chamber of Commerce and Industry Queensland (CCIQ) and DESBT, particularly the Office of the Small Business Commissioner, to strengthen other small business wellbeing support across Queensland. CCIQ is Queensland's peak industry representative body for small and medium businesses, advocating on behalf of over 448,000 businesses and accounting for 44 per cent of Queensland's private sector workforce.

CCIQ is leading a statewide initiative, developed in partnership with the Commission and DESBT, to communicate with the network of local chambers of commerce and connect with local councils involved in the Small Business Friendly Program. The initiative aims to build knowledge about existing evidence-based resources and programs for mental health and wellbeing, and encourage regional or local action planning to enhance wellbeing for small business owners and staff.

The Caloundra Chamber of Commerce has led the way in developing a local response to small business wellbeing. The Commission provided a grant this year to assist the chamber to deliver a package of interventions to enhance the wellbeing of local small businesspeople. Support included access to the EMERALD program—an eight-week individually tailored wellness program developed by the Thompson Institute at the University of the Sunshine Coast—as well as training from local champions for the business community. This pioneering project by the Caloundra Chamber of Commerce will help inform other chambers to develop and implement locally relevant initiatives of their own.

Community leadership for wellbeing

Mentally Healthy City Townsville (MHCT) is a coordinated and community-driven response to mental wellbeing in Townsville. Established in 2018 to address population-wide mental wellbeing, MHCT creates a supportive, positive community culture which provides easy access to stepped mental health care as needed. It aims to strengthen and nurture the environments where people live, work and play so that all can thrive and flourish.

MHCT has published a charter with 11 actions to encourage mental health and wellbeing, promote social inclusion, reduce stigma and ultimately drive social change. The charter is comprehensive, and the Commission's support for MHCT is focused on progress across three charter priority areas: First Nations and culturally and linguistically diverse peoples, older persons, and education.

Recognising the value of place-based and locally-driven mental health and wellbeing, the Commission provided a financial contribution this year to the Tropical Brain and Mind Foundation for MHCT.

Also this year, MHCT hosted discussions to explore systemic capacity, leadership and sustainability with local civic leaders from across sectors including the Queensland Department of Education, Chamber of Commerce, Townsville City Council, Townsville Hospital and Health Service, and CheckUP. Participants were engaged in the discussion, and there was keen interest from different sectors in understanding opportunities to promote mental health and wellbeing in their own spheres of influence. Roundtables with key stakeholders and community members from each of the three charter priority areas are planned for July 2022.

Promote best start in life

Mental health and wellbeing in the first 2,000 days

Experiences early in life, particularly in the first 2,000 days, have a significant impact on a person's longer-term health and development. Secure attachment and positive family environment are the cornerstones of healthy child development. Research has firmly established the link between adverse childhood experiences and adverse mental health outcomes.

The Commission continued to support the early years project which commenced last year, led by the Queensland Centre for Perinatal and Infant Mental Health. The project aims to identify the policy and program enhancements required to strengthen the integrated continuum of perinatal and infant mental health prevention and interventions available to Queensland families and infants.

The project has developed a Nurture and Enhance Framework to support integrated cross-sector early years services. The framework has three components:

1. Integrated collaborative care pathways:
 - Universal care and prevention pathways
 - Early intervention and treatment pathways
 - Treatment and recovery pathways
2. Workforce capability and development
3. Digital communication

This framework helped shape the Commission's submission to the Queensland Parliamentary Mental Health Select Committee inquiry, providing considered ways to enhance the current system of care. The draft framework was shared with early childhood education and care professionals at a conference in May 2022, and was well-received as a tool to increase responses to the mental health needs of children and families.

The digital communication element is being developed in collaboration with Queensland Health. Qualitative research undertaken for the communication strategy found very limited understanding of infant mental health among parents, and an interest in understanding more. The strategy will share comprehensive information for families on mental health from birth, an understanding of what infants and children need to thrive, as well as referral pathways for services and community groups.

The framework establishes shared language and understanding between sectors about the elements of infant and child mental health, and facilitates new opportunities for cross-agency collaboration to improve mental health at this critical time. The framework will be shared later in 2022 to help identify strategic priorities for reform and collaboration.

The project identified that a major challenge for implementing care pathways is missing service elements across the continuum. A further challenge for many is linking services and navigation between them. Taking this work forward, the Centre for Perinatal Infant and Mental Health plans to undertake a trial of the integrated collaborative care pathways.

Thriving Queensland kids

In 2020–2021, the Commission partnered with the Australian Research Alliance for Children and Youth as a foundational member of the Thriving Queensland Kids Partnership (TQKP)—an initiative that promotes evidence-informed policy and practice to improve outcomes for children, youth and families, especially those from vulnerable backgrounds. In 2021–2022, the Commission provided an additional 12 months' support to continue the momentum from the first year.

After 18 months spent developing relationships, gathering insights and identifying pathways to shift this system, TQKP announced in May 2022 it had secured significant philanthropic funding. Hand Heart Pocket and the Paul Ramsay Foundation joined with The Bryan Foundation and The John Villiers Trust to provide a combined funding package of \$7.7 million over three years. The funding will enable TQKP to leverage existing community and government investment and effort to provide the right opportunities or supports, at the right time and in the right way, to reduce inequality and improve a range of outcomes for vulnerable children.

Children in regional areas who currently experience greater levels of vulnerability compared with children living in major centres are a focus of the partnership. Consequently, a dedicated Country Queensland Engagement and Partnerships role has been included in the program to connect regionally-based organisations and communities with TQKP initiatives.

The Commission will continue to support this important initiative to improve systemic outcomes and supports for children, youth and families.

Supporting infants and families impacted by adversity

The Attachment and Biobehavioural Catch-Up (ABC) program is an internationally endorsed, evidence-based program for supporting caregivers and infants who have experienced adversity. Delivered in family homes as part of daily life, the highly structured program gives caregivers instant feedback on their parenting. Program developers from Delaware University provide input and supervision.

This year, Accoras—a non-government organisation providing mental health early intervention and support programs across South East Queensland—piloted the ABC program with families in the Brisbane South, Logan-Beaudesert, Caboolture, Deception Bay and Gold Coast regions. Accoras invested time and resources to develop staff skills for program delivery, and engaged the Commission, the Department of Children, Youth Justice and Multicultural Affairs, Queensland Health and the Queensland Family and Child Commission for oversight of an external evaluation funded by the Commission.

The purpose of the evaluation was two-fold. One aim was to measure the impact of the ABC pilot program among infants and their caregivers. Another priority was understanding any systemic factors for providing this type of support across Queensland.

A comprehensive evaluation, undertaken by Enable Health Consulting, found that the ABC program offered caregivers and infants a positive experience that led to meaningful improvements in attachment-related outcomes. The evaluation also identified several critical implementation issues for consideration by any agency offering ABC in the future.

The evaluation concluded that the need for infant mental health supports in Queensland is immense, and the service delivery landscape sparse. It identified that while there is great potential for programs like ABC to have significant impact, a program cannot flourish without a system supporting it, and a workforce with capability and capacity to deliver it.

Increase early intervention responses

A core competencies framework for working with young people

Service providers from an array of non-government and government programs have significant involvement with vulnerable children and young people, offering the potential for life affirming and supportive interactions, or unintentionally perpetuating marginalisation and missed opportunities.

Staff who interact with vulnerable children and young people need foundational skills and core competencies to respond from a whole-of-person, culturally safe, and trauma-informed approach. Consultation and stakeholder engagement has identified a need to support human services sector workforces to respond more effectively to mental health, suicidal ideation and AOD-related harm, particularly with young people in out-of-home care settings.

The value of a shared cross-sector approach to core competencies was reinforced throughout the child and youth mental health and wellbeing discussions held with senior agency representatives and members from the *Shifting minds* Strategic Leadership Group. Consequently, the Commission engaged a consultant in 2022 to undertake an initial scoping project to inform a competencies framework for human services (non-health) frontline workers and volunteer carers.

The scoping project specifically centred on the necessary capabilities for people working or volunteering in Queensland's non-health government and non-government services, who actively engage with young people who are experiencing vulnerability in child safety, child and family services, youth justice, schools, and housing and homelessness services. This focus was informed by consultation with youth service providers, peak bodies and young people who have a range of lived experiences including mental ill-health, self-harm, suicidal ideation, risky substance use, out-of-home care and trauma.

The competencies framework will be finalised in 2022–2023. It is expected to support a greater shared understanding of the competencies and capabilities needed to effectively identify, respond to and support young people who are struggling with their mental health, engaging in self-harm, experiencing suicidal ideation, and/or using substances in a potentially harmful or risky way.

The framework will also detail advice on the specific and ongoing mental health, AOD and suicide prevention professional development core competencies for human and social services frontline workers and volunteers, and give guidance on how these core competencies can be met.

Future focus

The Commission will continue to support proactive and responsive activities for individuals' mental health in relation to the impacts of COVID-19 and natural disasters experienced across Queensland. It is now well established that the negative effects of these experiences on mental health and wellbeing will be long term and have different impacts for individuals.

The work over the last year has shown that a focus on supporting healthy workplaces can have significant and lasting effects on individuals. The Commission will continue to work with a range of workplaces and small businesses to improve the awareness of mental health and wellbeing.

In the coming year, the Commission will also continue strengthening integrated and collaborative approaches for infant and child services, and developing an investment and outcomes framework.

Focus area 3

Whole-of-system improvement

Committed leadership, collaborative action and collective accountability is needed to drive whole-of-system change across sectors. Personal accounts and experiences shared with the Queensland Parliamentary Mental Health Select Committee inquiry this year reinforced the need for an improved, integrated system that better provides a mix of services across a continuum of care.

Queensland's mental health system must shift towards greater community-based supports to better support people and families, and better ease system pressures. Importantly this year, analysis of the non-government community mental health services sector has commenced to support sector growth, development and sustainability.

Under *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)*, representation and participation of people with a lived experience is critical to ensuring informed whole-of-system service design and delivery. A significant achievement towards this priority this year was the establishment of the mental health consumer peak body, Mental Health Lived Experience Peak Queensland (MHLEPQ). Work also continued on Queensland's renewed approach to alcohol and other drugs (AOD), as well as actions under *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*.

Build on reform

Positioning the non-government sector for the future

Community mental health services and support programs provide early, responsive, whole-of-person care with clear benefits to individuals. The expansion of the community mental health sector is critical not only to improve outcomes for people experiencing mental health difficulties, but also to reduce pressure on the acute and tertiary mental health system.

The Commission has continued its work in partnership with the Queensland Alliance for Mental Health to undertake a systematic analysis of the non-government community mental health services sector. Researchers from Griffith University and QIMR Berghofer Medical Research Institute are working to gain a comprehensive understanding of the sector, and will deliver a report that includes:

- a clear definition of the sector, and a vision for the sector and the contribution it makes to the mental health ecosystem
- an overview of the current and future state of the community mental health industry in Queensland
- an analysis of the opportunities, challenges and barriers to change
- an analysis of social and economic value and data, and
- identification of future sector implications and success imperatives.

The report, expected in the second half of 2022, will provide a contemporary information base to leverage ways to advance and support the growth, development and sustainability of the sector.

The research team are advised and guided by a Reference Network, whose members represent a broad range of stakeholders including people with lived experience, service providers, Queensland and Commonwealth Government agencies, and peak and industry bodies. This ensures connection with other relevant work, broader sector initiatives and people's experiences of services.

Stepping Stone Clubhouse

In 2020, the Queensland Government committed \$1.4 million over two years to fund Stepping Stone Clubhouse, a community organisation based in Brisbane for adults with a mental illness. Based on an international clubhouse model of psychosocial rehabilitation, Stepping Stone provides members with opportunities to connect with others, access services, regain confidence and rebuild their social and vocational skills.

