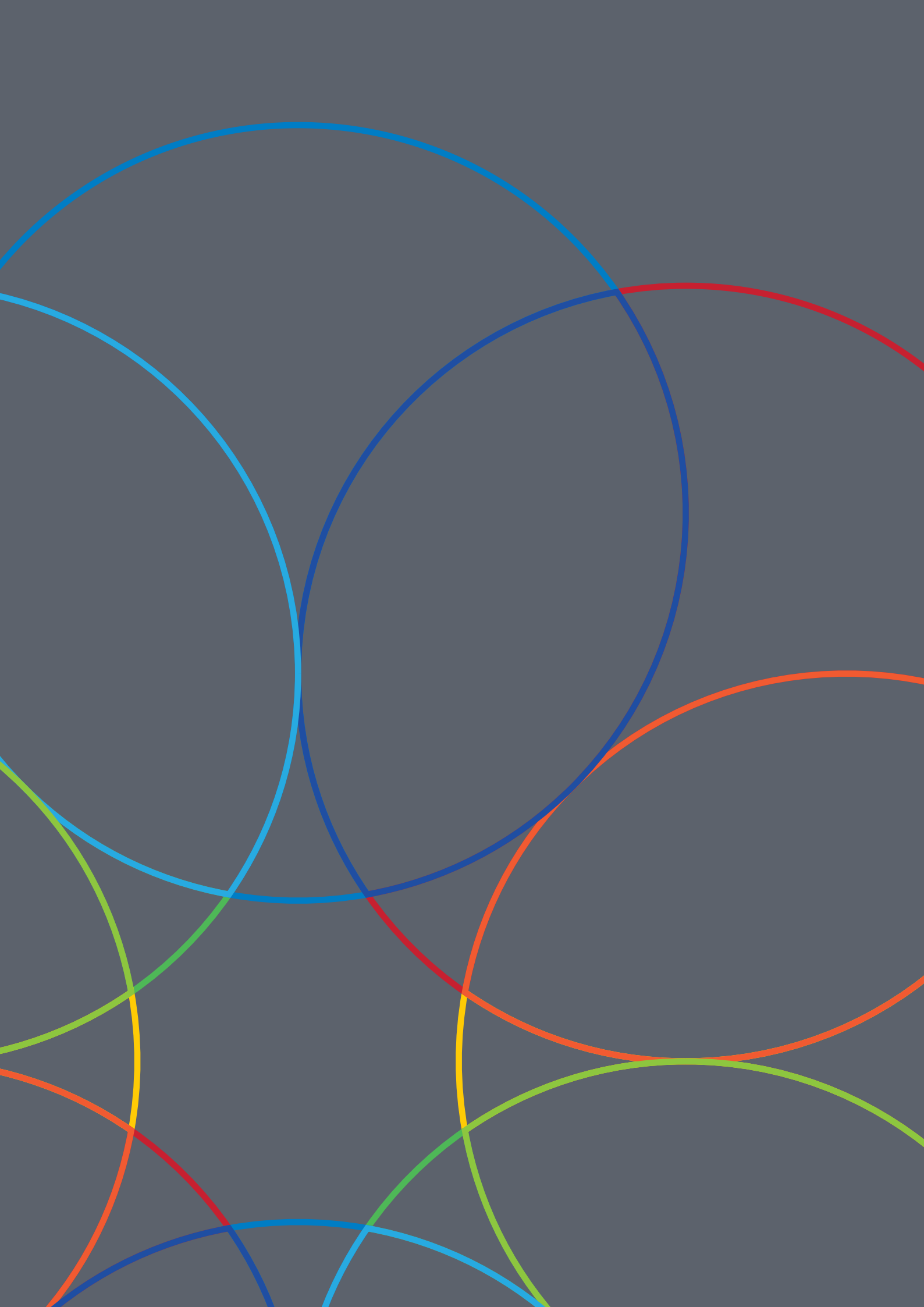


Queensland Mental Health Commission

# 2016-17 annual report





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# Acknowledgement

We pay respect to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their culture and customs across Queensland.

We also acknowledge people living with mental illness and problematic alcohol and other drug use, their families, carers and support people as well as people affected by suicide. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and receives support to recover, be well and live fulfilling lives.

# Letter of compliance

Queensland  
**Mental Health  
Commission**

ABN 54 163 910 717

6 September 2017

The Honourable Cameron Dick MP  
Minister for Health and Minister for Ambulance Services  
GPO Box 48  
BRISBANE QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2016–17 and financial statements for the Queensland Mental Health Commission.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, 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 4 on page 102 of this annual report.

Yours sincerely



**Mr Ivan Frkovic**  
Queensland Mental Health Commissioner

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# From the Commissioner

In its fourth year, the Commission has firmly established itself as a leader of reform in the mental health and alcohol and other drugs sector and a champion for improving the overall mental health and wellbeing of our Queensland community. This is what drives us.

The evidence overwhelmingly indicates that to achieve and maintain good mental health and wellbeing we need both high quality, integrated and person-centred services and broader community opportunities such as access to secure housing, employment and positive social connections. And with reform occurring at-pace over the last 12 months, we have seen not only significant positive changes in the health system, but also across sectors such as housing, education and justice.

Specific reforms this year influenced or driven by the Commission span policy, legislation and service delivery including health, housing, justice and education.

In driving ongoing reform, the Commission continued to support and promote strategies that not only focused on service delivery for people living with severe and complex mental illness but also included a focus on prevention, early intervention and raising awareness. Crucial to this is the preparation, monitoring and review of the whole-of-government strategic plan, the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019*.

This year, in renewing the strategic plan, I am pleased to report that more than 200 people generously offered their time, experience and expertise at community and lived experience consultation forums in eight communities across the state, with many also sharing their views through written submissions.

These community consultations provide another invaluable opportunity to obtain contemporary insights and experiences from people living with mental illness and problematic alcohol and other drug use, their carers, family members, service providers and the broader community about what has been achieved to date and what further reform is required.

This year the Public Service Commission review of the Commission's performance and functions during our establishment years was positive and affirmed our core direction. Having set solid foundations based on innovative, evidence-based approaches and in collaboration with others, the Commission will continue its efforts to support and build on this work.

Significant achievements for the Commission this year have been:

- People in contact with the criminal justice system — supporting the development of a new model to bring together mental health clinicians and police to ensure better outcomes

- Better early intervention for young people — facilitating improved collaboration between the mental health sector and the school system, with the development of a model to expand Ed-LinQ
- Action plans in priority areas — the release of the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18* and the *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18*.

The Queensland Mental Health and Drug Advisory Council continues to play an important role in the work of the Commission by championing the views of people living with mental health issues and/or problematic alcohol and other drugs use, including their families, carers and service providers. This year, we farewelled a number of Advisory Council members who completed their three-year terms. I extend sincere thanks to them for their service, and look forward to working collaboratively with the continuing and new members of the Council.

I also wish to acknowledge the significant contribution of foundation Commissioner, Dr Lesley van Schoubroeck. Perhaps most illustrative, among her many achievements making a difference to people's lives, was championing redress for women survivors of Wolston Park who as children in care of the State were inappropriately placed in adult mental health facilities.

Thanks also to the dedicated and enthusiastic staff of the Commission, who tirelessly work to deliver our vision for better outcomes for people with lived experience, and their families and carers.

Throughout our next phase of development, I look forward to continuing the good work of the Commission—for the betterment of all Queenslanders.

  
**Ivan Frkovic**  
Queensland Mental Health  
Commissioner



# Spotlight

## What we do

We drive reform of the mental health, alcohol and other drugs and suicide prevention systems in Queensland.

We work across a broad range of areas, including health, employment, education, communities, sport and recreation, housing and justice.

## What we have done

### Setting strategic direction

- Identifying reform priorities
- Developing whole-of-government strategic and action plans
- Coordinating and reporting on implementation

### 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
- Building evidence about what works and where reform is needed

### Promotion, awareness and early intervention

- Supporting initiatives that promote:
  - Community-wide mental health and wellbeing
  - Prevention and early intervention awareness, social inclusion, and reduced stigma and discrimination

### Fostering an inclusive and responsive system

- Supporting involvement and leadership of people with a lived experience, their families and carers, in policy, program and service development and evaluation
- Supporting the Queensland Mental Health and Drug Advisory Council
- Promoting opportunities for people with a lived experience and their families and carers to engage and contribute to the reform agenda

## Are we making a difference?

Our stakeholders and partners agree that achieving better outcomes is a long-term process.

Most think it will take at least five years to make a difference.

People who work with us say (2017 data)


**87%** **79%** **57%**

They interacted with people from other sectors

They made connections for collaboration


They will change practices as a result

Perceptions are steadily improving  
from 2014 to 2017

 **49% to 66%**  
Positive reform is underway

 **68% to 74%**  
The Commission is credible

 **45% to 54%**  
Community awareness is increasing

 **42% to 51%**  
Cross-sector collaboration is improving

 **59% to 60%**  
Lived experience informs our work

 **38% to 43%**  
A range of stakeholders are engaged and included

# About the Commission

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

The Commission's work supports the Government's objective for the community—*Building safe, caring and connected communities*—by initiating and driving shared actions to improve wellbeing and to better support people living with mental illness or problematic alcohol and other drug use, or those who have been affected by suicide.

## Our role and functions

As defined by the Act, the Commission's role is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drugs system in Queensland.

The Commission's functions are to:

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

The Commission performs its role and functions by working with government and non-government agencies, the private sector, and people with a lived experience, their families and carers throughout Queensland. The Commission's work extends beyond the health system and acknowledges the holistic needs and broad range of issues faced by those experiencing mental illness or problematic alcohol and other drug use, or those who have been affected by suicide.

The Commission's role does not include investigating individual complaints, planning or funding mental health or alcohol and other drug services. These responsibilities rest with other government agencies. The Commission seeks to influence the decisions made by those agencies.

The Queensland Mental Health Commissioner makes recommendations to the Minister for Health and Minister for Ambulance Services.



## Our vision

A healthy and inclusive community, where people experiencing mental health difficulties or issues related to substance use have a life with purpose and access to quality care and support focused on wellness and recovery, in an understanding, empathic and compassionate society.

## Our principles

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

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

## Our values

The five Queensland public service values are fundamental and have been adopted by the Commission's work, together with a value which focuses on 'wellness' linking all that we do to our vision.

The Commission's values are:

- customers first
- ideas into action
- unleash potential
- be courageous
- empower people
- promote wellness.

## Objectives and performance

The *Strategic Framework 2016–2020* outlines the Commission's objective to achieve better outcomes for people living with mental health issues and problematic alcohol and other drug use by:

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

The Commission's strategies for achieving this are arranged under four key result areas which align with our legislated role and functions:

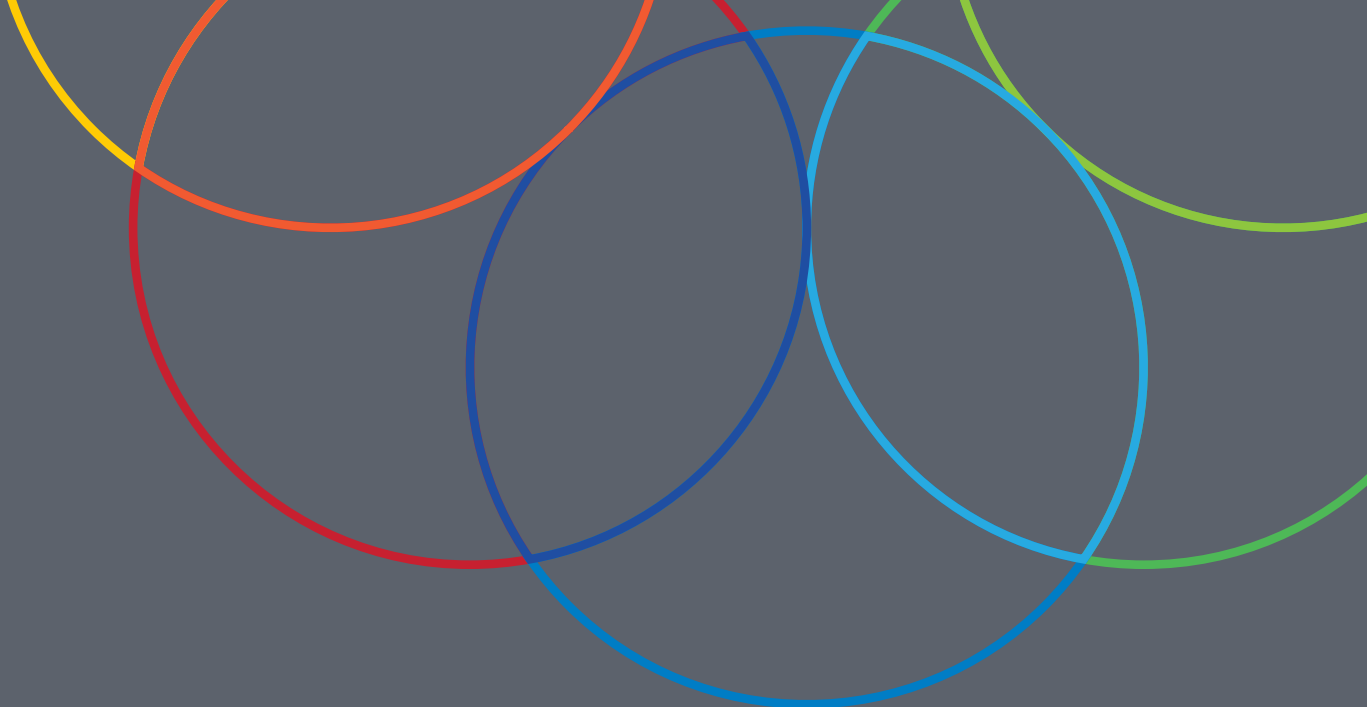
- **Strategic planning** – The Commission is required to develop a whole-of-government strategic plan in consultation with people with a lived experience, their families and carers, government and non-government stakeholders. The Commission's role is to facilitate, support and report on the implementation of the strategic plan.
- **Review, research and report** – The Commission's functions include undertaking reviews and research to inform decision-making, build the evidence base, support innovation and identify good practice. This includes:
  - reviewing, evaluating and advising on the mental health and alcohol and other drugs system issues
  - undertaking and commissioning research.

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

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

- the extent to which agreed commitments in the Strategic Plan are implemented
- stakeholder satisfaction with the support and achievements of the Commission, particularly in relation to:
  - opportunities to provide lived experience, support person and service provider perspectives on mental health and alcohol and other drugs issues
  - extent to which lived experience and service provider perspectives are represented in strategic directions articulated by the Commission to improve the system
  - the range of stakeholders involved in developing and implementing solutions.

The Commission's credibility within the sector is also closely monitored as this is considered essential for undertaking our role and functions, particularly in working productively with the sector and guiding the direction of strategic reform.



# non-financial performance

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# strategic

A central part of the Commission's role is to develop a whole-of-government strategic plan for the State Government.

# planning

In 2014, the Commission finalised development of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan). It was released in October of that year and aims to improve the mental health and wellbeing of Queenslanders.

The Strategic Plan supports coordinated action by a wide range of agencies to improve the mental health and wellbeing of all Queenslanders, particularly people living with mental illness, problematic alcohol and other drugs use, and people affected by suicide.

It seeks to drive innovation and best practice, adopting a collective impact approach which recognises that in order to bring about change actions need to be taken by many sectors working together.

The Commission's role is to facilitate, support, monitor and report on the Strategic Plan's implementation as well as undertake its review.

## Monitoring and reporting on the Strategic Plan

### Implementation

Monitoring and reporting on implementation is an essential part of the collective impact approach adopted by the Strategic Plan. The Commission plays an important role by facilitating and supporting implementation and reporting annually on progress made by State Government agencies.

In 2016–17, the Strategic Plan's second year of implementation, the Commission published the *Annual Implementation Report 2015–16* in partnership with State Government agencies. The report outlined progress made from 1 July 2015 to 30 June 2016. A dashboard was also published on the Commission's website which complements the report, reporting against each of the 193 specific actions to be implemented by 22 State Government agencies under the *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*; *Queensland Alcohol and Other Drugs Action Plan 2015–17*; and *Queensland Suicide Prevention Action Plan 2015–17*.

The report noted that substantial reform has commenced, including the rollout of the National Disability Insurance Scheme (NDIS) and the introduction of the new *Mental Health Act 2016*. It also noted that the service system has been strengthened through the introduction of mental health coaches in the public education system and the rollout of training to improve the health system's response to people at risk.

All 193 actions committed in the Early Action, Alcohol and other Drugs and Suicide Prevention Action Plans, have either been implemented or are on track for implementation. Five actions are being implemented but have changed as a result of changes to the service system or other reforms.

The report also noted that work was underway to develop two new action plans focused on mental health and wellbeing in rural and remote Queensland, and on improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders.

## Performance indicators

Monitoring and reporting on progress made towards achieving the Strategic Plan's six long-term outcomes is an important part of a collective impact approach.



In 2016–17, the Commission continued to work with partners to identify indicators to measure progress, including the Queensland Government Statistician's Office, peak organisations, the Department of the Premier and Cabinet, and Queensland Health.

This work, together with updates on progress made against the outcomes, was reported in the Commission's second Performance Indicators Report. Four new indicators were included in the report focusing on:

1. the age of first use of alcohol, tobacco and other drugs
2. intentional self-harm
3. the proportion of people living with long-term mental health conditions who visit dental professionals
4. the proportion of people living with long-term mental health conditions who visit general practitioners.

The outcomes and indicators outlined within the report have formed an important basis for the review of the Strategic Plan and the Early Action, Alcohol and other Drugs, and Suicide Prevention Action Plans.

## Monitoring implementation of action plans

### Early action

In 2016–17, the Commission continued to lead the monitoring and coordinate the implementation of the *Early Action: Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* (Early Action). Released in 2015, the whole-of-government plan aims to improve the mental health and wellbeing of all Queenslanders and reduce the incidence, severity and duration of mental illness.

Early Action commits 16 State Government agencies to implement 99 actions under five priority areas:

- **Start Well** – setting the foundations for lifelong mental health and wellbeing
- **Develop and Learn Well** – enabling children and young people to achieve their full potential
- **Live Well** – living in inclusive and connected communities
- **Work Well** – supporting productive and inclusive workplaces
- **Age Well** – supporting involved and active lives.

Early Action takes a whole-of-population and life course approach while recognising that improving the mental health and wellbeing of Queenslanders requires the collective efforts of a wide range individuals, community groups, agencies and sectors.

As at 30 June 2016, all actions committed under Early Action were either being implemented or completed. Significant actions include:

- the establishment of seven new integrated early years services in Queensland
- enhancing family support services through additional early childhood development programs
- the appointment of eight Mental Health Coaches across state schools
- investment in Regional Mental Health and Wellbeing Hubs.

The Commission has commenced updating Early Action. The update is being informed by a series of roundtables, hosted by the Commission and facilitated by Engagement Plus consultants. The Early Action update will also be informed by consultations undertaken to renew the Strategic Plan, as well as changing evidence of good practice.

The updated Early Action is due to be publicly released in 2018.

## Alcohol and other drugs

The whole-of-government *Queensland Alcohol and Other Drugs Action Plan 2015–17* aims to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders.

Consistent with the *National Drug Strategy 2010–2015* and the draft *National Drug Strategy 2016–2025*, the action plan adopts a harm minimisation framework with actions under three priority areas: demand reduction; supply reduction; and harm reduction. It commits 13 State Government agencies to implementing 54 actions, many in partnership with the non-government sector.

As at 30 June 2016, all actions committed under the action plan were either being implemented or had been completed. Significant actions include work by the Department of Justice and Attorney-General to reinstate the Drug Court and other specialist courts, and the Commission commencing research into stigma and discrimination. Implementation is overseen and guided by the Queensland Alcohol and other Drugs Reference Group, which includes representatives from State Government agencies, Queensland Primary Health Networks (PHNs), the non-government sector, and people with a lived experience.

To support continuous reform, the Commission has commenced updating the action plan. A series of strategic conversations with the Queensland Alcohol and Other Drugs Reference Group were held, hosted by the Commission, and facilitated by Archersfield Consulting and Management. Feedback from consultations undertaken to renew the Strategic Plan, as well as evidence of good practice, will also inform the updated action plan.

The updated action plan is due to be publicly released in 2018.

## Suicide prevention

The Strategic Plan committed to adopting a renewed approach to suicide prevention: recognising the importance of a comprehensive approach that engages all sectors to contribute to the shared goal of reducing suicide and its impact on Queenslanders.

