



PaxtonPartners

Taking the Pulse Survey

Queensland Mental Health Commission

**June 2017
Final Report**



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Disclaimer:

This report is prepared solely for Queensland Mental Health Commission (QMHC) for the purpose described in Section 1 and in accordance with the terms of Paxton Partners' engagement contract, dated 5 May 2014. In preparing this Report we have only considered the circumstances of QMHC. Other than our responsibility to QMHC Paxton Partners undertakes no responsibility for any reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility. The information provided in this report is based on information supplied by survey respondents. Paxton Partners has relied on the information and data as sourced and has not sought to verify this information.

The report includes references to the views of various QMHC stakeholders. The evaluator has relied on direct feedback from stakeholders or the results of surveys in reporting such views. Where possible, the broader representativeness of such views is indicated.

Executive Summary

This year (2017) marks the fourth year of operation for the Queensland Mental Health Commission (QMHC) and the fourth year that Queenslanders have been asked for their opinions on the performance of the QMHC and the mental health, alcohol and other drug system overall.

This document reports on the results of the fourth annual QMHC survey. Originally developed to support the QMHC evaluation, conducted between 2014 and 2016, the survey has been condensed in the current year into a smaller subset of core questions for ongoing monitoring.

Key findings from the 2017 survey include:

- The respondent profile remained broadly consistent with previous years, with an increase in the proportion identifying as people with lived experience of mental health and/or substance use issues. There was a substantial decline in the proportion of respondents that reported feeling knowledgeable about the mental health, drug and alcohol system in QLD (56% in 2017, down from 70% in 2016).
- Continuing the positive trend of previous years, almost three-quarters of 2017 respondents reported that the QMHC is seen as a credible organisation. This was despite a substantial decline in the proportion of respondents that viewed the QMHC as independent from Government. However, a change in wording for the independence question in 2017 may have impacted these results.
- Consistent with previous years, less than half of respondents agreed that stakeholders have sufficient opportunity to provide input into the QMHC's work or that the full range of stakeholders is being engaged. This suggests that the QMHC must continue to provide opportunities for the breadth of stakeholders to contribute to its work. However, also consistent with previous years, approximately 60% of respondents felt that the views of consumers, families and carers are being used to inform QMHC work, suggesting that the QMHC's efforts in this area are being recognised.
- Most respondents were positive about the QMHC's performance against its key functions. The exception being a slight decline in the proportion agreeing that the QMHC's research, review and reporting work is helping to identify and respond to current and emerging issues and trends.

Executive Summary continued

With a maturation of the QMHC's role in building collaboration and collaborative capacity in the mental health, alcohol and other drugs sector, an increase in stakeholder perceptions of their level of collaboration with the QMHC should be evident. In 2016, a specific series of questions was added to the survey to test these perceptions. In 2017, these questions were further modified to improve consistency for ongoing measurement.

- Of respondents providing a valid response in 2017, almost half (49%) reported that a high level of collaboration with the QMHC would be required in the future to meet their strategic goals, suggesting that they saw a high degree of alignment between their goals and the QMHC's. However, only 17% reported currently being at a level of "Collaborating" with the QMHC, and 36% reported having "No Collaboration". This suggests that the QMHC must invest further effort to sufficiently engage its stakeholders and potentially formalise collaboration arrangements to meet these stakeholder expectations into the future.

At the system-level, two-thirds of respondents agreed that overall, there is positive reform underway towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system. However, while almost half of respondents agreed that the reforms driven by the QMHC will be sustainable over the longer term, two out of five respondents felt unable to comment. This may suggest a large proportion of respondents feel that it is too early to tell whether the reforms will be sustainable.

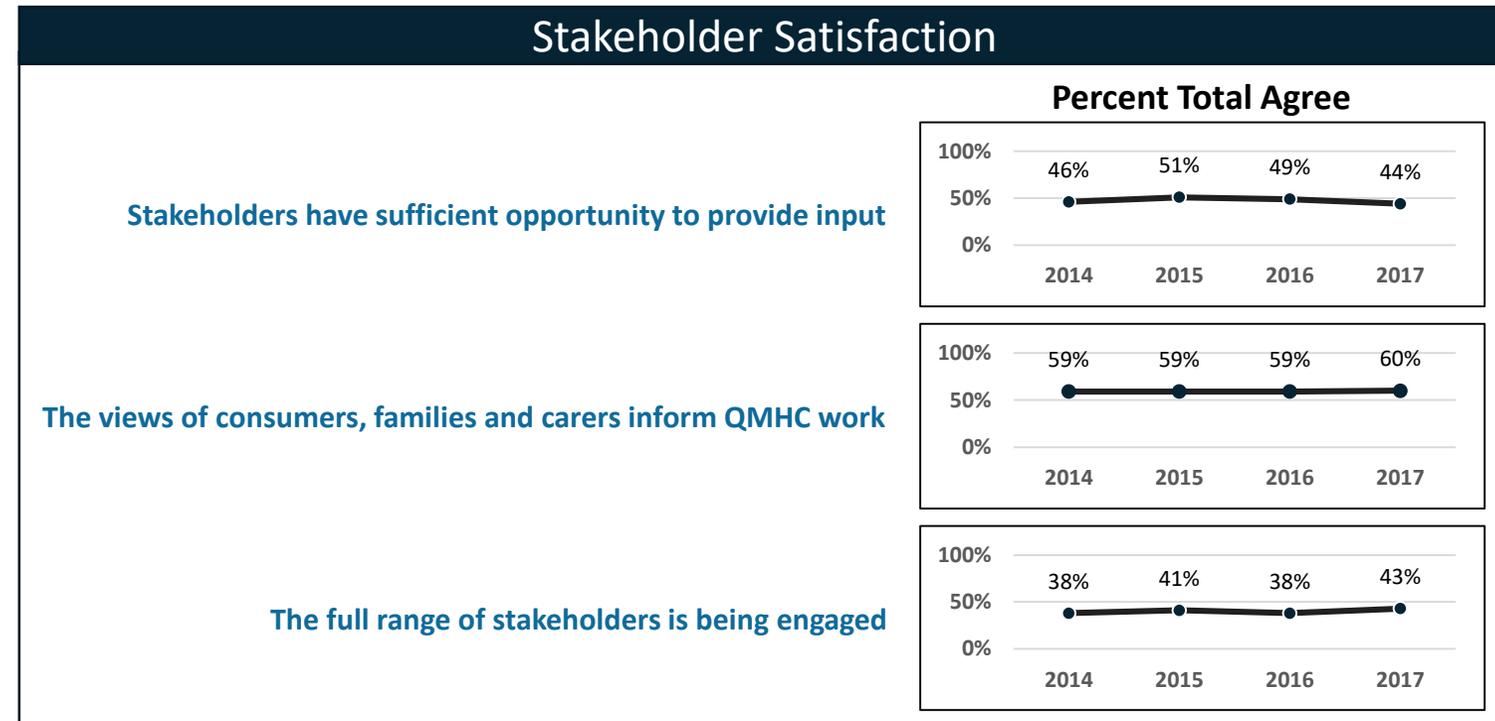
Encouragingly, of those respondents providing a definitive response, almost all continued to view the QMHC as an important driver of reform of the mental health, drug and alcohol system in Queensland.

Key Performance Indicators

Thirteen Key Performance Indicators (KPIs) have been captured consistently over the last four years. They represent an overview of annual progress of the QMHC against a series of key domains. The results of these KPIs are presented over the next four slides.

Key Findings

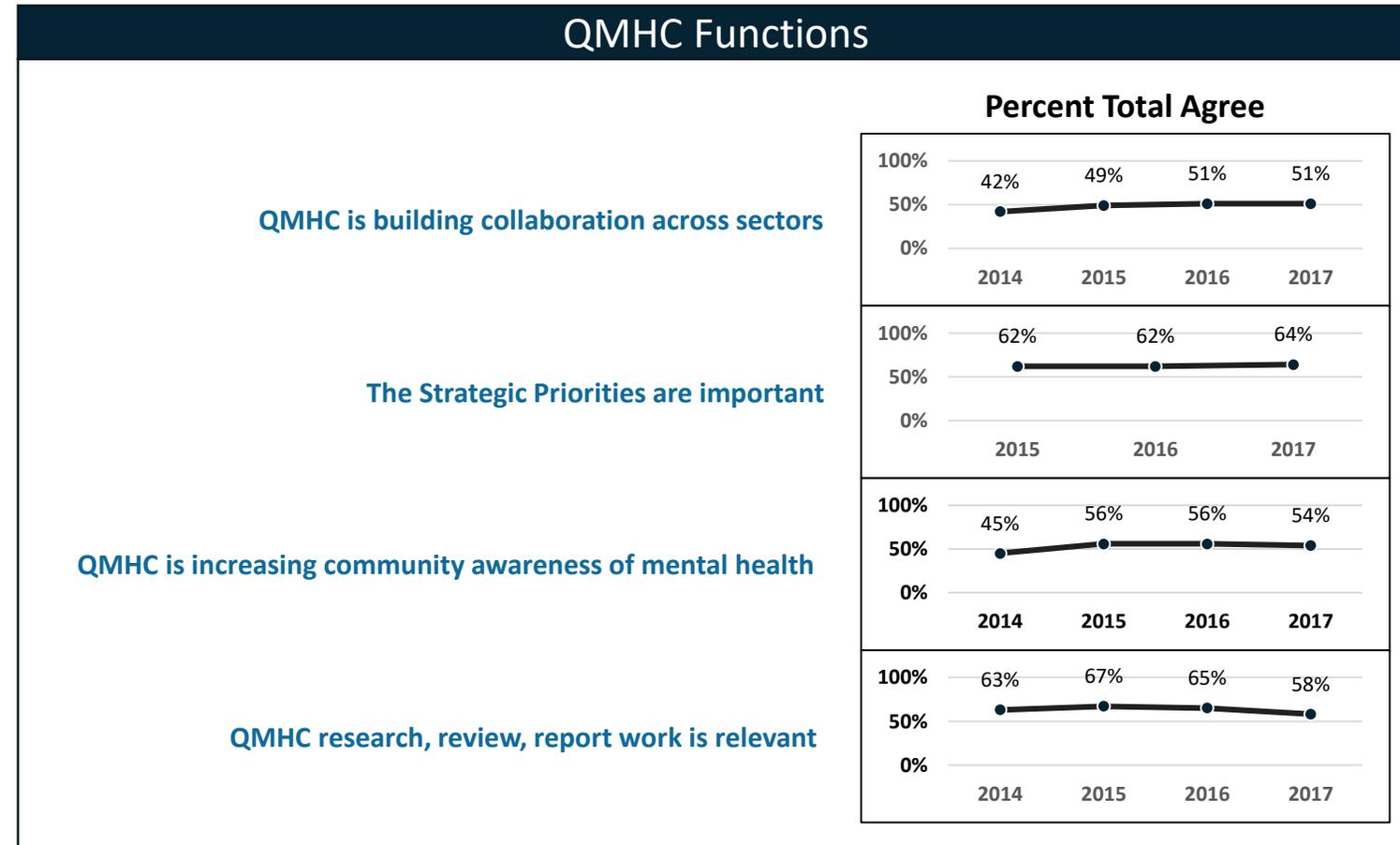
- In 2017, there was a slight decline in respondents indicating they had sufficient opportunity to provide input into QMHC work.
- Consistent with all previous years, approximately 60% of 2017 respondents felt that the views of consumers, families and carers are informing QMHC work
- A slight increase was observed in the proportion of respondents agreeing that the full range of stakeholders is being engaged. However, this proportion was still less than half of all respondents, suggesting that there is an ongoing opportunity for the QMHC to improve on this metric.



Key Performance Indicators cont.

Key Findings

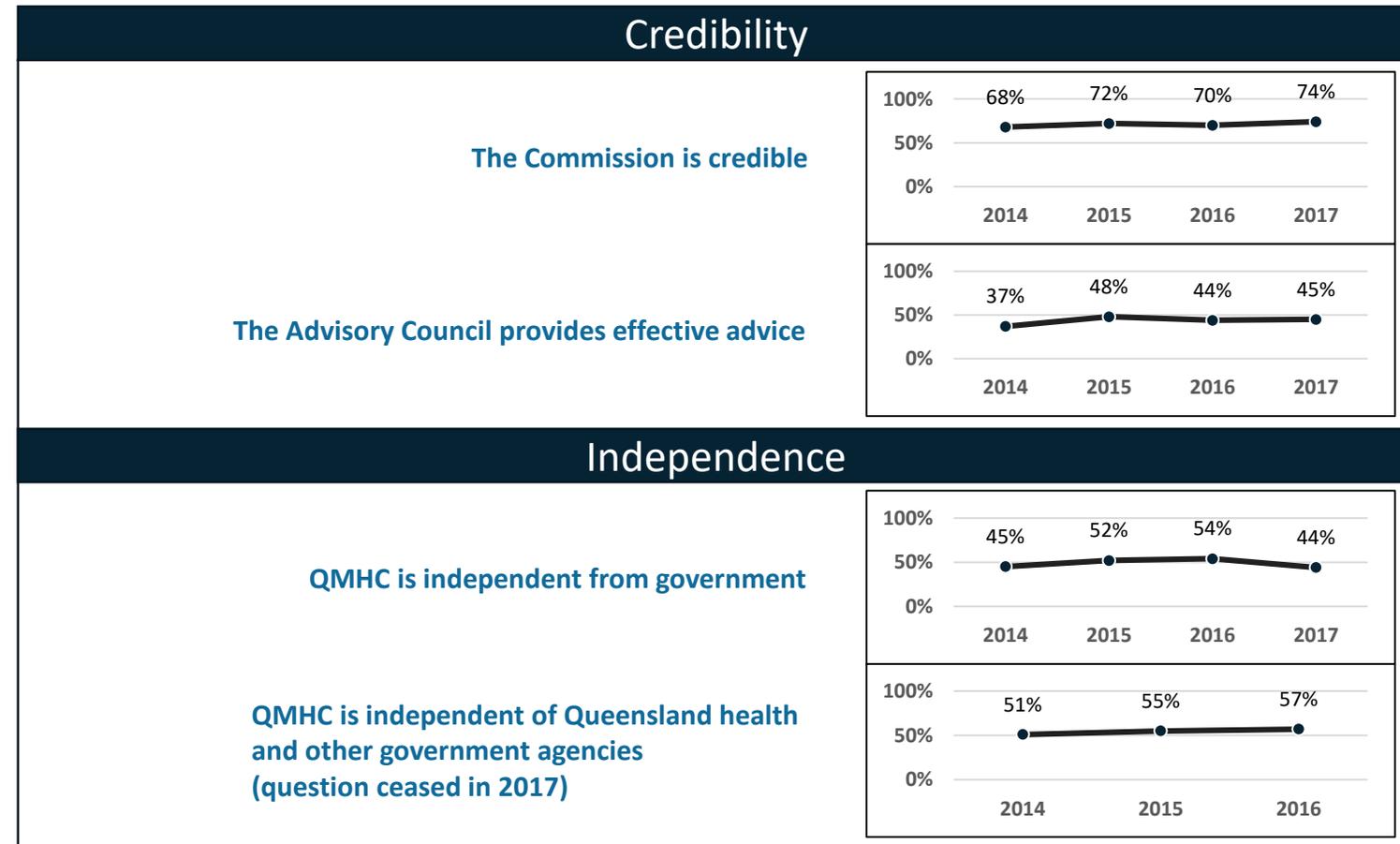
- Consistent with previous years, the majority of 2017 respondents were positive about the QMHC's achievements against most of its key functions.
- The exception was a slight decline in the proportion of respondents agreeing that the QMHC's research, review and reporting work is relevant. However, this may have been impacted by the QMHC's focus in 2016/17 on development of Action Plans as opposed to research and review work.