The Commission has commenced a review with Stepping Stone, independent evaluators and Queensland Health to assess the clubhouse's services. The evaluation will examine the social and health impacts of the clubhouse model and consider a range of outcomes, including reduced number of hospitalisations, increased employment, increased education levels, reduced risk of homelessness, increased structure and purpose, development of support systems and service collaboration.

Due for completion in early 2024, the evaluation will provide an analysis of the social and economic value of the clubhouse model in Australian contexts and will indicate the potential for it to be leveraged at scale. This project will complement the analysis of non-government organisation (NGO) sustainability.

Drive reform through strategic leadership

Shifting minds

Queensland Government agencies continued to deliver initiatives this year across health, housing, education, employment, justice and other sectors to support the reform agenda under *Shifting minds*. Most actions under *Shifting minds* have been implemented, though as the plan is systemic in nature, ongoing and sustained effort is required. An evaluation of the impact of *Shifting minds* is underway and due to be completed by the end of 2022, alongside a review of the first phase of *Every life* implementation.

The Commission has also commenced work on the renewal of *Shifting minds*, due in 2023. The renewed plan will provide the strategic directions and priorities to drive the next chapter of systemic reform of Queensland's mental health, AOD and suicide prevention system. This work will guide phase two of *Every life*, Queensland's new AOD plan, and mental health and wellbeing approaches in cross-agency strategies and plans.

Strategic Leadership Group

Genuine cross-sector leadership is required to achieve improved outcomes for individuals, communities and systems through the *Shifting minds* reform priorities and the broader Queensland Government reform agenda. Since its establishment in 2019, the Queensland Government cross-agency Strategic Leadership Group (SLG)—comprised of senior representatives from across sectors and key government agencies—has continued to provide oversight of the strategic objectives of *Shifting minds* and support a collaborative mental health, AOD and suicide prevention reform agenda in Queensland.

Despite disruptions caused by COVID-19 during 2021–2022, the Commission continued to meet with the SLG to address emerging priorities including the Queensland Parliamentary Mental Health Select Committee inquiry, reports of increasing presentations and acuity of psychological distress among children and young people, and the changing national landscape in relation to mental health and suicide prevention reform.

Focus area 3: Whole-of-system improvement

Mental health consumer peak

Following the appointment of seven board directors in 2020–2021, the establishment of the mental health consumer representative peak continued this year. The Commission transitioned its role from direct project management to auspicing body, with the aim of the peak having a standalone contract with Queensland Health in 2023.

The board's initial task was to register the organisation as a not-for profit company with charitable status. The organisation was named the Mental Health Lived Experience Peak Queensland (MHLEPQ) by the establishment project steering committee. The board also recruited a lived experience interim chief executive officer (ICEO) to progress the organisation's establishment. This year, the board and ICEO also reviewed the organisational structure developed by the steering committee, and began to consolidate MHLEPQ's governance and operational needs.

During 2021–2022, the board held 11 meetings to pursue activities related to the MHLEPQ structure, as well as discuss the vision, mission and values of the organisation in preparation for its membership model. The MHLEPQ:

- brought together its inaugural lived experience advisory group (LEAG) to respond to the Queensland mental health inquiry, with the ICEO and LEAG representatives interviewed by the Mental Health Select Committee
- was engaged by the Commission to recruit the Queensland consumer representative of the National Mental Health Consumer and Carer Forum (NMHCCF)
- started recruiting a pool of LEAG members to assist MHLEPQ's recruitment and future works, and
- commenced recruiting internal staff.

The Commission will continue auspicing MHLEPQ until a direct contract with Queensland Health is negotiated and finalised. Ongoing collaboration with MHLEPQ will ensure the Commission's work is informed by lived experience perspectives, and will drive ongoing lived experience-led reform.

National Mental Health Consumer and Carer Forum

The NMHCCF (auspiced by Mental Health Australia) provides an important mechanism for mental health consumers and carers to come together to foster partnerships, and to ensure people with lived experience are included in mental health policy reform at the national level. The Commission continues to support the NMHCCF through an annual contribution on behalf of the Queensland Government, and by supporting Queensland's consumer representative and carer representative.

During the year, the Commission engaged the new MHLEPQ to lead recruitment of the consumer representative role left vacant by the resignation of the previous incumbent.

Work undertaken by the NMHCCF this year includes:

- undertaking a research project, funded by the National Mental Health Commission, to develop an evidence base on the experiences of mental health carers arising from COVID-19
- submissions to:
 - the National Disability Insurance Agency (NDIA) on the Draft Consultation Paper: Support for Decision Making Consultation
 - the Australian Department of Health on the Draft National Mental Health Workforce Strategy
 - the Department of Social Services regarding the *National Disability Insurance Scheme Act 2013* (Cth) review
 - the Attorney-General's Department regarding the review of confidentiality protections of the *Royal Commissions Act 1902* (Cth).

COVID-19 impacts meant a shift to virtual NMHCCF meetings, though all members came together face-to-face for their June 2022 meeting.

Contribution to national leadership

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

- the NDIA's National Mental Health Sector Reference Group
- Beyond Blue – National Advisory Committee
- The Way Back Support Service – National Advisory Committee, and
- mental health commission meetings, including representatives from other state, territory and national commissions.

The Commission regularly engages with the National Mental Health Commission and other national bodies around key aspects of reform.

Increasing Queensland's lived experience workforce

The Queensland Framework for the Development of the Mental Health Lived Experience Workforce was funded by the Commission and released in 2019 in response to the research findings of *Identifying barriers to change: The lived experience worker as a valued member of the mental health team*, conducted by Dr Louise Byrne and funded by the Commission in 2016–2017. The National Mental Health Commission has since developed the National Lived Experience (Peer) Workforce Development Guidelines.

Launched at the end of 2021, the national guidelines are modelled on the Queensland Framework. This presents further opportunity for the Commission to increase awareness and uptake of the Queensland Framework—in consultation with stakeholders—and develop the lived experience workforce in Queensland. In the coming year, the Commission will continue to engage with the sector to seek input on readiness and progress implementation.

Cross-sector efforts in response to COVID-19

Since 2020, the Commission has supported the development and implementation of the National Mental Health and Wellbeing Pandemic Response Plan. Meetings with other state and territory mental health commissions this year focused on the impact of the pandemic on mental health and wellbeing.

The Commission also coordinated regular meetings this year with policymakers, public and non-government service providers, peak bodies, and Queensland's primary healthcare sector to discuss opportunities to respond to the needs of people, families and carers with lived experience, given the impacts of COVID-19. Additionally, the Commission has supported the sector-wide COVID-19 advice and readiness strategy, bringing together the Community Services Industry Alliance and community mental health and AOD peaks to explore opportunities and approaches for immediate workforce recruitment and deployment.

In December 2021, the Commission held a webinar in collaboration with Queensland Health, the Queensland Network of Alcohol and Other Drug Agencies, the Queensland Alliance for Mental Health, Health Consumers Queensland and the Primary Health Networks on Sector COVID-19 Preparedness. The webinar examined the sector's state of COVID-19 planning and preparedness for the re-opening of Queensland and national borders, including consumer and staff impacts and adaptive service models. In particular, the webinar considered emerging needs at the individual, organisational and system levels across public, private, primary health and non-government service providers.

Renew cross-sector suicide prevention and AOD responses

A new AOD plan for Queensland

The Commission continues to work with stakeholders and partner agencies to drive reform to reduce drug and alcohol-related harm. The Commission is responsible for collaboratively developing, monitoring, and reporting on the renewed whole-of-government, cross-sector AOD plan on behalf of the Queensland Government.

A comprehensive consultation process informing the renewed approach concluded this year, with a range of stakeholders engaged to have their say on the priority areas for reform in Queensland. A consultation report will be released with the renewed plan to provide a fulsome account of the consultation themes and analysis.

Throughout this process, there has been broad support for the renewed approach and the proposed policy directions including:

- enhancing the AOD treatment system
- prevention and early intervention
- addressing stigma and discrimination
- harm reduction approaches, and
- options for drug law reform in Queensland.

The areas of policy intent are progressing through collaboration with other stakeholders including Queensland Government agencies, the AOD non-government sector, and key partners such as the Queensland Branch of the Australian Medical Association (AMA QLD). Implementation planning is underway, with the plan anticipated for release in the second half of 2022.

Systemic approaches to AOD reform are occurring in several areas in Queensland. AMA QLD has worked with stakeholders (including the Commission) and sought feedback from Queensland members to consider its position on drug law reform. The Queensland Network of Alcohol and Other Drug Agencies (QNADA) and the Queensland Aboriginal and Islander Health Council (QAIHC) have also sought feedback from member services, which has informed the renewed plan.

The Commission will continue to commit to the priorities of alcohol harm minimisation and drug law reform established in *Shifting minds*. There are a several options for reform in Queensland, including:

- adopting more effective ways to manage illicit drug use and possession
- reducing involvement with the criminal justice system by expanding the use of diversionary options to a health response, and
- improving the way that evidence is used to inform policy decisions, funding and legislation.

Work in the next phase includes implementing the renewed plan, with key agencies and communities focusing on cross-sector coordination to reduce vulnerability, strengthen early intervention and advocate for ongoing enhancements to treatment and support options. The Commission will also continue to sponsor and engage with key sector events such as the Australian Winter School conference to support ongoing collaboration within the sector.

Renewed approach to alcohol management

Following a review into alcohol management plans in remote and discrete First Nations communities, the Commission is contributing to a renewed alcohol management approach led by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP). The new direction remains a co-designed and community-led process, using tailored strategies to suit each community's unique characteristics and aspirations.

The Commission has also supported the role of the sly grog working group in addressing alcohol management in remote communities using a harm minimisation approach. Co-chaired by the Torres Cape Indigenous Council Alliance and Dr Chris Sarra, DSDSATSIP Director-General, working group members include the local mayors and CEOs of Regional Shire Councils across the gulf, Cape York and the Torres Strait Islands. A harm minimisation approach allows a holistic and coordinated response that balances the importance of harm reduction and demand reduction with reducing supply—empowering each community to lead in a way that works for them based on existing strengths and resources, and to target local issues.

A contemporary framework for specialist AOD services

As a member of QNADA, the Commission contributed to the development of the network's new Queensland Alcohol & Other Drug Treatment Service Delivery Framework (TSDF) this year.

The TSDF creates a shared understanding of the aims and functions of Queensland's specialist AOD treatment and harm reduction services system, to support its ongoing growth and development. Updated from 2015, the 2022 TSDF was informed by comprehensive sector consultation and review. It outlines the contemporary approach to AOD treatment and harm reduction in Queensland and brings the state in line with recently released national frameworks.

Whole-of-government and cross-sector suicide prevention reform

Every life is Queensland's whole-of-government and whole-of-community plan to reduce suicide and its impacts in the state. It focuses Queensland's systemic reform work plan across four key areas: building resilience, reducing vulnerability, enhancing responsiveness and working together. The Commission is responsible for overseeing, coordinating and supporting the implementation of *Every life* in addition to driving forward Queensland's broader strategic suicide prevention program of work.

As a whole-of-government plan, *Every life* recognises that effective suicide prevention requires action beyond the health system. *Every life* has delivered a range of achievements across the first three years of the plan, building on the initial \$61.93 million investment over three years in the 2019–2020 State Budget for suicide prevention. This investment laid the foundations for whole-of-government and cross-sector suicide prevention reform.