The whole-of-government *Queensland Suicide Prevention Action Plan 2015–17* puts this approach into action through the commitment of 11 State Government agencies in implementing 42 actions under four priority areas:

1. stronger community awareness and capacity
2. improved service system responses and capacity
3. focused support for vulnerable groups
4. a stronger, more accessible evidence base.

The action plan acknowledges that improving mental health and wellbeing and preventing and reducing the adverse impacts of problematic alcohol and other drug use are important for reducing suicide, but that additional focused actions are also required. A Queensland Suicide Prevention Reference Group was established as an avenue for communication, collaboration, and coordination across government and non-government sectors in relation to the suicide prevention agenda.

Considerable progress has been made under the action plan. As at 30 June 2016, all actions were either being implemented or completed. Two of these actions have changed to align with other significant reforms. Significant actions include:

- the Commission working with the Western Queensland Primary Health Network to pilot a place-based suicide prevention initiative in South West Queensland
- suicide risk assessment and management training for all hospital emergency staff and frontline acute mental health staff, with the intention of training 5,000 Queensland Health workers over the next three years.

To support continuous reform the Commission has commenced updating the action plan. As part of the update, targeted consultations were held with key stakeholders and agencies through two roundtables in May 2017. Feedback from consultations held for the Strategic Plan review will also inform the updated action plan.

The updated action plan is due to be publicly released in 2018.

## New action plans

### Rural and remote action plan

The *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18* (the Rural and Remote Plan) was launched in Mount Isa on 23 August 2016. It aims to improve the mental health and wellbeing of Queenslanders living in rural and remote communities.

The whole-of-government action plan commits 11 State Government agencies to implementing 28 actions in partnership with non-government organisations under three priority areas:

1. better opportunities for good mental health and wellbeing
2. community strength
3. responsive and accessible services.

These commitments build upon 22 actions included in the Early Action, Alcohol and other Drugs, and Suicide Prevention Action Plans.

Implementation of the Rural and Remote Plan is overseen by the Queensland Rural and Remote Mental Health and Wellbeing Reference Group. Membership of the group includes representatives from government and non-government organisations. Progress towards implementation will be reported in 2017–18. A Rural and Remote Roundtable will also be held in a rural and remote community to identify emerging issues, good practice, and identify areas requiring change.



### Aboriginal and Torres Strait Islander action plan

On 27 September 2016, the Queensland Mental Health Commissioner launched the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18*. The action plan, approved by the State Government, is the first of its type nationally and defines social and emotional wellbeing as ‘being resilient, being and feeling culturally safe, having and realising aspirations and being satisfied with life’.

Improving social and emotional wellbeing will contribute towards closing the gap in mental health and life outcomes as well as reducing suicide and problematic alcohol and other drug use.

During development of the action plan, more than 200 community members and stakeholders attended consultations held throughout Queensland, including in the Torres Strait. They told the Commission that social and emotional wellbeing is founded on cultural identity, connections to land and sea, community inclusion and strong families and communities. It also focuses on improving health, employment and education, and recognising a need to deliver culturally capable services. The Commission published a progress report outlining key themes and views expressed during the consultations during NAIDOC Week in July 2016.

The action plan commits 11 State Government agencies to implement 62 actions under three inter-related priority areas:

1. inclusive communities
2. thriving and connected families
3. resilient people.

To support this work and ensure we work together to achieve our shared goal, the Commission established the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Reference Group. Membership includes representation from peak non-government organisations, including the Queensland Aboriginal and Islander Health Council, and State Government agencies.

We will commence updating the action plan in 2018 and will host a Roundtable inviting members of the community to share their views about their priorities for their communities.





## National Disability Insurance Scheme

The Commission has continued to advocate for the needs and interests of people living with a mental illness as the NDIS rolls out across Queensland. Many stakeholders have expressed concern regarding transitional arrangements and the level of support that will be available to people who are not eligible for a personalised support package.

The cashing out of federal government programs such as Personal Helpers and Mentors (PHaMS), Partners in Recovery, and Carers Respite into the NDIS may leave a large service gap. This has been partially recognised by the Australian Government which announced funding in the 2017–18 budget of \$80 million over four years, to be matched by investment from states and territories, to assist people with severe mental illness resulting in psychosocial disability who are not eligible for the NDIS.

The Commission has continued its involvement in the Queensland Transition to NDIS Strategic Forum hosted by the Queensland Alliance for Mental Health. The forum is an important collaboration between State and federal governments and non-government stakeholders, and continues to proactively provide advice and input to the rollout of the NDIS in Queensland.

In February 2017, the Commission made a submission to the Joint Standing Committee on the National Disability Insurance Scheme's Inquiry into the Provision of Services under the NDIS for people living with psychosocial disabilities related to a mental health condition. The submission acknowledged the work underway to improve the NDIS design and implementation to better accommodate people living with a mental health condition.

The Commission's submission noted the efforts to meet transition targets, however a strong focus on getting the foundations right is also required, including improving the skills of planners and the processes they use in working with people living with psychosocial disability. The Joint Standing Committee was also urged to recommend a better resourced Information, Linkages and Capacity Building (ILC) component to provide a safety-net for the significant number of people with psychosocial disabilities related to a mental health condition who will not be eligible for a personalised support package, and those who will continue to experience barriers in engaging with the NDIS.

In March 2016, the Commission also made a submission to the Senate Community Affairs References Committee Inquiry into delivery of outcomes under the *National Disability Strategy 2010–2020* to build inclusive and accessible communities. Access to and participation in community life is a basic human right of all citizens. The submission highlighted the importance of understanding, recognising and acknowledging the significant needs of people with a psychosocial disability in order to help achieve a more inclusive, tolerant and responsive society.

## Supporting local action

Local communities play a significant role in improving mental health and wellbeing and implementing the Strategic Plan. To support local action the Commission provides small grants as part of the Stronger Community Mental Health and Wellbeing Grant Program. The grant program seeks to support innovation and locally-led solutions and actions, by providing grants of up to \$50,000 to non-government and local government organisations.

The Commission has offered grants under the grant program since 2014. To date, \$2.52 million has been provided to support 84 initiatives.

In 2016–17, the grant program supported locally-led, collaborative initiatives to improve social inclusion and community participation of people living with mental illness, problematic alcohol and other drugs use, and people affected by suicide. It also focused on projects that sought to improve the physical health of people living with mental illness through integrated, evidence-based community programs.

Grants totalling \$1.03 million were provided in 2016–17 to support 24 initiatives from across Queensland. They included a focus on stigma and discrimination experienced by people living with problematic alcohol and other drug use; social inclusion of people from culturally and linguistically diverse backgrounds; development of local action plans for wellbeing; and projects focusing on the needs of people living with disability and Aboriginal and Torres Strait Islander peoples.

A full list of grant recipients is in Appendix 1.

## Renewing the Strategic Plan

The Strategic Plan sets a platform for change over three to five years. Since its release in October 2014, significant reforms to the service system and policies have occurred, including the establishment of Primary Health Networks (PHNs), the rollout of the NDIS, the introduction of the *Mental Health Act 2016*, and the release of *Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*.

In light of these changes the Minister for Health and Minister for Ambulance Services and the Acting Mental Health Commissioner agreed to review the Strategic Plan in 2017. The review commenced in February 2017 and sought to identify future priorities to continue progress towards achieving the Strategic Plan's six long-term outcomes, focusing on ways to:

- improve the mental health and wellbeing of Queenslanders
- prevent and reduce the impact of mental illness
- prevent and reduce the adverse impacts of problematic alcohol and other drug use
- prevent and reduce the impact of suicide.

The review will take into account:

- implementation and progress made to date under the current Strategic Plan
- significant changes in the policy and service delivery environment
- new evidence about what works
- stakeholder views, particularly those with a lived experience, families and carers.

The review process involved extensive consultation across Queensland. Two discussion papers were released for public consultation: *A renewed plan for Queensland and Engaging people with a lived experience: Renewed priorities*. More than 200 stakeholders participated in community and lived experience forums held in eight locations across Queensland (Cairns, Townsville, Mount Isa, Rockhampton, Toowoomba, Ipswich, Brisbane and Logan). A Lived Experience Roundtable was also held in Brisbane, bringing people with lived experience of mental illness, problematic alcohol and other drug use and suicide from across Queensland to identify future priorities. The Queensland Mental Health and Drug Advisory Council, Hospital and Health Services and Primary Health Networks (PHNs) were also consulted.

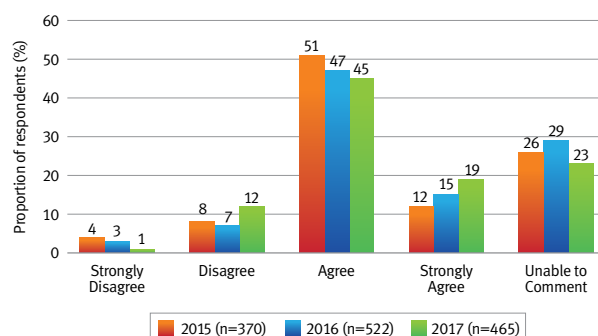
A renewed Strategic Plan is due to be publicly released in 2018.

## Stakeholder views

### Relevance of the Strategic Plan

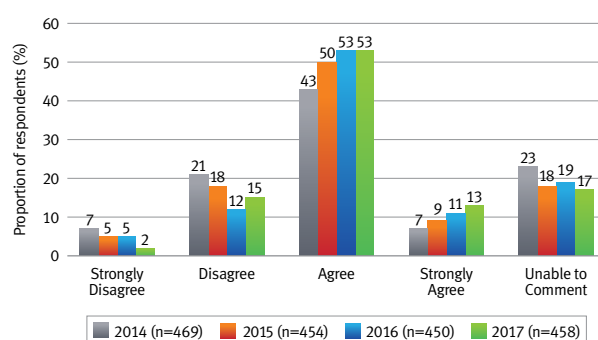
The majority of those who responded to our annual stakeholder survey indicated that the Strategic Plan identifies priorities important to them (64 per cent). This has increased by 2 per cent from last year.

It is expected this will increase further following the consultation activities in 2017 to renew the Strategic Plan, and the number of survey respondents unable to comment will decrease.



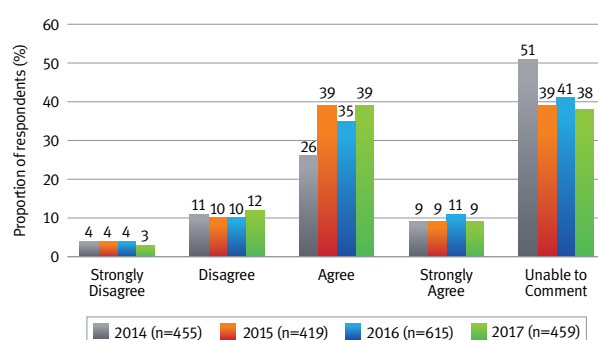
### Positive reform is underway

Overall, stakeholders agreed that positive reform is underway. This has steadily increased since 2014 by 16 per cent.



### Sustainable reform

Around 58 per cent of survey respondents indicated that the reforms the Commission is driving will be sustainable over the long term.



# review,

The Commission undertakes research and reviews to inform and advance the reform agenda.

We research, review and report on issues impacting Queenslanders experiencing mental health problems, mental illness and problematic alcohol and other drugs use, and those affected by suicide.

We also support research that advances reform led by people with lived experience.

Our work builds evidence to guide decision-making, support innovation and identify good practice.

# research + report

## Rights protection

### New mental health legislation

The new *Mental Health Act 2016* commenced operation in March 2017 and will result in significant changes to involuntary mental health treatment in Queensland. We made a number of submissions during the review of the *Mental Health Act 2000* which were informed by the experiences of people with a lived experience, their families and carers.

While it is anticipated that the *Mental Health Act 2016* will bring about improvements for people receiving involuntary treatment, it is important that these benefits are realised through careful implementation.

The Commission has contributed to planning and development of policies and tools as well as training to support implementation. This includes the Commissioner's membership of the Mental Health Act 2016 Inter-Departmental Executive Committee, as well as Commission staff contributing through various working groups focusing on issues such as the new Independent Patient Rights Adviser positions, Advance Health Directives, and changes in the justice system.

Through the Commission's involvement in this work we have promoted the need to focus on recovery and on a person-centred human rights approach to mental health treatment.

### Human Rights Protection Framework

The new *Mental Health Act 2016* seeks to strengthen human rights protections, however there is a need to ensure these rights are made a reality and can be enforced practically.

The Minister for Health and Minister for Ambulance Services has committed to reviewing the *Mental Health Act 2016* after two years.

In preparation for the review, the Commission has commenced a project to examine human rights and oversight protections for people receiving involuntary treatment. To undertake this research, the Commission has engaged The University of New South Wales in partnership with Griffith University and The University of Sydney. The research will include case studies examining the experiences of people who have received involuntary treatment in hospital and in the community under the new Act and will inform our input into its review.

We anticipate the research will be completed in 2019.

### Least restrictive practices

In 2014, the Commission engaged The University of Melbourne to research least restrictive practices in acute mental health wards and to examine consumer perspectives of acute mental health wards. Findings of this research informed the Commission's *Options for Reform: Moving towards a more recovery-oriented, least restrictive approach in acute mental health wards including locked wards* (Options for Reform), released in December 2014.

The report considered least restrictive practices as not only being about the way treatment is provided to individuals, but highlighted the need to adopt a whole-of-ward approach which takes into account the environment and culture of wards.

The report outlined three core areas for reform:

1. supportive relationships
2. changing culture
3. ongoing monitoring and review of recovery-oriented practice.

We have continued to monitor implementation of the Options for Reform and published a progress report in May 2017. The progress report notes the steps taken by Queensland's Hospital and Health Services to implement a more recovery-oriented, least restrictive approach to mental health treatment, including implementation of the new *Mental Health Act 2016*, the trial of the Safewards model in a number of Hospital and Health Services, and therapeutic leave arrangements in Mackay Hospital and Health Service.

## Supported decision-making

Supported decision-making supports people to exercise their full legal and human rights by assisting them to make informed decisions about issues such as their health, finances, housing and lifestyle choices. With support, some people can be fully involved in all parts of a decision.

The Commission has continued to support an Australian Research Council (ARC) Linkage Grant, *Effective Decision-Making Support for People with a Cognitive Disability* being led by the La Trobe University. The project aims to develop and evaluate the efficacy of an innovative capacity building education program for decision-making supporters of people with a cognitive disability.

The ARC Linkage Grant commenced in 2015–16 and will be completed by 2019–20.

## Stigma and discrimination

### Alcohol and other drugs

People living with problematic alcohol or other drug use experience stigma and discrimination in many ways. It can act as a barrier to people seeking and receiving help and hinder recovery.

In 2016–17, the Commission commenced research to identify effective ways of reducing stigma and discrimination for people experiencing problematic alcohol and drug use.

The Commission engaged the Drug Policy Modelling Program (DPMP) of the National Drug and Alcohol Research Centre at The University of New South Wales to undertake research and make recommendations about future reform.

In April 2017, the DPMP provided the Commission with a report of evidence-based analysis of the experiences of stigma and discrimination for people experiencing problematic alcohol and other drug use in Queensland. The research included interviewing 21 people experiencing alcohol and other drug use problems.

We will consider the full report, consult relevant agencies and prepare a response.

The lead consultant, Professor Alison Ritter, presented the research findings as a keynote speaker at the Australian Winter School Conference in Brisbane in July 2017.

## Indigenous Queenslanders

During the Commission's consultations to develop the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18*, Indigenous Queenslanders told us they experience stigma and discrimination relating to negative stereotypes about alcohol and other drug use. They said that these stereotypes have a profound effect on feelings of self-worth, being included in the community, and on their ability to access services.

In response to this issue, in 2016–17 we invited organisations to submit an expression of interest to undertake research in this area. It is anticipated that the research will commence in 2017–18 with findings available in 2019–20.

## Employment

While many people living with mental health issues have a positive experience of their workplace, this is not always the case. Evidence shows that people living with mental health issues are much less likely to be employed than other Queenslanders and can experience a range of negative employment experiences.

Stigma and discrimination in the workplace can impact people's ability to find work, return to work following ill health, and limit people's promotional opportunities. It may also hinder workplaces taking appropriate action to create mentally healthy workplace environments or appropriate workplace adjustments.

In 2016–17, the Commission engaged EY Sweeney to undertake qualitative research on stigma and discrimination in the workplace and its impact on people's experiences of obtaining and maintaining employment. The findings of this report will inform future stigma reduction strategies.

As part of this work, in-depth interviews and online forums were completed with 59 people with a lived experience of mental illness, as well as with 28 employers, peak bodies and academics. The research explored the factors that make for a positive and negative experience in the workplace, and sought participants' views about effective approaches to reduce employment related stigma and discrimination.

A final report is due to be provided to the Commission in mid-2017 and will inform the update to the Early Action Plan.

## Housing

Social housing plays a vital role in the recovery of people experiencing mental illness, mental health difficulties or problematic alcohol and other drugs use. It can reduce homelessness and support other government priorities, including reducing interactions with the child protection system.

The *Social Housing: Systemic issues for tenants with complex needs* report was the Commission's first Ordinary Report. Developed under the Act and tabled in the Queensland Parliament by the Minister for Health and Minister for Ambulance Services in 2015, it outlined 12 recommendations to better enable people living with complex needs to maintain their social housing tenancy. It particularly focused on the operation of the Anti-Social Behaviour (ASB) Policy, also known as the three strikes policy. All affected agencies either accepted or accepted in-principle the 12 recommendations—the Department of Housing and Public Works, Queensland Health, and the Department of Communities, Child Safety and Disability Services.

Implementation of the recommendations is underway and in March 2017 we published the report *Social housing progress*. The Commission supported implementation of the recommendations by providing funding in 2015–16 to help build the capability of interagency relationships to support the Mental Health Demonstration Project.

Implementation highlights include:

- Significant policy changes, including the introduction of the Fair Expectations of Behaviour Policy, which replaces the former ASB policy, following the Department of Housing and Public Works' Fairness Review of Housing policies with the Mental Health Commissioner being a member of the Ministerial Housing Consultative Committee.
- Implementation of the Mental Health Demonstration Project, an innovative pilot being implemented by the Department of Housing and Public Works in partnership with Queensland Health, and in collaboration with Footprints Inc. that provides integrated clinical and

non-clinical psycho-social support to people whose social housing tenancy may be at risk due to behaviours related to mental illness or related complex needs.

- Development of a tailored online learning and development portal to build capacity of frontline service delivery staff who work with social housing tenants. The resources aim to assist key partner agencies to understand and navigate the mental health, and the housing and homelessness systems.

We will continue to work with the affected agencies, particularly the Department of Housing and Public Works and Queensland Health to continue implementation and reform.

The Commission engaged KPMG to independently evaluate the key drivers of the successful reform in policy and practice arising from the Ordinary Report in response to recommendations made by the Public Service Commission's review of the Queensland Mental Health Commission's effectiveness. Findings from the evaluation will be shared with other agencies and will inform our future work.

## Improving responses from first responders

### Police Strategic Conversations

People living with mental illness or experiencing a mental health crisis rely on and have contact with first responders such as police, ambulance services, and emergency departments.

Police interact with people experiencing a mental illness or a mental health crisis for a wide range of reasons, including returning people to acute mental health wards and responding to calls for assistance from families, carers and other members of the community. The majority of these interactions are non-violent and do not result in adverse outcomes. However, in 2014, a number of people thought to have been experiencing a mental illness or mental health crisis were fatally shot by police acting in the course of their duties. The State Coroner held Inquests into these deaths and findings are due to be delivered in 2017.

The Commission, in consultation with the Queensland Police Service, Queensland Health, the Deputy Chair of the Queensland Mental Health and Drug Advisory Council and Mental Illness Fellowship Queensland, agreed that addressing systemic issues relating to interactions with people in crisis required an approach which involved all agencies and enabled people with a lived experience as well as first responders to share their experiences and identify ways of improving outcomes.



Eight Strategic Conversations were held between October 2015 and February 2017 and focused on:

- the interaction between police and people with a mental illness, or people who may be experiencing a mental health related crisis
- the intersection between police and mental health systems and services in the response to and management of people with a mental illness, or people who may be experiencing a mental health-related crisis
- opportunities to improve outcomes for people with a mental illness, or people who may be experiencing a mental health-related crisis that come into contact with police.

Participants in the conversations emphasised the importance of training, information sharing, collaboration and integration of services.