Key Performance Indicators cont.

Key Findings

- Almost three-quarters of 2017 respondents indicated that they see the QMHC as credible. This was the highest proportion recorded over the four years.
- A substantial decline in the proportion of respondents viewing the QMHC as independent from government was observed for 2017. However, the wording of this question changed in 2017 which may have impacted the results observed. Therefore, this metric should be monitored over future years to further test the validity of this result.



Key Performance Indicators cont.

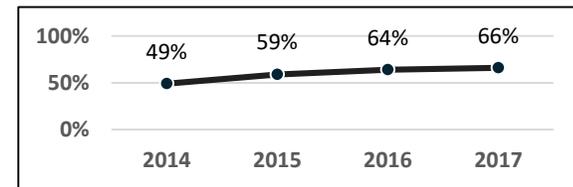
Key Findings

- The proportion of people agreeing that positive reform is underway in the Mental Health Drug and Alcohol sector continued to trend upwards in 2017.
- Similar to previous years, almost half of all 2017 respondents reported that they saw the reforms as sustainable.

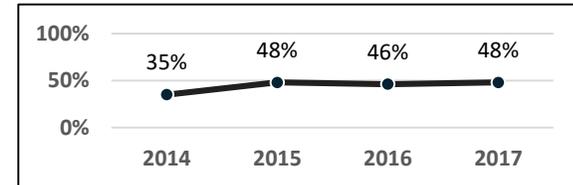
Mental Health Drug and Alcohol Reform Progress

Positive Reform is underway

Percent Total Agree



Reforms are sustainable



1. Project Context

This document reports on the results of the fourth annual Queensland Mental Health Commission (QMHC) survey. The survey was originally developed to support the QMHC evaluation, conducted between 2014 and 2016, inclusive.

The survey evolved in parallel with the needs of the QMHC evaluation and in the current year (2017) has been consolidated into a smaller subset of core questions for ongoing monitoring of QMHC performance over time.

The 2017 survey was released to all stakeholders listed in the QMHC's internal stakeholder database and responses were also invited via the QMHC eNewsletter and on the QMHC Facebook page. The survey was live for responses between 2 May and 22 May 2017.

The sections that follow present the key findings of each of the major sections of the survey:

- Stakeholder engagement
- Collaboration
- QMHC credibility
- QMHC functions
- Overall Reform Progress

Appendix A provides an overview of the respondent demographics.

Survey interpretation notes

- A survey response was considered valid if at least Question 1 and 2 were answered. The total number of valid survey responses for 2017 was **647**.
- No survey question was mandatory. Therefore, each survey question was answered by a different number of respondents. The number of respondents to each specific question is noted as an ‘n’ value on each graph for reference.
- When referring to “proportion of respondents” in the graphs and text throughout this report, this refers to the proportion of respondents to the specific question being presented and never the overall survey respondents.
- The 2017 survey results were compared, in most cases, with the results from the prior evaluation years. However, in some cases changes to the survey structure and the wording of some questions may impact the direct comparability of specific questions on a year-on-year basis. Where this may be the case it has been noted with the corresponding analysis.

- Throughout the report, references to the sum of respondents answering in the affirmative or negative were referred to in the text according to the following table:

Respondent groups	Descriptions used
["Strongly Agree" + "Agree"]	"Total Agree" or "respondents agreeing"
["Strongly Disagree" + "Disagree"]	"Total Disagree" or "respondents disagreeing"

Where survey respondents provided free-text responses relevant to the quantitative survey results, these have been included in boxes like this throughout the report.

Note that these responses may not be representative of the entire survey sample, but serve as single comments to highlight individual perspectives.

2. Stakeholder Engagement

Engagement of the range of stakeholders in the mental health, alcohol and other drug sectors is key to the effectiveness of the QMHC.

This section presents the results of the survey questions regarding the QMHC's engagement with stakeholders.

Key 2017 survey findings:

- Survey results under this domain were largely consistent with previous years.
- There is still opportunity for the QMHC to improve broader awareness of its engagement approaches and activities.
- A consistently high proportion of respondents (~60% in 2017) reported that the QMHC is utilising the views of people with lived experience, their families, carers and support people to inform planning and decision making.

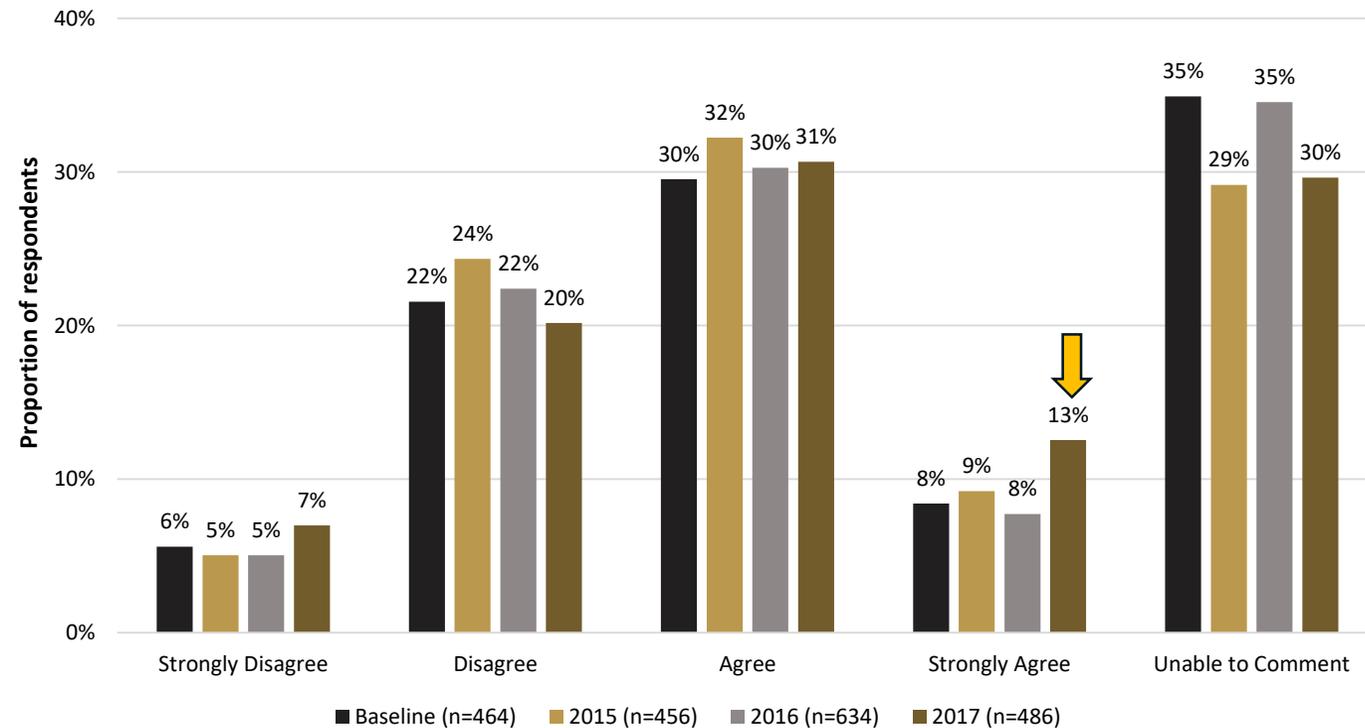
Key Findings

- There was an increase in the proportion of respondents that strongly agreed the QMHC is engaging the full range of relevant stakeholders, taking the total proportion that agreed to 44% in 2017.
- Consistent with previous years, almost a third of 2017 respondents reported being unable to comment on the question. This suggests that there is still opportunity for the QMHC to increase broader awareness of its stakeholder engagement activities.

“Some key parts of the bigger social welfare system are not being systematically engaged to improve the lived experience of mental health consumers”

Interaction with the QMHC

“The QMHC is engaging the full range of relevant stakeholders”



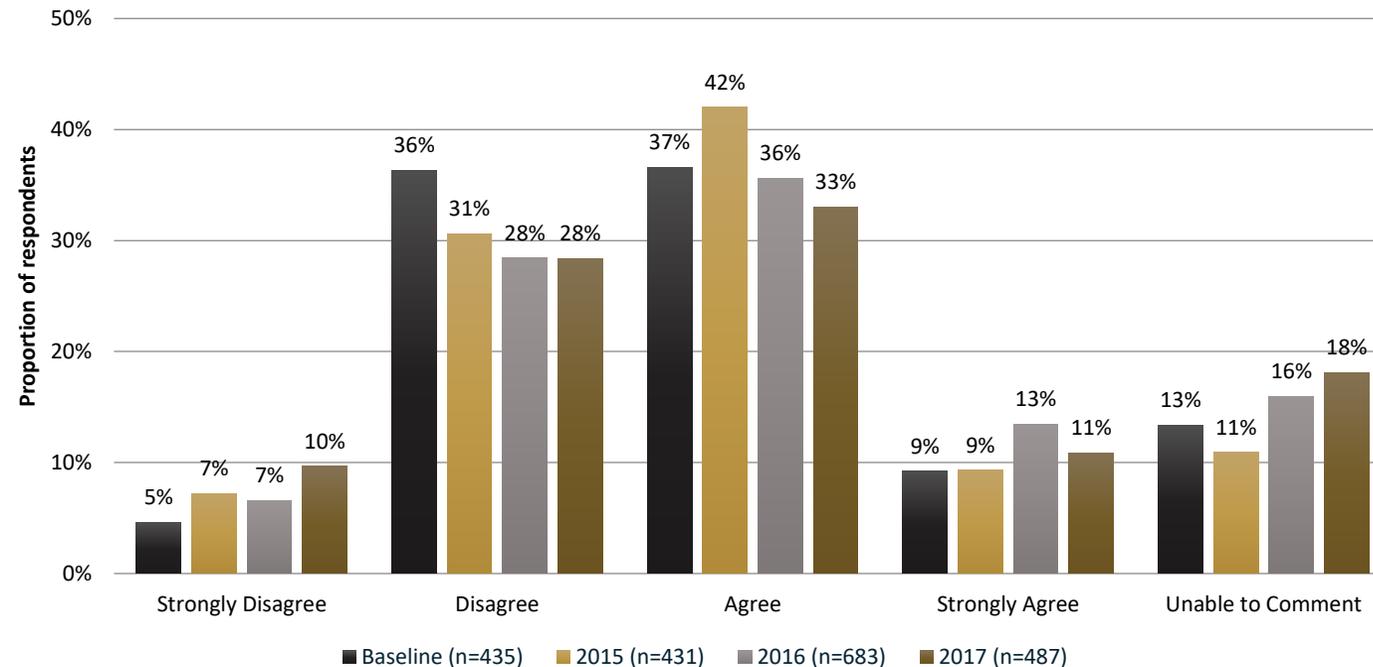
Key Findings

- A slight decline was observed in 2017 in the proportion of respondents who reported having sufficient opportunities to provide input into QMHC work. This was approximately commensurate with an increase in the total proportion of respondents disagreeing or reporting being unable to comment.
- Close to 40% of respondents also disagreed that they had sufficient opportunities to provide input into QMHC work.
- These results suggest that the QMHC must create additional meaningful opportunities for stakeholders to contribute to its work.

"I don't believe the QMHC has identified the vital component of people with Mental Health issues and would like to see some more input from "real" families and "sufferers" instead of lip service by government bodies who don't show themselves."

Interaction with the QMHC

"I have had sufficient opportunities to provide input into QMHC work"



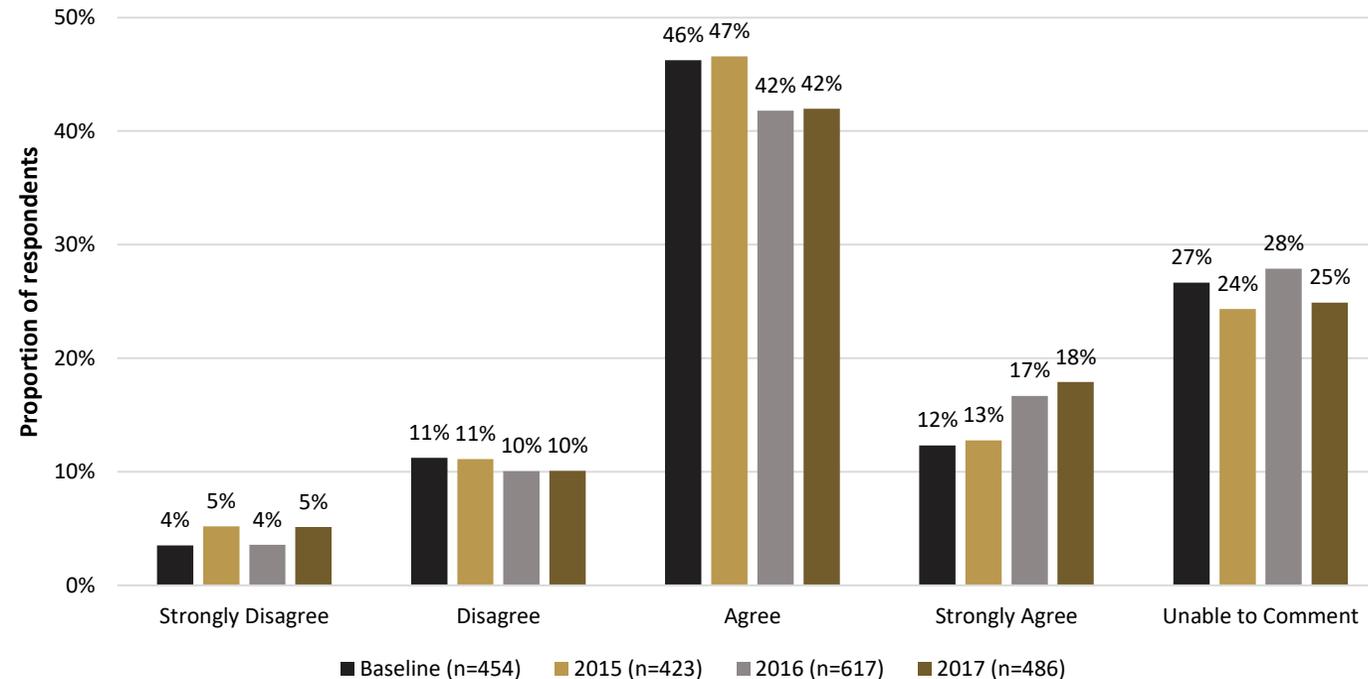
Key Findings

- Consistent with previous years, a total of approximately 60% of 2017 respondents agreed that the QMHC is utilising the views of people with lived experience, their families, carers and support people to inform planning and decision making.
- Also consistent with previous years, around a quarter of 2017 respondents reported being unable to comment on the question. This suggests that there is still opportunity for the QMHC to increase broader awareness of how it utilises these views to inform planning and decision making.