Building on positive progress reported last year, cross-agency initiatives have continued to deliver strong achievements across the four focus areas. Key achievements include the following:

- Queensland Health has expanded maternity health services through the Right at Home program.
- the Queensland Department of Education has continued to strengthen student support and early intervention through suicide detection and response, as well as postvention training for guidance officers. This area has been substantially enhanced through the investment of \$100 million over three years in the Student Wellbeing Package (2020–2021 State Budget) to ensure every student has access to a mental health and wellbeing professional.

- Vulnerable groups have been supported through a range of initiatives, including the finalisation of a suicide prevention framework for people experiencing domestic and family violence.
- Service responsiveness for people experiencing suicide risk and crises has continued to be enhanced through the development of an integrated model of suicide and mental health crisis care for Queenslanders. This includes \$10.8 million for the establishment of eight Crisis Support Spaces, providing clinical and peer support for people experiencing crises in mental health, suicidal ideation or self-harm.

The first of three implementation phases for *Every life* is scheduled to end in 2022, and this year the Commission engaged an independent review of the implementation and systemic impact of this phase. The review is an important opportunity to evaluate progress and ensure phase two builds on learnings from phase one.

Understanding and responding to male suicide

With men disproportionately represented in Queensland's suicide statistics, the Commission has partnered with the Coroners Court of Queensland to deliver a systemic review of male suicides. The review is a key commitment under *Every life* and intends to enhance understanding of why male suicide continues to be over-represented, and propose opportunities to reduce or prevent these deaths.

This year, an independent expert was granted access to coronial investigation material to undertake an in-depth review of all male deaths by suicide in Queensland over a three-month period in 2021. Guidance and support have been sought from Queensland Health, Queensland Police Service, DSDSATSIP, the Office of Industrial Relations and others.

While the findings are preliminary, the review is adding compelling insights into the reasons why men are over-represented in deaths by suicide. Upon completion of the project, the Commission will use the findings to support other agencies to develop and implement tailored male suicide prevention responses in their contexts.

Data-driven suicide prevention

Data and surveillance form the foundation of the public health model of suicide prevention. Monitoring suicide, suicide attempts and crises provides a critical understanding of the nature of suicide in Queensland, and assists the early identification of trends and factors to inform effective prevention and response measures. Collection and reporting of this data can inform and improve responses across the continuum of prevention and at the individual, interpersonal, community and societal levels.

Queensland was the first Australian jurisdiction to develop a register for deaths by suicide in the late 1980s and early 1990s through the Queensland Suicide Register (QSR). The QSR is a surveillance system that records all suspected suicides by Queensland residents from 1990, in instances where the coronial investigation is finalised. The QSR has been operated by Griffith University on behalf of the Queensland Government since 1994, and the Commission manages this engagement.

The Commission recognises the evolving suicide prevention and surveillance landscape, and the changing needs of stakeholders who rely on suicide data. Under *Every life*, the Commission has committed to develop an enhanced model for surveillance of suicide, suicide attempts and crises. To ensure Queensland's cross-sector prevention efforts are evidence-based and informed by the best possible datasets, the Commission has engaged an independent review of the Queensland suicide surveillance system. Results of this review will enhance the current system to improve the reliability and quality of suicide data, and inform cross-sector suicide prevention initiatives.

Suicide prevention network

Every contact with a person at risk of suicide is an opportunity to respond. Vulnerability and risk of suicide is influenced by a wide range of life experiences and circumstances. Touchpoints for early intervention exist across the many services and programs delivered by Queensland Government agencies. A collaborative and cross-sector response is therefore critical for successful and proactive suicide prevention efforts, and for delivering the outcomes outlined in *Every life*.

Every life included an action to establish a Queensland suicide prevention network. The interim Queensland Suicide Prevention Network (iQSPN) has been an important forum to connect suicide prevention activity and has brought together key government agencies, people with a lived experience, community controlled health services, NGOs and academics. The iQSPN is now working to establish an appropriate structure and function for a longer-term network to support the ongoing delivery of suicide prevention initiatives across sectors.

Renew cross-sector approaches to social and emotional wellbeing

Health equity reform for First Nations Queenslanders

The Commonwealth and all Australian states and territories are committed to the *National Agreement on Closing the Gap*, requiring governments to build on the strong foundations established by First Nations peoples through deep connection to family, community, culture and Country.

Consistent with the commitments under the agreement, the Commission continues to advocate for Aboriginal and Torres Strait Islander Community Controlled Health Organisations to be enabled to lead the planning and delivery of mental health services, AOD services, suicide prevention and psychosocial supports for First Nations peoples, families and communities.

Other progress includes the Queensland Government's resolute leadership and commitment to First Nations health equity through Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework. Through the framework, Queensland Health and QAIHC are working together to place First Nations voices and peoples at the centre of health service design and delivery. This reform is enshrined in a legislative requirement which embeds the framework within the public health system.

In the spirit of health equity reform, the Commission is also working with First Nations cross-sector leaders to put the findings of the *Don't Judge, and Listen* research report into practice. This work will contribute to the evidence base and amplify First Nations peoples' lived experience of racial discrimination and institutional racism.

Reports such as *Don't Judge, and Listen* not only identify and validate experiences of stigma, discrimination and racism, but also reveal the institutional and societal barriers to equity in the health system. A cross-sector project steering group of senior government and non-government representatives are continuing to consider systemic implications of the report for advocacy and action.

Queensland Aboriginal and Torres Strait Islander healing strategy

In 2019, the Queensland Government commenced a Path to Treaty to envision a new future between First Nations and non-Indigenous Queenslanders. Central to the process is a dialogue around truth-telling and healing that focuses on building on the existing strengths within Aboriginal and Torres Strait Islander communities.

Healing and social and emotional wellbeing are grounded in strong connections to community, family and Country, building on rich and resilient Aboriginal and Torres Strait Islander cultures. Work to develop a *Queensland Healing Strategy* and implementation plan was jointly funded by the Commission and the Department of Children, Youth Justice and Multicultural Affairs.

Development of the strategy began in January 2020, led by the Healing Foundation in a co-design process that included consultation and conversation with more than 400 Aboriginal and Torres Strait Islander Queenslanders. The *Dreaming Big* report, published in November 2020, shares the wisdom of those conversations.

The healing strategy and implementation plan are under consideration by the Queensland Government and the Queensland First Children and Families Board to identify opportunities for implementation with key partners. The Commission has provided the healing strategy to DSDSATSIP for review.

Improving social and emotional wellbeing in First Nations communities

The Commission continued its partnership with DSDSATSIP this year to improve social and emotional wellbeing outcomes for First Nations Queenslanders. Under the principles of self-determination, cultural authority and local First Nations-led decision making, the Commission has worked with the department to facilitate increased access to social and emotional wellbeing programs across Queensland.

Investment to date has supported First Nations communities in early childhood, emotional wellbeing skills, and after hours support programs. There has also been a focus on improving access to culturally safe treatment, care and support through mental health, AOD and suicide prevention services and related systems.

The next phase includes a Local Thriving Communities Social and Emotional Wellbeing Grant program. Priority was given to applications that embed the involvement of Local Decision Making Bodies in program design and delivery, and communities where there are significant social and emotional wellbeing program gaps.

Community-led First Nations AOD residential rehabilitation services

The Commission has continued its support for a research project by Pinangba, the Aboriginal and Torres Strait Islander-led service delivery arm of Uniting Care. Ongoing until 2023, the project aims to understand and improve the ways Aboriginal and Torres Strait Islander AOD residential rehabilitation treatment services across Queensland routinely collect and collate clinical data, for ongoing service improvement and service outcome evaluation.

The project supports community-led and place-based approaches to social and emotional wellbeing, focusing on Pinangba's two unique residential AOD rehabilitation services—the Cape York Family Centre in Cooktown, and the Stagpole Street Drug and Alcohol Rehabilitation Unit in Townsville. Project goals include enhancing the capability and capacity of the local workforce, strengthening cross-sector approaches to problematic AOD use, and improving evaluations of these services.

Future focus

In the coming year, the evaluation and renewal of *Shifting minds* and the development of phase two of the *Every life* suicide prevention plan will allow for refocused actions and priorities that support ongoing collaboration across government, non-government and community towards whole-of-system improvement.

As part of the renewal of *Shifting minds*, work will progress over the next 12 months to review the current mental health, AOD and suicide prevention planning and policy context. The SLG will be a primary oversight mechanism to support this work, including through co-developing and identifying priorities for the renewal of *Shifting minds*, and as a key advisory group for the review of *Every life*. The Commission will consult and engage with stakeholders, including people with a lived experience, and across government and sectors, to formulate and test renewed strategic directions.

Moving forward in 2022–2023, the Commission will continue to work with the SLG to strengthen collaboration and alignment across agency initiatives and strategies.

Progressing the implementation of the new AOD plan will be a considerable priority for the Commission in the coming year, specifically implementation of harm reduction strategies. In the area of suicide prevention, the Commission—supported by the Suicide Prevention Network—will progress implementation of recommendations from the surveillance review and male suicide review for an improved suicide prevention system and interventions.

The NGO systemic analysis will provide a range of insights into the workforce needs and future directions for the community sector. The results will inform where the government best directs its resources for maximum impact and improvement.

The mental health lived experience peak will gain independence from the Commission's auspicing arrangement in 2023. The Commission will also progress a Commonwealth scholarship grant to increase the lived experience workforce across Queensland, with a focus on First Nations and rural and remote areas. Finally, social and emotional wellbeing will be key area of focus for the Commission in 2022–2023.



Queensland
**Mental Health and Drug
Advisory Council**

Queensland Mental Health and Drug Advisory Council

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

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

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

The Advisory Council met three times in 2021–2022 (14 July 2021, 26 November 2021 and 22 February 2022). As required by the Act, the Queensland Mental Health Commissioner attended the Advisory Council meetings, and the Commission provided secretariat support.

The meetings were hosted in a variety of community settings across South East Queensland. A full summary of Advisory Council membership and a detailed account of attendance is provided in Table 1.

Advisory Council remuneration

Advisory Council remuneration is set by the Governor in Council, in line with the Queensland Government's *Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies*. See Table 1 for further information.

Membership

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

Appointment terms for the Council Chair, Professor David Kavanagh, and nine ordinary members expired in February 2022. The Commission engaged social enterprise recruitment agency Windsor Group to undertake an independent recruitment and shortlisting process for these vacancies, and the appointments are in progress.

Advisory Council members are listed in Table 1, and full member profiles are available on the [Commission's website](#).¹⁴

¹⁴ qmhc.qld.gov.au/about/management-structure/advisory-council-members

Table 1: Queensland Mental Health and Drug Advisory Council 2021–2022

Queensland Mental Health and Drug Advisory Council					
Act or instrument	Part 5, <i>Queensland Mental Health Commission Act 2013</i>				
Functions	See page 35				
Achievements	See the message from the Queensland Mental Health and Drug Advisory Council from page 37				
Financial reporting	Transactions are included in the financial statements from page 55				
Remuneration					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received*
<i>Members whose term ended in 2021–2022</i>					
Chair	Professor David Kavanagh (Chair)	3	\$4,000	N/A	\$2,729
Member	Ms Kimina Andersen	2	\$2,500	N/A	\$0^
Member	Ms Naraja Clay	3	\$2,500	N/A	\$1,706
Member	Associate Professor Jason Ferris	3	\$2,500	N/A	\$1,706
Member	Mr Eddie Fewings	1	\$2,500	N/A	\$1,706
Member	Dr Ignacio Correa-Velez	3	\$2,500	N/A	\$1,754
Member	Mr Jorgen Gullestrup	3	\$2,500	N/A	\$1,706
Member	Ms Kerrie Keepa	2	\$2,500	N/A	\$1,706
Member	Ms Emma Kill	2	\$2,500	N/A	\$1,706
Member	Ms Jane Williams	1	\$2,500	N/A	\$1,706
<i>Members whose terms continued in 2021–2022</i>					
Deputy Chair	Ms Gabrielle Vilic	3	\$2,500	N/A	\$2,592
Member	Professor Robert Bland	2	\$2,500	N/A	\$2,592
Member	Professor Brett Emmerson AM	3	\$2,500	N/A	\$2,592
Member	Ms Sue Scheinplug	3	\$2,500	N/A	\$2,592
Member	Ms Karyn Walsh	3	\$2,500	N/A	\$2,592
<i>Ex officio</i>					
Queensland Mental Health Commissioner	Mr Ivan Frkovic	3	N/A	N/A	N/A
No. scheduled meetings/sessions	3				
Total out of pocket expenses	Nil				

* Fees are rounded to the nearest dollar, calculated as at the 1 July 2022 pay cycle.