In 2017–18, we will publish a paper arising from the Strategic Conversations, its findings, and the way forward.

## Improving outcomes at the interface

In 2015–16, the Commission funded the Queensland Forensic Mental Health Service through the Metro North Hospital and Health Service to evaluate and develop models which seek to improve outcomes for people with a lived experience of mental illness or who are experiencing a mental health crisis when interacting with police.

The evaluation of the Police Communications Centre Mental Health Liaison Service, which embeds senior mental health clinicians in the Brisbane Communications Centre receiving Triple Zero calls, found that it provides a valuable support to police, facilitates improved collaboration between mental health services and the Queensland Police Service, and has a significant positive impact for people experiencing a mental health crisis in the community.

The funding also supported the development of the Mental Health Support of Police Negotiations Program which now operates across Queensland. It provides police negotiators with 24/7 support and advice.

## Better service integration

### Client experiences of service integration

Integrated service delivery is considered one of the best ways of improving life outcomes, particularly for people experiencing complex needs and accessing multiple services. Service integration and effective referral pathways can improve access to services, support continuity of care, and improve access to holistic support.

The Commission has contracted research that will examine the experiences of service integration and referrals of people living with complex needs in Queensland's North West, Central West and South West Hospital and Health Service regions. The research will build on work conducted by CheckUp on behalf of the Commission in 2014–15. It sought the views of frontline service providers in the same regions on the factors that support or hinder integration and referrals between a wide range of services that support people living with complex needs. As part of the CheckUp research, frontline service providers identified the inability or reluctance of clients to take up referrals as a significant barrier to effective integration.

This research will examine this issue in detail, providing important insights from those with a lived experience about their ability to receive and access services addressing their holistic needs. It will provide a contemporary and credible evidence-base to inform work to influence a shift toward improved service integration and collaboration across sectors to better meet the needs of people with complex needs.

The research will be conducted through 2017 and findings will be available in 2018.

### West Moreton Adult Integrated Mental Health Service evaluation

In 2015–16, the Commission provided \$50,000 to Aftercare to undertake the first stage of a three year evaluation of the West Moreton Adult Integrated Mental Health Service Model operating as the Floresco Centre.

The model involves the colocation of mental health non-government, private and public sector service providers to deliver clinical and psychosocial individual and group supports to people with mental illness. The model drives integration by employing a single intake, assessment and triage process; a single client care plan; one client information management system; and the collection of one set of agreed routine outcome measures.

The model involves a consortium of four non-government organisations and is funded by Queensland Health to deliver non-clinical community-based mental health services, including personalised support, mutual support, group activities and family and carer support.



In 2016–17, the Commission continued to support the evaluation of the West Moreton Adult Integrated Mental Health Service by providing funding of \$50,000 to Aftercare and participating in its governance group. The evaluation aims to build on and share evidence about what is working to improve the coordination and integration of clinical and non-clinical community-based services for people with severe mental illness and complex needs.

The evaluation is overseen by a partnership between Aftercare, service providers, including the West Moreton Adult Integrated Mental Health Service, and The University of Queensland.

The evaluation will be finalised in 2017–18 and includes the views and experiences of the people accessing services through the model, including the barriers and enabling factors associated with a new model of service integration.

## Health system performance

### Lived experience in health services

Promoting people with a lived experience to have an active role in shaping mental health policy, programs and services will deliver a more responsive system focused on delivering the best outcomes possible.

The Commission engaged Dr Louise Byrne, Lecturer in Lived Experience Mental Health at CQUniversity Australia, to undertake a research project examining the barriers and enablers to the employment of people with a lived experience in mental health service delivery and how to better integrate lived experience workers into the mental health workforce. The research focused specifically on understanding the perspectives of senior managers of mental health services.

In July 2016, the Commission hosted a forum to identify:

- opportunities for lived experience participation in the mental health system
- major barriers to lived experience participation from the perspectives of different stakeholders
- potential options for addressing those barriers and who would be best placed to lead them
- which options are most needed and most likely to be viable and effective.

In June 2017, Dr Byrne finalised the research project. We will continue to progress our ongoing commitment to embed lived experience within the mental health system. This work will play a significant role in reshaping the commitment made in the renewed Strategic Plan to increase and improve lived experience engagement.

### Support when an unexpected death occurs

The unexpected death of a family member or friend is deeply distressing. The Commission has worked with Metro North Hospital and Health Service and the Queensland Department of Health’s Mental Health, Alcohol and Other Drugs Branch to develop a brochure to assist families and carers when a person dies unexpectedly while in the care of the Metro North Mental Health Service.

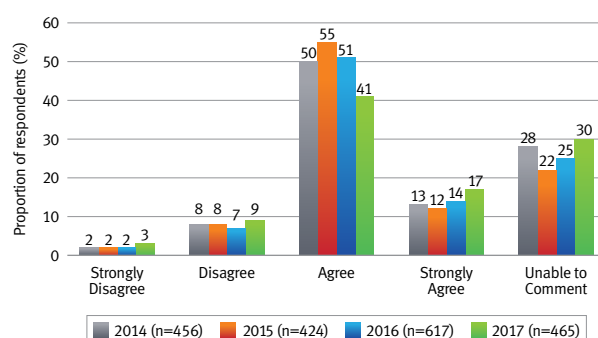
The information brochure explains what families and carers can ask for and expect from the mental health service, as well as their rights and how to access assistance and support.

Developed by a reference group which was guided by lived experience, the brochure will be shared with all Hospital and Health Services once it is finalised.

## Stakeholder views

### Identifying and responding to current and emerging issues and trends

While there has been some reduction in this year’s survey results, the majority of respondents continue to agree that the Commission’s research, review and report activities help identify and respond to current and emerging trends (58 per cent).



# awareness

We facilitate and promote mental health awareness, prevention and early intervention by supporting whole-of-government and whole-of-community action.

# + promotion

To do this we lead, support and monitor strategies that:

- support and promote social inclusion and recovery of those living with mental illness or problematic alcohol and other drugs use
- promote community awareness and seek to minimise stigma and discrimination
- facilitate knowledge sharing and ideas, focusing on promoting mental health and wellbeing, illness prevention and early intervention
- reduce suicide and its impact on Queenslanders.

## Mental health awareness, prevention and early intervention

### Renewing Ed-LinQ

Early intervention with mental health problems and illness reduces the severity and impact experienced by people. In children and young people, early intervention is essential to supporting good psychological, social and educational outcomes.

The Queensland Ed-LinQ Initiative aims to improve the early detection and collaborative management of mental health issues affecting school-aged children and young people.

In 2015–16, the Commission funded Children’s Health Queensland Hospital and Health Service to develop a model to renew, embed and expand the Queensland Ed-LinQ Initiative. The project took into account the views of stakeholders from the education sector, including catholic and independent schools, and health sector. The Final Report was submitted to the Commission in October 2016 proposing a new model for Ed-LinQ and making 16 recommendations.

The proposed Ed-LinQ model provides a framework for early detection and intervention of mental health problems experienced by school-aged children and young people through strengthened integration of the health and education sectors.

The effectiveness of the framework is contingent on the Ed-LinQ model:

- operating as a collaboration that fosters, strengthens and supports the partnership and capacity within and between the health and education sectors for early detection and intervention
- embedded as a function for the whole Child and Youth Mental Health Service, rather than solely the responsibility of the Ed-LinQ Coordinator position
- supporting, through formal cross-sectoral engagement, collaborative agreements and processes to support joint health and education planning, priority setting and implementation at the state, regional and service levels.

The Commission’s response to the Final Report was released in March 2017 and proposed that further development of the model is required, including substantial cross-sectoral partnership, service enhancement and workforce development. It includes recommendations to support the continued planning and implementation of the renewed model aligned with the enhancement of Ed-LinQ under *Connecting Care to Recovery 2016–2021: A plan for Queensland’s State-funded mental health and, alcohol and other drug services*. Central to our response is the formal involvement of the education sectors at all levels of planning and governance.

We also recommended that the funding and governance of the state-wide Ed-LinQ Cross-sectoral Workforce Development Program be realigned with the enhancement occurring under *Connecting Care to Recovery 2016–2021*.

## Ed-LinQ cross-sectoral workforce development

The Commission contributes to the effective operation of Ed-LinQ by funding the Ed-LinQ Cross-sectoral Workforce Development Program (Workforce Program).

The Workforce Program offers four complementary two-day workshops on the topics:

- non-suicidal self-injury in adolescents (NSSI)
- assessment and management of anxiety in children and young people
- diversity: mental distress and wellbeing in three groups of young people (Aboriginal and Torres Strait Islander young people; same sex attracted young people; and culturally and linguistically diverse young people)
- assessment and management of mood disorders in children and young people.

The workshops are delivered regionally to enable the health-education-community system of care involved in providing services to students experiencing mental health problems to participate together and work collaboratively for better student outcomes.

During 2016–17, PD Plus Pty Ltd delivered 17 two-day workshops:

- four NSSI workshops in Logan, Redcliffe Caboolture, Brisbane North and Longreach/Emerald (in Emerald)
- seven anxiety workshops in Roma, Hervey Bay, Bundaberg, Ipswich, Townsville, Brisbane north and Brisbane south
- six mood disorders workshops at Mackay, Toowoomba, Mount Isa, Rockhampton, Sunshine Coast and Brisbane South.

No diversity workshops were requested.

The Workforce Program has also expanded its reach beyond Hospital and Health Services with an established Ed-LinQ Program and delivered workshops in North West, Central West, South West and Wide Bay Hospital and Health Services.

Evaluations gathered from workshop participants reveal a high level of satisfaction, value and continuing demand for the program.

The recently concluded Ed-LinQ Renewal Project confirms the unique value of the Workforce Program in contributing to a more integrated and collaborative health and education workforce better equipped to intervene early and effectively with child and adolescent mental health problems.

Our response to the Ed-LinQ Renewal Project Final Report recommended that the funding and governance of the Workforce Program be realigned with the Ed-LinQ enhancement occurring under *Connecting Care Recovery to Recovery 2016–2021: A plan for Queensland’s State-funded mental health and, alcohol and other drug services*. We also sought and received assurance from Queensland Health of the continued support of the Workforce Program as part of an enhanced Ed-LinQ program.

## Mental health awareness

On behalf of the Queensland Government, the Commission continued to support *beyondblue* with \$645,000 as part of a long standing commitment to improving community awareness, understanding and responses to depression, anxiety and suicide.

The funding provides Queensland with access to *beyondblue’s* suite of awareness resources, programs and activities. *beyondblue* reported that as at December 2016, the funding supported:

- KidsMatter and MindMatters programs, delivered across 871 of Queensland’s early childhood education and care centres and schools
- Heads Up online resources to support mentally healthy workplaces, accessed 17,045 times in Queensland
- *beyondblue* Support Service, accessed by more than 8,000 Queenslanders
- *beyondblue* online forums, with 14,769 Queensland members
- *beyondblue* BRAVE online anxiety program, with 2,245 registered participants in Queensland
- the *Dadvice* campaign, *Invisible Discriminator* campaign, and *Healthy Families* website.

As at December 2016, *beyondblue* websites had been accessed 608,284 times by Queenslanders, while 230,644 resources on anxiety, depression and suicide prevention had been distributed across Queensland.

The Commission maintained quarterly coordination meetings to strengthen liaison and communication and also participated at the *beyondblue* state and territories planning forum. The Queensland Mental Health Commissioner is an observer on the *beyondblue* Board.

## Mental health literacy

Building mental health literacy is an important strategy for improving mental health and wellbeing and reducing the impact of mental illness. It involves equipping individuals and groups with a range of knowledge, skills and resources needed to take action across the spectrum from mental health promotion, prevention and early intervention, treatment and recovery.

Significant investment has been made in building mental health literacy in Queensland over many years, primarily through the rollout of standardised mental health literacy training programs. These training programs seek to increase knowledge of common mental illnesses and improve responses to the early signs of mental illness—particularly important competencies for frontline services.

The Commission engaged Open Minds Australia to undertake a two-stage project to enhance the coordination and quality assurance of common mental health literacy training programs. In 2016–17, an audit was undertaken to examine:

- delivery of common training programs
- gaps in community training needs
- existing coordination and quality assurance processes
- instructor accreditation and support needs.

The audit took place between July and August 2016 and comprised a combination of online surveys, focus groups and targeted consultations. It involved input from more than 600 providers and end users of mental health literacy training programs across a broad range of sectors, organisations and regions of Queensland.

The audit found that mental health literacy training is well regarded and in demand, particularly in the not-for-profit mental health and social service sectors. Training was seen as important for providing basic understanding of common mental health conditions and a ‘common language’ across a range of human services.

The audit also highlighted several challenges for the delivery of mental health literacy training in terms of relevance of content, accessibility and flexibility, coordination and quality. Based on the audit findings, Open Minds made 17 recommendations and outlined a proposal for a training coordination and quality assurance trial.

We will build on the findings of this work in 2017–18.

## Regional Hubs

During 2016–17, the Commission continued to partner with three Hubs to plan and deliver locally responsive approaches to improving mental health and wellbeing. The Hubs focus on three main areas including raising awareness of mental health and wellbeing in their local communities; building capacity by facilitating access to information, training and tools; and developing and coordinating mental health and wellbeing networks and activity. Each Hub has developed its own approach in consultation with their local communities.

- **Central Highlands Hub** – CentacareCQ in the Central Highlands including Blackwater, Capella, the Gemfields, and Springsure
- **Logan Hub** – Relationships Australia (Queensland) in Logan and Southern Moreton Bay Islands
- **Northern and Western Queensland Hub** – Supported Options in Lifestyle and Access Services Inc. in partnership with the Mental Illness Fellowship North Queensland in North Queensland including Townsville, Mackay, and Mareeba.

In its first year, the Central Highlands Hub, in partnership with Central Highlands Regional Council and CQ Rural Health, supported local community reference groups and community members to plan, develop and lead their own locally determined responses to the mental health and wellbeing needs of their communities. This work focused on the communities of Blackwater, Capella, the Gemfields, and Springsure. Expansion to Banana Shire is also planned. Since September 2016, the Hub has supported delivery of five one-day Wheel of Wellbeing (WOW) workshops and 11 short WOW activities.

The Logan Hub has undertaken a range of WOW activities in Logan City and Southern Moreton Bay Islands, including a partnership with Kingston State School and community organisations to embed social and emotional wellbeing across the Kingston community. The Hub also partnered with outreach services of the Southern Moreton Bay Islands Community and Wellbeing Hub and community members to include a mental health and wellbeing focus for the islands.

The Northern and Western Queensland Hub has worked with local communities in Northern Queensland with a particular focus on Mackay, Townsville and Mareeba to support locally-led actions to support mental health and wellbeing. The Hub also provided WOW training to local communities and developed a website to share wellbeing resources and information.

All three Hubs reviewed their progress in the first year, and provided a second year proposal, adapting and building on achievements from the first year. The Commission has provided funding for a second year for the Hubs to continue activities that build capacity and capability for sustainable and evidence-based mental health and wellbeing at the local level.

In September 2016, key Hub personnel participated in intensive WOW training, equipping them with knowledge of WOW theory and practice to integrate into their locally delivered WOW workshops. Hub stakeholders also undertook Mental Wellbeing Impact Assessment (MWIA) Screening training to assess the mental health impact of planning and implementing policies, programs and initiatives within a range of contexts.

## Capacity building

In February 2016, the Commission contracted Maudsley International to design and deliver the Capacity Building Project. The project aims to enhance the mental health and wellbeing awareness, knowledge and skills of key stakeholders across community, non-government and government sectors, including personnel associated with the Hubs, policy officers and service providers.

The Capacity Building Project delivers training in the MWIA and the WOW framework, which focuses on the six key elements of individual mental health and wellbeing of *Body, Mind, Spirit, People, Place and Planet*.

The Capacity Building Project is being implemented in three phases. Phase One was delivered in 2015–16 and focused on raising awareness and supporting the establishment of the Hubs. Phase Two was delivered during 2016–17 and aimed to up-skill community, non-government and government stakeholders to expand engagement, awareness and ultimately, knowledge and capacity for improved mental health and wellbeing. It resulted in:

- 24 community, non-government and government personnel receiving accreditation to deliver the WOW awareness workshops. Accredited trainers are now located in each of the three Hubs and within the Department of Education and Training.
- 170 community, non-government and government personnel across the state participating in WOW awareness sessions that were co-facilitated by the accredited trainers and Maudsley International personnel in Logan, Brisbane, Emerald and Townsville.
- 16 community, non-government and government personnel trained in the MWIA screening process, including staff from the three Hubs and the Department of Education and Training.

Engagement with the Department of Education and Training and local councils during Phase Two provided an important foundation for future work. Two forums, which were joint initiatives of the Central Highlands Regional Council and the Central Highlands Hub, were held in Emerald on 7 and 8 September 2016. These included a Community Mental Health and Wellbeing Forum (the Emerald Community Forum) and a Mental Health and Wellbeing Council Forum (Council Forum).

Sixty-two community members attended the Emerald Community Forum. Mr Tony Coggins, of Maudsley International, presented at the forum on improving mental health and wellbeing and facilitated a session enabling participants to undertake practical activities relating to each of the six WOW elements. Participants were also able to engage in a panel discussion about mental health and wellbeing with representatives from the Primary Health Network (PHN), Hospital and Health Service, Central Highlands Hub, and the Ed-LinQ Cross-sectoral Workforce Development Program.

The Council Forum was attended by 27 representatives from the Central Highlands Regional Council and neighbouring Councils of Gladstone, Isaac, and North Burnett for a conversation about the role of local government. Participants were provided with information regarding WOW and MWIA and were invited to reflect on the role of the local government in supporting mental health and wellbeing.

Phase Three is scheduled for 2017 and will build on the foundations set in Phase Two, including engagement of other government agencies and local government.

## Perinatal and infant mental health

The early years, including during pregnancy, are a critical time in a child's development and set the foundations for lifelong mental health and wellbeing: a healthy pregnancy and parents who are supported and equipped for the challenges of parenting are essential. The perinatal period is also associated with increased risk of mental health problems, with an estimated one in ten mothers experiencing anxiety and depression during pregnancy, rising to one in seven in the first year after birth. It is also estimated that around one in twenty fathers experience anxiety and/or depression associated with new parenthood.

Despite the significance of the perinatal period, many parents are not adequately prepared for the changes brought by pregnancy and new parenthood or aware of the mental health issues that may occur.

The Commission has continued to support the Queensland Centre for Perinatal and Infant Mental Health and Women's Health Queensland Wide Inc. to undertake the Perinatal Mental Health and Awareness Project. The project aims



to improve the mental health and wellness of expectant and new parents through enhanced service system interactions during pregnancy and into the first year after birth, including interactions with clinical personnel, non-government organisations, and peer support workers with lived experience of perinatal mental health recovery.

The Queensland Centre for Perinatal and Infant Mental Health Project has worked with maternity services at Redcliffe Hospital to trial the integration of an emotional wellness focus into an existing birth and parenting program. A postnatal connection class with a focus on infant mental health and the importance of the parent-infant relationship is also being trialled. The Women's Health Project has focused on mapping and strengthening relationships for referral and community support and follow-up for parents and their infants in the antenatal period.

The projects are being conducted in collaboration with the state-wide Maternity Neonatal Clinical Network Perinatal Mental Health Project and are due to report later in 2017.

## Suicide prevention

### Queensland Suicide Register

A timely, useful and accessible evidence-base is essential for planning, implementing and reviewing Queensland's approach to suicide prevention.

In 2016–17, the Commission provided \$250,000 to Griffith University's Australian Institute for Suicide Research and Prevention (AISRAP) to continue maintenance of the Queensland Suicide Register: a comprehensive database of all suicide deaths in Queensland since 1990, drawing on information from the Coroners Court of Queensland.

The Queensland Suicide Register contains a broad range of information regarding suicides in Queensland, including the circumstances of the death, preceding life events and psychiatric history. AISRAP conducts ongoing research based on this data and compiles a triennial report on suicide mortality.

The most recent Suicide in Queensland report was released in December 2016, reporting on suicides between 2011 and 2013. The report highlights key trends in suicides in Queensland, identifies the impacts of suicide on different populations and regions, and provides profiles of those who have died by suicide to aid in the planning of prevention activities. At the request of the Commission, the most recent report contains for the first time, data specific to PHNs, Hospital and Health Services and people identifying as LGBTI.

The Commission's funding also supports maintenance of the interim Queensland Suicide Register, which includes more basic information about all suspected suicides in Queensland. The interim register is based on information from police reports to the coroner and contains records on all suspected suicides registered in Queensland between 2011 and mid-2017.