“Its important to keep those impacted by drug and alcohol or mental health issues involved in the planning of service delivery and reform. Lived experience is vital to hearing what has worked, what hasn't worked, what is relevant and what is irrelevant”

Stakeholder Engagement

“The QMHC is utilising the views of people with lived experience, their families, carers and support people to inform planning and decision making”



3. Collaboration

The *Queensland Mental Health Commission Act 2013* requires the QMHC to facilitate the contribution of multiple stakeholders towards common goals.

To drive long-term sustainable reform, the Commission must therefore build effective collaborations with government and other organisations towards achieving, not just the goals of targeted activities, but the broader outcomes articulated in the Queensland Mental Health, Drug and Alcohol Strategic Plan.

This section presents survey respondent perceptions on their current level of collaboration (see collaboration stages to right) compared to the level of collaboration perceived as being required to meet their future strategic goals.

Further breakdown of the collaboration questions by respondent personal and organisational roles and sector is presented in Appendix B.

The progressive stages of maturity of collaboration (adapted from the Himmelmann²) have been defined as:

Networking: Parties exchange information for mutual benefit

Co-ordinating: Parties exchange information for mutual benefit and alter their activities for a common purpose

Co-operating: Parties exchange information for mutual benefit and share resources for common purpose/s

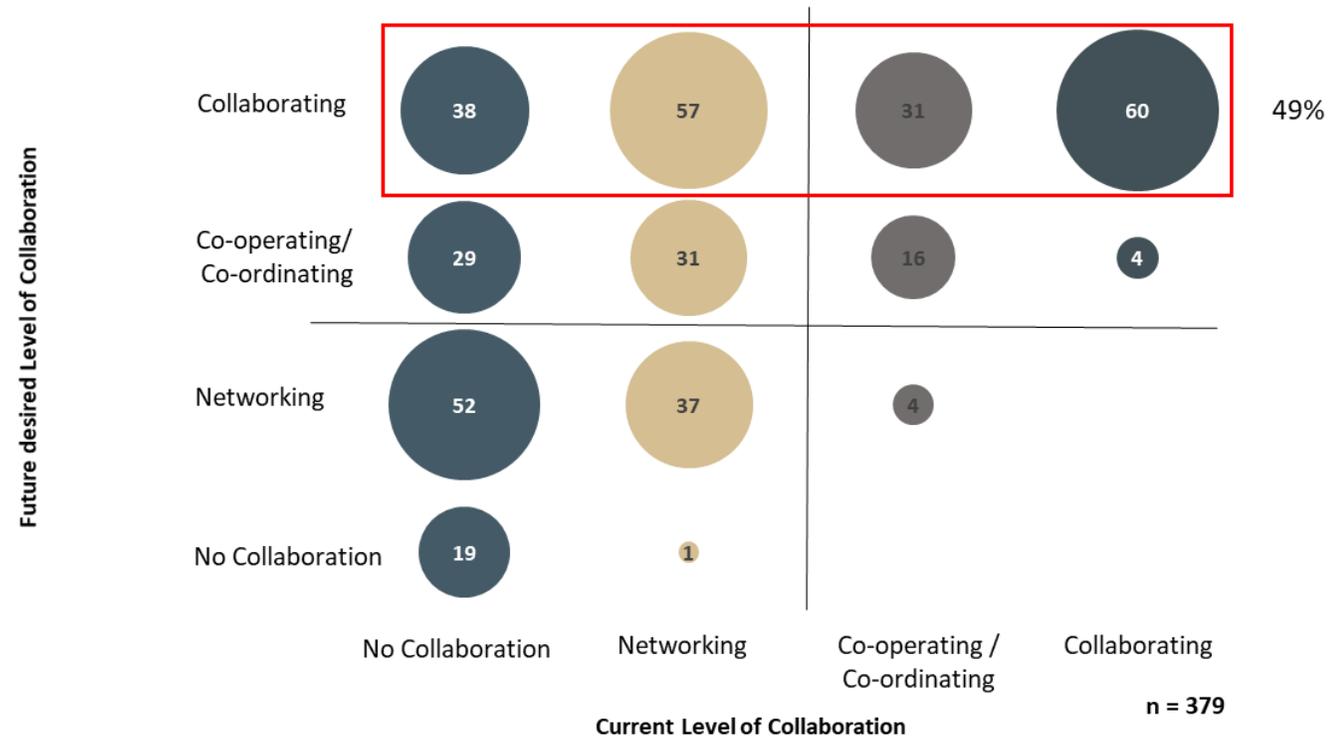
Collaborating: Parties exchange information, alter activities, share resources and work to enhance each other's capacity for mutual benefit and common purpose/s.

Key Findings

- Almost half (49%) of respondents indicated that they require the highest level of “collaboration” with the QMHC in the future to meet their strategic goals. This suggests that, irrespective of current level of collaboration, stakeholders view that working with the QMHC will be key to their own future success. With only 17%, reporting currently being at a level of “Collaborating” with the QMHC, further effort must be placed on sufficiently engaging QMHC stakeholders in order to meet these expectations.
- Approximately 36% of respondents reported having “No Collaboration” with the QMHC. Of these 138 respondents, the majority (38%) indicated that “Networking” with the QMHC would be required to meet future strategic goals. While 49% indicated that “Co-operating/Co-ordinating” or “Collaborating” in the future would be required.
- A third of respondents indicated that they are currently “Networking” with the QMHC and almost 30% of these respondents felt that “Networking” would be sufficient for their future strategic goals. The remaining 70% saw that increasing to a level of “Co-operating/Co-ordinating” or “Collaborating” with the QMHC would be required in the future.

Collaboration with the QMHC

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

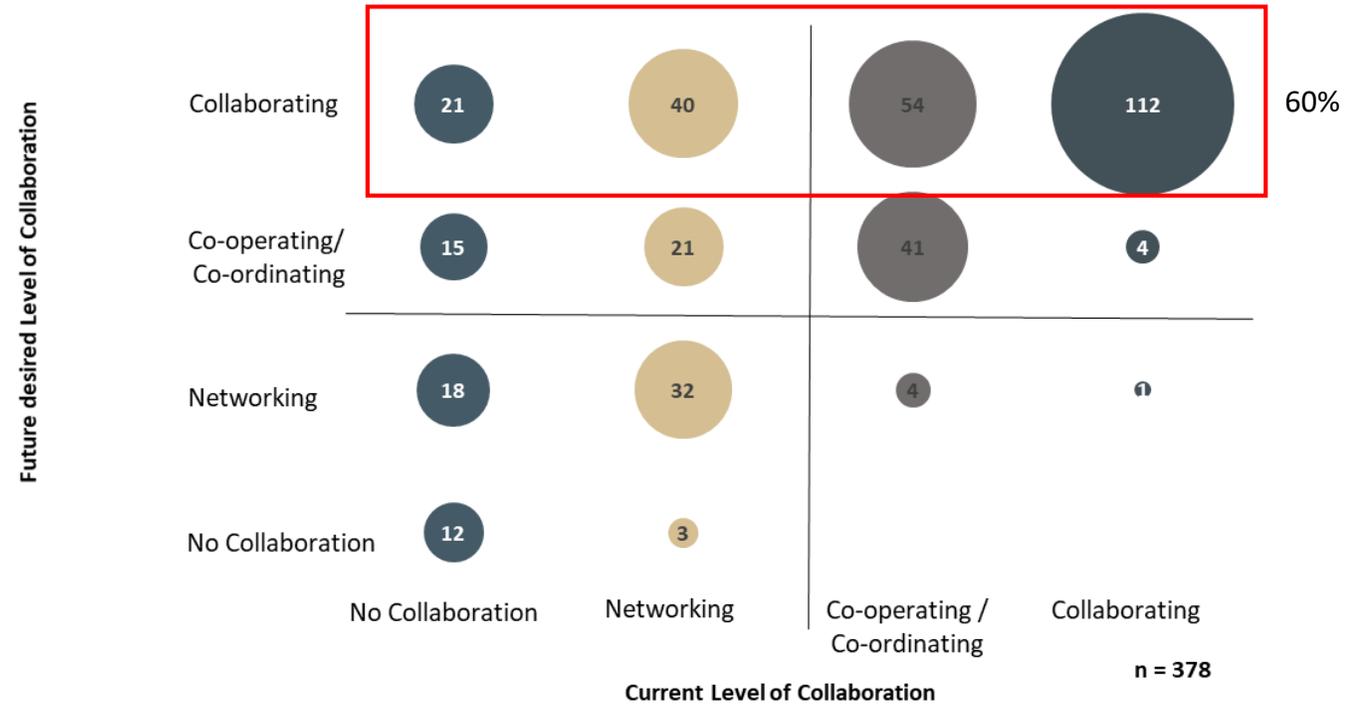


Key Findings

- Approximately 60% of respondents to this question reported the highest level of “Collaboration” with QLD Health as being required in the future to help them meet their strategic goals.
- Approximately 31% of the respondents reported that they are currently “Collaborating” with QLD Health. Of these 117 respondents, more than 95% indicated that sustaining this collaboration would be required in the future to meet their strategic goals.
- More than a quarter of respondents reported they currently “Co-operate / Co-ordinate” with QLD Health, with 55% of these indicating they would like to increase to a future level of “Collaborating”. The remaining 45% indicated that maintaining their current level of “Co-operating/Co-ordinating” or “Networking” with the QLD Health would be required in the future.
- Only 17% of the total respondents reported having “No Collaboration” with QLD Health, with 32% of these indicating that “Collaboration” would be required in the future to meet their goals. More than 70% of the remaining respondents expressed that some level of “Networking” or “Co-operating / Co-ordinating” would be required in the future.

Collaboration with Queensland Health

Perceived current level of collaboration with Queensland Health versus future desired level of collaboration

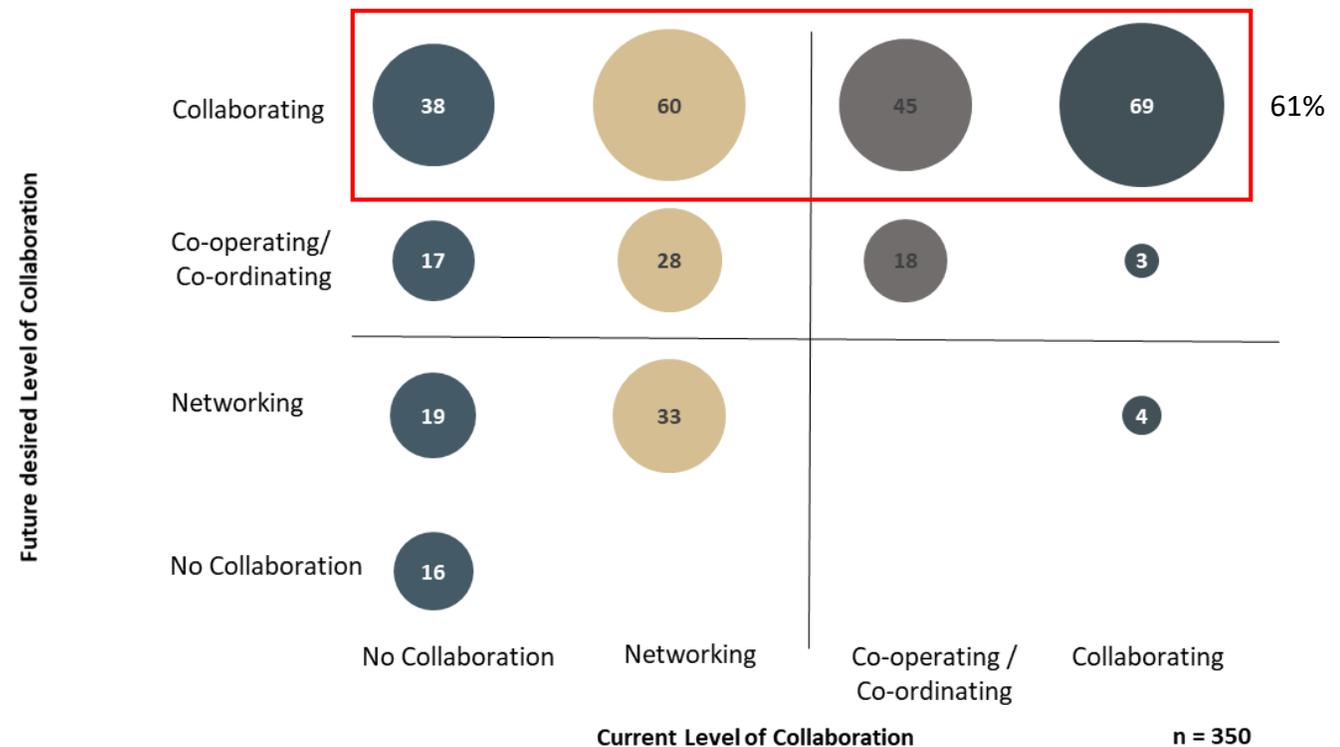


Key Findings

- Over 60% of respondents indicated that they need to be “Collaborating” with their Primary Health Network (PHN) in the future to meet their strategic goals. This is encouraging, given the recent shifts in PHN mandate around commissioning mental health and alcohol and other drug services.
- Approximately 22% of respondents indicated a current level of “Collaborating” with their PHN, with almost all (91%) indicating that maintaining this collaboration in the future would be required to meet their strategic goals. Interestingly, a small number (5%) of currently collaborating respondents felt that “Networking” with their PHN would be sufficient in the future.
- Just over a quarter of respondents report “No Collaboration” currently with QLD Health. Of these, 82% viewed some higher level of collaboration as required in the future to meet their strategic goals.
- Respondents most frequently (35% of respondents) indicated a current level of “Networking” with PHNs. However, almost three-quarters of these indicated that a level of “Co-operating/ Co-ordinating” or “Collaborating” would be required in future.