[^] Ms Kimina Andersen elected not to receive fees for her membership on the Queensland Mental Health and Drug Advisory Council.



Queensland
**Mental Health and Drug
Advisory Council**

Message from the Queensland Mental Health and Drug Advisory Council

We were pleased to see Queensland's mental health system and services in the spotlight this year.

Our three meetings in 2021–2022 centred on a range of systemic reform priorities, including:

- the Mental Health Select Committee's *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*
- a renewed alcohol and other drugs (AOD) plan for Queensland
- the ongoing implementation of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)* and *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*, and
- the analysis of Queensland's mental health community support services sector (NGO) growth.

We also considered and advised on various significant reforms relating to mental health and AOD including:

- access to Queensland's social housing and rates of homelessness for vulnerable populations living with mental illness and problematic AOD use
- the implementation of QScript, and rollout of medicinal cannabis in Queensland
- current and emerging mental health and wellbeing priorities for Queensland's refugees and culturally and linguistically diverse communities, and
- the current processes for undertaking data collection and suicide determinations.

Throughout the year, Advisory Council discussions were enriched by the expertise and perspectives of several guest speakers. We acknowledge and thank the following people for their generous contributions:

- the Honourable Yvette D'Ath MP, Minister for Health and Ambulance Services, on Queensland's mental health and wellbeing priorities

- Ms Jessica Oostenbroek, Senior Director from the Aboriginal and Torres Strait Islander Health Division, Queensland Health, on progress made by Queensland Health since the release of the 2017 Health Equity Report, and the impact of the evolving policy and legislative environment on the health system in relation to First Nations peoples' rights and interests, and
- Professor James Scott, Mental Health Program Head and Group Leader for Child and Youth Mental Health at the QIMR Berghofer Medical Research Institute, on child and youth mental health and wellbeing research.

In our July 2021 meeting with the Honourable Yvette D'Ath MP, we discussed our ongoing concern about Queensland Health's policy directive to lock public mental health inpatient wards. We also reiterated the current pressures and demands for Queensland's mental health and AOD services. We embraced the opportunity to recommend to the Minister the need for a formal system review and discussed the potential areas to examine. We welcome the Mental Health Select Committee's recent recommendations to improve mental health outcomes for Queenslanders and look forward to supporting the role of the Commission in the next phase of this work.

The November 2021 meeting, hosted by the QIMR Berghofer Medical Research Institute, focused on child and youth mental health and wellbeing. The meeting included a series of presentations from the Child and Youth Mental Health team about child and youth research into suicide and self-harm, bullying, climate anxiety and parenting.

In February 2022, the Advisory Council convened a meeting that primarily focused on Queensland's mental health inquiry hearings and submissions, and implementation of the *Shifting minds* and *Every life* plans.



Queensland Mental Health and Drug Advisory Council

While the Advisory Council did not make any formal recommendations to the Commission, our members actively contributed to the Commission's work by providing:

- our feedback on potential key focus areas and recommendations for the Commission's submission to the Mental Health Select Committee
- guidance to support the Commission's role in examining Queensland's mental health non-government community services sector, and
- feedback to support and influence the ongoing enhancements for the National Disability Insurance Scheme's psychosocial disability support.

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

- the Queensland Reference Network for the 'Positioning the Queensland Non-Government Community Mental Health Services Sector for the Future' project, and
- the Commission's *Leading reform* summit reference group.

This year we farewelled our Chair, Professor David Kavanagh and several of our fellow members—Mr Edward (Eddie) Fewings, Ms Kimina Anderson, Ms Naraja Clay, Ms Emma Kill, Mr Jorgen Gullestrup, Associate Professor Jason Ferris, Ms Kerrie Keepa, Ms Jane Williams and Dr Ignacio Correa-Velez—when their appointment terms came to an end on 23 February 2022.

We acknowledge and sincerely thank our Chair and fellow members for their dedication and valuable contributions during their terms. We eagerly anticipate the announcement of the forthcoming appointments. Together we will continue our earnest support for the Commission's important work improving outcomes for Queenslanders.

Current members

Queensland Mental Health and Drug Advisory Council

Our next steps

It has been a milestone year for Queensland's mental health, alcohol and other drugs (AOD), suicide prevention and related systems. Where we go from here has the potential to fundamentally transform how we treat and prevent mental health issues, problematic AOD use and suicidality in our state.

Reforming the mental health, AOD and related systems in Queensland fundamentally requires system change. These changes are required within and across government tiers, public, private, and primary and non-government sectors.

As we know, the system architecture is complex and fragmented, with limited integration within and across other areas of essential non-mental health service provision, ill-defined pathways between levels of care and services, duplication, and siloed approaches within and beyond the health system. The system has become crisis-driven and reliant on acute responses, often through first responders, emergency department presentations, acute inpatient care, criminal justice, homelessness and welfare support.

A compassionate, person-centred, integrated and coordinated mental health and wellbeing system supported by whole-of-government and cross-sector effort is critical to delivering the outcomes that matter at the individual, population and system levels. To achieve the critical shifts required—to drive real change and improve the mental health and wellbeing of Queenslanders—we cannot keep doing more of the same. There will continue to be a growing demand for services necessitating more investment unless we develop an investment and outcomes plan for promoting wellness, preventing illness and intervening early, particularly in the early years and in schools, workplaces and the broader community.

The Queensland Government has displayed its strong commitment to mental health by calling the inquiry, signing the bilateral agreement with the Commonwealth as part of the *National Mental Health and Suicide Prevention Agreement*, and making an unprecedented \$1.645 billion investment in the State Budget.

The issues with Queensland's system are far broader and more complex than funding alone can fix. Much more work is needed to ensure the full impact of this investment is realised. Implementing the recommendations will take resolve and consistent and coordinated action across government, non-government, private, and primary and community sectors.

The Commission looks forward to working with the Queensland Government and the broader sector in supporting the implementation of the government's response to the inquiry.

System reform in the AOD sector must begin with a clear policy shift that diverts people to early intervention and health responses rather than criminal justice responses. This shift needs to be accompanied by a significant enhancement in AOD services across Queensland, particularly in the areas of treatment and harm reduction.

Central to all of this is the need to shift the whole system toward community-based responses across mental health, AOD and suicide prevention. This includes embracing prevention and early intervention as essential to keeping people well in their homes and communities. It is also a means to alleviate current and longer-term system pressures. The Commission's objective is to ensure mental health continues to be embedded in everyday environments, such as schools and workplaces.

For community-based treatment, care and support to become the new front door, the growth, development and sustainability of the NGO sector is critical. Reform across the system needs to consider and address as a priority how we grow, develop and maintain sector capacity and the workforce—clinical and non-clinical.

To improve the social and economic participation of people living with mental illness and problematic AOD use, a wide-angle view is required, well beyond a focus on clinical outcomes. This includes satisfying timely and quality access to clinical services, psychosocial support, access to affordable, safe and appropriate housing, and continuation or return to education and employment. Priority must also be given to improving population mental health and wellbeing, reducing vulnerability among at-risk groups, and early intervention at the onset of challenges.

Following extensive consultation with government, non-government and community stakeholders across the state, the release of a new AOD plan will be a key achievement. A renewed plan that takes a hopeful, balanced and contemporary approach based on harm minimisation will go a long way to improving outcomes for families, carers and communities, and better ease system pressures.

The valuable input of lived experience will remain a key focus. The Mental Health Lived Experience Peak Queensland will provide meaningful policy advice and system advocacy, and the Commission will continue increasing opportunities to embed the lived experience of people with mental illness, problematic AOD use and suicidality in its work.

In the coming year, whole-of-government plans *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* and *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* will both be refreshed. The current review of the first phase of *Every life* will continue, revealing insights that will support the second implementation phase. Both plans will be developed through co-design processes, grounded within the current and future needs of Queenslanders, and informed by the contemporary data and evidence base. The renewed strategic plan will be further underpinned by strategic directions set in the phase two of *Every life* and the AOD plan.

As the Commission's tenth-anniversary approaches, a sector leaders meeting will continue to facilitate regular strategic conversations among leaders in mental health, AOD and suicide prevention in public, private and NGO sectors. The Commission will continue to work to enhance its engagement with people with lived experience in all its work, as well as its network of partners and stakeholders, government and non-government agencies and the Queensland community, to drive meaningful and ongoing reform.

Corporate performance

Agency effectiveness

Performance measures

The Commission's [Strategic Framework 2020–2024](#)¹⁵ outlines the Commission's performance indicators, while the Queensland State Budget 2021–22 Service Delivery Statements for Queensland Health provide the Commission's service standards and effectiveness measures.

Data to evaluate these indicators and measures is drawn from the Commission's annual Taking the Pulse survey.

2022 survey results

The Commission's Taking the Pulse survey has collected annual data since 2013–2014 (except for 2019–2020 due to COVID-19), enabling comparative analysis of trends year on year.

The survey gathers feedback from stakeholders that have interacted or worked with the Commission over the previous two years. The 2021–2022 survey opened in May 2022 and was distributed to more than 1,900 stakeholders, with 500 responses received (up from 468 in 2020–2021), reflecting a 21 per cent response rate (compared to 20 per cent in 2020–2021).

Respondents to the annual survey were comprised as follows, noting respondents were able to select more than one category to describe themselves:

- 37 per cent identified as a family member of a person with lived experience
- 35 per cent were representatives of a non-government organisation
- 32 per cent identified as a person with lived experience of mental health difficulties
- 26 per cent were a service provider employee or representative
- 24 per cent was a community member with interest in mental health, AOD and suicide prevention
- 23 per cent were Queensland Government employees
- 18 per cent were a representative of an advocacy or peak body
- 18 per cent were a person with lived experience of suicide
- 12 per cent were people with a lived experience of problematic AOD use.

Remaining respondents included researchers and university academics, teachers and Primary Health Network employees.

A summary of key findings includes the following:

- 86 per cent of respondents agreed the Commission is an important driver of reform of the mental health, AOD and suicide prevention systems in Queensland (44.8 per cent agreed, 41.3 per cent strongly agreed)
- 57 per cent of respondents agreed that services and responses are improving.

See Tables 2 and 3 for further information.