The Commission will continue to fund AISRAP to maintain both the Queensland Suicide Register and interim register in 2017–18. We will also work closely with AISRAP to ensure the reporting of data remains as timely and relevant as possible. A new reporting scheme will be designed, building on consultations undertaken as part of the development of a Suicide Data and Information Sharing Network.

### Data and information sharing

The Commission is leading the development of a Data and Information Sharing Network to enhance the timeliness, accessibility and utility of suicide-related information. This work seeks to improve the data available to key decision makers to inform effective local suicide prevention planning and implementation.

In 2016–17, we undertook consultations with key decision makers, including Hospital and Health Services, PHNs and affected government agencies to better understand their involvement in suicide prevention planning, delivery, review, and in particular:

- how helpful current sources of data and information are in supporting this work
- the types of data and information that would be helpful into the future
- how this data and information might best be disseminated and with what support.

The consultations identified opportunities to enhance suicide data collection and analysis and reporting, including opportunities to improve collection and linking of suicide and suicide-attempt data, identify key risk groups, factors that contribute to suicide, and improve the localised reporting of data.

In 2017–18, we will work with members of the Queensland Advisory Group on Suicide Information and Data to implement the network. The group was established to improve the strategic monitoring, coordination and application of suicide mortality data in Queensland, and comprises representatives from the Coroners Court of Queensland, AISRAP, Department of Health, Queensland Injury Surveillance Unit, Queensland Ambulance Service, Queensland Police Service, and the Queensland Family and Child Commission.

## Supporting people bereaved by suicide

During the development of the *Queensland Suicide Prevention Action Plan 2015–17* stakeholders advised that many people and families who are bereaved do not know how to access support and noted that there are many sources of information but little guidance about what is most appropriate.

To address this issue the Commission commenced a project to review the accessibility of resources to assist and support people bereaved by, or affected by suicide.

The review was undertaken by Orygen, the National Centre of Excellence in Youth Mental Health and was completed in February 2017. The review acknowledges the relationships between people who are at risk of suicide, their carers and those bereaved by suicide, and their subsequent vulnerability to suicide and other adverse outcomes. The final report makes 10 recommendations to inform the development of supports and resources that help boost the resilience of these groups.

The review found that there was a lack of resources available for these groups, as well as poor promotion and evaluation of resources. A lack of resources was particularly evident for people who have attempted suicide and their carers. Face-to-face support was evaluated as being the most effective form of support and was also the most highly valued resource by people with a lived experience of suicide.

The review was conducted with the support of a lived experience advisory group. Key components of the study included interviews with representatives of suicide support services and people with a lived experience of suicide, including a survey of 175 individual responses on the availability, quality and accessibility of supports and resources.

A staged implementation plan responding to priorities from the review recommendations is being developed and will inform the updated Suicide Prevention Action Plan.

## Supporting culturally and linguistically diverse communities

People from culturally and linguistically diverse (CALD) backgrounds, particularly refugees, those who do not speak English, or have recently arrived in Australia, are more likely to experience risk factors associated with poor mental health and suicide, and are less likely to access services and support. Cultural understandings as well as the system's ability to support people from these backgrounds are significant barriers to effectively preventing suicide.

The Commission engaged Health Outcomes International to undertake a project aimed at empowering community members from CALD backgrounds to recognise and support a person at risk of suicide or self-harm.

To date, the project has involved:

- **situation analysis** – review of current mental health and suicide prevention training and resources for CALD communities
- **environmental scan** – assessment of resources and the factors that need to be addressed to improve the use and performance of these resources, identifying barriers to accessing information and support, and the gaps that exist to support suicide prevention activities in CALD communities
- **issues and options report** – potential options for improving suicide prevention training and resources for CALD communities.

Some of the key issues identified in the situation analysis include:

- stigma and taboo surrounding mental illness and suicide
- lack of specific suicide prevention training or resources for CALD communities and significant gaps in culturally appropriate services and resources
- barriers to people from CALD backgrounds in accessing mainstream mental health or suicide prevention services and resources
- language barriers to accessing information and the need to improve the translation of resources
- cultural training for mainstream health and other professionals.

A final report which will consolidate all information gained across the project and present findings is expected later in 2017.



## App for young people

The Commission provided \$131,590 to ConNetica Consulting to develop a youth version of the Conversations for Life mobile app. The app will provide a free, step-by-step resource to allow young people to plan a conversation to help someone at risk of suicide or experiencing personal or social pressures. Its approach being to ask questions to help another person identify strategies to help build their resilience.

ConNetica has worked closely with the University of the Sunshine Coast to develop the app and has benefited from the ready access to young students to inform the content and design. Focus groups with young people suggested the name *Chats for Life* and contributed to the development of the logo to appeal to the 15–24 age group that the app is supporting.

The app includes explainer and demonstration videos based on the information gathered through the focus groups and provides a modern, relevant and proven way of engaging with young people.

The Chats for Life app will be available from the app store or Google Play later in 2017.

## Place-based suicide prevention pilot

Place-based approaches that build on strengths are an important part of suicide prevention. In 2016, the Commission engaged KBC Australia to scope a place-based approach to suicide prevention in a rural and remote community.

As Action 1 of the *Queensland Suicide Prevention Action Plan 2015–17*, the project will develop and trial a place-based suicide prevention initiative that builds on community strengths in a rural and remote community.

The project aims to promote community awareness and understanding of effective approaches for suicide prevention at the local level, and support and promote strategies that facilitate early intervention to reduce suicide. This approach recognises the need to target the whole community, in particular vulnerable groups and those affected by suicide.

The project's first stage was undertaken between July 2015 and March 2017 and identified the Maranoa region in South West Queensland as the trial site for the project. Engagement with key stakeholders confirmed there is significant strength in the region in terms of community infrastructure, networks and engagement to proceed to an implementation phase of the project.

The Commission will trial the place-based project from 2017 to 2019 in partnership with the Western Queensland Primary Health Network. The next stage involves a six month implementation planning process which will be followed by a two year trial. The trial will involve a broad range of sectors, programs and services that have, and are directly or indirectly contributing to the prevention of suicide, and supporting those impacted by suicide in the Maranoa region. The project will build capacity and capability for suicide prevention and mental health and wellbeing activity at the local level.

As a place-based initiative, the project will focus on sustainable actions that engage and equip local service providers and other key stakeholders to contribute to suicide prevention in the community and the Maranoa region.

## Queensland Suicide Prevention Health Taskforce

The Queensland Suicide Prevention Health Taskforce brings leaders from Queensland Health and Primary Health Networks (PHNs) together with people with lived experience to identify and implement strategies to improve the health system's response to people who are at risk of suicide.

The Taskforce was established in August 2016 and forms part of the Suicide Prevention in Health Services Initiative which was allocated \$9.6 million.

The Commission is a member of the Taskforce and provides advice and guidance on ways to improve the health system's response.

## Aboriginal and Torres Strait Islander wellbeing

### Cultural, social and emotional wellbeing

The Commission has supported the Cultural, Social and Emotional Wellbeing Program of the National Empowerment Project since 2013. The project's aim is to strengthen the cultural, social and emotional wellbeing of Aboriginal and Torres Strait Islander community members.

The Commission provides funding to Ngoonbi Community Services Indigenous Corporation to manage the program's implementation, working with the Aboriginal and Torres Strait Islander communities in the pilot sites, Kuranda and Cherbourg. In 2016–17, the Commission continued to partner with Ngoonbi to deliver the program, increase awareness and skills about mental health and social and emotional wellbeing, and develop local leadership for the two pilot communities.

After participating in the program, community members have reported better community connections, improved communication, increased self-confidence, and a better understanding of the community.

As part of our commitment to the pilot, the Commission has supported National Empowerment Project community consultants and community members to complete the Certificate IV Mental Health (Non-clinical) course. Community members have also completed the Australian Indigenous Leadership Centre Leadership Training and Mental Health First Aid training. These programs have empowered community members and provided them with support to improve their personal social and emotional wellbeing, as well as act as role models and supporters for others in their community.

### National leadership

The National Aboriginal and Torres Strait Islander Leadership in Mental Health group aims to improve the social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander peoples. The group, comprising Indigenous leaders in mental health, social and emotional wellbeing and suicide prevention, provides advice to governments and advocates for systemic reform.

The National Aboriginal and Torres Strait Islander Leadership in Mental Health group is supported by the National Mental Health Commission and commissions in New South Wales, Western Australia and Queensland. In 2016–17, the Commission provided around \$19,000 as a contribution to the group's secretariat which is hosted by the Mental Health Commission of NSW.

The Commission has also played a key role in the group. Ms Denise Andrews, Principal Policy Advisor and Queensland Mental Health and Drug Advisory Council members Dr Mark Wenitong and Ms Sam Wild attended meetings in Canberra on 30 November and 1 December 2016.

## Supporting lives with purpose

### State government procurement

Employment plays a fundamental role in living a life with purpose. It provides us with a sense of dignity and enables us to earn a living. Yet a higher proportion of people living with mental illness are unable to find employment.

To increase opportunities for people living with mental illness to find employment, the Commission has funded the Department of Housing and Public Works \$130,000 per year for three years to build the capacity of State Government agencies to buy services and goods having regard for social outcomes as well as value for money.

The project commenced in 2016–17 and involves developing tools and providing advice to agencies.

### Creating job opportunities

In 2016, the Commission funded Toowoomba Clubhouse to support people with a lived experience of mental illness or other barriers to gain employment opportunities through the Toowoomba Social Procurement Project.

People with a lived experience were able to take up 66 opportunities for paid employment through the partnerships established among social enterprises and local non-for-profit organisations. It is anticipated that up to an additional 37 roles will be filled by the end of June 2017.

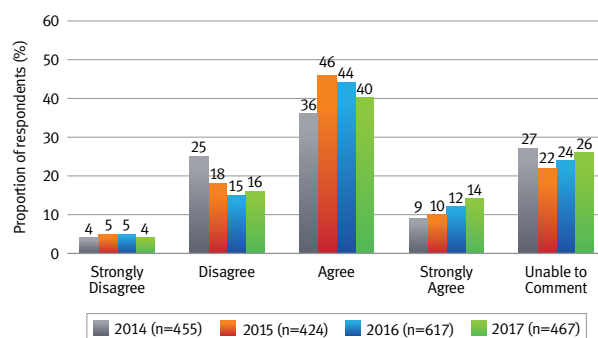
There is increasing support by Queensland Government departments, corporate businesses, social enterprises and not-for-profit organisations who have embraced the model of the Toowoomba Social Procurement Project.

Toowoomba Clubhouse reports it will continue to increase awareness and understanding of the term ‘social procurement’ among its stakeholders, as well as support employment opportunities, while seeking to increase capacity of social enterprises to provide opportunities to people with a lived experience of mental illness or other barriers.

## Stakeholder views

### *Increasing community awareness and reducing stigma and discrimination*

Results from our annual stakeholder survey indicate respondents continue to agree that the promotion and awareness work we undertake is increasing community awareness and reducing stigma and discrimination (54 per cent).



# systemic

We work to engage and enable others to foster an inclusive and responsive mental health and alcohol and other drugs system that:

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

# governance

## Queensland Mental Health and Drug Advisory Council

The Queensland Mental Health and Drug Advisory Council was established by the *Queensland Mental Health Commission Act 2013* (the Act). The Council's functions are to:

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

The Queensland Mental Health Commissioner is required by the Act to attend Council meetings.

The Council held six meetings during 2016–17. The Commission provided secretariat support to the Council throughout the year.

An overview of Council members and attendance at Council meetings is provided in Table 1.

The Council did not make any formal recommendations to the Commission during 2016–17, However requested that the Commission undertake a number of actions:

- Inquire with the State Coroner about support and information available to families who are impacted by coronial hearings.

- Follow-up with the Chief Psychiatrist to explore how mental health advice that was previously provided by Queensland Health can be reinstated to support the coronial process.
- Write to the Mental Health Act Implementation Committee highlighting the need for Independent Patient Rights Advisers to be sufficiently qualified and skilled to fulfil their functions outlined in the *Mental Health Act 2016* and as intended by the Chief Psychiatrist policies.
- Make further enquiries on how oversight of psychiatric hospitals will be addressed as a result of the Australian Government's announcement to ratify the Optional Protocol to the United Nations Convention Against Torture and Other Forms of Cruel, Inhuman and Degrading Treatment or Punishment.

Council members contributed to the Commission's work during 2016–17, including the independent review of the Commission's effectiveness, the review of the Act and the Commission's submission to the issues paper, *The civil litigation recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse: Redress and Civil Litigation Report – understanding the Queensland context*.

Communiqués from each Council meeting are published on our website.

## Membership

Dr Peggy Brown’s resignation from the Council to take up her appointment as the National Mental Health Commission Chief Executive Officer came into effect on 26 October 2016. Council Deputy Chair Jan Kealton acted as the Council Chair from that date until 23 February 2017 when her term expired.

The Council farewelled Ms Kealton and members, Mr Kingsley Bedwell, Mr Etienne Roux and Mr Mitchell Giles, when their terms expired on 23 February 2017.

In the absence of an appointed Chair or Deputy Chair, the Council agreed upon members to chair the meetings. Mr Kingsley Bedwell chaired the October meeting and Professor David Kavanagh chaired the April and June meetings.

Recommendations to the Minister for Health and Minister for Ambulance Services for appointments of additional members are currently being progressed by the Department of Health. The appointments to the Chair and Deputy Chair roles are pending further consideration. An announcement of the new Chair and member appointments will be made in 2017–18.

We thank the former Chair, Deputy Chair and members for their valuable contribution to the work of the Commission and the Council.



## Remuneration

Council remuneration payments are paid in accordance with the Queensland Government’s policy Remuneration Procedures for part-time Chairs and Members of Queensland Government Bodies. Under this policy an annual fee of \$4,000 is paid to the Council Chair and \$2,500 to each Council member.

In 2016–17, a total of \$655 in out of pocket expenses was paid to Council members.

**Table 1: Council meeting attendance**

| Council member  | Meetings held (during membership term) | Meetings attended |
|---|--|-------------------|
| <b>Members whose term ended in 2016–17</b>                            |  |                   |
| Dr Peggy Brown ( <i>Retired Chair</i> )                               | 1                                      | 1                 |
| Ms Jan Kealton ( <i>Retired Deputy Chair</i> )                        | 4                                      | 3                 |
| Mr Kingsley Bedwell   | 4                                      | 3                 |
| Mr Mitchell Giles   | 4                                      | 1                 |
| Mr Etienne Roux   | 4                                      | 4                 |
| <b>Current members 2016–17</b>  |  |                   |
| Mr Jeremy Audas   | 6                                      | 6                 |
| Ms Janice Crosbie   | 6                                      | 5                 |
| Prof David Kavanagh   | 6                                      | 6                 |
| Ms Kerrie Keepa   | 6                                      | 6                 |
| Ms Emma Kill  | 6                                      | 4                 |
| Ms Martina McGrath  | 6                                      | 6                 |
| Mr Hamza Vayani   | 6                                      | 5                 |
| Ms Samantha Wild  | 6                                      | 5                 |
| Ms Jane Williams  | 6                                      | 3                 |
| Dr Mark Wenitong  | 6                                      | 3                 |
| <b>Ex officio</b>   |  |                   |
| Dr Lesley van Schoubroek ( <i>Acting Mental Health Commissioner</i> ) | 6                                      | 6                 |

## From the Council

### Our role is to provide advice to the Commission to improve the mental health and wellbeing of all Queenslanders.

We met six times in 2016–17, focusing on:

- renewing the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan)
- the National Disability Insurance Scheme (NDIS)
- the review of the Commission’s effectiveness and legislation
- involuntary treatment and locked wards
- Queensland’s new mental health, alcohol and other drugs services plan, *Connecting care to recovery 2016–2021*.

The Council contributed to the Commission’s work and supported reform in a number of ways:

- We supported the consultation process to renew the Strategic Plan and update Action Plans. A number of Council members championed the renewal process by promoting consultation opportunities.
- We voiced our concerns about the NDIS and the need for support for people with a mental illness through the transition.
- We urged that the independent review of Queensland’s Youth Detention Centres consider the importance of trauma informed care in public policy, service design and delivery.
- The Commissioner wrote to the Mental Health Act Implementation Committee at our request to ensure Independent Patient Rights Advisers are sufficiently qualified and skilled to fulfil their functions under the *Mental Health Act 2016*.
- We heard about the steps being taken to move towards discretionary locking of acute mental health wards from Acting Executive Director of the Department of Health’s Mental Health, Alcohol and other Drugs Branch, Associate Professor John Allan, including trialling Safewards in a number of Hospitals and Health Services. We confirmed the Commissioner’s position that issue of locking wards is complex and that wards may need to be locked from time to time to ensure the safety of consumers. The Council supports discretionary locking of wards; more localised decision-making regarding locking wards; cultural change within acute mental health wards; and placing a greater focus on good relationships between clinicians and consumers.
- At our request, Deputy State Coroner John Lock provided advice about the support available to families involved in Coronial Inquests, including work underway to develop a pro-bono legal representation scheme for families not eligible for legal aid.

- Deputy Chair Jan Kealton took part in a series of Strategic Conversations with police, ambulance services, consumers and mental health workers to improve first responders’ interactions with people with a mental illness or experiencing a mental health crisis.
- We argued for psychiatric hospitals to be considered as part of the implementation of the *Optional Protocol to the UN Convention Against Torture and Other Forms of Cruel, Inhuman and Degrading Treatment or Punishment* (OPCAT).
- Council members Dr Mark Wenitong and Ms Samantha Wild joined the National Aboriginal and Torres Strait Islander Leadership in Mental Health and provided forewords for the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18*.
- We provided feedback on the Commission’s submissions to:
  - the Department of Justice and Attorney-General Issues Paper, *The civil litigation recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse: Redress and Civil Litigation Report – understanding the Queensland context*
  - the Parliament of Australia Joint Standing Committee on the National Disability Insurance Scheme Inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.

This year we farewelled a number of members of the Council. Chair Dr Peggy Brown resigned to take up an exciting opportunity as the National Mental Health Commission’s Chief Executive Officer. The terms of Deputy Chair Jan Kealton and members, Mr Etienne Roux, Mr Kingsley Bedwell, and Mr Mitchell Giles, came to an end on 23 February 2017.

We acknowledge and thank each of these Council members for their contribution during their terms.

Our thanks also go to the inaugural Queensland Mental Health Commissioner, Dr Lesley van Schoubroek and Commission staff for their support. We look forward to working with the new Queensland Mental Health Commissioner, Mr Ivan Frkovic in his role to drive reform.

*Jeremy Audas*  
*Janice Crosbie*  
*Prof David Kavanagh*  
*Kerrie Keepa*  
*Emma Kill*

*Martina McGrath*  
*Hamza Vayani*  
*Samantha Wild*  
*Jane Williams*  
*Dr Mark Wenitong*



## Lived experience engagement and leadership

Improving and increasing meaningful engagement of people with a lived experience, their families, carers and support people is vital for driving reform and improving service delivery across the mental health and alcohol and other drugs sectors.

Meaningfully engaging people with a lived experience, their families, carers and supporters in the design, management and evaluation of policies, programs and services is an important part of a contemporary system. It recognises the rights of people to have a say in their futures as well as leading to more effective services and supports.

### Mapping engagement and leadership

In 2015–16, the Commission engaged Urbis to undertake a state-wide survey to map the range and types of strategies, procedures and processes being implemented across Queensland's private, public and non-government mental health and alcohol and other drugs service system to engage people with a lived experience, their families, carers and support people.

Sixty-three organisations responded to the state-wide survey, which does not provide a definitive map or audit but provides a useful indication of the extent of engagement occurring in Queensland.

The findings indicate the sectors see engagement as a genuine opportunity to drive change, but that it needs to be specific, focused and part of an ongoing dialogue. A significant number (46 per cent) of stakeholders reported that a key benefit of engagement is gathering feedback to improve service delivery. Sixty-five per cent of all stakeholders indicated that the most common reason they engage with service users, people with lived experience, families and carers is to better support individuals on their recovery journey.

The findings indicate that engagement practices, particularly in the non-government sector, are in the developmental stages. The main barriers to engagement included lack of funding and systems to support meaningful engagement.

Together with work to develop best practice principles for engagement, the Commission, in partnership with the sectors, will continue to drive reform to increase and improve meaningful engagement.