Collaboration with Primary Health Networks

Perceived current level of collaboration with PHNs versus future desired level of collaboration

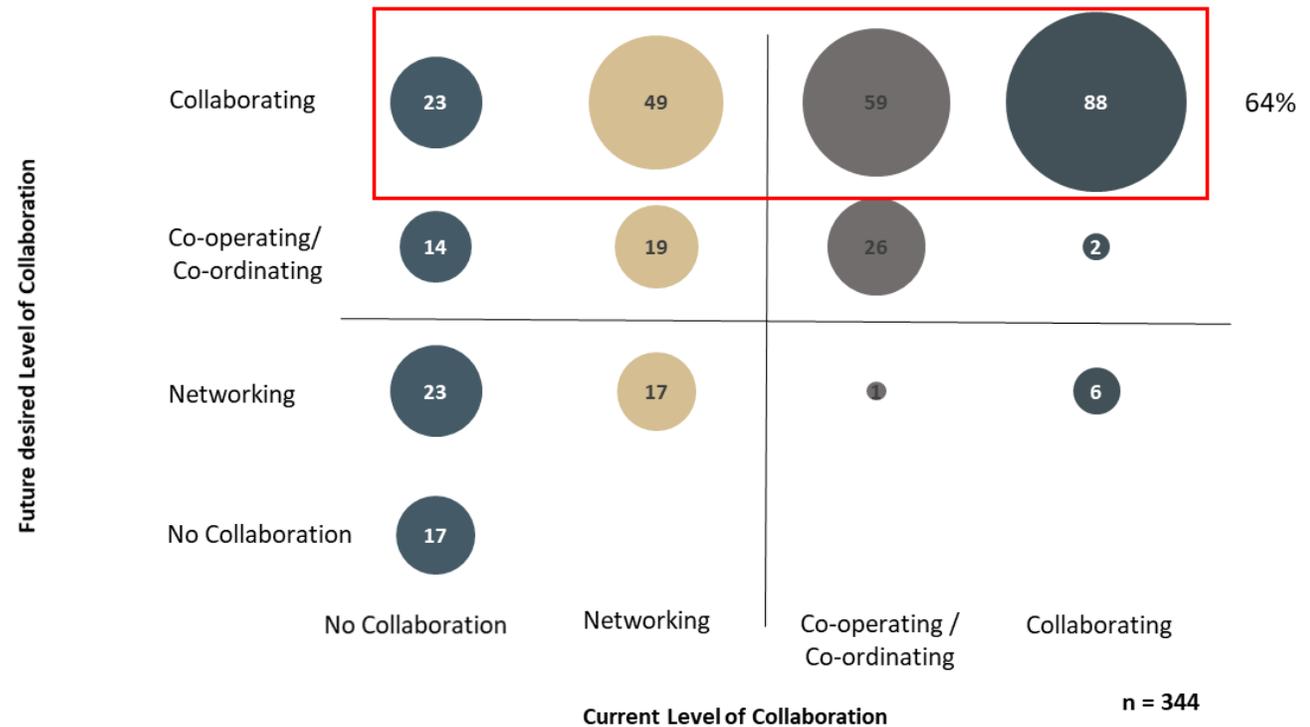


Key Findings

- The majority (64%) of respondents indicated that they need to be “Collaborating” with their Hospital and Health Service (HHS) in the future to achieve their strategic goals. However, only 28% reported currently “Collaborating” with their HHS, suggesting that improved engagement is necessary to meet future expectations.
- Approximately 22% of respondents reported having “No Collaboration” currently with their HHS. Of these 77 respondents, an equal proportion (30%) indicated that “Networking” or “Collaborating” with the QMHC in the future would be required to meet future strategic goals.
- A quarter of respondents reported currently “Networking” with their HHS, and a similar proportion reported “Co-operating/Co-ordinating”. In both cases, the majority (80% and 99%, respectively) indicated that “Co-operating/Co-ordinating” or “Collaborating” with their HHS in the future would be required to meet their strategic goals.

Collaboration with Hospital and Health Services

Perceived current level of collaboration with Hospital and Health Services versus future desired level of collaboration



Key Findings

- The profile of responses to this question for 2017 was virtually identical to 2016, with the majority (51%) of respondents agreeing that the QMHC is helping to improve cross-sector collaboration.
- Like previous years however, almost a third of respondents indicated being unable to comment on this question. This suggests that further promotion of the QMHC's activities to facilitate cross-sector collaboration is required.

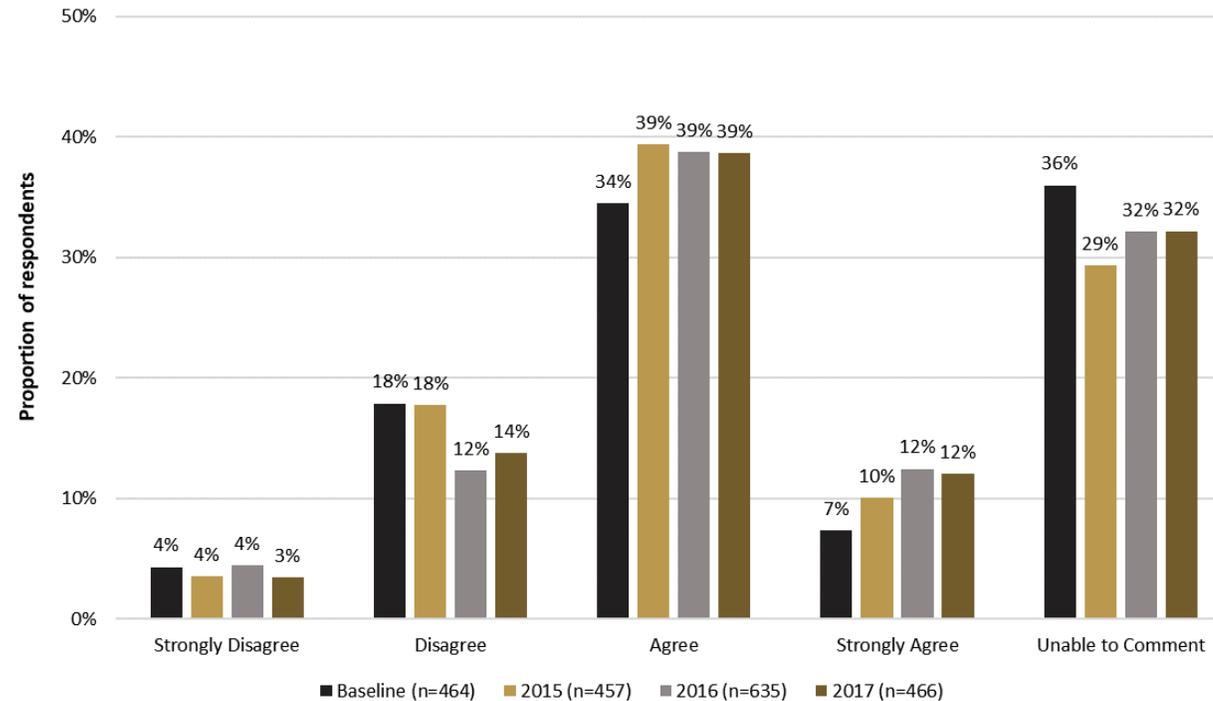
“Collaboration and co-operation needs to highlight social, cultural, environmental and medical contexts and draw on other systems as appropriate.”

“Still room to improve the collaboration between state and federal govt”

“Very easy to work collaboratively with QMHC and they are doing a great job in driving the reform agenda in Queensland ...”

Cross-sector collaboration

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



4. QMHC Credibility

The authority and credibility of the QMHC is paramount to its effectiveness in fostering collaboration and collaborative capacity amongst the many partners required to achieve the objectives of the QLD Mental Health, Drug and Alcohol Strategic Plan.

The QMHC's independence from Government was noted by stakeholders as a key influencer of its perceived credibility. This is consistent with the literature around Collaborative Capacity Builders/Backbone Organisations (like the QMHC), which suggests that they must be neutral parties creating common ground and focus, but not directly undertaking the work.

Over the last four years, stakeholders' perceptions on the credibility of the QMHC have been tested through a core set of questions, presented in this section.

Key 2017 survey findings:

- 2017 saw the highest proportion of respondents (74%) reporting agreement that the QMHC is seen as a credible organisation.
- More needs to be done to improve broader understanding of the role of, and advice provided by, the Mental Health Drug Advisory Council.
- A slight decline in the proportion of respondents viewing the QMHC as an important driver of reform was recorded between 2016 and 2017 (from 90% to 88%). However, over the same time period, there was a 10% increase in the proportion indicating that they "Strongly Agreed" as opposed to "Agreed".

Key Findings

- Almost three-quarters of all 2017 respondents (74%), reported that they view the QMHC as a credible organisation. This was the highest proportion of all four years tested.
- Notably, the 2017 increase was driven by a greater proportion of respondents reporting that they “Strongly Agree” (increasing from 21% in 2016 to 29% in 2017). This suggests a strengthening of perceptions overall.

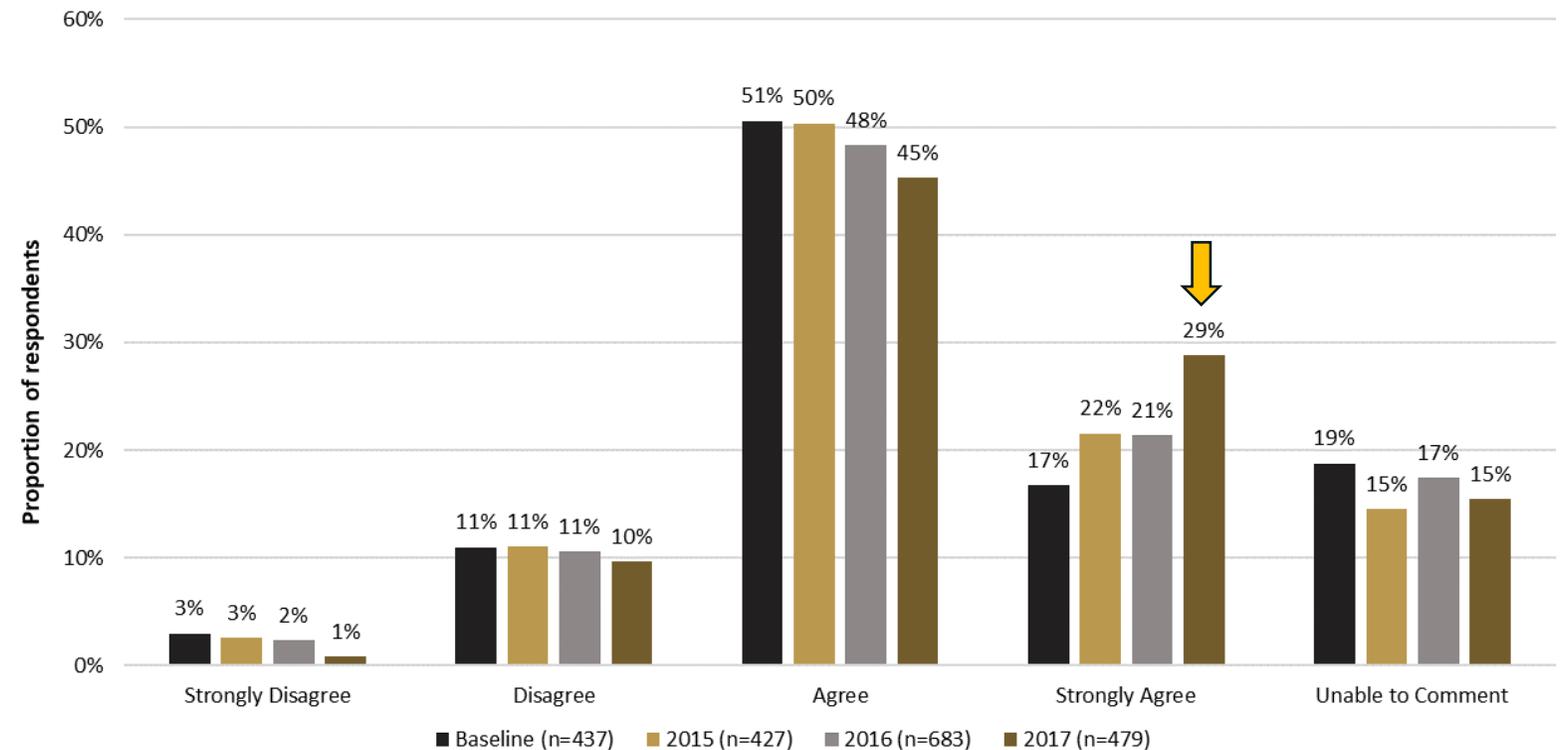
“Collaboration and co-operation needs to highlight social, cultural, environmental and medical contexts and draw on other systems as appropriate.”

“Still room to improve the collaboration between state and federal govt”

“Very easy to work collaboratively with QMHC and they are doing a great job in driving the reform agenda in Queensland ...”

Credibility

“I believe the QMHC is seen as a credible organisation”

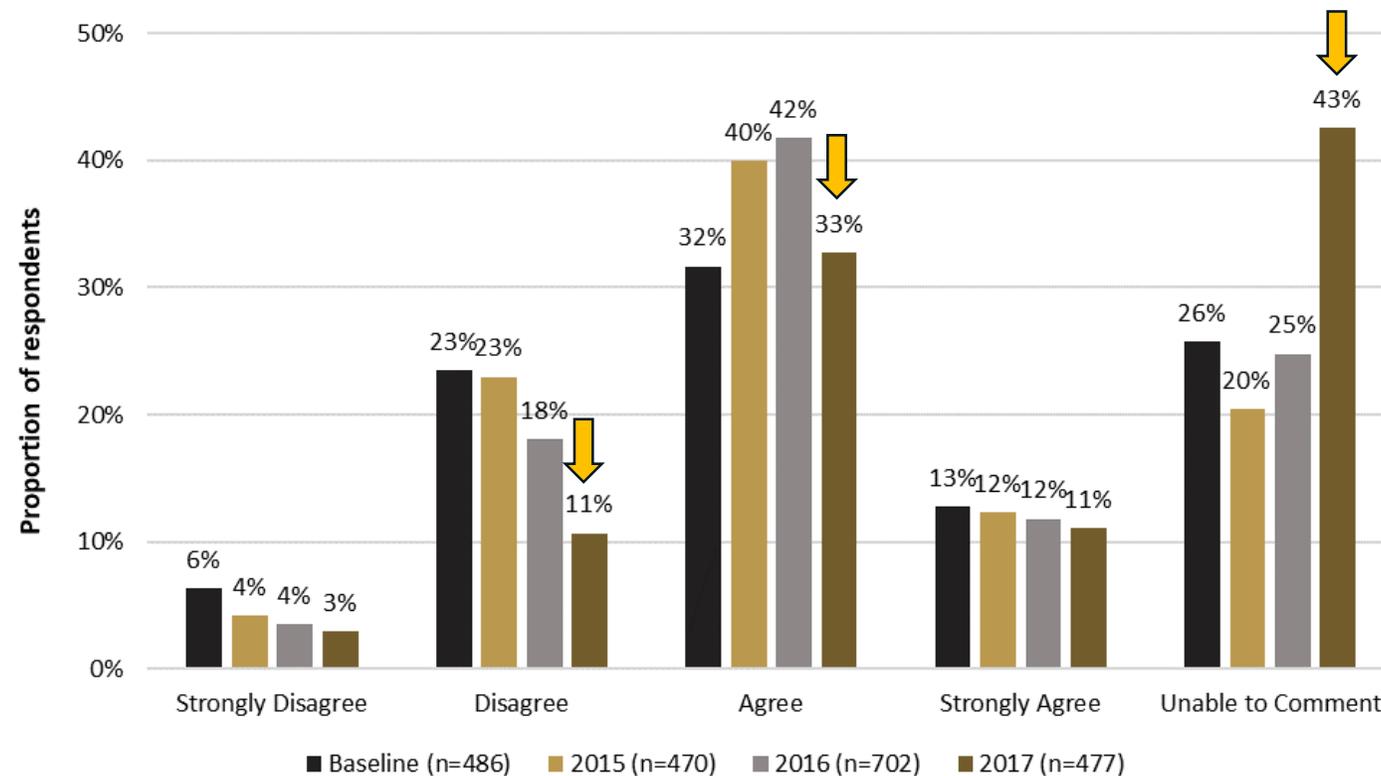


Key Findings

- A significant decline in the proportion of respondents who “Agree” the QMHC is operating independently from Government, was observed, dropping by more than 9% from 42% in 2016 to 33% in 2017.
- A decrease of 7% was also observed in the proportion that “Disagree” between the two years.
- Taken together, these decreases were roughly commensurate with an increase of 18% in the total number of respondents who indicated they were “Unable to Comment”.
- It should be noted that the wording of this question in 2017 was slightly altered from previous years which may have influenced the proportion of respondents that felt informed enough to comment. This question should be further monitored in the future to confirm the validity of the 2017 result.