¹⁵ [qmhc.qld.gov.au/about/publications/browse/corporate-plans-and-frameworks/qmhc-strategic-framework-2020-2024](https://qmh.c.qld.gov.au/about/publications/browse/corporate-plans-and-frameworks/qmhc-strategic-framework-2020-2024)

Table 2: Queensland Mental Health Commission service standards

Service area	Notes	2021–2022 target/estimate	2021–2022 actual ¹
Effectiveness measures			
Stakeholder satisfaction with:			
<ul style="list-style-type: none"> opportunities to provide those with lived experience, support person and provider perspectives on mental health and substance misuse issues 	2	60%	54%
<ul style="list-style-type: none"> extent to which those with lived experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system 	3	65%	81%
<ul style="list-style-type: none"> the range of stakeholders involved in developing and implementing solutions 	4	60%	59%
Efficiency measure			
Not identified	N/A	N/A	

Notes

1. These results are not comparable to the 2020–2021 survey because adjustments were made in 2021–2022 to remove the proportion of respondents who indicated they were ‘unable to comment’ on the Commission’s effectiveness.
2. This result likely reflects the nature of the Commission’s work during the year, which has largely involved targeted consultation and engagement, as well as the continued effects of COVID-19 on the operating environment. Broadening consultation and engagement across key stakeholders will be a focus in 2022–2023, particularly as consultation and engagement around the renewal of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)* and phase two of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* commence.
3. Despite the difficult operating environment, particularly for face-to-face stakeholder engagement, this result recognises the Commission’s efforts to include lived experience and service provider perspectives in its work.
4. This result is in line with expected performance for the year, however it indicates there is a broader range of stakeholders who would like to engage with the Commission and its work, which will be a focus for the 2022–2023 year.

Table 3: Strategic Framework performance indicators

Indicator	Notes	2021–2022 target/estimate	2021–2022
Actual			
Stakeholder satisfaction with the support and achievements of the Commission, particularly in relation to:			
• its credibility as an independent body	1	80%	89%
• opportunities to provide lived experience and provider perspectives on mental health, suicide prevention, and problematic alcohol and other drugs issues	2	60%	54%
• appropriateness of reform focus and progress:			
– positive reform is underway	3	65%	70%
– reforms are sustainable	4	55%	71%

Notes

1. This result likely reflects the long-term body of work of the Commission gaining recognition among stakeholders and the Commission's ongoing system advocacy.
2. This result likely reflects the nature of the Commission's work during the year, which has largely involved targeted consultation and engagement, as well as the continued effects of COVID-19 on the operating environment. Broadening consultation and engagement across key stakeholders will be a focus in 2022–23, particularly as consultation and engagement around the renewal of *Shifting minds* and phase two of *Every life* commence.
3. This result potentially reflects the impetus for reform following the Queensland Parliamentary Mental Health Select Committee's inquiry.
4. This result potentially reflects stakeholder views that reforms are being actioned, particularly following the Queensland Parliamentary Mental Health Select Committee's inquiry, and are likely to remain features of the system going forward.

Communication and engagement

To lead and drive reform in Queensland, the Commission strives to inform, engage and inspire action by stakeholders, organisations and communities right across the state. That's why effective communication, engagement and partnership is vital across all levels and all areas of the Commission.

Integrated communication

The Commission reaches diverse audiences on a variety of topics through integrated communication across its various online platforms, including the Commission's website, video channel, eNewsletter and social media accounts.

The Commission also distributes media releases and media responses as necessary. During the year two opinion columns were prepared by the Commissioner providing information to the community and to the Queensland Government about why an inquiry into the state's mental health system was needed. Both articles were printed in *The Courier-Mail* as part of the paper's Through the Cracks campaign.

The Commission's *Leading reform blog*¹⁶ remains an informative communication channel that enables the Commission to highlight and explore key issues through longer form feature stories. Blogs during the year featured:

- two opinion pieces from the Commissioner highlighting system pressures
- a feature article on the new *National Children's Mental Health and Wellbeing Strategy*, and
- a report about COVID-19 and Australia's mental health.

Sponsorship

The Commission continued to offer its quarterly sponsorship program in 2021–2022 which received consistent interest. A range of community events were sponsored this year, many targeting vulnerable and diverse communities. A full list of sponsored events is available in Appendix 1.

Stakeholder engagement strategy

A phased implementation plan for the Commission's stakeholder engagement strategy was developed during the year, with progress including training all staff in using the Commission's engagement database and the creation of a whole-of-Commission planning calendar noting Commissioner engagement activities, sector events and opportunities, and project activities.

A range of other actions related to the stakeholder engagement and communication strategy also progressed during the year including:

- work to restructure and enable better segmentation of the stakeholder database
- work to develop a suite of stakeholder engagement strategy, planning, implementation and assessment tools
- a project to review and update website content, and
- plans to commence a sector leaders meeting early in 2022–2023.

Work to train staff in the International Association for Public Participation (IAP2) engagement spectrum will progress early in 2022–2023 to systemise and enhance engagement practice across the Commission.

¹⁶ qmhc.qld.gov.au/media-events/leading-reform-blog

Sector and community engagement

The Commission's *Leading reform* summit was postponed again in 2021 due to the pandemic. However, planning commenced during the year for a return of an in-person event in November 2022 that will cover many of the major reform themes and initiatives for the coming year.

The Commission's Sector COVID-19 Preparedness webinar in December 2021 was viewed more than 150 times, with participants averaging 1.7 hours per view. Papers and presentations were also requested and distributed to participants to enable them to learn from the experience of other agencies that have already dealt with significant COVID-19 infections.

The Commission continues to support both World Suicide Prevention Day (10 September) and Queensland Mental Health Week (QMHWW) (October) as key annual awareness activities. 'Take time—for mental health' was the QMHWW theme for the third year, building upon previous success and continuing to increase community recognition. The number of registered events on the QMHWW website reached a new record of 371, with 109 QMHWW Community Events Grants awarded across Queensland.

A further round of targeted QMHWW grants was extended to organisations representing First Nations, rural and remote, and culturally and linguistically diverse (CALD) communities.

The Queensland Program of Assistance to Survivors of Torture and Trauma received funding to deliver a series of eight events involving CALD communities across Queensland, including Vietnamese Seniors Wellbeing, Multicultural Mental Health art therapy day, healthy lifestyle park sessions for youth and families over four days, the Queensland African Communities Council Mental Health Research Project report launch, a youth detention centre fun day, an Afghan community welcome and women's session, and a 'safe sisters' forum for young women.

The Royal Flying Doctor Service also received funding to support visits to a series of Cape York communities, including Lockhart River, Bamaga, Kowanyama/Pormpuraaw, Mapoon/Napranum and Laura/Wujul Wujal. During each visit, time was booked for families and individuals to have a family photograph taken and simultaneously meet with a mental health worker. The initiative was a means to reach community members in remote areas who may never have previously interacted with a mental health support service.

Commissioner engagement

The Queensland Mental Health Commissioner leads the Commission's engagement activity through a schedule of regular meetings with key stakeholders, and participation in community and sector consultations and events. These opportunities are two-way: the Commissioner listens to perspectives and experiences from the sector as well as the general community, and in turn discusses and consults on the Commission's work.

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

Some of the activities and organisations that the Commissioner engaged with this year include:

- Presenting to the Australian Parliamentary House Select Committee on Mental Health and Suicide Prevention
- National evaluation of Headspace
- State Human and Social Recovery Group
- Refugee and Migrant Community Leaders Forum
- Australian Medical Association Queensland Branch Drug Law Reform Roundtable
- *Inquiry into social isolation and loneliness in Queensland*
- Queensland Primary Healthcare Network
- Queensland Health Leadership Advisory Board
- Minister for Employment and Small Business and Minister for Training and Skills Development's Youth Mental Health Forum
- Community Sector Homelessness Response Group
- COVID-19 Cross Agency Coordinated Human Services Response to Homelessness Committee
- COVID-19 Sector Leaders
- Making Tracks Together: Aboriginal and Torres Strait Islander Health Equity Framework
- Thriving Queensland Kids Partnership
- World Suicide Prevention Day Community Forum
- GPs in Schools Pilot Expert Selection Panel

- NDIA Mental Health Sector Reference Group
- Cherbourg interagency mental health response
- Gold Coast Crisis Stabilisation Unit familiarisation tour and engagement with staff
- Windsor Group's annual Mental Health in the Workplace Forum
- Beyond Blue's National Advisory Committee
- Arafmi's National Carer's Week Forum
- The MHS Conference – Mental Health Commissioners' session
- Women's Safety and Justice Taskforce
- Address to the 40th Australasian Professional Society on Alcohol and Other Drugs (APSAD)
- Participation in Youth Justice Action Plan 2021–2023 policy sprint
- National Pandemic Response Plan
- Being Equally Well Roundtable and Equally Well Symposium
- Queensland Alliance for Mental Health annual general meeting, member forums and Wellbeing First events
- Queensland Social Enterprise Council
- Community Services Reform Council
- Crisis System Reform Implementation Steering Committee
- DESBT Senior Leaders Group
- The Way Back Support Service – National Advisory Committee
- *Inquiry into the provision of primary, allied and private health care and NDIS care services*
- Royal Commissioners – Royal Commission into Defence and Veteran Suicide
- Stepping Stone Clubhouse
- Family Drug Support
- Mental Health Lived Experience Peak Queensland Board
- MIFA Collaborative Alliance to address the gap in psychosocial supports and Mental Health Reforms Roundtable
- National Mental Health Commission regarding the National Agreement
- Yourtown regarding youth mental health
- IIMHL and IIDL Leadership Exchange – Addictions Collaborative Virtual Match
- Child and Adolescent Mental Health Conference
- Queensland Family and Child Commission
- Health and Wellbeing Queensland
- Lived Experience Mental Illness (LEMI) Program
- Metro North Allied Health Leadership Forum
- Suicide Prevention Australia States in Focus Forum
- International Association for Suicide Prevention 10th Asia Pacific Conference
- Dolly's Dream Advisory Board
- Sly Grog Working Group
- Jigsaw open employment initiative for people with disability
- Office of the Health Ombudsman
- Small Business Wellness Package Governance Group
- The Big Anxiety Festival
- Australian College of Mental Health Nurses
- Queensland Closing the Gap Partnership Committee

Agency governance

Overview

The Commission is an independent statutory body under the health portfolio. Its legislative functions and obligations are outlined in the *Queensland Mental Health Commission Act 2013*.

Legislative obligation

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

- *Financial Accountability Act 2009*
- *Statutory Bodies Financial Arrangements Act 1982*
- *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 2019*
- *Crime and Corruption Act 2001*

Management and staffing

Executive leadership team

Strategic leadership is provided by an executive leadership team (ELT) accountable for compliance with legislative requirements within a rigorous corporate governance framework, and for providing strategic guidance. The ELT also seeks advice from the independent Queensland Mental Health and Drug Advisory Council on matters relevant to the Advisory Council's role. The ELT includes a Finance Sub-Committee that has oversight of the Commission's financial systems and accountability.

See Table 3 and from page 49 for further information about the ELT members and roles.

Table 4: ELT membership as at 30 June 2022

Position	Name
Mental Health Commissioner	Ivan Frkovic
A/Executive Director (from 21/03/22)	Amelia Callaghan
A/Manager Communication and Engagement	Kate Southwell
A/Director System Planning and Response	Simone Caynes
A/Director System Planning and Response*	Scott James
A/Manager Corporate Governance and Service Delivery (from 04/04/2022)	Marty Smyth
A/Project Manager Office of the Commissioner	Giovanna Franze

* The Director Policy and Program Delivery role title was changed to Director System Planning and Response in 2022 to recognise the shared direction and work of the Commission's policy and system reform function.

Executive leadership team profiles

Queensland Mental Health Commissioner

Ivan Frkovic

The Queensland Mental Health Commissioner is the chief executive and accountable officer, appointed by the Governor in Council and reporting directly to the Minister for Health and Ambulance Services. The Commissioner is responsible for the management and performance of the Commission's functions in accordance with its legislative obligations outlined in the *Queensland Mental Health Commission Act 2013*, and guides the strategic direction of the Commission.