### Best practice principles

In 2015–16, the Commission engaged the Queensland Alliance for Mental Health, working in partnership with the Queensland Network of Alcohol and other Drug Agencies and Enlightened Consultants to develop best practice principles for engaging people with a lived experience, their families, carers and support people, in the public and non-government sectors.

After consulting more than 250 people, including people with a lived experience, their families, carers and supporters, the consortium provided the Commission with a Stretch2Engage Framework in February 2017. The framework proposes a new way for organisations to think about engagement: to focus on how they can change their business to ensure effective engagement. Making this shift requires a change of culture in many organisations.

We discussed the Stretch2Engage Framework at a Lived Experience Roundtable held in Brisbane in May 2017. Those at the roundtable expressed support for the work, focusing on the mental health and alcohol and other drugs sectors, and that it be considered as part of the renewed Strategic Plan.

### National representation

The National Mental Health Consumer and Carer Forum facilitates engagement of people with a lived experience of mental illness and carers in national reform. It provides the opportunity for people with a lived experience of mental illness and carers to meet, form partnerships, be involved in the development of mental health policy that drives reform to create a more responsive service system and improve people's quality of life.

In 2016–17, the Commission provided \$21,000 to support the forum's operations. We also provided advice and information to support Queensland's two representatives on the forum, Mr Noel Muller and Mr Peter Dillion. This enabled Queensland's voices and perspectives to be heard among the nationally combined voices of people with a lived experience and carers.

We will oversee a transparent process to select new State representatives in 2018.



## Partnerships and collaboration

### Partnerships

Improving the mental health and wellbeing of Queenslanders requires the Commission to work with a wide variety of individuals and organisations. As an agent of change, we identify our achievements through the achievements of others.

This requires formal and informal partnerships. To date, we have signed statements of our partnership with the mental health commissions of Australia and New Zealand and Queensland's Hospital and Health Services.

All the partnering documents are available at [qmhc.qld.gov.au](http://qmhc.qld.gov.au).

#### *Mental Health Commissions*

In 2014, the National Mental Health Commission and Commissions in New South Wales, Queensland, Western Australia and New Zealand signed a Memorandum of Understanding which set out the commitment of all parties for a collaborative relationship and recognises the parties' complementary roles and mutual interest in improving outcomes for people experiencing mental health problems and problematic alcohol and other drug use, and preventing suicide. In 2017, a renewed Memorandum of Understanding was agreed and expanded to include South Australia and Victoria.

#### *Queensland Hospital and Health Services*

In October 2016, a Protocol between the Commission and Queensland's Hospital and Health Services supporting collaboration was signed by the Queensland Mental Health Commissioner, the Chair of the Hospital and Health Board Chairs' Forum and the Health Service Chief Executive with the mental health portfolio.

The protocol recognises that the Queensland Mental Health Commission and Queensland's 16 Hospital and Health Services seek a collaborative relationship that reflects their complementary roles and mutual interests in the areas of mental health, problematic alcohol and other drug use and suicide prevention in Queensland. It also provides a framework for all parties to work together—collectively and on discrete pieces of work—to improve outcomes while pursuing their own functions and priorities.

### Collaborative opportunity

During the year, 25 events were held by the Commission. These events provided opportunities for individuals and organisations to strengthen existing or establish new informal networks across the state. Each of the events were evaluated, with the results indicating a positive response from attendees.

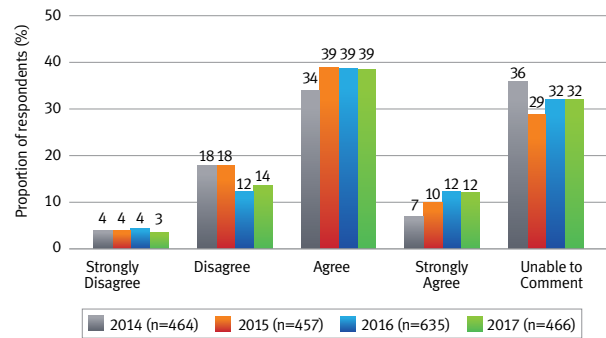
Of the 323 respondents:

- 87 per cent considered they had adequate opportunity to interact with people from other sectors and jurisdictions
- 79 per cent made connections with people with whom they intended to collaborate in the future
- 57 per cent plan to change practice as a result of the activity.

## Stakeholder views

### Improving collaboration across sectors

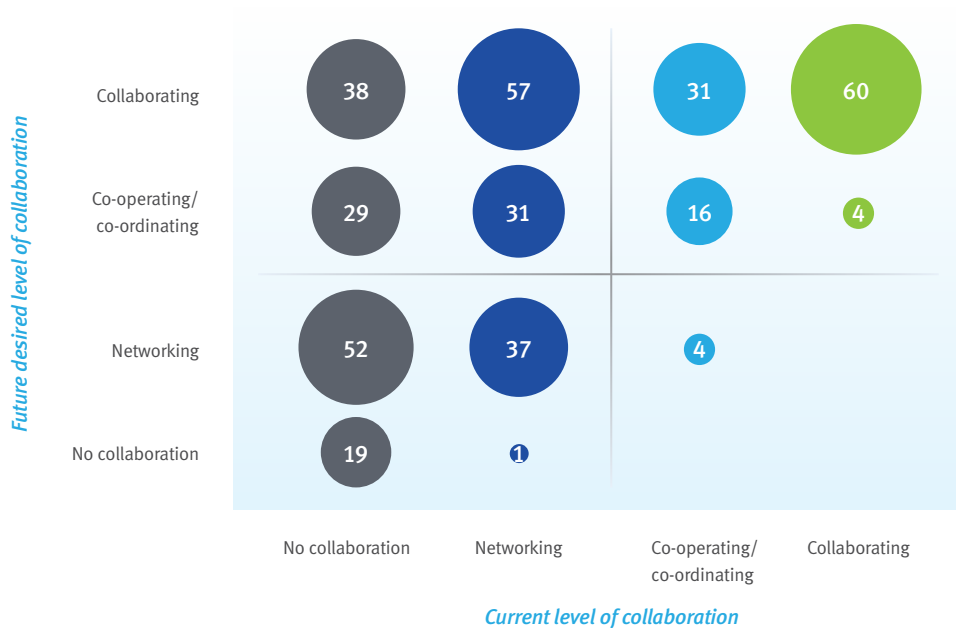
At least half of respondents to our 2017 stakeholder survey (51 per cent) agree the Commission is helping improve collaboration across sectors. Like previous years however, almost a third of respondents indicated being unable to comment on this question.



### Collaboration with the Commission

A total of 379 respondents reported their level of collaboration with the Commission in our annual survey, and the level of collaboration they would like in future. Almost half (49 per cent) indicated that the highest level of collaboration with the Commission is needed in future to meet their strategic goals. This suggests that our stakeholders believe that working with the Commission is important for their own future success.

Only 17 per cent report they are currently collaborating with the Commission. This is expected to increase following the consultation activities which took place across Queensland in 2017 to renew the Strategic Plan.



## Participation and knowledge sharing

A key element of the Commission's business continues to be engaging and communicating with partners, stakeholders and the broader community.

We do this through a range of mechanisms. These include enabling and strengthening partnerships and networks, promoting participation in our activities, sharing knowledge through our various media platforms (including our media program), and marketing and promoting campaigns and events.

We continue to support community awareness events and offer sponsorships targeted at cross-sector knowledge sharing and collaboration.

During the 2016–17 year, we focused on the development of a new website to reflect milestones in the organisation's growth, maturity and credibility. During the year we continued to expand our social media and other communication channels; and further refined our approach and implementation of Queensland Mental Health Week and World Suicide Prevention Day.

### Key results 2016–17

As at 30 June 2017:

- website page views increased by 11 per cent
- eNews subscriptions increased by 12 per cent
- eNews opens average 42 per cent (Australian benchmark of 33 per cent)
- Facebook likes increased 46 per cent to 1,387
- Commission twitter followers increased by 65 per cent to 1,266.

### Community awareness events

The Commission's objectives include promoting community awareness of mental health through strategies that foster inclusive, safer and healthier families, workplaces and communities. To achieve this, the Commission is continuing to partner with mental health, mental illness, suicide prevention and broader community groups to increase engagement with Queensland Mental Health Week and World Suicide Prevention Day.

### Queensland Mental Health Week

Queensland Mental Health Week was held from 9 to 15 October 2016, and incorporates World Mental Health Day on 10 October. It provides an opportunity to raise awareness of mental health issues, increase understanding of mental illness and reduce stigma and discrimination.

In 2016, the Commission again refined its strategy and engaged a sector coordinator to support delivery of Queensland Mental Health Week. Highlights included the formation of a lasting, sustainable, cross-sector partnership guiding the ongoing growth and development of the week; and the creation of a proactive communication working group which made a significant contribution to planning, implementation and advocacy.

Results for 2016 indicate significant gains in both participation and engagement with Queensland Mental Health Week, in particular around event registration and engagement with eNews communications and social media.

Key results of Queensland Mental Health Week:

- registered events increased to 178 in 2016 (compared to 100 in 2015 and 59 in 2014)
- The *100 ways in 100 days* social media campaign was the leading communication piece for the week, helping to drive Facebook reach to 231,604 in 2016 (compared to 20,124 in 2015)
- Twitter impressions also substantially increased to 72,800 in 2016 (from 43,700 in 2015)
- refreshing the website increased its usefulness rating from 63 per cent to 75 per cent and homepage visits increased to 19,866 in 2016 (compared to 8,771 in 2015)
- eNews subscribers for 2016 increased to 3,777 (up from 2,906 the previous year).

A survey of 2016 event organisers indicated that Queensland Mental Health Week positively contributes to achieving better outcomes for people with lived experience. All of the following measures improved when compared to 2015, with the exception of one.

**Table 2:** 2016 Queensland Mental Health Week event organiser ratings

| Outcome measure (Ratings 1–5)                                     | 2015 | 2016 |
|---|------|------|
| Reduced harm through awareness and education                      | 3.91 | 4.00 |
| Inclusiveness for those with mental illness                       | 3.91 | 4.35 |
| Acceptance of those with mental illness                           | 4.18 | 4.30 |
| Knowledge of care and support options                             | 3.91 | 4.10 |
| More supportive communities                                       | 3.91 | 4.15 |
| Increased profile of mental illness at government/political level | 4.18 | 4.05 |

### World Suicide Prevention Day

World Suicide Prevention Day is an international awareness day observed on 10 September each year to provide a focus for commitment and action to prevent suicide.

Raising awareness of World Suicide Prevention Day is a Commission commitment in the *Queensland Suicide Prevention Action Plan 2015–17*.

Holding events on this day assists with changing the conversation to focus on hope and optimism, by speaking openly and safely about suicide and reducing stigma, which can often prevent people from seeking help.

In 2016, the Commission continued to work with partners to increase sector and community participation and engagement with the day and bring suicide prevention further into the spotlight.

Workshops and resources to support organisations to safely communicate and deliver community events contributed to an increase in Queensland-registered World Suicide Prevention Day 2016 events. Social media was also an indicator of 2016 activity, with 27,000 impressions in the period from 15 August to 25 September 2016.

Leading up to World Suicide Prevention Day 2017, the Commission provided a grant to Roses in the Ocean to expand the focus of activities and events further into regional Queensland.

## International Initiative for Mental Health Leadership

The Commission supported the 2017 International Initiative for Mental Health Leadership (IIMHL) conference *Contributing Lives, Thriving Communities* held from 27 February to 3 March 2017.

IIMHL is an international collaborative of eight countries: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland, USA and Sweden. Its focus is on improving outcomes for people and families who use mental health and addiction services.

The IIMHL 2017 Leadership Exchange included matches across Australia and New Zealand, with a number held in Brisbane, Gold Coast, Sunshine Coast and Toowoomba, providing opportunities to showcase practice and share knowledge on related themes. The Combined Leadership Exchange in Sydney was hosted by the Mental Health Commission of NSW and brought together all participants, including those from individual match events to address the conference theme.

The Commission supported the IIMHL 2017 Leadership Exchange in a variety of ways, including:

- supporting the emerging leaders in mental health by funding three Queensland SPARK Exchange representatives, Ms Kimina Andersen, Dr Louise Byrne, and Mr Nathan Dark, to attend both the IIMHL Combined Leadership Exchange in Sydney and an individual match event
- contributing to match events in Queensland, including assisting a welcome reception in Brisbane on the 26 February 2017, marketing and promotion of the IIMHL match events in Queensland, the cost of hosting match events in Brisbane, and partially covering the cost of the Indigenous match in Cairns.

### Indigenous match

The Commission played a significant role in hosting an Aboriginal and Torres Strait Islander match in Cairns as part of the IIMHL 2017 Leadership Exchange. With support from Queensland Health, the match was attended by leaders in the mental health of Indigenous peoples from interstate, New Zealand and Canada. The Commission supported Ms Kimina Anderson, Program Director at the Metro South Hospital and Health Service to attend the match.

The theme for the event was *Healing and empowerment: Indigenous leadership in suicide prevention*. Leaders shared their experiences and best practice models to prevent suicide and support cultural health and community empowerment. They also visited Kuranda and Yarrabah to hear of initiatives being led by these two communities to improve social and emotional wellbeing.

Representatives attending the match recognised that while there has been some progress made towards a greater recognition of trauma and the need for healing, First Nations People must be meaningfully engaged to identify, design, manage and evaluate services. There was a strong call for governments to move away from a deficits-model to one which recognises the strengths of Indigenous peoples and respects cultural knowledge.

The recommendations made at the match will inform our future work and will be advanced by the National Aboriginal and Torres Strait Islander Mental Health Leaders forum.

## Sponsorship

The Commission provides financial sponsorship of up to \$10,000 for events, conferences and other activities that:

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

This year the Commission sponsored 11 events or activities from a total of 25 applications. Benefits and outcomes supported by sponsorships included:

- engaging the human rights sector in leading discussion and change about human rights and involuntary mental health treatment
- enabling the lived experience peer workforce to share and learn from research and best practice, gain practical skills, share common challenges and solutions, and build knowledge-sharing, collaboration and networks
- facilitating national and international mental health leaders to outline the mix of interdisciplinary roles, teams and partnerships, mental health providers and facilities needed for optimal recovery from mental illness in the next 5–10 years
- increasing knowledge and professional skills of workers in the alcohol and other drugs sector, including sharing research, best practice initiatives and interventions to respond to clients affected by alcohol and other drugs.

**Table 3: Commission sponsorship in 2016–17**

| Organisations   | Initiative   | Initiative date              | Value           |
|---|--|------------------------------|-----------------|
| Open Minds  | Queensland Mental Health Week Achievement Awards   | 14 October 2016              | \$2,500         |
| Arafmi / Aftercare Qld                                | Standing Beside You Mental Health Carer Forum  | 18 October 2016              | \$10,000        |
| Brook RED   | Dialog 2016: Perspectives on Peer Work Conference  | 17 November 2016             | \$9,600         |
| TheMHS Learning Network                               | Leadership Retreat and Think Tank/IIMHL  | 25 February 2017             | \$9,995         |
| Tablelands Regional Council                           | Health & Wellbeing Expo 2017   | 29 April 2017                | \$10,000        |
| Queensland Advocacy Incorporated                      | Walk the Talk Forum – The 2010–2020 National Disability Strategy and human rights promises | 20 March 2017                | \$6,000         |
| Queensland Network of Alcohol and other Drug Agencies | Australian Winter School Conference  | 27–28 July 2017              | \$10,000        |
| Stand Tall 4PTSD                                      | 2nd International Forum 'Transition & Recovery'  | 8–10 September 2017          | \$10,000        |
| Australia and New Zealand Mental Health Association   | 18th International Mental Health Conference  | 21–23 August 2017            | \$9,000         |
| Arafmi / Aftercare Qld                                | Standing Beside You Mental Health Forum  | 17 October 2017              | \$10,000        |
| James Cook University                                 | Inaugural Australasian Mental Health and Higher Education Conference                       | 30 June 2017–<br>1 July 2017 | \$2,000         |
| <b>Total (excl GST)</b>                               |  |                              | <b>\$89,095</b> |

## Media and communication

### Website

Key metrics for the site in 2016–17 include:

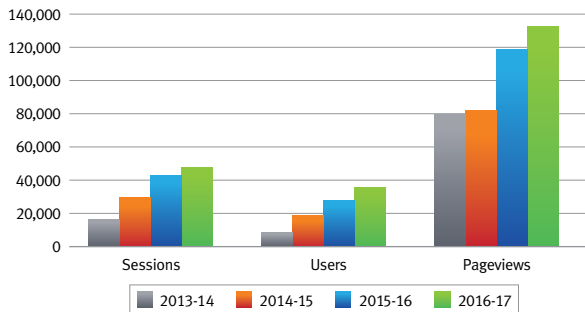
- page views increased by 11 per cent to 132,493
- sessions increased by 11 per cent to 47,664
- users increased by almost 3 per cent to 35,444.

The Commission has undertaken a significant redevelopment of its website during 2016–17, to better reflect the breadth of the Commission’s work, create a more user-friendly experience, reflect the Commission’s credibility, and signal a new milestone in the Commission’s development.

The website redevelopment has been guided by key stakeholder consultation, and includes improved site structure and functionality, updated content and refreshed visual presentation.

The new website is expected to be launched in August 2017.

Figure 1: Website key metrics



### eNews

The eNews continues to be an important communication staple for the Commission, with direct access to our audiences. The eNews helps to set the Commission’s agenda, as well as inform and update projects and activities, events and consultation opportunities, as well as a means for stakeholders to engage with the Commission.

Eleven standard eNews issues were published during 2016–17, with special issues published in February 2017 to announce the renewal of the Strategic Plan, and in May 2017 inviting participation in the Commission’s annual evaluation survey.

Our eNews subscribers consistently grew throughout the year, peaking with 2,097 net active subscribers at 30 June 2017.

Open and click rates continued to remain high, indicating strong continuing interest and engagement of our audience. Australian email marketing metrics set benchmark open and click-through rates across all industries at 33 per cent to 34 per cent; and between 4.5 per cent and 6 per cent respectively.

Open rates for the Commission’s eNews were consistently in the mid-forties, averaging 42 per cent across the 11 standard editions. The peak open rate was 46.8 per cent for the strategic plan renewal announcement in February 2017. Click-through rates peaked at 32.8 per cent, with an average across the year of 26 per cent.

Figure 2: eNews subscribers

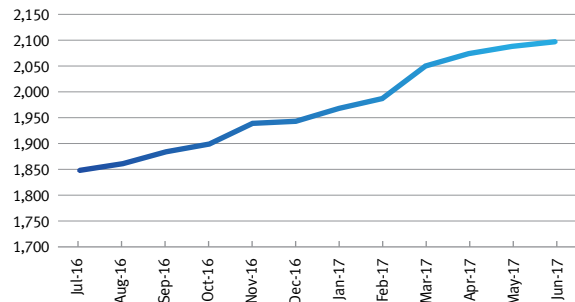
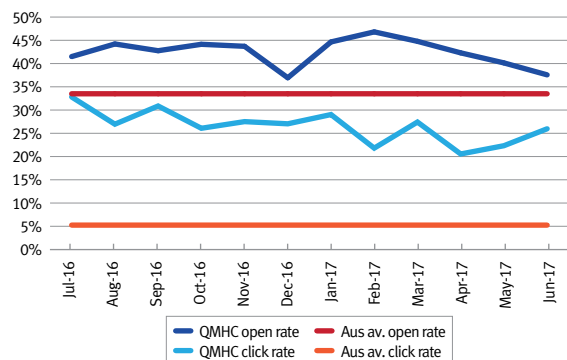


Figure 3: eNews reader engagement



### Social media

Social media is an important part of the Commission’s communication and engagement strategy, and continued to highlight key activities in 2016–17.

Followers of the Commission’s corporate twitter account increased to 1,266 at 30 June 2017, compared to 764 followers the previous year.

However, overall tweet posts reduced to 440, compared to 639 tweets in 2015–16. This has resulted in a corresponding reduction in impressions (256,466, down from 290,000 the previous year) and profile visits (15,081 compared to 17,774 in 2015–16).

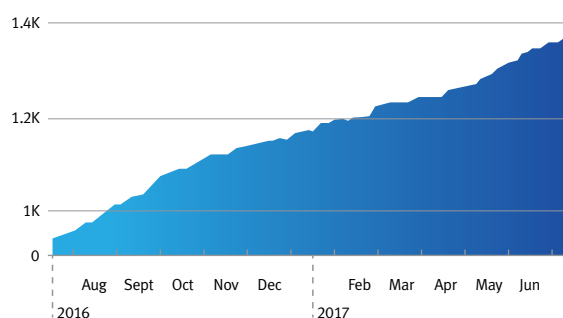
Followers of the Queensland Mental Health Commissioner twitter account almost doubled to 1,026 at 30 June 2017 compared to 606 at the end of June 2016.