Credibility – Independence

“The QMHC is operating sufficiently independently of Government”

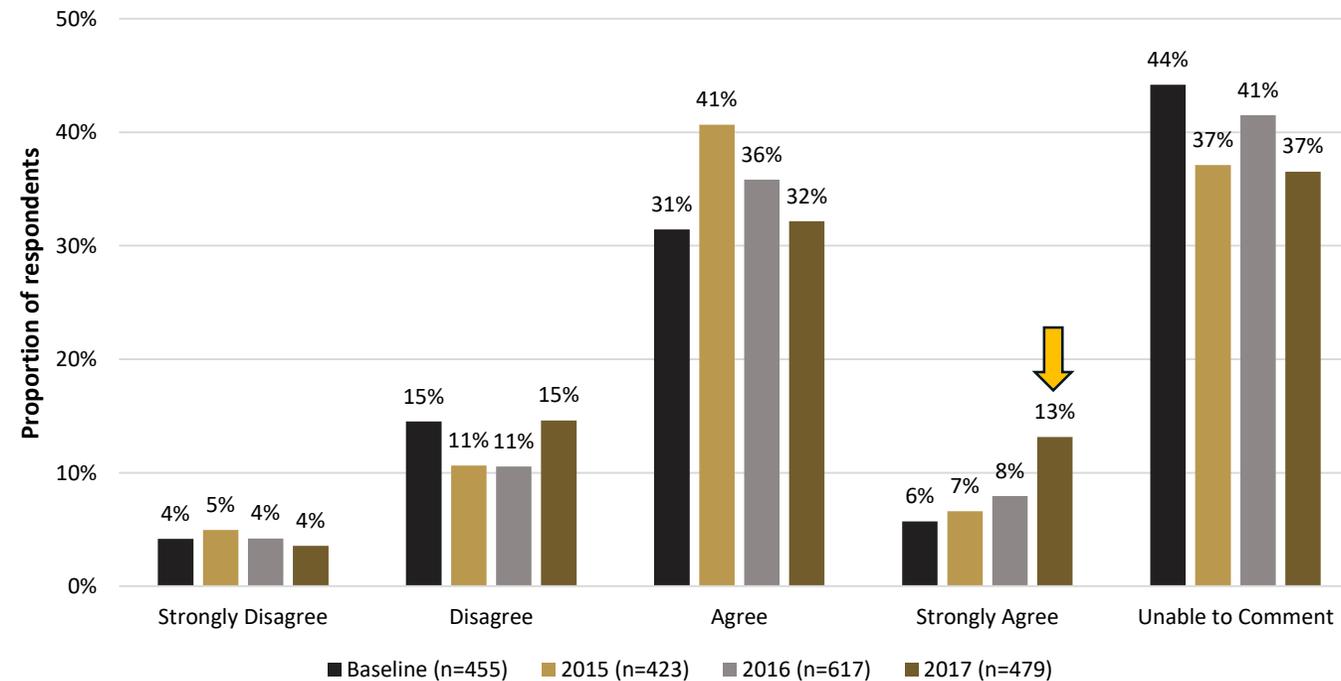


Key Findings

- Consistent with previous years, the largest overall proportion of 2017 survey respondents (45%) agreed the Mental Health and Drug Advisory Council (MHDAC) provides effective advice to drive appropriate reform. Within the total group who agreed, a greater proportion “Strongly Agreed” (up from 8% in 2016 to 13% in 2017).
- However, again consistent with previous years, this was one of questions with fewest respondents providing valid answers - over a third of respondents (37%) to this question reported being “Unable to comment”.
- These results suggests that more needs to be done to improve understanding of the MHDAC’s role, activities and how it interfaces with the Commission and the broader mental health, alcohol and other drugs system.

Credibility – Advisory Council

“The Queensland Mental Health and Drug Advisory Council is providing effective advice to drive appropriate reform”



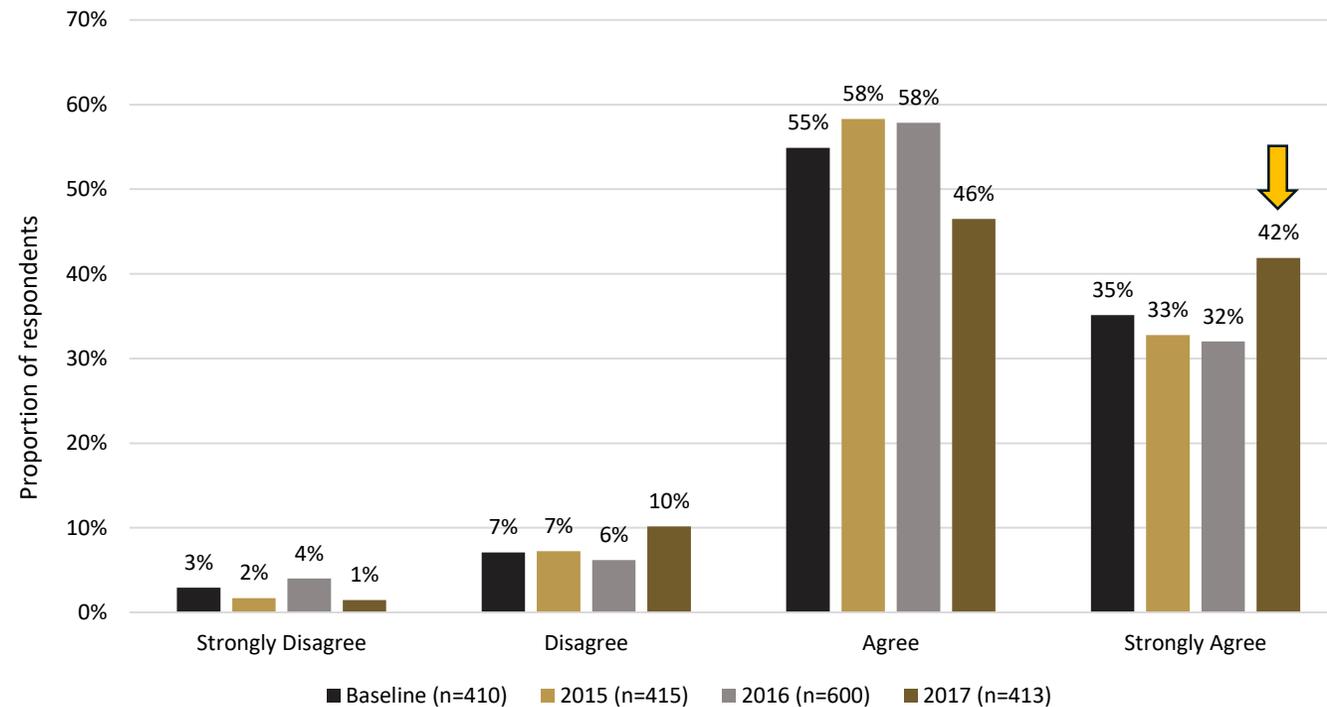
Key Findings

- A slight decline was observed in 2017 in total proportion of respondents agreeing that the QMHC is an important driver of reform of the mental health, drug and alcohol system in Queensland (88%, down from an average of 90% between 2014-2016).
- However, a significant shift was observed in the total proportion of respondents indicating they “Strongly Agree” with this statement (up by 10% in 2017 compared to 2016). This suggests and overall strengthening of perceptions of the importance of the QMHC as a driver of reform.

“The importance of the Queensland Mental Health Commission cannot be understated as an advocate for the sector. the system is improving but still leaves the end user who is often vulnerable when dealing with the different compliance and bureaucracies that currently exist...”

Credibility – QMHC as a Driver of Reform

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



- Note: The response options for this question were restructured in 2017. Therefore, for year-on-year comparability, the analysis has excluded “Neither Agree nor Disagree” responses from 2014-2016 and “Unable to Comment” from 2017. This means the 2014-2016 data presented here will not be consistent with prior year reports.

5. QMHC Functions

The *QLD Mental Health Commission Act 2013* outlines the main functions of the Commission which can be broadly grouped as:

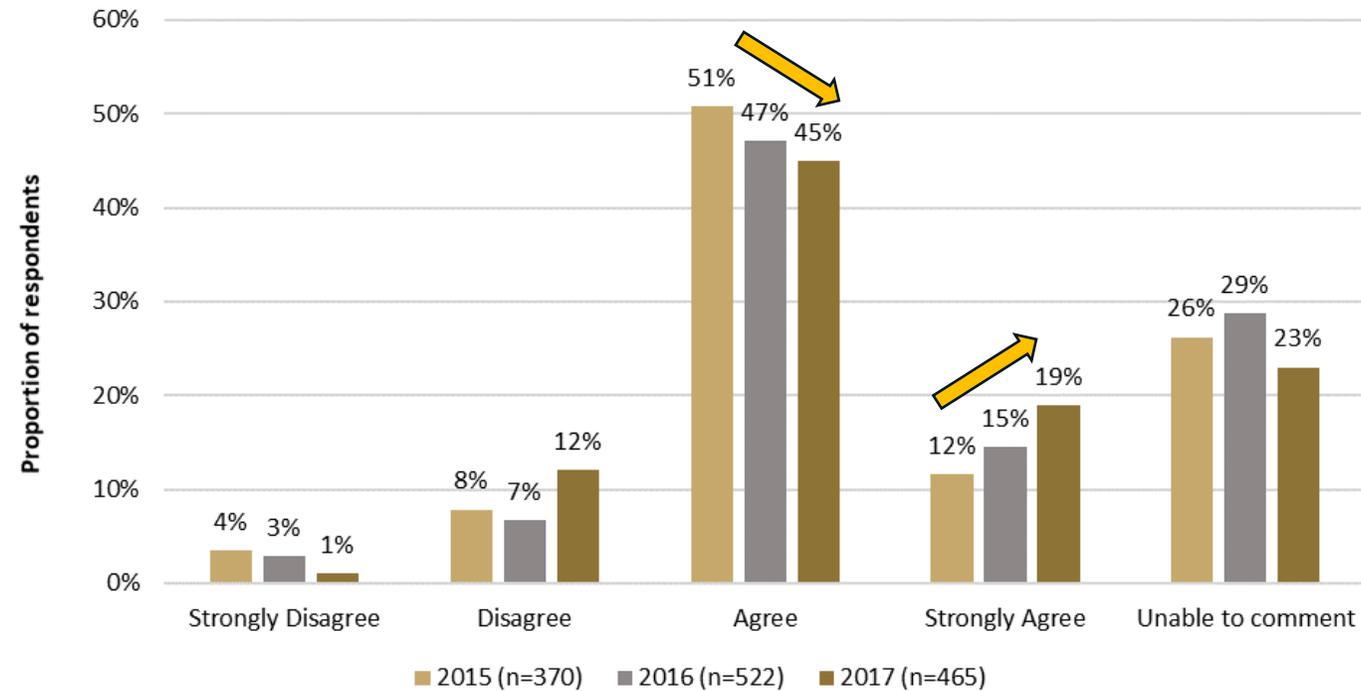
- **Strategic Planning:** including the development, monitoring, review and reporting on a whole of government strategic plan.
- **Review, Research and Reporting:** including undertaking and commissioning reviews, evaluation, reporting, advice and knowledge sharing on the mental health and substance misuse system, factors affecting relevant persons and issues affecting community mental health and substance misuse.
- **Promotion and Awareness:** including supporting and promoting strategies that prevent mental illness and substance misuse, facilitate early intervention for mental illness and substance misuse, improve the general health, wellbeing, social inclusion and recovery of people with mental illness or who misuse substances. Promotion of community awareness and understanding to reduce stigma and discrimination.
- **Systemic Governance:** focused on supporting the operation of the MHDAC and developing processes to enhance the involvement of consumers, families and carers in contributing to systemic reform. Note that the questions covering this function are presented on slide 23 (MHDAC effectiveness) and slide 13 (contribution of consumers, families, carers to QMHC work).

Key Findings

- The total proportion of respondents agreeing that the Strategic Plan identifies priorities that are important to them has remained consistently high over the last three years (ranging 62%-64%). Notably, there has been a steady shift in proportions from those that “Agree” to “Strongly Agree”.
- Progress made against the six core outcomes of the Strategic Plan is also monitored in more detail by the QMHC in its annual *Performance Indicators* report.

Strategic Planning

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



Key Findings

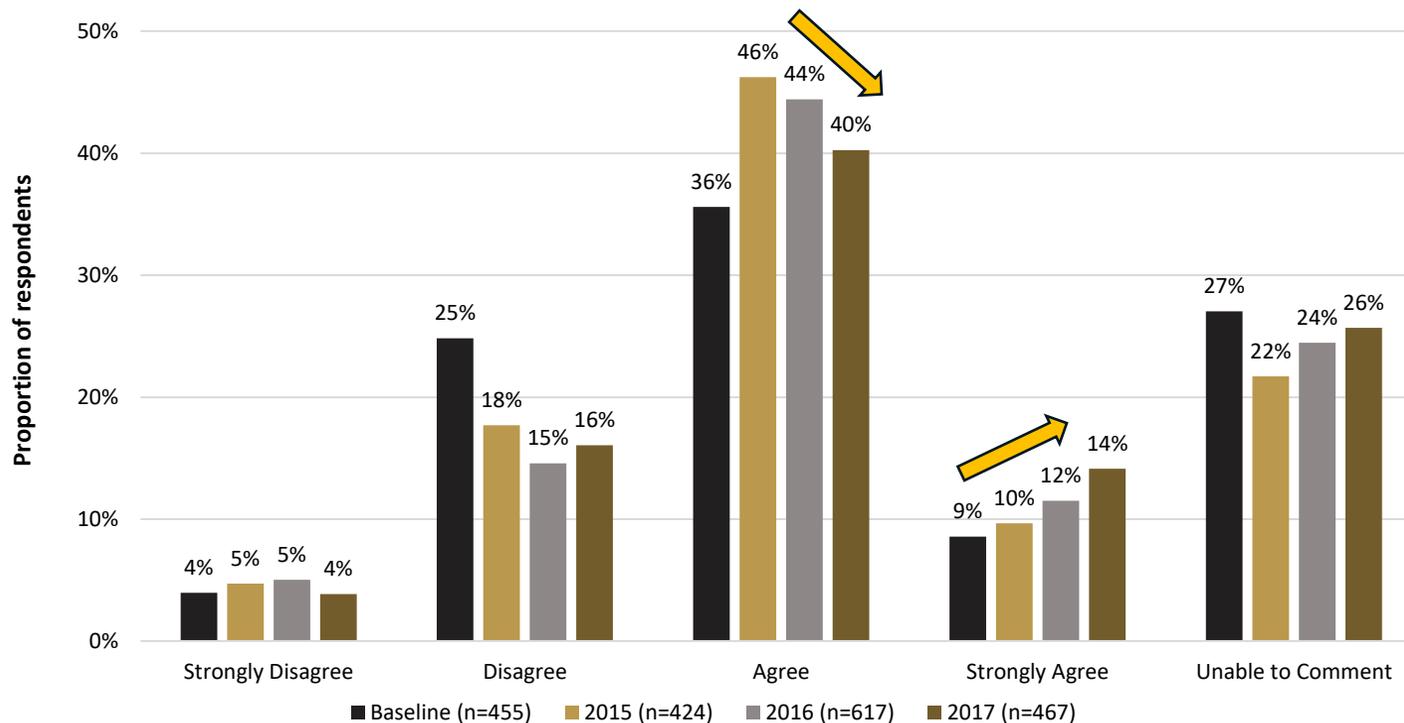
- The total proportion of respondents agreeing that the QMHC’s promotion and awareness work is increasing community awareness and reducing stigma and discrimination has remained consistent over the last three years (ranging 54%-56%). Notably, there has been a steady shift in proportion from those that “Agree” to “Strongly Agree”.
- Almost a quarter of respondents indicated being “Unable to Comment”, suggesting an opportunity for the QMHC to potentially increase promotion of its work around this function.