Ivan Frkovic was appointed Commissioner from 1 July 2017 and brings substantial policy, academic and patient-centred experience to the role, having worked in the Queensland mental health system for over 20 years. With a focus on strengthening partnerships and collaboration, he oversees delivery and implementation of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)*. Ivan's experience across government and non-government organisations provides valuable insight to help bring all sectors together to focus on delivering better mental health outcomes for Queenslanders. He has made a significant contribution to community mental health through published papers and articles.

Executive Director

Amelia Callaghan

The Executive Director provides strategic leadership in policy and program direction and is responsible for ensuring the implementation of *Shifting minds*.

Amelia Callaghan has worked in the health sector for over 25 years, with experience in both government and non-government services. She has a background in service delivery in both mental health services and alcohol and other drugs (AOD) services and is a passionate advocate for early intervention services aimed at reducing the long-term impact of mental illness on children, young people and families. Amelia has also held national, state and territory management roles prior to joining the Commission.

Directors System Planning and Response

The Directors System Planning and Response bring specialist knowledge to lead small policy teams and progress work across the Commission's key focus areas, building and maintaining strategic partnerships with the sector to support the delivery of *Shifting minds*.

Scott James

Scott James has over 20 years' experience in mental health, both within the government and the non-government sectors. He has worked on various mental health initiatives, including programs that have successfully supported individuals to return to their communities from long-term institutional care and the design and implementation of lived experienced support services within Queensland. Scott has a strong passion for individuals being the driver of their mental health and wellbeing and is a strong advocate for embedding and upholding human rights and social justice frameworks across health and human services.

Simone Caynes (PhD)

Simone Caynes has over 34 years' systemic reform and strategic policy experience supporting the planning, implementation, monitoring and reporting on key priorities under state and national mental health reform, and service delivery experience in mental health and human services. This includes leadership and strategic influence roles in the development and delivery of whole-of-government strategic plans, including lead responsibilities for statewide cross-sector and inter-governmental engagement, negotiation and consultation, and coordination and support of cabinet policy and budget submission processes.

Manager Communication and Engagement

Kate Southwell

The Manager Communication and Engagement leads the Commission's integrated communication, engagement and marketing activities, including communication and engagement strategy, media, risk and issues management, event coordination, publications, website, blogs and social media.

Kate Southwell has spent over 25 years delivering communication outcomes in government contexts and in the private sector. As a senior leader in several Queensland Government agencies, she has been accountable for multi-disciplinary communication functions and has successfully delivered communication for complex policy areas. She brings skills in leadership, strategy and planning, project management, risk management and budget administration. Kate has strong knowledge and commitment to mental health, AOD and suicide prevention reform, having been with the Commission since October 2014.

Manager Corporate Governance and Service Delivery

Marty Smyth

The Manager Corporate Governance and Service Delivery manages a small team and oversees the key functions of governance compliance, budget and financial management, procurement advice and administration of contract management, human resource management, records management, management of the Corporate Administration Agency service agreement, correspondence management and coordination, and general administrative support to the Commission.

Marty Smyth was appointed to the role in April 2022 to backfill for 12 months. He brings management, leadership, academic and operational knowledge to the role having spent the last 43 years in emergency services and public service executive management and senior leadership roles in both New Zealand and Australia. Having recently relocated back to Queensland, Marty was formerly a chief executive officer leading a statutory authority in Victoria. He has operated across government and non-government organisations and has a vast operational background in emergency ambulance operations and service delivery.

Project Manager Office of the Commissioner

Giovanna Franze

The Project Manager Office of the Commissioner leads the function and staff of the Office of the Commissioner team, providing high-level advice to the Commissioner on relevant policy, legislation and programs. This role also manages the annual estimates process, coordinates the Commissioner's strategic engagement, and liaises and consults with government and non-government organisations on the Commissioner's behalf.

Giovanna Franze has over 15 years' experience working across government, non-government and higher education sectors. Her background includes strategic policy and service delivery in Aboriginal affairs, Aboriginal housing, homelessness, housing, international higher education, human rights, mental health, education and Aboriginal higher education. Giovanna is a passionate advocate of human rights and social justice.

Staffing

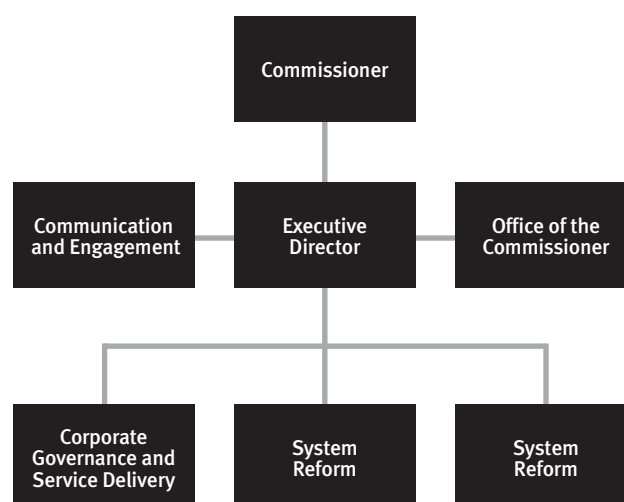
The Commission had a core staffing establishment of 18¹⁷ permanent full-time equivalent (FTE) public service positions, against which 21 people were working as permanent or temporary public servants at 30 June 2022. A further three staff were on long service or parental leave and being paid accordingly. The Commission's staffing profile is determined according to operational planning requirements each year and is maintained to ensure maximum flexibility and agility with regards to the skill sets required. The core permanent public service staffing complement of 18 FTEs provides the primary expertise and skill base necessary to undertake the Commission's functions, complemented by additional temporary staff as required to provide expertise and capacity to progress specific work.

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

Table 5: Workforce profile data

	FTE
Total permanent full-time equivalent (FTE) for the Queensland Mental Health Commission	18

Figure 1: Organisational structure



¹⁷ This figure is based on the Commission's core establishment of permanent public service FTE positions. The total number of persons on the payroll in the fortnight ending 17 June 2022 is 24 (including three staff on long service or parental leave), totalling 21.4 FTE. The figure reported in the financial statements is the number of people on the payroll at 30 June 2022 (based on the fortnight ending 1 July 2022) and does not include three staff on paid leave. This figure excludes temporary contract staff.

Table 6: Target group data¹

	Number (headcount)	Percentage of total workforce (calculated on headcount)
Gender		
Woman	16	66.67%
Man	8	33.33%
Non-binary	<5	N/A
Diversity groups		
Women	16	66.67%
Aboriginal peoples and Torres Strait Islander peoples	<5	N/A
People with disability	<5	N/A
Culturally and linguistically diverse – born overseas	6	25%
Culturally and linguistically diverse – speak a language at home other than English (including Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages)	<5	N/A
	Number (headcount)	Percentage of total leadership cohort (calculated on headcount)
Women in leadership roles ²	<5	N/A

1. To ensure privacy, in tables where there are fewer than 5 respondents in a category, specific numbers are replaced by <5.
2. Women in Leadership Roles are considered those positions that are Senior Officer equivalent and above.

Training

Staff training is available through the ELMO learning platform, covering mandatory Queensland Government courses and other optional training. There are also opportunities for staff to participate in sector conferences and workshops to further their learning and development. This year, training was available for all staff to develop their skills in the Commission's stakeholder database.

Workplace flexibility

The Commission has adopted a range of flexible working practices to support both the work/life balance needs of staff while simultaneously meeting operational requirements. This includes flexible working hours, staggered start and finish times and working from home.

The Commission also conducted a six-month trial of one day per week working from home that concluded in June 2022. Where pragmatic and possible, depending on role responsibilities, the Commission has maintained a hybrid approach to working remotely and working from the office during the year.

COVID-19 continued to present greater uncertainty during the year, requiring the Commission to adapt as the second and third waves of the pandemic in Queensland affected staff. An ongoing focus has been ensuring that workplace arrangements aligned with Safe Work Australia's COVID-safe principles as well as local advice from Queensland's Chief Health Officer. A COVID-19 and Influenza Safe Arrangements plan was developed in response to increased community transmission of both viruses. Staff remained highly responsive and flexible to emergent need, including isolating and working from home when required. Staff mobility and business continuity was facilitated via remote IT systems access while working offsite.

Public sector ethics

The Queensland Public Service Code of Conduct applies to the Commission. Training is included in the Commission's induction processes and incorporated into staff performance management plans.

Human rights

The Commission considers the principles under the *Human Rights Act 2019* in policy development, decision making and interactions with people with a lived experience, families and carers. See page 17 for further information.

The Commission did not receive or refer any complaints relative to the *Human Rights Act 2019* this year.

Risk management

The Commission is committed to ensuring management practices adhere to the requirements of the *Financial Accountability Act 2000* and works to embed risk awareness and risk management as a fundamental part of all its activities. The Commission's approach to risk management includes minimising vulnerability to internal and external events and influences that could impact organisational reputation and delivery of its strategic priorities and program of work. While the Commission supports innovation, it is equally mindful of considering the balance between benefits and risks.

While a risk management committee has not been established because of the Commission's size, the ELT's charter includes risk management. The ELT reviews key risks and mitigation strategies on a six-monthly basis. Key strategic risks and controls are published in the Commission's [Strategic Framework](#).¹⁸

The Commission developed the COVID-19 and Influenza Safe Arrangements plan as a result of the ongoing pandemic, including the emergence of new COVID-19 strains. This plan enabled the Commission to retain business continuity in the face of major waves of community transmission in 2022 and resulting staff infection.

Audit committee and internal audit

The Commission does not have a separate audit committee due to its size, however audit responsibility is included as part of the ELT's charter. An internal audit function and program is provided by the Corporate Administration Agency.

The 2021–2022 internal audit program focused on the consumer peak auspicing arrangement, contract management practices, review of the Financial Management Practice Manual and procurement management practices, corporate governance, corporate card usage and travel management. Audit results indicated continuing sound management practices with only minor material observations for system improvement.

Information management and recordkeeping

The Commission recognises sound records management practices are critical for good corporate governance at all levels of the business, and for meeting the Commission's obligations under the Queensland Government's Records Governance Policy and the *Public Records Act 2002*. Information and records are retained electronically as public and corporate assets.

Records management training is provided to all staff as part of their induction into the organisation, and is updated annually as part of the internal staff training program.

The Commission's intranet highlights regularly used corporate standards, templates and documents, as well as datasets and news updates. The intranet is part of the staff induction process, and staff are encouraged to use it as an important information sharing tool.

¹⁸ [qmhc.qld.gov.au/about/publications/browse/corporate-plans-and-frameworks/qmhc-strategic-framework-2020-2024](https://qmh.c.qld.gov.au/about/publications/browse/corporate-plans-and-frameworks/qmhc-strategic-framework-2020-2024)

Open data

Information about consultancies, overseas travel and the Queensland Language Services Policy is available at the Queensland Government Open Data website (data.qld.gov.au).

Overseas travel

During 2021–2022, the Commission had nil expenditure on overseas travel.

Queensland Language Services Policy

Interpreter services are available on request for Commission publications, online information, events and activities delivered by third parties on behalf of the Commission. During 2021–2022, the Commission had nil expenditure per the Queensland Language Services Policy.

Consultancies

The Commission is a small policy agency that works collaboratively across a diverse set of stakeholders on often complex policy issues. Where specialised skills and knowledge are required, the Commission engages consultancies with identified skill sets to deliver specific pieces of work. This may include undertaking research, providing specialised advice, delivering activities and/or preparing reports.

Harnessing specialist expertise also builds the Commission's knowledge and capacity and helps to build credibility among key stakeholders, while increasing opportunities for sector collaboration and capacity building. Consultancy services may be drawn from management consultancies, academic and research agencies, peak bodies, the lived experience sector and organisations involved in frontline service delivery.