Facebook followers peaked at 1,387 on 30 June 2017, increasing by 437 from 950 at June 2016, while organic post reach increased to 62,914 for the period, up from 47,752 the previous year.

The most viewed Facebook posts for the year were:

- consultation opens for the strategic plan renewal (21,200 impressions) and reminder (5,000 impressions)
- launch of the grant program in May 2017 (9,800 impressions)
- draft *Fifth National Mental Health Plan* opens for consultation (5,400 impressions)
- release of *Proud and Strong: Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18* (4,200 impressions).

Figure 4: Total Facebook followers



### Media

While the Commission’s other communication channels are the most effective means to reach stakeholders and audiences interested in mental health and wellbeing, mental illness, alcohol and other drugs and suicide prevention, the Commission prepares media statements for all its significant initiatives.

In 2016–17, a total of 41 media statements and responses were distributed to media outlets across the state on behalf of the Commissioner. The Commissioner was also interviewed regularly on issues ranging from:

- announcements of key achievements by the Commission, such as:
  - the *Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18*
  - *Proud and Strong: Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18*
  - Performance indicators report
  - Annual implementation report
  - Mental Health and Wellbeing Hubs
  - commencement of strategic plan renewal
  - announcement of the annual grant program and recipients.
- matters of public interest, such as:
  - Wolston Park survivors
  - Australian Bureau of Statistics causes of death data
  - prescription rates for psychotic medication in Queensland
  - anti-depressants for children
  - Electroconvulsive Therapy (ECT) in Queensland
  - confidence in the Queensland Mental Health Review Tribunal.



# Emerging issues

Reform during 2016–17 occurred at pace. Significant change commenced in the mental health sector with the early rollout of the NDIS in Queensland, commencing on 1 July 2016 in Townsville, Charters Towers and Mount Isa; the commencement of the new *Mental Health Act 2016*; and the establishment of the Queensland Health Suicide Prevention Taskforce. The State Government’s response to the Barrett Commission of Inquiry was also released and steps to implement the Inquiry’s findings.

The release of *Connecting care to recovery 2016–2021: A plan for Queensland’s State-funded mental health, alcohol and other drug services*, as committed under the Strategic Plan, will result in increased funding and new service models being implemented over the next five years.

Reforms have not been confined to the health system, with significant changes being implemented in the housing, justice and education systems, as well as in child protection and family and domestic violence service systems. These changes will not only impact on the mental health and wellbeing of Queenslanders but also the recovery of people living with mental illness and problematic alcohol and other drugs use.

These reforms are complemented by the enhanced role of Primary Health Networks (PHNs) in coordinating and commissioning Australian Government funded primary health services, including trials of innovative suicide prevention initiatives, such as providing aftercare support to people who have attempted suicide.

Into 2017–18, we can expect these reforms to be supported through the finalisation of the *Fifth National Mental Health Plan* and the new *National Drug Strategy*. It is also expected that the Australian Government will ratify the Optional Protocol to the Convention Against Torture, which will strengthen independent oversight of places where people are detained, including authorised mental health services.

Realising the full potential of reform can be challenging and it is critical we work to ensure reforms are implemented as intended. An ever-increasing focus on ensuring that people with a lived experience, their families, carers and support people are a part, not only of influencing reform, but informing its implementation is the key to achieving better and more sustained outcomes.

The Commission will be working in partnership with Queensland Health, other State Government agencies, the non-government sector, communities and people with lived experience, their families, carers and support people to achieve effective implementation of these important reforms.



NATIONAL  
DRUG  
STRATEGY  
2017-2025

Connecting  
care to  
recovery  
2016-2021



# agency governance

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

## Legislative obligations

In addition to the legislative functions and obligations defined in the Act, the Commission must comply with a range of public administration legislation, including:

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

## Management and structure

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

The Commission does not have a board of management. Our leadership is provided through the Executive Management Team which is responsible for delivering the Commission's legislative requirements within a compliant corporate governance framework. Advice is sought from the Queensland Mental Health and Drug Advisory Council on matters relevant to the Council's role.

**Table 4:** *Executive Management Team members*

| Position   | Name  |
|--|---|
| Mental Health Commissioner                             | <b>Dr Lesley van Schoubroeck</b><br><i>Adj Prof Griffith Criminology<br/>Institute PhD MEd BSc BEd Grad Dip<br/>Gov &amp; Pub Aff FIPAABA GAICD</i> |
| Executive Director,<br>Strategy Policy<br>and Research | <b>Carmel Ybarlucea</b><br><i>LLB/BA Grad Dip Leg Prac</i>  |
| Business Manager                                       | <b>Michael Corne</b><br><i>Grad Dip Mgt</i>   |

Dr Lesley van Schoubroeck's term as Mental Health Commissioner ended on 30 June 2016. Under section 23 of the Act she was appointed as Acting Commissioner until 30 June 2017.

Following a merit selection process, on 1 June 2017 the Minister for Health and Minister for Ambulance Services announced the appointment of a new Commissioner, Mr Ivan Frkovic, to commence from 1 July 2017.



## Organisational structure

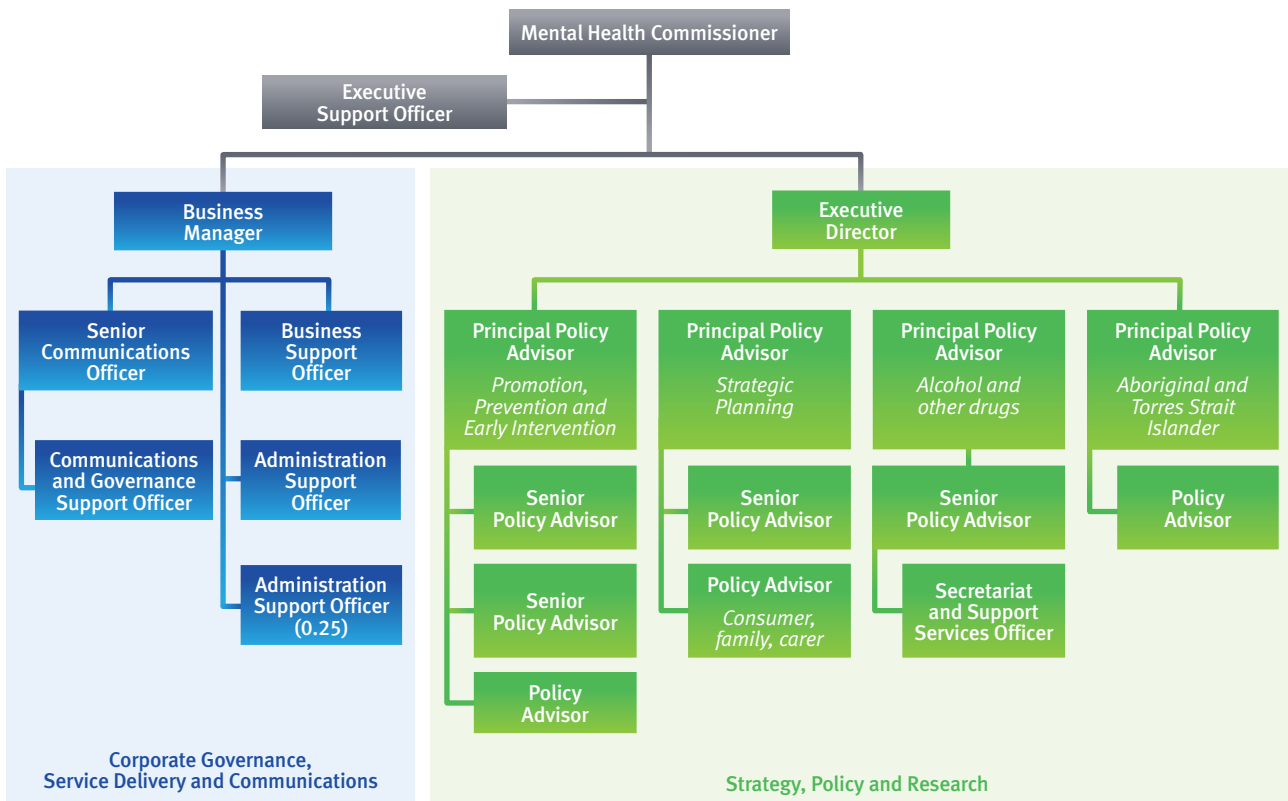
The Commission is based in Brisbane and comprises the Queensland Mental Health Commissioner and staff. In 2016–17, the Commission’s approved staffing establishment was 18 FTE.

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

## Agency effectiveness

The Commission engages a third party to undertake an annual survey which is core to our effectiveness evaluation model. Survey results have now been collected for four years. The survey responses are used to compare trends against results from previous years. The results are also used to monitor annual performance against the Commission’s agreed service standards and to provide focus for improvement.

Last financial year in accordance with the requirements of the Act, the Public Service Commission undertook an independent review of the effectiveness of the Commission and provided a report to the Minister for Health and Minister for Ambulance Services on 30 June 2016. Previous survey results provided an important component to the review. The review commended the Commission on its achievements and acknowledged the importance of building a strong foundation, noting the challenging policy and service delivery environment.



In early 2016–17, the Minister noted that the review findings in respect to the Commission’s performance was positive, providing a strong foundation for the future. He invited the Mental Health Commissioner to implement or address the recommendations as appropriate, to support the Commission’s performance of its statutory functions. The Mental Health Commissioner’s response to the review’s recommendations is provided in Appendix 2.

A review of the Act also commenced in 2016–17 and is still underway. Feedback indicates there will be little impact on our existing functions.

## Survey results

This year marks the fourth year of the Commission’s operation and the fourth year that Queenslanders have been invited to provide their opinions on the performance of the Commission and the mental health and alcohol and other drugs system overall.

This year’s annual evaluation survey was sent to 3,790 stakeholders of whom 729 responses were received, reflecting a positive response rate of 19 per cent. Survey respondents continue to represent a variety of roles in the community. The largest proportion of respondents identified as service providers, while a similarly high proportion were family members of a person with lived experience.

Some key findings:

- 75 per cent of respondents think it will take at least five years to make a difference
- 66 per cent agree that positive reform is underway
- 51 per cent agree the Commission is helping improve cross-sector collaboration
- 74 per cent believe the Commission is a credible organisation
- 58 per cent say that our research, review and report work is helping identify and respond to current and emerging issues and trends.

The survey also tracks the Commission’s Service Delivery Statement service standards. These focus on stakeholder satisfaction in relation to:

- opportunities to provide lived experience, support person and provider perspectives on mental health and problematic alcohol and other drug use issues (44 per cent, slightly lower than previous years)
- the extent to which lived experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system (60 per cent, slightly higher than previous years)
- the range of stakeholders involved in developing and implementing solutions (43 per cent, slightly lower than previous years).

The long term target for each of these is 75 per cent.

Survey results show a number of respondents were ‘unable to comment’ on some questions. To address this we plan to improve communication with stakeholders, particularly in relation to our four key result areas.

## Business services review

In the last quarter of 2015–16, the Commission initiated a review of business services in collaboration with the Corporate Administration Agency. The review was completed in 2016–17 and resulted in the implementation of a number of key process and systems improvements around budget and project management.

We also reviewed our existing corporate policies and guidelines and introduced a more streamlined correspondence tracking system.

## Public sector ethics

The Queensland Public Service Code of Conduct applies to the Commission. We include the Code of Conduct in our induction processes and incorporate its requirements, principles and values into staff performance management plans. Online training is also programmed for staff every two years.

## Risk management

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

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

The Commission actively encourages innovation but is mindful that this may attract risk, so appropriately manages any potential benefits against potential risk.

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

Due to the Commission's size, a specific risk management committee has not been established. Instead, risk management responsibility has been included as part of the Executive Management Team's charter, which includes a review of key risks and the identified controls on a quarterly basis.

Key strategic risks for the Commission are:

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

## Audit committee and internal audit

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

The focus of the 2016–17 internal audit program was grant management probity, corporate policy and guideline suitability and compliance. Audit results indicated sound grant management practice, particularly in relation to grant proposal evaluation. While the corporate policy review is still underway, early results indicate that the existing policy suite is appropriate with some minor changes or new inclusions likely in order to meet changes to legislation.

## Information management and record keeping

### Records management

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

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

In late 2016, a more streamlined correspondence tracking system was established within our records management system. The new process has reduced duplication and improved action monitoring and reporting.

### Stakeholder management

A stakeholder management system is now well established, which records and profiles the stakeholders with whom the Commission engages. This tool is proving invaluable in focusing both our collaborative and consultative efforts and currently contains more than 3,200 individual and organisation stakeholder profiles.

The system was recently upgraded, greatly improving usability, and we used the opportunity to review the system's methodology for recording stakeholder data to better align with changing business requirements. This review will be finalised early in the new financial year.



## Internal communication and governance

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

## Open data

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

We also have official use of the Queensland Health Clinical Knowledge Network, which provides access to both virtual and hard copy information resources. This has improved our online access to research material.

## Interpreter services

Interpreter services, including for the hearing impaired, are available for all our publications and online information. These services are also available upon request for the Commission's events and any activities undertaken by a third party on the Commission's behalf.

During 2016–17, no interpreter services were engaged.

## Human resources

The Commission's approved staffing establishment is 18 full-time equivalent employees.

No redundancies, early retirement or retrenchment packages were paid during 2016–17. Two permanent staff members resigned during the period, resulting in a separation rate of 11 per cent. These staff members transferred to other State Government agencies.

## Training and development

This year we invested in an online training tool to provide staff with access to both online professional development and corporate governance training. LearnConnect ensures training is consistent and high quality, and enables staff to plan and undertake training around their work commitments.

In November 2016, staff also participated in Cultural Awareness Training, which provided an opportunity to walk briefly in the shoes of Aboriginal Australians. The program was delivered by an Aboriginal facilitator and provided an overview of Aboriginal and Torres Strait Islander culture and history and aimed to develop a greater appreciation and understanding of modern-day cross cultural problems, issues and challenges.

During 2016–17, \$15,000 was also budgeted for individual staff development training. Allocation is managed through staff annual performance and development planning. This year a number of staff participated in professional development activities or were supported through the study and research assistance scheme.

## Staff care

We are committed to providing a flexible working environment that supports staff needs and meets the Commission's operational requirements. Our work practices include flexible working hour arrangements and enable management and staff to develop better internal work practices within a broader spread of hours to meet increasing operational demands and assist staff to manage work/life balance.

## Industrial and employee relations

Staff conditions continue to be covered by the Queensland Health Enterprise Bargaining Agreement.

In June 2017, the new Queensland Public Health Sector Certified Agreement (No.9) 2016, which applies to all the Commission's Administrative Officer (AO) stream staff, was signed.

## Staff satisfaction

During the year we undertook our third annual staff climate and wellness review. The findings reflected very committed staff with a positive outlook in undertaking their work in a very busy work environment.

Next year we intend to link with the annual whole-of-government staff survey process.



# financial performance

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## Overview

### Income

The Commission's third year operating budget was \$8.695 million, administered as a grant through the health portfolio. The remaining sources of income came from a cash at bank position from the previous year, small contributions from other agencies, and interest payable against cash at bank.

### Expenses

Employee expenses relate directly to maintaining a full-time equivalent (FTE) staffing of 18.

Of the \$2.9 million expended in general supplies and services, approximately \$1.5 million was expended on consultancy and contractor activities (Tables 5 and 6) which informed and supported our key result areas. A further \$0.237 million was expended for corporate services support provided to the Commission by an outsourced third party and \$0.423 million was expended on accommodation costs.

Our grant expenses relate to:

- recurrent grant and service arrangement commitments (\$1.458 million)
- the Stronger Community Mental Health and Wellbeing Grants Program (\$0.947 million)
- new grants which support key result areas (\$0.636 million).

## Consultancies

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

Table 5 lists the consultancies over \$20,000 engaged during 2016–17. Consultancies which will be finalised in the next financial year show a carry forward value for 2017–18. Also included are consultancies which commenced in an earlier period but not finalised.

**Table 5: Key consultancies engaged during 2016–17**

| Description  | Organisation   | Total Value | Expenditure 2016–17 | Commitment 2017–18       |
|--|--|-------------|---------------------|--------------------------|
| State-wide survey of consumer, family and carer engagement   | Urbis Pty Ltd  | \$104,693   | \$17,968            | –                        |
| Best practice principles for consumer, family and carer engagement   | Queensland Alliance for Mental Health                                    | \$171,522   | \$85,761            | –                        |
| A strengths-based, community model for suicide prevention  | KBC Australia  | \$103,130   | \$83,704            | –                        |
| Response to an Auditor General's Report on use of activity-based mental health funding   | Grant Thornton Australia Ltd   | \$71,646    | \$33,559            | –                        |
| Establish, implement and evaluate regional mental health and wellbeing hubs in Queensland  | Centacare CQ   | \$95,387    | \$63,653            | New contract established |
|  | Relationships Australia QLD  | \$100,000   | \$75,000            | New contract established |
|  | SOLAS  | \$99,500    | \$24,875            | New contract established |
| Continue to implement and evaluate regional mental health and wellbeing hubs in Queensland (new contract)  | Centacare CQ   | \$140,736   | \$31,221            | \$109,514                |
|  | Relationships Australia QLD  | \$105,787   | \$50,000            | \$55,787                 |
|  | SOLAS  | \$99,475    | \$24,867            | \$74,606                 |
| Develop, implement and review a coordination and quality assurance model for Queensland Mental Health Literacy Training  | Open Minds   | \$100,374   | \$75,280            | –                        |
| Online tool for monitoring and reporting on the Strategic Plan   | Ice Media Pty Ltd  | \$149,650   | \$63,065            | \$11,850                 |
| Review resources to assist and support people bereaved by suicide  | Orygen   | \$49,645    | \$16,548            | \$16,548                 |
| Identify and make recommendations on the adequacy and accessibility of existing suicide awareness training, resources and initiatives to meet the needs of people from culturally and linguistically diverse backgrounds | Health Outcomes International  | \$147,600   | \$103,320           | \$29,520                 |
| Research effective ways of reducing stigma and discrimination for people experiencing problematic alcohol and other drug use   | National Drug and Alcohol Research Centre, University of New South Wales | \$149,068   | \$149,068           | –                        |
| Research effective ways of reducing stigma and discrimination related to gaining and maintaining employment for people living with mental illness  | EY Sweeney   | \$145,245   |                     | \$72,622                 |
| Conversations for Life Suicide Prevention App for young people   | ConNectica   | \$119,627   | \$119,627           | –                        |
| Research about the experiences of people with user experience of service integration and referrals   | Institute for Social Science Research, University of Queensland          | \$193,093   | \$57,927            | \$135,165                |
| Review success factors in reforming policy and practice in social housing for people with complex needs  | KPMG   | \$99,414    | \$59,648            | \$39,765                 |
| Contractor services to deliver the Queensland Mental Health and Wellbeing Capacity Building Program  | Maudsley International   | \$219,043   | \$148,953           | –                        |
| Human Rights Protection Framework  | University of NSW  | \$146,056   | –                   | \$146,056                |

## Contractors

Table 6 lists key contractors (\$20,000 or greater) who were engaged during the 2016–17 year to assist and/or provide subject expert advice where specific expertise was considered essential.

**Table 6:** Key contractors engaged during 2016–17

|   |                                   |           |          |          |
|---|-----------------------------------|-----------|----------|----------|
| Organisational Effectiveness Model  | Paxton Partners                   | \$450,370 | \$89,730 | –        |
| Provision of professional media services                                  | The Prism Partnership Pty Ltd     | \$124,772 | \$68,600 | \$25,000 |
| Media monitoring services   | Isentia                           | \$48,100  | \$18,408 | \$25,000 |
| Website hosting and support services (existing)                           | Thirteen Digital                  | \$63,130  | \$19,687 | \$10,000 |
| Website services redesign, maintenance and support (new)                  | Social Change Media Group Pty Ltd | \$65,830  | \$44,753 | \$10,730 |
| Facilitation of Strategic Conversations in Policing and Mental Health     | Archersfield Consulting           | \$20,000  | \$13,375 | –        |
| Project management and coordination of 2016 Queensland Mental Health Week | Julie Martin                      | \$25,000  | \$25,187 | –        |
| Communication services  | Blue Sky Careers                  | \$49,000  | \$44,105 | \$4,889  |
| World Suicide Prevention Day coordination                                 | Roses in the Ocean                | \$25,000  | –        | \$25,000 |

## Grants

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

This year the Commission also conducted the annual Stronger Community Mental Health and Wellbeing Grant Program to specifically target innovative locally-led initiatives that support a particular Strategic Plan priority or theme. A full list of these grant recipients can be found in Appendix 1.