“[doing well in] Drawing attention to the issues faced by people with a lived experience of mental illness, their carers, families.”

“It does not appear to be a doing a good job of promoting policies and awareness of what it does, or making itself relevant to consumers, carers and families.”

Promotion and Awareness Function

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



Key Findings

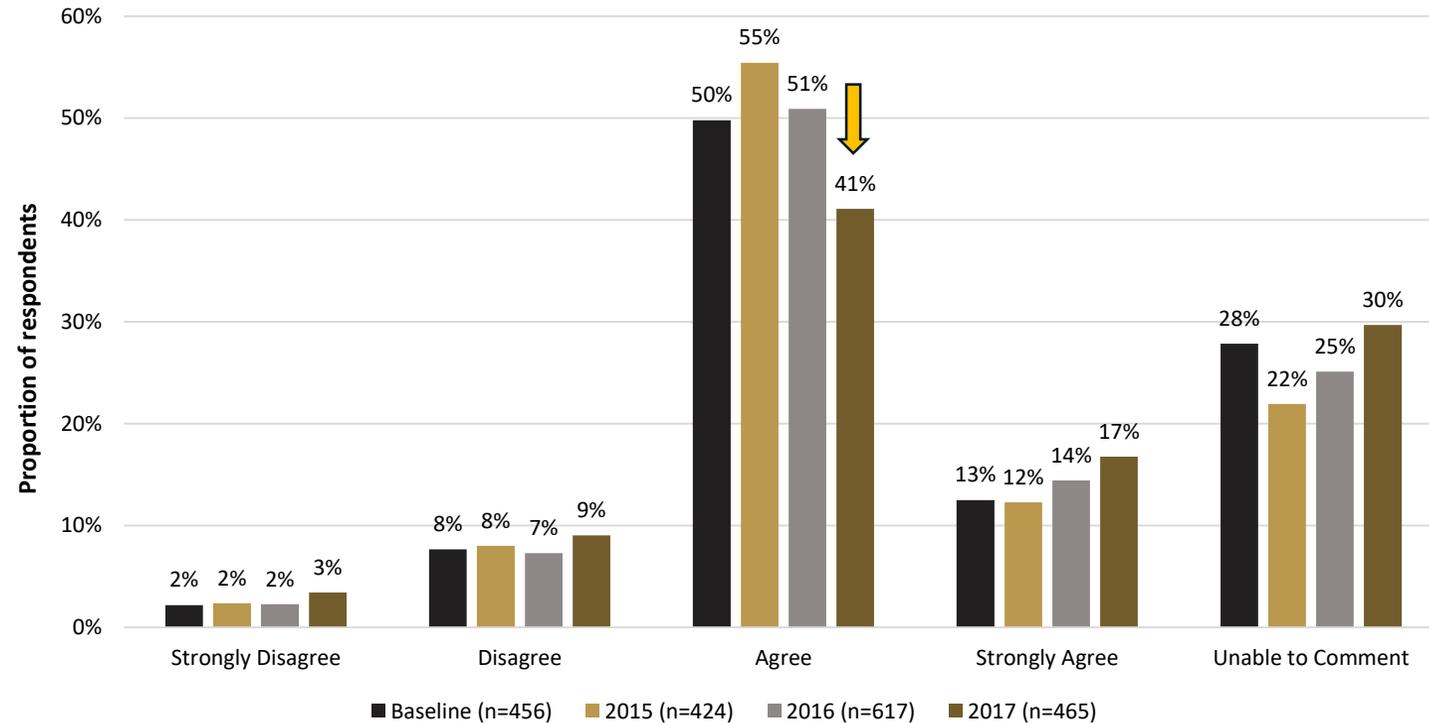
- The proportion of respondents who agree the QMHC’s research, review and evaluation work is helping to identify and respond to current issues and trends declined from 65% in 2016 to 58% in 2017.
- Notably, the total proportion of respondents who disagreed increased only slightly over the same time. Rather, a notable increase (↑5%) was seen in the proportion of respondents that registered as being “Unable to Comment”.
- These results may reflect the QMHC’s focus in 2016/17 on development of Action Plans as opposed to research and review work.

“There needs to be more funding allocated and ongoing research into changing trends as approaches”

“QMHC believed there was sufficient research available in areas such as suicidality of CALD consumers, where there is a significant gap of literature in this area”

Research, Review and Reporting Function

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



6. Overall Reform Progress

While outside its direct control, with a remit to co-ordinate and drive Collective Impact, a key indicator of the QMHC's overall effectiveness is the perceived progress being made in the mental health, drug and alcohol system overall.

Broader system progress is monitored in more detail through the QMHC's annual *Performance Indicators* report.

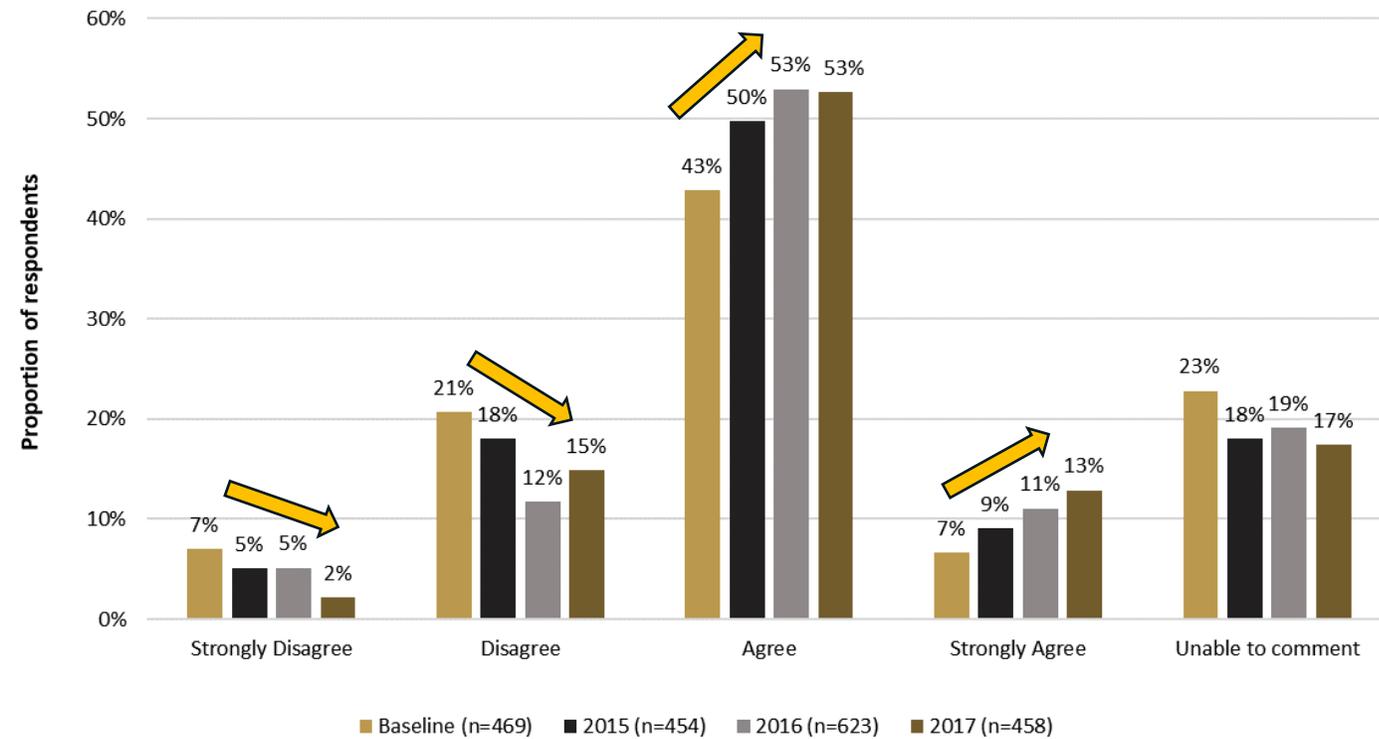
This section presents the survey results regarding stakeholder perceptions of the overall progress of mental health, drug and alcohol system reform.

Key Findings

- There has been a steady increase since the baseline survey (2014 -50%) in the total proportion of respondents agreeing that positive reform is underway at the overall system level (66% in 2017).
- Encouragingly, a decrease in the proportion who disagree has been observed over the same time (28% in 2014 to 17% in 2017).
- These results combined suggest an overall strengthening in the positive perception of reform progress over time.

Overall reform progress

“Overall, there is positive reform underway”



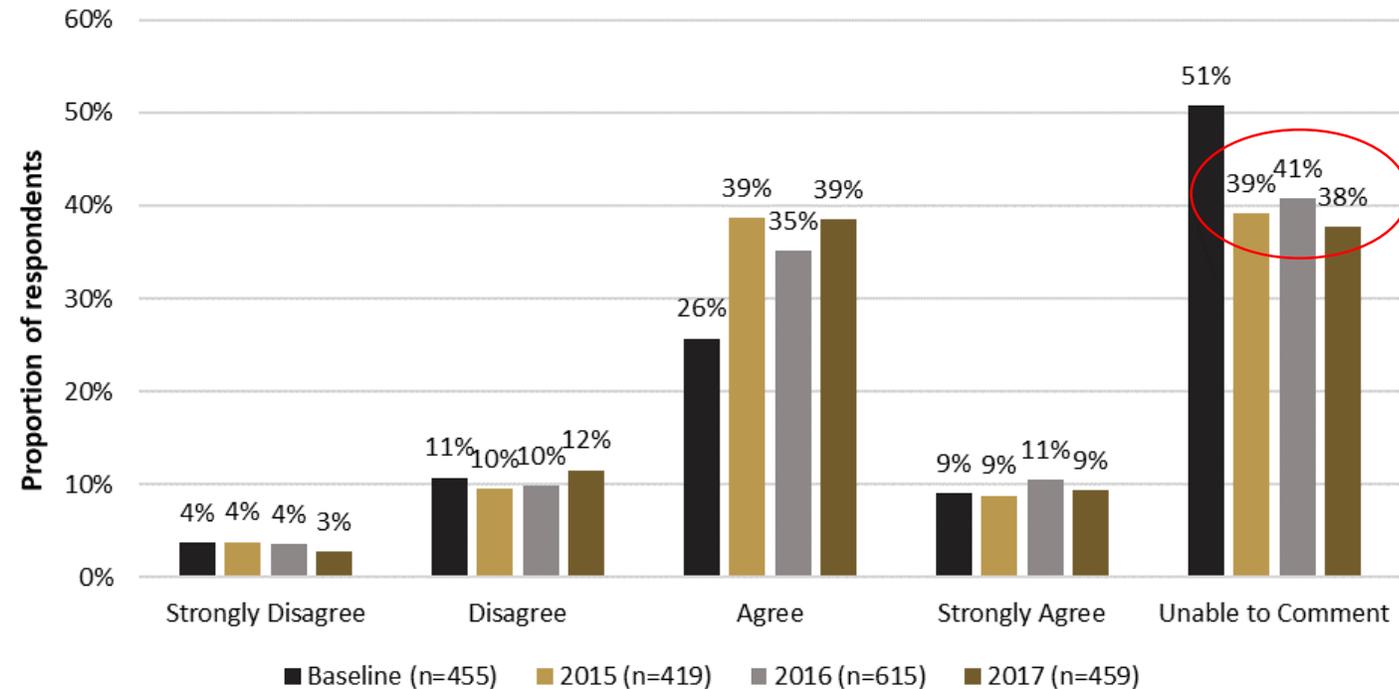
Key Findings

- The proportion of respondents that agree the reforms the QMHC is driving will be sustainable, has remained relatively static (ranging 46% to 48%) over the last 3 years.
- Similarly, the proportion that disagreed has been static at 14% to 15%.
- However, almost two out of five respondents to this question (38%) reported being “Unable to Comment”. This may suggest that a large proportion of respondents feel that it is too early to tell whether the reforms will be sustainable.

“I’m unsure how sustainable the reforms will be into the future, if the QMHC were to cease operating I’m uncertain the reforms would remain, or continue?..”

Overall reform progress

“The reforms the QMHC is driving will be sustainable over the long term”



Appendices

Appendix A - Respondent Profile

This appendix provides an overview of the demographics of the 2017 survey respondent group across the following domains:

- Geographic location
- Personal and organisational roles
- Sector
- Priority population
- Knowledge of mental health, drug and alcohol system in Queensland
- Mode of interaction with QMHC.

Key 2017 findings:

- A slightly higher proportion of 2017 respondents were from Regional areas and Remote Australia than previous years.
- Thirty-nine per cent of total 2017 respondents identified as people with lived experience of mental health and/or substance use issues.
- There was a slight decrease in respondents interacting via the website, but an increase in the proportion interacting via social media – suggesting a shift in ‘channel’ for some respondents.
- Substantial decrease in the proportion of respondents who feel knowledgeable about mental health, alcohol and other drug system in Queensland.