The Commission enters a range of contractual arrangements to deliver its work program, including the following:

- Memoranda of Understanding with other government agencies to consult and/or deliver certain pieces of work
- the Corporate Administration Agency to deliver a range of corporate support services, and
- CheckUp to administer and deliver Queensland Mental Health Week grants and activities.

Financial performance

The Commission's ninth annual operating budget of \$9.488 million was principally administered as a grant through the health portfolio. This included a grant from the Department of Health of \$777,000 to support the establishment of the new consumer peak organisation rolled over from the previous year.

The allocation for employee expenses totalled \$3.206 million for the year, accounting for the staffing complement of 24 (including staff paid on long service or parental leave).

Expenditure on supplies and services totalled \$1.767 million, with \$763,000 spent on consultancy and contractor services to enhance organisational capacity. Corporate support outsourced to the Corporate Administration Agency accounted for a further \$341,000 and accommodation costs totalled \$274,000.

Grants and contributions to meet the Commission's strategic objectives and commitments under *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* and *Every life: The Queensland Suicide Prevention Plan 2019–2029* totalled \$3.688 million.

The Commission's Financial Statement in the Whole of Government Reporting Package shows a \$586,000 surplus for the Statutory Body in 2021–2022.

Financial statements

for the financial year ended 30 June 2022

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 qmhc.qld.qld.gov.au.

Statement of Comprehensive Income

for the year ended 30 June 2022

		2022 Actual	2022 Original Budget	Budget Variance	2021 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Income from Continuing Operations					
Government contributions	3	9,402	9,383	19	9,584
Interest		51	100	(49)	53
Other revenue		35	-	35	4
Total Income from Continuing Operations		9,488	9,483	6	9,641
Expenses from Continuing Operations					
Employee expenses	4	3,206	3,663	(457)	4,121
Supplies and services	5	1,767	3,000	(1,233)	2,140
Grants and contributions	6	3,688	2,651	1,037	3,056
Depreciation	10	19	20	(1)	19
Other expenses	7	222	149	73	172
Total expenses from Continuing Operations		8,902	9,483	(580)	9,508
Operating result from Continuing Operations		586	-	586	133
Total Comprehensive Income		586	-	586	133

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

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2022

	Notes	2022 Actual \$'000	2022 Original Budget \$'000	Budget Variance* \$'000	2021 Actual \$'000
Current Assets					
Cash and cash equivalents	8	5,393	3,573	1,820	3,714
Receivables	9	165	82	83	97
Prepayments		9		9	-
Total Current Assets		5,567	3,655	1,912	3,812
Non-current Assets					
Plant and equipment	10	3	3	0	22
Total Non-current Assets		3	3	0	22
Total Assets		5,570	3,658	1,913	3,834
Current Liabilities					
Payables	11	1,488	194	1,294	251
Accrued employee benefits	12	91	192	(101)	177
Total Current Liabilities		1,579	386	1,193	429
Total Liabilities		1,579	386	1,193	429
Net Assets		3,991	3,272	720	3,405
Equity					
Contributed equity		230			230
Accumulated surplus		3,761			3,175
Total Equity		3,991			3,405

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

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

for the year ended 30 June 2022

	Contributed Equity	Accumulated Surplus	Total
	\$'000	\$'000	\$'000
Balance as at 1st July 2020	230	3,042	3,272
Operating result			
Operating result from continuing operations	-	133	133
Balance as at 30 June 2021	230	3,175	3,405
Net effect of changes in accounting policies	-	-	-
Balance as at 1st July 2021	230	3,175	3,405
Operating result			
Operating result from continuing operations	-	586	586
Balance as at 30 June 2022	230	3,761	3,991

The accompanying notes form part of these financial statements.

Statement of Cash Flows

for the year ended 30 June 2022

		2022 Actual \$'000	2022 Original Budget \$'000	Budget Variance \$'000	2021 Actual \$'000
	Notes				
Cash flows from operating activities					
<i>Inflows:</i>					
Government contributions		9,388	9,383	5	9,584
GST collected from customers		5	-	5	1
GST input tax credits from ATO		310	-	310	375
Interest receipts		51	100	(49)	53
Other		35	-	35	4
<i>Outflows:</i>					
Employee expenses		(3,339)	(3,663)	324	(4,147)
Supplies and services		(531)	(3,000)	2,469	(2,079)
GST paid to suppliers		(326)	-	(326)	(380)
GST remitted to ATO		(4)	-	(4)	(1)
Grants and subsidies		(3,688)	(2,651)	(1,037)	(3,056)
Other		(222)	(149)	(73)	(172)
Net cash provided by operating activities		1,679	20	1,659	182
Net increase in cash held		1,679	20	1,659	182
Cash at beginning of financial year		3,714	3,553	161	3,532
Cash at end of financial year	8	5,393	3,573	1,821	3,714

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

The accompanying notes form part of these financial statements.

Reconciliation of Operating Result to Net Cash from Operating Activities

Operating surplus/(deficit)	586	133
Depreciation expense	19	19
Changes in assets and liabilities:		
(Increase)/decrease in receivables		-
(Increase)/decrease in receivables	(30)	(6)
(Increase)/decrease in prepayments	(9)	-
Increase/(decrease) in accounts payable	1,236	61
Increase/(decrease) in accrued employee benefits	(132)	(26)
Increase/(decrease) in prepayments	9	-
Net cash provided by operating activities	1,679	182

Notes to and forming part of the Financial Statements 2021–2022

for the year ended 30 June 2022

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 and contributions

Note 7: Other Expenses

Section 3: Notes about our Financial Position

Note 8: Cash and Cash Equivalents

Note 9: Receivables

Note 10: Plant and Equipment and Depreciation Expense

Note 11: Payables

Note 12: Accrued Employee Benefits

Section 4: Notes about Risk and Other Accounting Uncertainties

Note 13: Contingencies

Note 14: Events After the Balance Date

Note 15: Financial Risk Disclosures

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

Section 5: Notes about our Performance Compared to Budget

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

Section 6: Other Information

Note 18: Key Management Personnel (KMP) Disclosures

Note 19: Related Party Transactions

Note 20: Taxation

Note 21: Climate Risk Disclosure

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 2021.

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

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

1.3 Presentation

Currency and Rounding

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

Comparatives

Comparative information reflects the audited 2020-21 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.

	2022 \$'000	2021 \$'000
3. Grants and Contributions		
Department of Health	9,402	9,584
Total	9,402	9,584

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 \$9.402 million (2021: \$8.806 million) from the Department of Health in 2021-22 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 \$0.958 million (2021: \$0.777 million) throughout the year from the Department of Health to undertake auspicing activities for the Mental Health Lived Experience Queensland (MHLEQ) consumer peak organisation on behalf of the Department. Deliverables are not sufficiently specific for AASB 15 consideration. An amount of \$0.403m surplus was returned to Department of Health at the commencement of FY22.

4. Employee Expenses

Employee Benefits

Wages and salaries	2,396	3,071
Employer superannuation contributions	317	401
Termination Payments	-	42
Annual leave levy/expense	242	315
Long service leave levy/expense	64	77

Employee Related Expenses

Workers' compensation premium	26	-
Payroll tax and fringe benefits tax	85	181
Other employee related expenses	76	34

Total	3,206	4,121
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4. Employee Expenses (cont'd)

	2022 No.	2021 No.
Full-Time Equivalent Employees	21	23

The number of employees as at 30 June 2022 are measured on a full-time equivalent basis.

Accounting Policy - Employee Expenses

Wages, Salaries and Sick leave

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

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

Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central (ALCS) and Long Service Leave 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 defined benefit plan (the former QSuper defined benefit categories now administered by the Government Division of the Australian Retirement Trust) as determined by the employee's conditions of employment.

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

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

Workers' Compensation Premiums

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

Key management personnel and remuneration disclosures are detailed in Note 18.

	2022 \$'000	2021 \$'000
5. Supplies and Services		
Consultants and contractors	763	1,130
Corporate service charges	341	298
Lease expenses	274	351
Administration costs	164	143
Travel	7	23
Other	6	10
Building Maintenance and Services	114	90
Advertising and promotion	38	37
Information and Communication Technology	60	59
Total	1,767	2,140

Accounting Policy - Distinction between grants and procurement

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

Office Accommodation

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

Lease Expenses

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

	2022 \$'000	2021 \$'000
6. Grants and contributions		
Grants and contributions	3,688	3,056
Total	3,688	3,056

Accounting Policy - Grants

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

7. Other Expenses

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

Sponsorships

Total

31 18

191 154

222 172

Disclosure relating to Other Expenses

* Total audit fees payable to the Queensland Audit Office relating to the 2021-22 financial statements are \$19,000 (2021: \$18,000). There are no non-audit services included in this amount.

8. Cash and Cash Equivalents

Cash at bank

5,393 3,714

Total

5,393 3,714

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

Trade debtors

14 -

GST receivable

62 47

Long service leave reimbursements

10 -

Annual leave reimbursements

79 51

Total

165 97

Accounting Policy - Receivables

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

The Commission's trade debtors are from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 15 for the Commission's credit risk management policies.

10. Plant and Equipment and Depreciation Expense

	Plant and Equipment	
	2022	2021
	\$'000	\$'000
Gross	242	242
Less accumulated depreciation	(239)	(220)
Carrying amount at 30 June	3	22
<i>Represented by movements in carrying amount</i>		
Carrying amount at 1 July	22	41
Depreciation expense	(19)	(19)
Carrying amount at 30 June	3	22

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

	2022 \$'000	2021 \$'000
11. Payables		
Current		
Trade creditors	410	40
Accrued expenses	1,060	195
Payroll tax	18	17
Total	1,488	251

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	1	82
Annual leave levy payable	68	69
Long service leave levy payable	19	16
Superannuation	-	11
Paid Parental Leave	3	-
Total	91	177

Accounting Policy - Accrued Employee Benefits

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

13. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2022.

14. Events After the Balance Date

There were no significant events occurring after balance date.

15. Financial Risk Disclosures

Financial Instrument Categories

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

Category	Note	2022 \$'000	2021 \$'000
Financial Assets			
Cash and cash equivalents	8	5,393	3,714
Financial assets at amortised cost:			
<i>Receivables</i>	9	165	97
Total Financial Assets		5,558	3,812
Financial Liabilities			
Financial liabilities measured at amortised cost:			
<i>Payables</i>	11	1,488	251
Total Financial Liabilities		1,488	251

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

Risks Arising from Financial Instruments

(a) Risk Exposure

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

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

15. Financial Risk Disclosure (cont'd)

Risks Arising from Financial Instruments (cont'd)

(a) Risk Exposure (cont'd)

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

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 ensures that minimum levels of cash are held to meet employee and supplier liabilities in the short term.
Market Risk	The Commission has interest rate exposure on the operating account with the Commonwealth Bank. The Commission does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of the Commission and sensitivity analysis is not required.

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

Accounting Standards Applied for the First Time

No new accounting standards or interpretations that apply to the department for the first time in 2021-22 had any material impact on the financial statements.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2021-22.

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

This section contains explanations of major variances between the Commission's actual 2021-22 financial results and the original budget presented to Parliament.

Significant Financial Impacts - COVID 19 Pandemic

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

Operating Statement

	2022 \$'000	2021 \$'000
<u>Significant expense transactions arising from COVID-19</u>		
Contribution to a Department of Health COVID Marketing Campaign	-	513
	-	513

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

<i>Employee Expenses:</i>	Employee expenses were lower this financial year due to the Commission carrying vacancies within the staff establishment with staff on long term leave and secondments to other Departments.
<i>Supplies and Services:</i>	The Commission carried lower expenses in supplies and services this financial year primarily due to the ongoing impacts of COVID-19 resulting in less inter-state travel and accommodation costs.
<i>Grants and subsidies</i>	There was increased community applications for grants and subsidies assessed this financial year for initiatives that improve mental health well being and alcohol other drugs programs.