Table 7 (page 58) lists key grant and partnership support activity (\$20,000 or more) which was provided outside the Commission's annual grant program.

## Overseas travel

During 2016–17 the Mental Health Commissioner attended the TheMHS Annual Conference in Auckland on 23–26 August 2016. The total cost of the travel was \$3,467.

**Table 7: Key grant partnership support activity during 2016–17**

| Description  | Organisation   | Total Value | Expenditure 2016–17 | Commitment 2017–18 |
|--|--|-------------|---------------------|--------------------|
| Ed LinQ Cross-Sectoral Workforce Development Program   | PD Plus  | \$352,500   | \$179,590           | –                  |
| Ed-LinQ School Health Early Intervention Model Project   | Children’s Health Queensland Hospital and Health Service | \$151,051   | \$35,000            | –                  |
| Saving Lives in the Construction Industry Scoping  | MATES in Construction                                    | \$155,000   | –                   | \$23,250           |
| Perinatal mental health and wellness collaborative work  | Women’s Health Queensland Wide Inc                       | \$82,910    | –                   | \$14,724           |
| Perinatal mental health and wellness collaborative work  | Children’s Health Queensland Hospital and Health Service | \$56,353    | \$21,353            | \$10,000           |
| Mental Health and Wellbeing in the Bush  | Centacare Cairns   | \$50,376    | \$10,367            | –                  |
| Examine effective decision-making support for people with cognitive disabilities                 | La Trobe University – ARC Linkage                        | \$20,000    | \$5,000             | \$5,000            |
| Darling Downs Social Procurement Project   | Toowoomba Clubhouse                                      | \$50,000    | \$40,000            | –                  |
| West Moreton Adult Integrated Mental Health Services Model Evaluation                            | Aftercare  | \$95,000    | \$45,000            | –                  |
| Queensland Suicide Register  | Griffith University                                      | \$250,000   | \$250,000           | \$250,000          |
| Ed LinQ Cross-Sectoral Workforce Development Program (new contract)                              | PD Plus  | \$280,000   | \$280,000           | \$90,000           |
| <i>beyondblue</i> Awareness Program  | <i>beyondblue</i>  | \$2,580,344 | \$645,086           | \$ 645,086         |
| National Mental Health Consumer and Carer Forum  | Mental Health Australia                                  | \$20,512    | \$20,512            | \$20,512           |
| Social Procurement Project   | Department of Housing and Public Works                   | \$390,000   | \$130,000           | \$130,000          |
| National Empowerment Project sites in Cherbourg and Kuranda (1 January 2015 to 30 December 2016) | Ngoonbi Cooperative Society                              | \$367,000   | \$ 167,699          | –                  |
| National Empowerment Project sites in Cherbourg and Kuranda (1 January 2016 to 30 December 2017) | Ngoonbi Cooperative Society                              | \$358,961   | \$142,790           | \$216,171          |
| Place-based project (Rockhampton)  | Queensland Council of Social Service Ltd                 | \$100,000   | \$25,000            | \$ 75,000          |
| 2017 World Suicide Prevention Day Initiative   | Roses in the Ocean                                       | \$38,170    | \$38,170            | –                  |
| National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)            | NATSILMH / Mental Health Commission of NSW               | \$18,930    | \$18,930            | –                  |
| Place-based suicide prevention project (Maranoa)   | Western Queensland Primary Health Network                | \$50,000    | \$50,000            | –                  |



# financial statements

for the financial year ended 30 June 2017

## General information

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

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

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

Level 30, 400 George Street  
BRISBANE QLD 4000

Queensland Mental Health Commission  
Financial Statements 2016–17

For information in relation to the Commission's financial report please email [accounts@qmhc.qld.qld.gov.au](mailto:accounts@qmhc.qld.qld.gov.au) or visit the Commission's internet site [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au).

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# Statement of Comprehensive Income

## for the year ended 30 June 2017

|  |       | 2017<br>Actual | 2016<br>Actual | 2017<br>Original<br>Budget | Budget<br>Variance* |
|--|-------|----------------|----------------|----------------------------|---------------------|
|  | Notes | \$'000         | \$'000         | \$'000                     | \$'000              |
| <b>Income from Continuing Operations</b>           |       |                |                |                            |                     |
| Government Contributions                           | 3     | 8,707          | 8,265          | 8,695                      | 12                  |
| User charges                                       |       | 32             | -              | -                          | 32                  |
| Interest   |       | 130            | 122            | 150                        | (20)                |
| Other revenue                                      |       | 3              | 1              | -                          | 3                   |
| <b>Total Income from Continuing Operations</b>     |       | <b>8,872</b>   | <b>8,388</b>   | <b>8,845</b>               | <b>27</b>           |
| <b>Expenses from Continuing Operations</b>         |       |                |                |                            |                     |
| Employee expenses                                  | 4     | 2,750          | 2,151          | 2,491                      | 259                 |
| Supplies and services                              | 5     | 2,926          | 2,375          | 3,320                      | (394)               |
| Grants   | 6     | 3,042          | 2,644          | 3,005                      | 37                  |
| Depreciation                                       | 10    | 21             | 114            | -                          | 21                  |
| Other expenses                                     | 7     | 126            | 450            | 29                         | 97                  |
| <b>Total Expenses from Continuing Operations</b>   |       | <b>8,865</b>   | <b>7,735</b>   | <b>8,845</b>               | <b>18</b>           |
| <b>Operating Result from Continuing Operations</b> |       | <b>7</b>       | <b>653</b>     | <b>-</b>                   | <b>7</b>            |
| <b>Total Comprehensive Income</b>                  |       | <b>7</b>       | <b>653</b>     | <b>-</b>                   | <b>7</b>            |

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

The accompanying notes form part of these statements.

# Statement of Financial Position

## as at 30 June 2017

|                                      | Notes | 2017<br>Actual<br>\$'000 | 2016<br>Actual<br>\$'000 | 2017<br>Original<br>Budget<br>\$'000 | Budget<br>Variance*<br>\$'000 |
|--------------------------------------|-------|--------------------------|--------------------------|--------------------------------------|-------------------------------|
| <b>Current Assets</b>                |       |                          |                          |                                      |                               |
| Cash and cash equivalents            | 8     | 2,870                    | 2,356                    | 1,632                                | 1,238                         |
| Receivables                          | 9     | 105                      | 110                      | 81                                   | 24                            |
| Other                                |       | -                        | -                        | 20                                   | (20)                          |
| <b>Total Current Assets</b>          |       | <b>2,975</b>             | <b>2,466</b>             | <b>1,733</b>                         | <b>1,243</b>                  |
| <b>Non Current Assets</b>            |       |                          |                          |                                      |                               |
| Plant and equipment                  | 10    | 101                      | 121                      | 5                                    | 96                            |
| <b>Total Non Current Assets</b>      |       | <b>101</b>               | <b>121</b>               | <b>5</b>                             | <b>96</b>                     |
| <b>Total Assets</b>                  |       | <b>3,076</b>             | <b>2,587</b>             | <b>1,738</b>                         | <b>1,339</b>                  |
| <b>Current Liabilities</b>           |       |                          |                          |                                      |                               |
| Payables                             | 11    | 724                      | 232                      | 211                                  | 513                           |
| Accrued employee benefits            | 12    | 121                      | 59                       | 59                                   | 62                            |
| Other liabilities                    | 13    | 13                       | 72                       | 55                                   | (43)                          |
| <b>Total Current Liabilities</b>     |       | <b>858</b>               | <b>363</b>               | <b>325</b>                           | <b>532</b>                    |
| <b>Non Current Liabilities</b>       |       |                          |                          |                                      |                               |
| Other liabilities                    | 13    | -                        | 13                       | 85                                   | (85)                          |
| <b>Total Non Current Liabilities</b> |       | <b>-</b>                 | <b>13</b>                | <b>85</b>                            | <b>(85)</b>                   |
| <b>Total Liabilities</b>             |       | <b>858</b>               | <b>376</b>               | <b>410</b>                           | <b>447</b>                    |
| <b>Net Assets</b>                    |       | <b>2,218</b>             | <b>2,211</b>             | <b>1,328</b>                         | <b>892</b>                    |
| <b>Equity</b>                        |       |                          |                          |                                      |                               |
| Contributed equity                   |       | 230                      | 230                      |                                      |                               |
| Accumulated surplus                  |       | 1,988                    | 1,981                    |                                      |                               |
| <b>Total Equity</b>                  |       | <b>2,218</b>             | <b>2,211</b>             |                                      |                               |

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

The accompanying notes form part of these statements.

## Statement of Changes in Equity for the year ended 30 June 2017

|  | 2017   | 2016   |
|--|--------|--------|
| Notes  | \$'000 | \$'000 |
| <b>Contributed Equity</b>                                    |        |        |
| <b>Balance as at 1st July</b>                                | 230    | -      |
| Transactions with Owners as Owners                           |        |        |
| - Net transfers in from other Queensland Government Entities | -      | 230    |
| <b>Balance as at 30 June</b>                                 | 230    | 230    |
| <b>Accumulated Surplus</b>                                   |        |        |
| <b>Balance as at 1st July</b>                                | 1,981  | 1,328  |
| Operating Result from Continuing Operations                  | 7      | 653    |
| <b>Balance as at 30 June</b>                                 | 1,988  | 1,981  |

*The accompanying notes form part of these statements.*

# Statement of Cash Flows

## for the year ended 30 June 2017

|  | Notes    | 2017<br>Actual<br>\$'000 | 2016<br>Actual<br>\$'000 | 2017<br>Original<br>Budget<br>\$'000 | Budget<br>Variance*<br>\$'000 |
|--|----------|--------------------------|--------------------------|--------------------------------------|-------------------------------|
| <b>Cash flows from operating activities</b>      |          |                          |                          |                                      |                               |
| <i>Inflows:</i>                                  |          |                          |                          |                                      |                               |
| Government Contributions                         |          | 8,694                    | 8,265                    | 8,695                                | (1)                           |
| User charges                                     |          | 32                       |                          | -                                    | 32                            |
| GST collected from customers                     |          | 5                        | 1                        | -                                    | 5                             |
| GST input tax credits from ATO                   |          | 565                      | 484                      | -                                    | 565                           |
| Interest receipts                                |          | 130                      | 122                      | 150                                  | (20)                          |
| Other  |          | 3                        | 1                        | -                                    | 3                             |
| <i>Outflows:</i>                                 |          |                          |                          |                                      |                               |
| Employee expenses                                |          | (2,695)                  | (2,199)                  | (2,491)                              | (204)                         |
| Supplies and services                            |          | (2,506)                  | (2,371)                  | (3,320)                              | 814                           |
| GST paid to suppliers                            |          | (540)                    | (485)                    | -                                    | (540)                         |
| GST remitted to ATO                              |          | (5)                      | (1)                      | -                                    | (5)                           |
| Grants   |          | (3,042)                  | (2,644)                  | (3,005)                              | (37)                          |
| Other  |          | (126)                    | (450)                    | (29)                                 | (97)                          |
| <b>Net cash provided by operating activities</b> |          | <b>514</b>               | <b>724</b>               | <b>-</b>                             | <b>514</b>                    |
| <b>Net increase in cash held</b>                 |          | <b>514</b>               | <b>724</b>               | <b>-</b>                             | <b>514</b>                    |
| <b>Cash at beginning of financial year</b>       |          | <b>2,356</b>             | <b>1,632</b>             | <b>1,632</b>                         | <b>724</b>                    |
| <b>Cash at end of financial year</b>             | <b>8</b> | <b>2,870</b>             | <b>2,356</b>             | <b>1,632</b>                         | <b>1,238</b>                  |

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

The accompanying notes form part of these statements.

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

|  |            |            |
|--|------------|------------|
| Operating surplus/(deficit)                          | 7          | 653        |
| Depreciation expense                                 | 21         | 114        |
| Changes in assets and liabilities:                   |            |            |
| (Increase)/decrease in receivables                   | 5          | (29)       |
| (Increase)/decrease in prepayments                   | -          | 20         |
| Increase/(decrease) in payables                      | 492        | 24         |
| Increase/(decrease) in accrued employee benefits     | 62         | (3)        |
| Increase/(decrease) in other current liabilities     | (60)       | 17         |
| Increase/(decrease) in other non-current liabilities | (13)       | (72)       |
| <b>Net cash provided by operating activities</b>     | <b>514</b> | <b>724</b> |

# Notes to and forming part of the Financial Statements 2016-17 for the year ended 30 June 2017

|                   |  |
|-------------------|--|
| <b>Section 1:</b> | <b>How We Operate - Our Commission's Objectives and Activities</b>             |
| Note 1:           | Objectives and Principal Activities of the Queensland Mental Health Commission |
| Note 2:           | Basis of Financial Preparation   |
| <b>Section 2:</b> | <b>Notes about our Financial Performance</b>                                   |
| Note 3:           | Government Contributions   |
| Note 4:           | Employee Expenses  |
| Note 5:           | Supplies and Services  |
| Note 6:           | Grants   |
| Note 7:           | Other Expenses   |
| <b>Section 3:</b> | <b>Notes about our Financial Position</b>                                      |
| Note 8:           | Cash and Cash Equivalents  |
| Note 9:           | Receivables  |
| Note 10:          | Plant and Equipment and Depreciation expense                                   |
| Note 11:          | Payables   |
| Note 12:          | Accrued Employee Benefits  |
| Note 13:          | Other Liabilities  |
| <b>Section 4:</b> | <b>Notes about Risk and Other Accounting Uncertainties</b>                     |
| Note 14:          | Commitments for Expenditure  |
| Note 15:          | Contingencies  |
| Note 16:          | Events after the Balance Date  |
| Note 17:          | Financial Risk Disclosures   |
| Note 18:          | First Year Application and Future Impact of New Accounting Standards           |
| <b>Section 5:</b> | <b>Notes about our Performance Compared to Budget</b>                          |
| Note 19:          | Budgetary reporting disclosures  |
| <b>Section 6:</b> | <b>Other Information</b>   |
| Note 20:          | Key management personnel (KMP) disclosures                                     |
| Note 21:          | Related party transactions   |
| Note 22:          | Taxation   |

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

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

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

## 2. Basis of Financial Preparation

### Statement of Compliance

The QMHC has prepared these statements in compliance with section 42 of the *Financial and Performance Management Standard 2009*. The financial statements comply with the Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2016.

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 18.

### The Reporting Entity

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

### Issuance of Financial Statements

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

### Currency, Rounding and Comparatives

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

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

Comparative information reflects the audited 2015-16 financial statements except where restated for consistency with disclosures in the current reporting period.

### Current/Non-Current Classification

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

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

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

### Basis of Measurement

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

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

Notes to and forming part of the Financial Statements 2016-17  
for the year ended 30 June 2017

|                                    | 2017<br>\$'000 | 2016<br>\$'000 |
|------------------------------------|----------------|----------------|
| <b>3. Government Contributions</b> |                |                |
| Department of Health               | 8,707          | 8,265          |
| <b>Total</b>                       | 8,707          | 8,265          |

**Accounting policy**

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

**4. Employee Expenses**

***Employee Benefits***

|                                       |       |       |
|---------------------------------------|-------|-------|
| Wages and salaries                    | 2,016 | 1,557 |
| Employer superannuation contributions | 270   | 201   |
| Termination Payments                  | -     | 52    |
| Annual leave levy/expense             | 234   | 170   |
| Long service leave levy/expense       | 47    | 36    |

***Employee Related Expenses***

|                                     |     |     |
|-------------------------------------|-----|-----|
| Workers' compensation premium       | 19  | 10  |
| Payroll tax and fringe benefits tax | 129 | 103 |
| Other employee related expenses     | 35  | 22  |

|              |       |       |
|--------------|-------|-------|
| <b>Total</b> | 2,750 | 2,151 |
|--------------|-------|-------|

|                                | 2017<br>No. | 2016<br>No. |
|--------------------------------|-------------|-------------|
| Full-Time Equivalent Employees | 18          | 18          |

**Accounting policy**

***Wages, Salaries and Sick leave***

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates.

As the Commission expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

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

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

***Annual Leave and Long Service Leave***

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



#### 4. Employee Expenses (contd)

##### Superannuation

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

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

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

##### Workers' Compensation Premiums

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

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

|  | <b>2017</b>   | <b>2016</b>   |
|--|---------------|---------------|
|  | <b>\$'000</b> | <b>\$'000</b> |
| <b>5. Supplies and Services</b>          |               |               |
| Corporate service charges                | 238           | 251           |
| Consultants and contractors              | 1,761         | 1,235         |
| Travel                                   | 77            | 63            |
| Building Maintenance and Services        | 55            | 57            |
| Operating lease rentals                  | 385           | 379           |
| Information and Communication Technology | 40            | 34            |
| Motor vehicle                            | 1             | 3             |
| Advertising and promotion                | 112           | 153           |
| Administration costs                     | 256           | 196           |
| Other                                    | 1             | 6             |
| <b>Total</b>                             | <b>2,926</b>  | <b>2,375</b>  |

## 5. Supplies and Services (contd)

### Accounting Policy

#### Operating Lease Rentals

Operating lease payments are representative of the pattern of benefits derived from the leased assets and are expensed in the periods in which they are incurred. Incentives received on entering into operating leases are recognised as liabilities. Lease payments are allocated between rental expense and reduction of the liability.

### Disclosure - Operating Leases

Operating leases are entered into as a means of acquiring access to office accommodation. Lease terms extend over a period of 4 years. The commission has no option to purchase the leased item at the conclusion of the lease. Lease payments are generally fixed, but with inflation escalation clauses on which contingent rentals are determined.

|                  | 2017<br>\$'000 | 2016<br>\$'000 |
|------------------|----------------|----------------|
| <b>6. Grants</b> |                |                |
| Grants           | 3,042          | 2,644          |
|                  | <hr/>          | <hr/>          |
| <b>Total</b>     | 3,042          | 2,644          |
|                  | <hr/>          | <hr/>          |

### Disclosure relating to Grants

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

## 7. Other Expenses

|   |   |       |       |
|---|---|-------|-------|
| External audit fees                     | * | 16    | 17    |
| Sponsorships                            |   | 110   | 113   |
| Return of funds to Department of Health |   | -     | 320   |
|   |   | <hr/> | <hr/> |
| <b>Total</b>                            |   | 126   | 450   |
|   |   | <hr/> | <hr/> |

### Disclosure relating to Other Expenses

\* Total audit fees payable to the Queensland Audit Office relating to the 2016-17 financial statements are quoted to be \$15,500 (2016 \$16,500). There are no non-audit services included in this amount.

|                                     | <b>2017</b>   | <b>2016</b>   |
|-------------------------------------|---------------|---------------|
|                                     | <b>\$'000</b> | <b>\$'000</b> |
| <b>8. Cash and Cash Equivalents</b> |               |               |
| Cash at bank                        | 2,870         | 2,356         |
| <b>Total</b>                        | <b>2,870</b>  | <b>2,356</b>  |

**Accounting policy**

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

**9. Receivables**

|                                   |            |            |
|-----------------------------------|------------|------------|
| Other Debtors                     | 13         | -          |
|                                   | 13         | -          |
| GST receivable                    | 36         | 61         |
|                                   | 36         | 61         |
| Long service leave reimbursements | 5          | 15         |
| Annual leave reimbursements       | 51         | 34         |
| <b>Total</b>                      | <b>105</b> | <b>110</b> |

**Accounting policy**

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

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

## 10. Plant and Equipment and Depreciation Expense

|  | Note | Plant and Equipment |                | Total          |                |
|--|------|---------------------|----------------|----------------|----------------|
|  |      | 2017<br>\$'000      | 2016<br>\$'000 | 2017<br>\$'000 | 2016<br>\$'000 |
| Gross  |      | 242                 | 242            | 242            | 242            |
| Less accumulated depreciation                          |      | (141)               | (121)          | (141)          | (121)          |
| <b>Carrying amount at 30 June</b>                      |      | <b>101</b>          | <b>121</b>     | <b>101</b>     | <b>121</b>     |
| <i>Represented by movements in carrying amount</i>     |      |                     |                |                |                |
| Carrying amount at 1 July                              |      | 121                 | 5              | 121            | 5              |
| Transfers In from other Queensland Government entities |      | -                   | 230            | -              | 230            |
| Depreciation expense                                   |      | (21)                | (114)          | (21)           | (114)          |
| <b>Carrying amount at 30 June</b>                      |      | <b>100</b>          | <b>121</b>     | <b>100</b>     | <b>121</b>     |

### Accounting policy

#### Acquisition of Assets

Historical cost is used for the initial recording of plant and equipment acquisitions. Historical cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. However, any training costs are expensed as incurred.