Key Findings

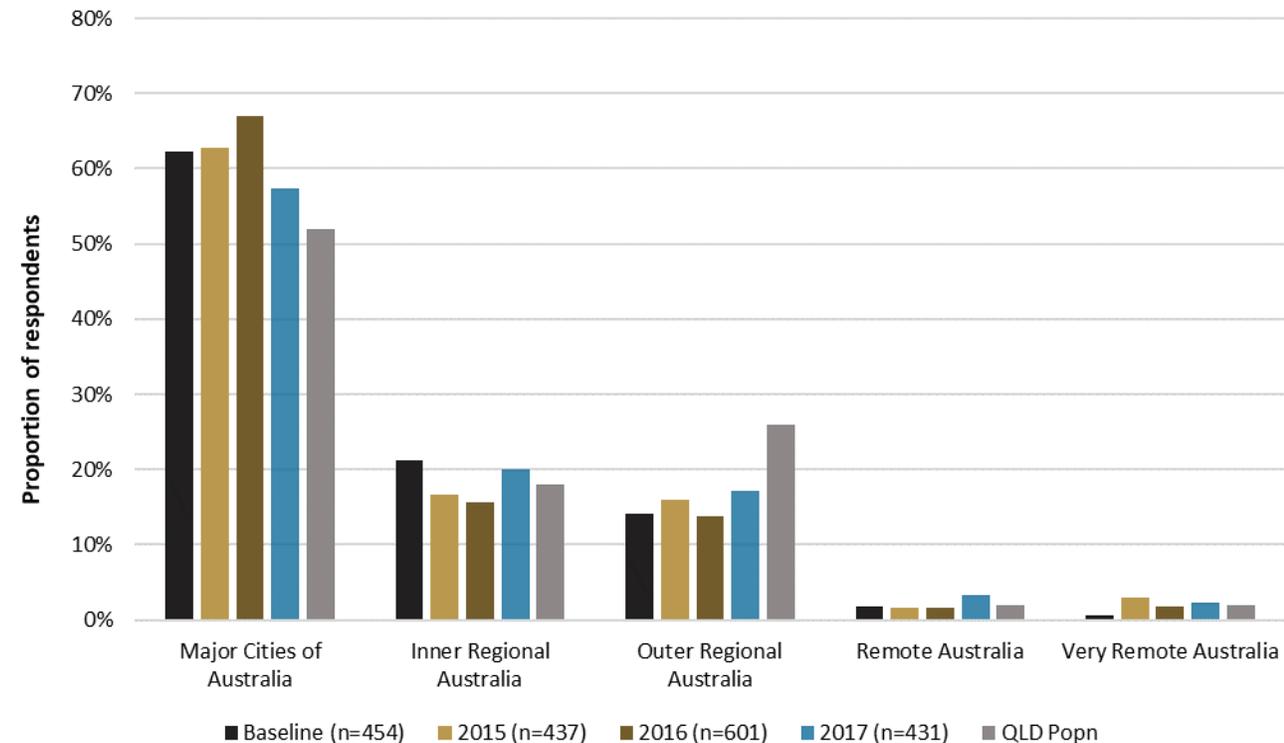
- The profile of 2017 survey respondents is closer to the remoteness profile of the overall QLD population than previous years.
- While respondents from Major Cities still predominated at 57% of the total respondents, a slightly higher proportion of 2017 respondents were from Regional areas and Remote Australia.
- Despite this shift, respondent comments highlighted a need for additional interaction and engagement with regional and remote areas.

“Appears to be limited contact outside of metropolitan area, probably could consider some allocation of resources such as information sessions or workshops to rural and regional areas similar to QCOSS”

“Little interaction with regional areas, little or no input sought from regional areas..”

Respondent Profile

Survey respondents by remoteness area

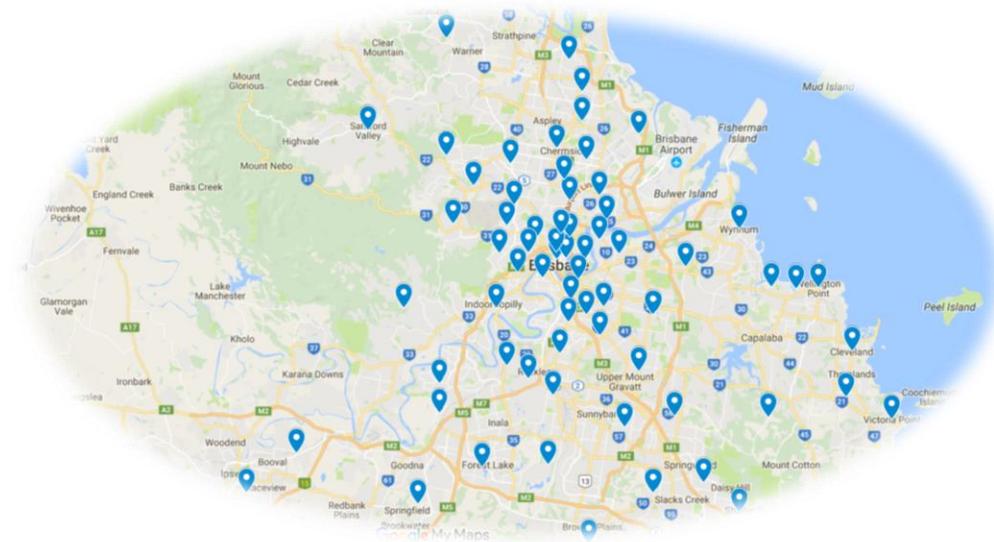
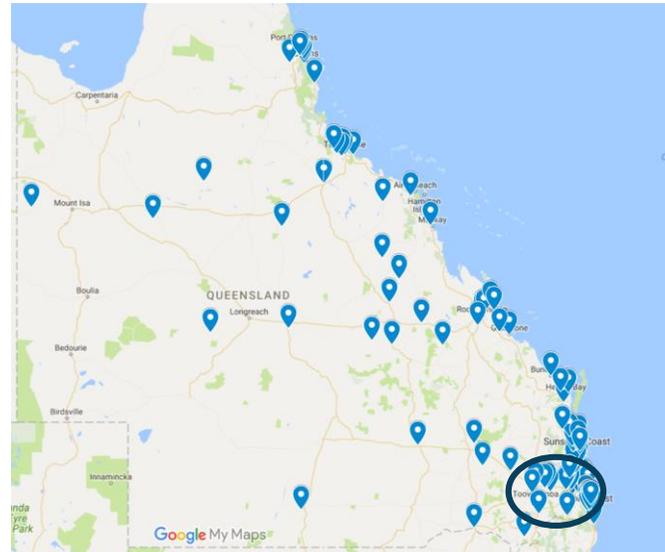


Key Findings

- Respondents residing in Brisbane and the surrounding areas continue to be a strongly represented. However, respondents came from a variety of areas across Queensland.

Respondent Profile

Survey respondents by Postcode

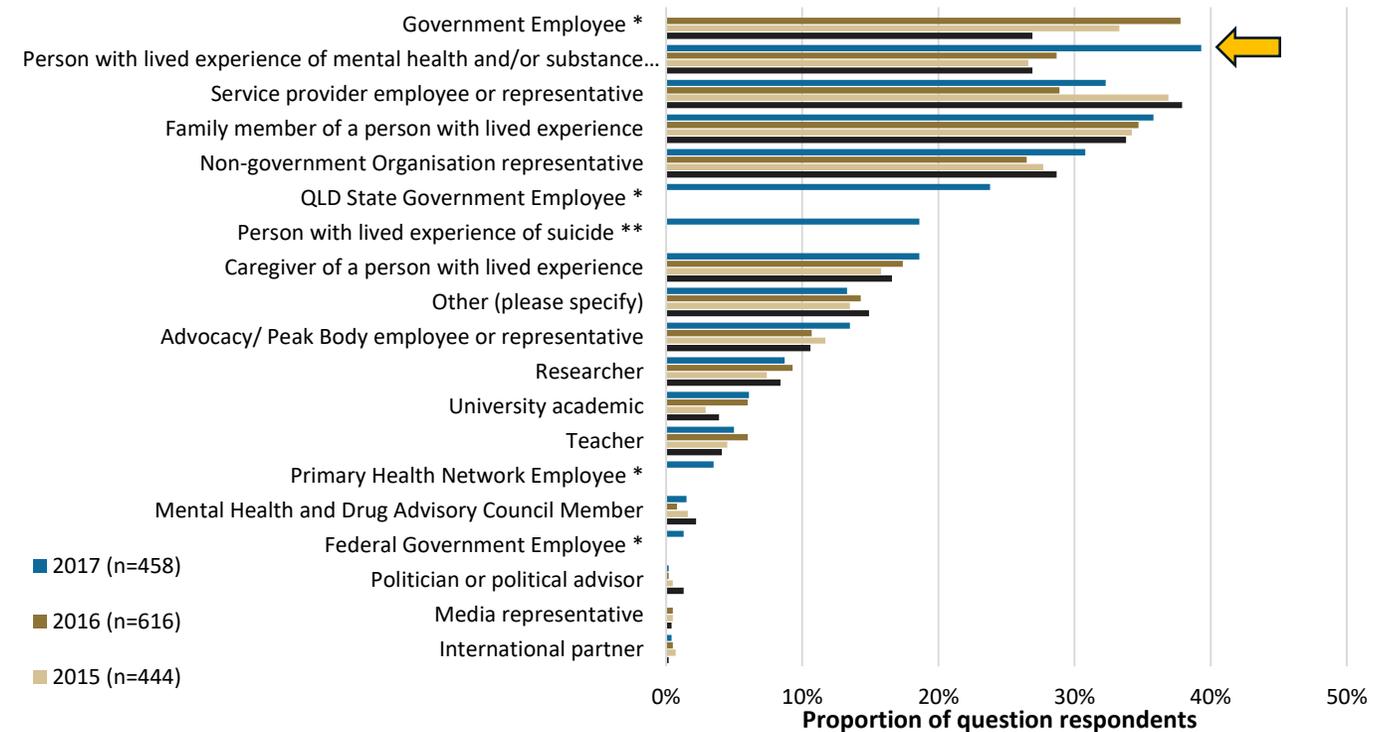


Key Findings

- Respondents continued to represent a wide cross-section of personal roles within the community.
- The largest shift identified was in the proportion of respondents identifying as a 'person with lived experience of mental health and/or substance use', demonstrating an increase of 11% from 2016. It is possible that part of this increase in 2017 may be attributed to the separation of the question into two separate categories – Mental Health and Substance Misuse issues. Previous surveys combined these two categories.

Respondent Profile

Survey respondents by Personal role



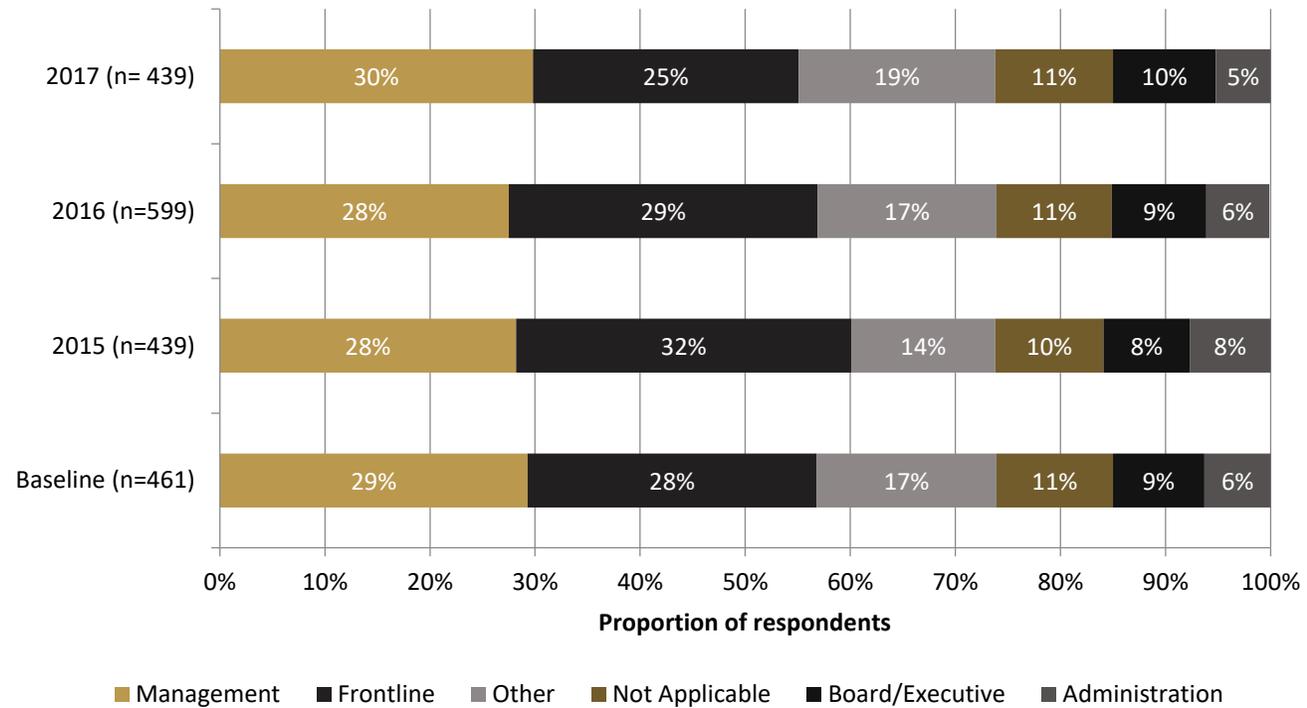
* Government Employee broken down into Qld State Government, Federal Government Employee and PHN in 2017; ** New Category added in 2017

Key Findings

- Management and Frontline staff combined continue to represent the largest proportion of respondents (ranging 55% to 60%), with a slightly higher proportion of Management represented in 2017.

Respondent Profile

Survey respondents by organisational role

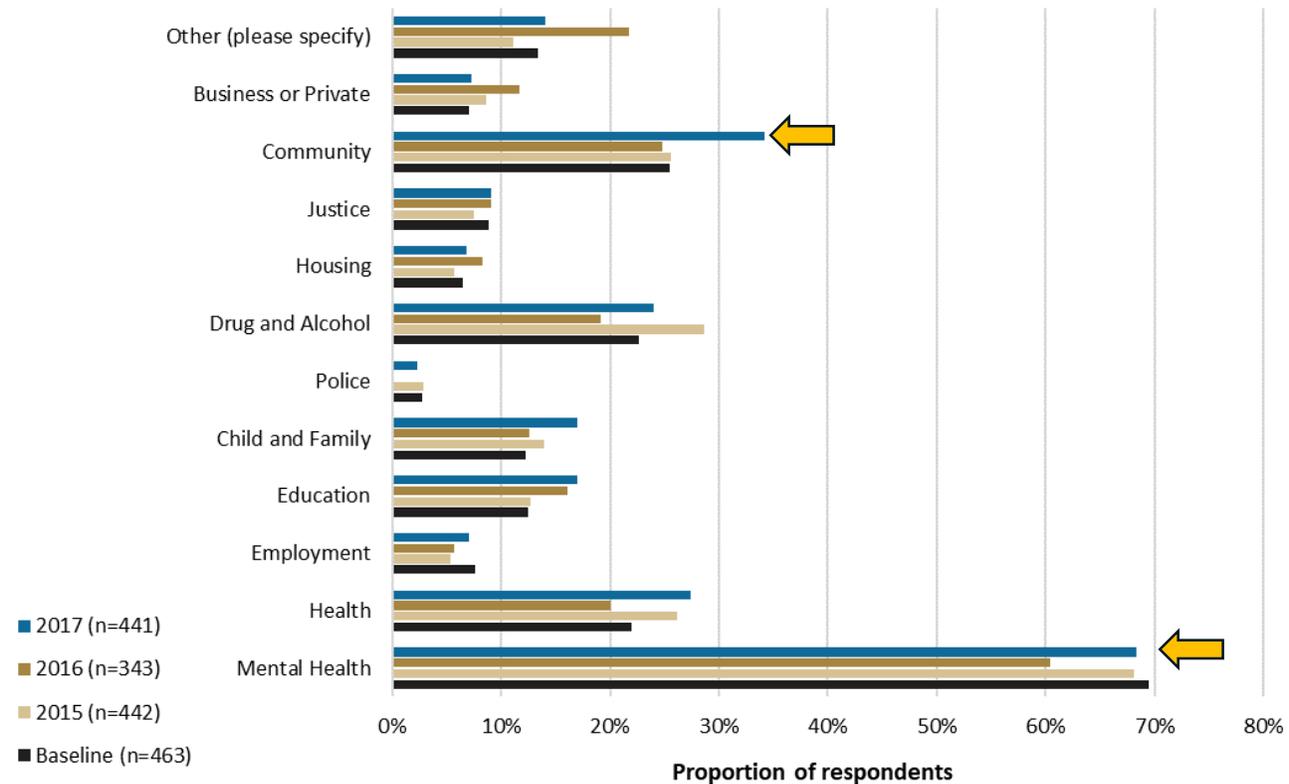


Key Findings

- An increase in the proportion of respondents was identified across the majority of sectors.
- Notable increases (2017 vs 2016) included Community 34% (↑9% from 25%), Mental Health (↑8%), Health 27% (↑7% from 20%), Drug and Alcohol 24% (↑ 5% from 19%) and Child and Family 17% (↑ 4% from 13%).
- Minor decreases were observed between 2016 and 2017 in Business/ Private 7% (↓4% from 11% in 2016) and Housing 7% (↓ 1% from 8%)

Respondent Profile

Survey respondents by Sector



Key Findings

- The total proportion of respondents representing one or more priority population group in 2017 remained consistent with previous years, representing approximately 26% of all survey respondents.
- Similar to prior years, Aboriginal people were over-represented in the respondent pool compared to the proportion expected in the broader QLD population. Conversely, people from CALD groups or with a disability were under-represented.