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

<i>Cash and cash equivalents:</i>	The Commission carried forward a cash surplus due to not all programs and projects drawing to a conclusion during the financial year as some mental health and alcohol and other drugs programs continue over multiple years.
<i>Payables</i>	Variance in accounts payable was due to larger grants and sponsorship allocations and agreed contract variations during the financial year related to the Operational Plan deliverables.

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

<i>Employee expenses</i>	Decrease in employee benefits this year as the QMHC carried vacancies in the staff establishment with roles not back-filled unless required for specific project work.
<i>Supplies and services</i>	The Commission carried lower expenses in supplies and services this financial year primarily due to the ongoing impacts of COVID-19 resulting in less inter-state travel and accommodation costs.
<i>Grants and subsidies</i>	There were an increased number of community generated grants and sponsorships requests for mental health and alcohol and other drug related support programs and community events evaluated by the panel and awarded during the financial year.

18. Key Management Personnel (KMP) Disclosures

Details of key management personnel

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of the Commission during 2021-22 and 2020-21. 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 and is a member of the Executive Leadership Team

* The position, Manager Corporate Governance and Service Delivery, was removed in the 2022 financial year because they were no longer considered to have authority and responsibility for directing and controlling the activities of QMHC.

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.

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

Performance Payments

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

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.

2021-22

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses \$'000	Post- Employment Expenses \$'000	Termination Benefits \$'000	Total Expenses \$'000
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner	274	9	7	32	-	322
Executive Director (21/3/22 to 30/6/22)	61	9	2	6	-	78
Director - Communication and Engagement (3/7/21 to 30/6/22)	127	-	3	15	-	145
Director - System Planning and Response	147	9	4	18	-	178
Director - Policy and Program Delivery (1/7/21 to 16/7/21)	18	-	-	2	-	20
Director - Policy and Program Delivery (19/7/21 to 10/9/21)	28	-	1	3	-	32
Director - Policy and Program Delivery (13/9/21 to 30/6/22)*	116	-	4	15	-	135
Total Remuneration	771	27	21	91	-	910

* Director, Policy and Program Delivery title changed to Director, System Planning and Response with effect 8 February 2022 following a realignment to one "team" doing similar work (policy, system reform), encouraging teams to work and collaborate together as we embrace the same direction/aims for the Commission.

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

2020-21

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post- Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner	256	6	6	31	-	299
Executive Director	181	4	4	20	-	209
Director - Communication and Engagement	151	-	3	18	-	172
Director - System Planning and Response	117	4	2	13	-	136
Acting Director - System Planning and Response (19/4/21 to 30/6/21)	19	-	-	2	-	21
Director - Policy and Program Delivery	132	3	3	17	-	155
Manager Corporate Governance and Service Delivery (1/7/20 to 4/4/21)	117	-	2	11	-	130
Acting Manager Corporate Governance and Service Delivery (4/5/21 to 30/6/21)	24	-	1	3	-	28
Total Remuneration	997	17	21	115	-	1,150

19. Related Party Transactions

Transactions with people/entities related to KMP

There are no transactions to disclose for the 2021-22 year.

Transactions with other Queensland Government-controlled entities

- The Commission's ongoing source of funding from the Government for services is provided by grant from the Department of Health (\$9.447 million). The Commission also receives funding for work it undertakes on behalf of the Department of Health (\$958K) (refer to Note 3).
- The Commission contributed funding of \$2.990 million to initiatives undertaken in partnership with other departments, including Department of Employment Small Business and Training and Department of Health (refer to Note 6).
- The Commission incurred \$341k of corporate services charges with the Corporate Administration Agency, Department of Communities, Housing and Digital Economy (refer to Note 5).
- The Commission has entered into a lease (via a letter of financial commitment) for the premise at 400 George Street with the Department of Energy and Public Works. Lease expense for the year was \$274k (refer to Note 5).
- All other transactions in the year ended 30 June 2022 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

20. Taxation

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

21. Climate Risk Disclosure

The QMHC has not identified any material climate related risks relevant to the financial report at the reporting date. The QMHC continues to monitor the emergence of such risks under the Queensland Government's Climate Transition Strategy, and Climate Action Plan 2030.

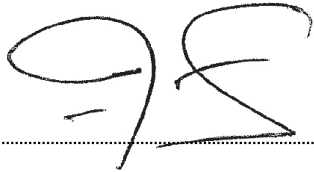
Management Certificate for Queensland Mental Health Commission

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:

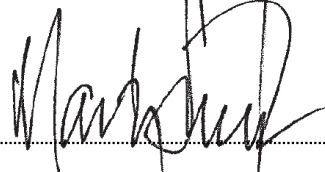
- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year ended 30 June 2022 and of the financial position of the Commission at the end of that year; and

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



Ivan Frkovic
Mental Health Commissioner
Queensland Mental Health Commission

Date: 3/8/22.



Marty Smyth
Manager Corporate Governance and Service Delivery
Queensland Mental Health Commission

Date: 3rd August 2022.

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To the Commissioner of the Queensland Mental Health Commission

Report on the audit of the financial report

Opinion

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

In my opinion, the financial report:

- a) gives a true and fair view of the Commission's financial position as at 30 June 2022, 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 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

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

Responsibilities of the Commissioner for the financial report

The Commissioner is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 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 2022:

- 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.



Prescribed requirements scope

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.

A handwritten signature in black ink, appearing to read "DJ Toma".

D J Toma
as delegate of the Auditor-General

8 August 2022

Queensland Audit Office
Brisbane

Appendices

Appendix 1

2021–2022 sponsorships

Recipient	Activity	Event date	Value (excluding GST)
Phoenix Place	Pathways Program – Social and Community Initiative	Ongoing	\$10,000
Brisbane Pride	Queensland Visible Connected Proud Mental Health Symposium	19 September 2021	\$10,000
Australian & New Zealand Mental Health Association	Indigenous Wellbeing Conference	6–7 December 2021	\$9,000
Topology	Bigger Than Texas! Community Open Mic nights	23–24 March, 19 May 2022	\$10,000
Australian & New Zealand Mental Health Association	Child & Adolescent Mental Health Conference	28–30 March 2022	\$5,000
International Association for Suicide Prevention*	10th IASP Asia Pacific Conference	3–5 May 2022	\$12,500
Australian and New Zealand Mental Health Association	2022 Australian & NZ Addiction Conference	9–11 May 2022	\$6,000
Friends for Good	The Australian Loneliness Dialogue Conference	17 May 2022	\$10,000
Queensland Network of Alcohol and Other Drug Agencies*	Australian Winter School 2022 Conference	18–19 August 2022	\$20,000
Green Fox Studio	Beyond the Bars: Prisoner Art Exhibition	15 October 2022	\$9,090

* The sponsorship requests for the 10th IASP Asia Pacific Conference and the Australian Winter School exceeded the Commission's sponsorship threshold of \$10,000. These requests were considered by exception using the Commission's standard sponsorship evaluation framework and taking into account their strategic importance and national and international reach.

Appendix 2

Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7 p. 3
Accessibility	• Table of contents	ARRs – section 9.1 p. 1
	• Glossary	pp. 83–84
	• 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 From p. 4
Non-financial performance	• Government's objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1 p. 6
	• Agency objectives and performance indicators	ARRs – section 11.2 p. 6 and p. 44
	• Agency service areas and service standards	ARRs – section 11.3 p. 43
Financial performance	• Summary of financial performance	ARRs – section 12.1 p. 54
Governance – management and structure	• Organisational structure	ARRs – section 13.1 p. 51
	• Executive management	ARRs – section 13.2 From p. 48
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3 p. 36
	• Public sector ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 p. 53
	• Human rights	<i>Human Rights Act 2019</i> ARRs – section 13.5 p. 53
	• Queensland public service values	ARRs – section 13.6 p. 7

Appendix 2

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	p. 53
	• Audit committee	ARRs – section 14.2	p. 53
	• Internal audit	ARRs – section 14.3	p. 53
	• External scrutiny	ARRs – section 14.4	N/A
	• Information systems and recordkeeping	ARRs – section 14.5	p. 53
	• Information Security attestation	ARRs – section 14.6	N/A
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	From p. 51
	• Early retirement, redundancy and retrenchment	<i>Directive No.04/18 Early Retirement, Redundancy and Retrenchment</i>	p. 51
		ARRs – section 15.2	
Open data	• Statement advising publication of information	ARRs – section 16	p. 54
	• Consultancies	ARRs – section 31.1	data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62	p. 75
		FPMS – sections 38, 39 and 46	
		ARRs – section 17.1	
	• Independent Auditor's Report	FAA – section 62	p. 76
		FPMS – section 46	
		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 3

Glossary

ABC	Attachment and Biobehavioral Catch-Up an international program for supporting caregivers and infants who have experienced adversity
Adis	a confidential support service for people in Queensland with alcohol and other drug concerns
AMA QLD	the Queensland Branch of the Australian Medical Association
AOD	alcohol and other drugs
ARRs	<i>Annual report requirements for Queensland Government agencies</i>
BTW	Back to Work a Queensland Government employment program
CAA	Corporate Administration Agency
CALD	culturally and linguistically diverse
CCIQ	Chamber of Commerce and Industry of Queensland
CEO	chief executive officer
DCYJMA	Department of Children, Youth Justice and Multicultural Affairs (Queensland)
DCHDE	Department of Communities, Housing and Digital Economy (Queensland)
DESBT	Department of Employment, Small Business and Training (Queensland)
DSDSATSIP	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (Queensland)
DTIS	Department of Tourism, Innovation and Sport (Queensland)
Every life	<i>Every life: The Queensland Suicide Prevention Plan 2019–2029</i>
FAA	<i>Financial Accountability Act 2009</i>
FPMS	<i>Financial and Performance Management Standard 2019</i>
GP	general practitioner
IAP2	International Association for Public Participation
ICEO	interim chief executive officer
IIDL	International Initiative for Disability Leadership
IIMHL	International Initiative for Mental Health Leadership
iQSPN	interim Queensland Suicide Prevention Network
IT	information technology
LEAG	lived experience advisory group
MHCT	Mentally Healthy City Townsville
MIFA	Mental Illness Fellowship of Australia

Appendix 3

Glossary

NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGO	non-government organisation
NMHCCF	National Mental Health Consumer and Carer Forum
OIR	Office of Industrial Relations (Queensland)
QAIHC	Queensland Aboriginal and Islander Health Council
QMHW	Queensland Mental Health Week
QNADA	Queensland Network of Alcohol and Other Drug Agencies
QPC	Queensland Productivity Commission
QSR	Queensland Suicide Register
QulHN	an independent not-for-profit providing specialist social and medical services relating to alcohol and other drug use and mental health
SDS	Service Delivery Statements
<i>Shifting minds</i>	<i>Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023</i>
SLG	Strategic Leadership Group a Queensland Government cross-agency group providing oversight for <i>Shifting minds</i>
SQW	Skilling Queenslanders for Work a Queensland Government employment program
the Act	<i>Queensland Mental Health Commission Act 2013</i>
the Bilateral Agreement	<i>The Bilateral Schedule on Mental Health and Suicide Prevention: Queensland</i>
the Commission	Queensland Mental Health Commission
the National Agreement	<i>The National Mental Health and Suicide Prevention Agreement</i>
TQKP	Thriving Queensland Kids Partnership
TSDF	Queensland Alcohol & Other Drug Treatment Service Delivery Framework