Respondent Profile

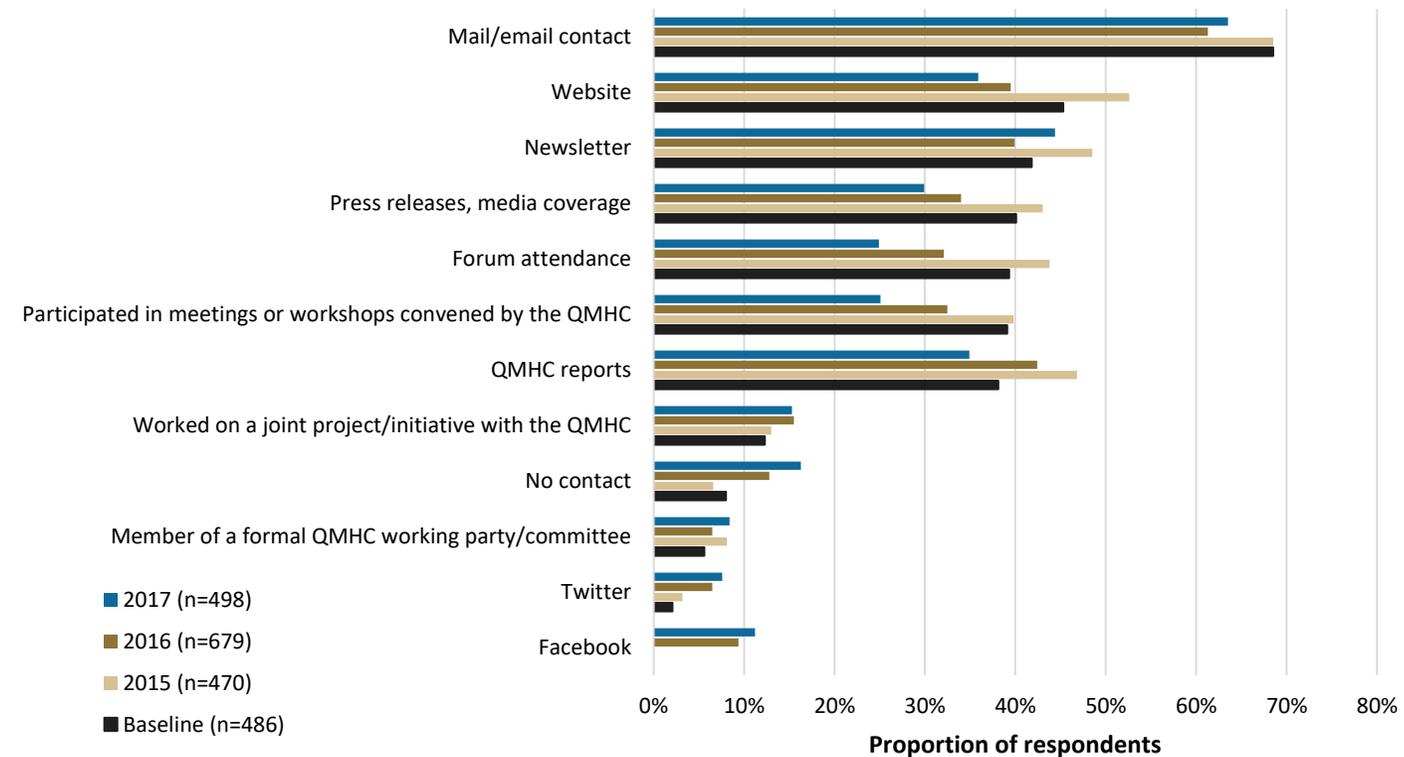
Priority population groups	2014 (n=453)	2015 (n=433)	2016 (n=597)	2017 (n=674)	Indicative QLD population rates	Source
Aboriginal and/or Torres Strait Islander background (ATSI)	6%	8%	5%	5%	3.6%	2011 Census QLD figures
Culturally and Linguistically diverse (CALD)	7%	6%	7%	4%	20.5%	2011 Census QLD figures
Person with a Disability	9%	7%	8%	7%	17.7%	2012 Survey Disability Ageing and Carer's ABS
Person experiencing both Mental health difficulties and issues related to substance use	6%	6%	8%	5%	N/A	
Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)	5%	6%	4%	3%	N/A	

Key Findings

- Interaction through the Newsletter increased to 44% (↑ 4% from 40% in 2016) with Mail / Email maintaining its place as primary mode of interaction with the QMHC, at 64%.
- Facebook continues to provide an effective mode of engagement, with more than 11% of respondents interacting with QMHC via this medium.
- Conversely, contact and interaction via the Website continued to decline, with 36% of the total respondents connecting through this mode, compared to a peak of 53% identified in the 2015 survey and 40% in the 2016 survey.
- A slight increase was observed in the proportion of respondents having “No contact” with the QMHC (16% in 2017 compared to 13% in 2016).

Respondent Profile

Survey respondents by mode of interaction with QMHC

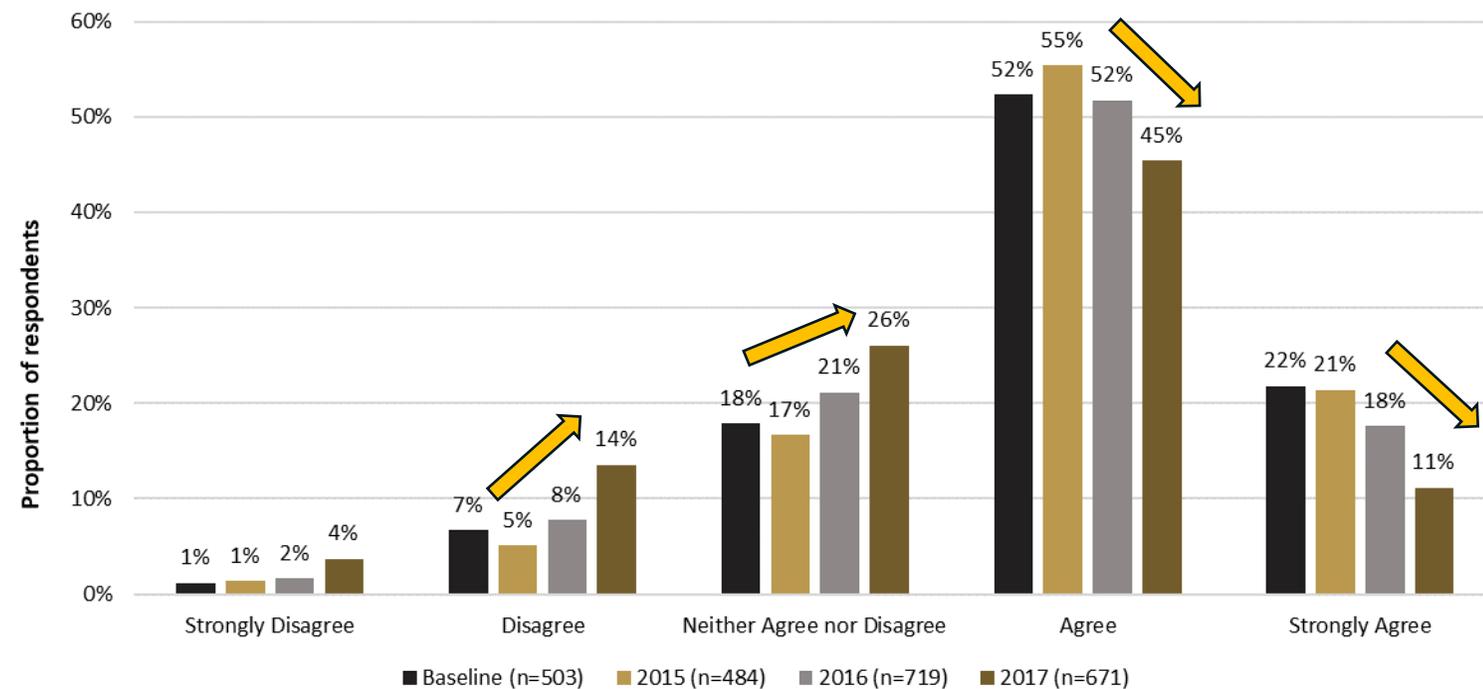


Key Findings

- In 2017, 56% of the total respondents reported feeling knowledgeable about mental health, drug and alcohol systems in Queensland, representing a substantial decrease from 2016 (70%).
- This decline was commensurate with an 8% increase in total people disagreeing and a 5% increase in people neither agreeing nor disagreeing (5%).
- These results suggest that 2017 respondents overall were less knowledgeable about the mental health, drug and alcohol system in Queensland than prior years.

Respondent Profile

Survey respondents who “feel knowledgeable about the mental health, drug and alcohol system in Queensland”



Appendix B – Additional collaboration analysis

This appendix provides further analysis comparing the current perceived and future desired collaboration between specific respondent groups and the QMHC, QLD Health, PHNs and HHSs. The following breakdowns are included:

- Organisational role
- Personal role
- Sector

The large differences in respondent numbers for each individual group should be considered when interpreting these results.

Analysis method:

- The responses to Q4 in the survey were allocated a numerical value from 2 = No collaboration to 5 = Collaboration.
- The difference (gap) between current and perceived future required collaboration was derived by subtracting the future value by the current.
- The average gap between current and future values was calculated.

Interpretation:

- Lower number = the closer the current level of collaboration is to the level stakeholders perceive it to be required into the future.

Key Findings

- Overall, respondents reported a current level of collaboration with QLD Health that is closest to their future desired level. This was followed by HHSs and their PHN. The largest gap in current vs future collaboration was reported with the QMHC.
- The QMHC appears to be most closely meeting the collaboration expectations of Board/Executive stakeholders. Conversely, Frontline stakeholders were the group with the biggest reported gap between their current and future desired collaboration with the QMHC.

Collaboration – by organisational role

Organisational Role	QMHC (n=255)	Queensland Health (n=253)	PHN (n= 236)	Hospital & Health Service (n= 233)
Administration (n= 18)	1.47	1.56	1.15	0.75
Board/Executive (n= 38)	0.84	0.97	1.48	1.41
Frontline (n= 89)	1.60	1.01	1.36	0.98
Management (n= 115)	1.53	0.96	1.50	1.29
Grand Total	1.45	1.02	1.43	1.15

Key (by column): **Green** = lowest gap in current vs future ; **Red** = highest gap in current vs future

NB: 'Other' and 'Not applicable' categories were excluded from analysis.

Key Findings

- Stakeholders across most personal roles viewed that their current collaboration with QLD Health was closest to their future expectations. The exceptions being Teachers (who rated HHSs higher) and PHN employees (who rated PHNs higher).
- Conversely, stakeholders across most roles viewed their current collaboration with QMHC as furthest from their future expectations. The exceptions being people with lived experience of mental health or suicide, researchers and QLD state government employees (who rated PHNs lower).
- These results suggest that, of the organisations tested, the QMHC has the greatest opportunity to close the gap between current future expected collaboration.
- These results may also suggest that most stakeholder groups see a high level of collaboration with the QMHC as required to meet their future goals.

Collaboration – by personal role

Personal Role	QMHC (n=872)	Queensland Health (n=853)	PHN (n=827)	Hospital & Health Service (n=805)
Person with lived experience of mental health (n= 119)	1.48	1.25	1.56	1.27
Person with lived experience of problematic alcohol and/or other drug use (n= 51)	1.73	1.04	1.51	1.27
Person with lived experience of suicide (n= 64)	1.64	1.21	1.81	1.37
Family member of a person with lived experience (n= 120)	1.47	1.10	1.46	1.33
Caregiver of a person with lived experience (n= 58)	1.67	1.20	1.56	1.48
Advocacy/ Peak Body employee or representative (n= 50)	1.04	0.67	1.00	0.88
Service provider employee or representative (n= 117)	1.54	0.87	1.37	1.00
Non-government Organisation representative (n= 120)	1.49	0.98	1.31	1.31
Researcher (n= 34)	1.42	0.94	1.58	1.16
Teacher (n= 17)	1.76	0.88	1.12	0.56
Federal Government Employee (n= 6)	0.67	0.00	0.67	0.60
Primary Health Network Employee (n= 13)	2.30	1.38	0.88	1.09
QLD State Government Employee (n= 86)	1.20	0.70	1.68	0.76
QLD Mental Health and Drug Advisory Council Member (existing or within past 2 years) (n= 7)	-0.29	0.83	2.00	1.67
University academic (n= 27)	1.17	1.22	1.36	1.20

Key (by row): **Green** = lowest gap in current vs future ; **Red** = highest gap in current vs future

Key Findings

- Stakeholders from the Employment sector on average reported that their current level of collaboration with the QMHC was closest to their future expectations, while stakeholders from the Justice sector identified the greatest gap.

Collaboration – by sector

Sector	QMHC (n=784)	Queensland Health (n=802)	PHN (n=737)	Hospital & Health Service (n=726)
Mental Health (n= 246)	1.36	0.97	1.46	1.14
Health (n= 95)	1.32	1.02	1.54	1.09
Employment (n= 26)	1.00	0.88	1.46	1.08
Education (n= 63)	1.54	1.29	1.46	1.31
Child and Family (n= 67)	1.40	0.93	1.75	1.57
Police (n= 9)	1.38	0.89	1.89	1.00
Drug and Alcohol (n= 91)	1.61	0.93	1.59	1.50
Housing (n= 25)	1.29	0.96	2.09	1.50
Justice (n= 34)	1.72	1.00	1.53	1.22
Community (n= 125)	1.49	1.05	1.38	1.21
Business or Private (n= 27)	1.48	1.52	1.57	1.75

Key (by column): **Green** = lowest gap in current vs future ; **Red** = highest gap in current vs future



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