#### Recognition Thresholds for plant and equipment

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.

#### Measurement of Plant and Equipment using Cost

Plant and equipment, (that is not classified as major plant and equipment) is measured at historical cost in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amounts for such plant and equipment at cost should not materially differ from their fair value.

#### Depreciation of Plant and Equipment

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

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

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

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

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

|                     | <b>2017</b>   | <b>2016</b>   |
|---------------------|---------------|---------------|
|                     | <b>\$'000</b> | <b>\$'000</b> |
| <b>11. Payables</b> |               |               |
| Trade creditors     | 192           | 93            |
| Accrued expenses    | 518           | 131           |
| Payroll tax         | 14            | 8             |
|                     | <hr/>         | <hr/>         |
| <b>Total</b>        | <b>724</b>    | <b>232</b>    |
|                     | <hr/>         | <hr/>         |

#### **Accounting Policy**

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

#### **12. Accrued Employee Benefits**

##### *Current*

|                                 |            |           |
|---------------------------------|------------|-----------|
| Salary and wage related         | 39         | 22        |
| Annual leave levy payable       | 63         | 25        |
| Long service leave levy payable | 12         | 9         |
| Superannuation                  | 7          | 3         |
|                                 | <hr/>      | <hr/>     |
| <b>Total</b>                    | <b>121</b> | <b>59</b> |
|                                 | <hr/>      | <hr/>     |

#### **Accounting Policy**

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

|                              | 2017<br>\$'000 | 2016<br>\$'000 |
|------------------------------|----------------|----------------|
| <b>13. Other Liabilities</b> |                |                |
| <i>Current</i>               |                |                |
| Lease incentive              | 13             | 72             |
| <b>Total</b>                 | <u>13</u>      | <u>72</u>      |
| <i>Non-current</i>           |                |                |
| Lease incentive              | -              | 13             |
| <b>Total</b>                 | <u>13</u>      | <u>85</u>      |

#### Accounting Policy

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

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

The Commission's existing lease of 4 years will expire on 31 August 2017 after which it will enter into a further leasing agreement for 5 years. As part of the new agreement a rental discount will be applied across the period of the lease.

#### 14. Commitments for Expenditure

##### (i) Non-cancellable Operating Leases

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

|   |              |            |
|---|--------------|------------|
| Not later than one year                           | 440          | 528        |
| Later than one year and not later than five years | 1,897        | 88         |
| Later than 5 years                                | 84           |            |
| <b>Total</b>                                      | <u>2,421</u> | <u>616</u> |

#### 15. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2017.

#### 16. Events after the Balance Date

There has been a change in Commissioner between the balance date and certifying of the statements. The previous Commissioner Dr Lesley van Schoubroeck ceased her appointment on 30 June 2017 and the new Commissioner Mr Ivan Frkovic commenced his appointment from 1 July 2017.

## 17. Financial Risk Disclosures

### Financial Instrument Categories

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

| Category  | Note | 2017<br>\$'000 | 2016<br>\$'000 |
|---|------|----------------|----------------|
| <b>Financial Assets</b>                           |      |                |                |
| Cash and cash equivalents                         | 8    | 2,870          | 2,356          |
| Receivables                                       | 9    | 105            | 110            |
|   |      | 2,975          | 2,466          |
| <b>Total</b>                                      |      |                |                |
| <b>Financial Liabilities</b>                      |      |                |                |
| Financial liabilities measured at amortised cost: |      |                |                |
| Payables  | 11   | 724            | 232            |
|   |      | 724            | 232            |
| <b>Total</b>                                      |      |                |                |

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

No financial assets were past due or impaired as at 30 June 2017.

### Financial Risk Management

#### (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.



## 17. Financial Risk Disclosure (contd)

### Financial Risk Management (contd)

The Commission's activities expose it to a variety of financial risks as set out in the following table:

| <b>Risk Exposure</b> | <b>Definition</b>   | <b>Measurement method</b>   |
|----------------------|---|---|
| Credit Risk          | Credit risk exposure refers to the situation where the Commission may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.  | The Commission is exposed to credit risk in respect of its receivables (Note 9).  |
| Liquidity Risk       | Liquidity risk refers to the situation where the Commission may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.   | The Commission is exposed to liquidity risk in respect of its payables (Note 11).   |
| Market Risk          | The risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in interest rates. | The Commission does not trade in foreign currency and is not materially exposed to commodity price changes or other market changes. The Commission is exposed to interest rate risk through its cash deposited in interest bearing accounts (Note 8). |

**17. Financial Risk Disclosure (contd)**

**(b) Risk Measurement and Management Strategies**

The Commission measures risk exposure using a variety of methods as follows;

| <b>Risk Exposure</b> | <b>Measurement method</b>          | <b>Risk Management Strategy</b>   |
|----------------------|------------------------------------|---|
| Credit Risk          | Ageing analysis, earnings at risk  | The Commission manages credit risk through the use of management reports. This strategy aims to reduce the exposure to credit default by ensuring that the Commission invests in secure assets and monitors all funds owed on a timely basis. Exposure to credit risk is monitored on an ongoing basis.   |
| Liquidity Risk       | Sensitivity analysis               | The Commission manages liquidity risk through the use of management reports. This strategy aims to reduce the exposure to liquidity risk by ensuring the Commission has sufficient funds available to meet employee and supplier obligations as they fall due.<br><br>This is achieved by ensuring the minimum levels of cash are held within the commission's bank accounts so as to match the expected duration of various employee and supplier liabilities. |
| Market Risk          | Interest rate sensitivity analysis | The Commission does not undertake any hedging in relation to interest risk as per the liquidity management strategy.  |

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

### **Changes in Accounting Policy**

The Commission did not voluntarily change any of its accounting policies during 2016-17.

### **Accounting Standards Early Adopted**

No Australian Accounting Standards have been early adopted for 2016-17.

### **Accounting Standards Applied for the First Time**

The only Australian Accounting Standard that became effective for the first time in 2016-17, and materially impacted on this financial statements is AASB 124 Related Party Disclosures. This standard requires note disclosures about key management personnel (KMP) remuneration expenses and other related party transactions, and does not impact on financial statement line items. As Queensland Treasury already required disclosure of KMP remuneration expenses, there was minimal impact for the Commission's disclosures compared to 2015-16 (refer to Note 20). Material related party transactions for 2016-17 are disclosed in Note 21. No comparative information is required in respect of 2015-16.

### **Future Impact of Accounting Standards Not Yet Effective**

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

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

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

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

- Under the new standards, other grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific. The Commission is yet to evaluate existing grant arrangements as to whether revenue from grants could be deferred under the new requirements.
- Grants that are not enforceable and/or not sufficiently specific will not qualify for deferral, and continue to be recognised as revenue as soon as they are controlled. The Commission receives a grant for which there is no sufficiently specific performance obligations, so this grant will continue to be recognised as revenue upfront.
- The Commission does not currently have any revenue contracts with a material impact for the period after 1 July 2018, and will monitor the impact of any such contracts subsequently entered into before the new standards take effect.
- A range of new disclosures will also be required by the new standards in respect of the Commission's revenue.

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

### **AASB 16 - Leases**

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

#### Impact on Lessees

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

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

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

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

AASB 16 allows a 'cumulative approach' rather than full retrospective application to recognising existing operating leases. If a lessee chooses to apply the 'cumulative approach', it does not need to restate comparative information. Instead, the cumulative effect of applying the standard is recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity, as appropriate) at the date of initial application. The Commission will await further guidance from Queensland Treasury on the transitional accounting method to be applied.

The Commission has not yet quantified the impact on the Statement of Comprehensive Income or the Statement of Financial Position of applying AASB 16 to its current operating leases, including the extent of additional disclosure required.

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

## 19. Budgetary reporting disclosures

This section contains explanations of major variances between the Commission's actual 2016-17 financial results and the original budget presented to Parliament.

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

|                               |   |
|-------------------------------|---|
| <i>User Chargers:</i>         | Charges paid by Department of Education and Training for Wellness workshop services provided through QMHC arrangements.   |
| <i>Interest:</i>              | Variance attributed to lower cash at bank balance during the year impacted by earlier than expected grant payments.   |
| <i>Employee Expenses:</i>     | The majority of the variance (\$225k) relates to the employment of three additional temporary staff during the year. The remaining variance (\$35k) relates to executive pay alignment, backdated for three months from January 2017 to March 2017. |
| <i>Supplies and Services:</i> | Majority of decrease in expenses relates to delays to contractual work (\$350k) rescheduled for delivery next financial year.   |
| <i>Depreciation:</i>          | Depreciation was inadvertently omitted from the budget.   |
| <i>Other Expenses:</i>        | Reflects the reclassification of sponsorships given from 'Grants' to 'Other' against which \$110k was expended for the year.  |

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

|   |  |
|---|--|
| <i>Cash and Cash Equivalents:</i>           | Budget anticipated an increase in cash outflows of \$500k in 2016-17 which did not occur because of delays in implementing the program of work. The remaining variation reflects the timing of expenditure incurred during the financial year. |
| <i>Receivables:</i>                         | Relates to higher than anticipated annual leave re-imburements as a result of higher FTE (for the majority of the period).   |
| <i>Plant and Equipment:</i>                 | The variance is due to the extension of the remaining useful life of assets to align with the new accommodation leasing arrangement.   |
| <i>Payables:</i>                            | The increase in payables reflects the timing of invoice payment for services incurred for 2016/17 deliverables.  |
| <i>Accrued Employee Benefits (current):</i> | Relates to higher than anticipated annual leave levy payments as a result of higher FTE (for the majority of the period).  |
| <i>Other Current Liabilities:</i>           | Budget for the current portion of the liability for the lease incentive did not accurately reflect the estimated liability at 30 June 2017.  |
| <i>Other Non-Current Liabilities:</i>       | Budget for the non-current portion of the liability for the lease incentive did not accurately reflect the estimated liability at 30 June 2017.  |

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

|                               |   |
|-------------------------------|---|
| <i>User Chargers:</i>         | Charges paid by Department of Education and Training for Wellness workshop services provided through QMHC arrangements.   |
| <i>Interest:</i>              | Variance attributed to lower cash at bank balance during the year impacted by earlier than expected grant payments.   |
| <i>Employee Expenses:</i>     | The majority of the variance (\$225k) relates to the employment of three additional temporary staff during the year. The remaining variance (\$35k) relates to executive pay alignment, backdated for three months from January 2017 to March 2017. |
| <i>Supplies and Services:</i> | Majority of decrease in expenses relates to delays to contractual work (\$350k) rescheduled for delivery next financial year.   |
| <i>Other:</i>                 | Reflects the reclassification of sponsorships given from 'Grants' to 'Other' against which \$110k was expended for the year.  |

## 20. Key management personnel (KMP) disclosures

### *Details of key management personnel*

The following details for non-Ministerial KMP reflect those departmental positions that had authority and responsibility for planning, directing and controlling the activities of the department during 2016-17 and 2015-16. 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 of the Commission. |
| Executive Director         | The Executive Director provides strategic leadership for the Commission's policy and program and research functions.     |
| Business Manager           | The Business Manager leads the Commission's business, corporate governance and service delivery functions.               |

### *KMP Remuneration Policies*

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 key management personnel comprises 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 the specified position.
- non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.

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

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

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

### *Performance Payments*

No performance payments were made to the key management personnel of the Commission.

**20. Key management personnel (KMP) disclosures (contd)**  
**Remuneration Expenses**

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

**2016-17**

| Position<br>(date resigned if applicable) | Short Term Employee Expenses |                                 | Long Term Employee Expenses<br>\$'000 | Post-Employment Expenses<br>\$'000 | Termination Benefits<br>\$'000 | Total Expenses<br>\$'000 |
|---|------------------------------|---------------------------------|---------------------------------------|------------------------------------|--------------------------------|--------------------------|
|   | Monetary Expenses<br>\$'000  | Non-Monetary Benefits<br>\$'000 |                                       |                                    |                                |                          |
| Mental Health Commissioner                | 277                          | -                               | 6                                     | 29                                 | -                              | 312                      |
| Executive Director                        | 169                          | -                               | 4                                     | 18                                 | -                              | 191                      |
| Business Manager                          | 132                          | -                               | 3                                     | 16                                 | -                              | 151                      |
| <b>Total Remuneration</b>                 | <b>578</b>                   | <b>-</b>                        | <b>13</b>                             | <b>63</b>                          | <b>-</b>                       | <b>654</b>               |

The Commission has re-assessed its KMP in accordance with AASB124 and decided that the Business Manager has influence over the strategic direction of the Commission. These responsibilities have been added in the current year. Prior year remuneration has been included for comparative purposes.

**2015-16**

| Position<br>(date resigned if applicable) | Short Term Employee Expenses |                                 | Long Term Employee Expenses<br>\$'000 | Post-Employment Expenses<br>\$'000 | Termination Benefits<br>\$'000 | Total Expenses<br>\$'000 |
|---|------------------------------|---------------------------------|---------------------------------------|------------------------------------|--------------------------------|--------------------------|
|   | Monetary Expenses<br>\$'000  | Non-Monetary Benefits<br>\$'000 |                                       |                                    |                                |                          |
| Mental Health Commissioner                | 234                          | -                               | 5                                     | 25                                 | -                              | 264                      |
| Executive Director                        | 169                          | -                               | 4                                     | 18                                 | -                              | 191                      |
| Business Manager                          | 118                          | -                               | 2                                     | 15                                 | -                              | 135                      |
| <b>Total Remuneration</b>                 | <b>521</b>                   | <b>-</b>                        | <b>11</b>                             | <b>58</b>                          | <b>-</b>                       | <b>590</b>               |



## 21. Related party transactions

### Transactions with people/entities related to KMP

There are no transactions to disclose.

### Transactions with other Queensland Government-controlled entities

- The Commission's ongoing source of funding from government for services is provided by grant from the Department of Health (refer to Note 3).
- The Commission purchases services from Corporate Administration Agency, Department of Premier and Cabinet for Corporate Services (refer to Note 5).
- All other transactions in the year ended 30 June 2017 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions and were immaterial in nature.

## 22. Taxation



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

# Management Certificate for Queensland Mental Health Commission

## Management Certificate for Queensland Mental Health Commission

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

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year ended 30 June 2017 and of the financial position of the Commission at the end of that year; and
- (c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.

|  |   |
|--|---|
| <br>-----       | <br>-----           |
| Name<br>Title<br><b>Ivan Frkovic</b><br><b>Commissioner</b><br>Queensland Mental Health Commission | Name<br>Title<br><b>Michael Corne</b><br><b>Business Manager</b><br>Queensland Mental Health Commission |
| Date: <u>11/8/17</u>   | Date: <u>11/8/17</u>  |

# Independent Auditor's Report

## Report on the audit of the financial report

### Opinion

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

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2017, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

### Basis for opinion

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

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

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

### Responsibilities of the entity for the financial report

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

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

### Auditor's responsibilities for the audit of the financial report

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

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

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

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

**Report on other legal and regulatory requirements**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2017:

- a) I received all the information and explanations I required.
- b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.



D J Olive  
as delegate of the Auditor-General



Queensland Audit Office  
Brisbane



# appendices

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## Appendix 1

# 2016–17 Stronger Community Mental Health and Wellbeing grant recipients

| Recipient  | Community              | Initiative description   | Funding  |
|--|------------------------|--|----------|
| <b>Round 1</b>                                     |                        |  |          |
| Lives Lived Well Ltd                               | Brisbane               | Build capacity in the Vietnamese, Sudanese and Samoan communities and identify a culturally appropriate way of reducing alcohol related harms, stigma and discrimination and upskill community leaders and workers to provide support and implement co-designed local solutions.   | \$50,000 |
| Queensland Injectors Voice for Advocacy and Action | State-wide             | Use social media to promote holistic health, lifestyle and wellbeing information to people using illicit drugs in rural and remote communities, supported by a limited phone number for those requiring additional support.  | \$37,502 |
| Beaucare   | Beaudesert             | Develop a whole-of-community approach to wellbeing through the Wheel of Wellbeing Framework.   | \$50,000 |
| Centacare Cairns                                   | Cairns                 | Work with culturally and linguistically diverse (CALD) communities, particularly refugees, to identify traditional and non-traditional approaches to wellness, using the Wheel of Wellbeing as a foundation. The work will seek to reduce stigma associated with seeking help and has the potential to identify a tailored model that could be used in other communities for people from CALD backgrounds. | \$50,000 |
| World Wellness Group                               | Greater Brisbane       | Work with companies employing migrant workers to deliver wellness programs in the workplace, including a workplace specific needs analysis   | \$50,000 |
| Sunshine Coast Council                             | Maroochydore           | Deliver a 16-week mental health and wellbeing project for seniors (over 50) living with a mental illness or those wanting to improve their mental health and wellbeing. This will enable up to 30 participants to set their own personal goals for physical health and be supported by a peer worker to work on cognitive and physical tools to improve mental health and wellbeing.                       | \$44,131 |
| Dysart Community Support Group                     | Dysart                 | Develop a wellbeing framework for Dysart based on the Wheel of Wellbeing Framework. The project involves working with service providers and stakeholders across a wide range of areas.   | \$49,093 |
| Community Qld                                      | Kelvin Grove and Inala | Two groups (one in Kelvin Grove and one in Inala) participation in 12 sessions for up to 25 participants in each session to provide information, including regarding the health system and ante natal and post-natal care and to build networks to reduce social isolation.  | \$26,762 |
| Toowoomba Clubhouse                                | Toowoomba              | Recruit and train up to 30 community volunteers to act as companions for people living with mental illness to reduce social isolation. The companions will be responsible for assisting people living with mental illness to live independent lives.   | \$50,000 |

| Recipient   | Community  | Initiative description   | Funding  |
|---|--|--|----------|
| <b>Round 1</b>  |  |  |          |
| Vulcana Women’s Circus Inc.   | Brisbane   | Provide 20 places for adults experiencing mental illness and 40 for children and young people experiencing mental illness and alcohol and other drug problems in circus workshops to build confidence and skills.  | \$35,639 |
| Indel-Ability Arts Ltd  | Brisbane   | Develop a performance, involving six actors with disability who have experienced mental illness and mental health problems, that will address stigma associated with mental health. The performances will be trialled in schools in 2017.  | \$42,250 |
| Karakan   | South Brisbane, Logan, Redlands  | Develop easily accessible and supported physical activity programs to improve social opportunities for people living with a mental illness and intellectual disability, including training volunteers who could continue to deliver the program.   | \$46,574 |
| Queensland Police Citizens Youth Welfare Association  | Cairns and Yarrabah  | The program aims to improve physical health and community connections of Indigenous adults recovering from mental illness. The project involves capacity building which will build the skills of the local community to enable sustained delivery. The project is a partnership with the Queensland Institute of Medical Research.   | \$49,826 |
| Stepping Stones Clubhouse   | Brisbane   | Provide opportunities to Clubhouse clients who are living with a mental illness to participate in physical activity to improve their physical health and wellbeing.  | \$28,700 |
| Australian International Islamic College Collaborative  | Gold Coast   | Provide the BRITA Futures Wellbeing Program and Mental Health First Aid training to community leaders to equip them with knowledge and enable them to engage in non-stigmatising conversations about mental health and suicide prevention. Training will also be provided to up to 50 young people attending a residential event.  | \$50,000 |
| <b>Round 2</b>  |  |  |          |
| Phunkitional Limited  | Thursday Island, Dimbulah, Atherton, Herberton, Tully, Cairns, Tablelands, Horn Island | Yumpla Project (Respectful Relationships Partnership Project) is a partnership project to increase the safety, mental and physical wellbeing of young people in remote communities across far north Queensland. The project will deliver workshops and professional theatre performances for young people of Aboriginal and Torres Strait Islander and CALD communities, and professional development sessions for teachers and youth workers. | \$50,000 |
| Parents & Friends Association Aboriginal & Islander Independent Community School (the Murri School) | Brisbane (Southside)   | The Moving to Heal Yoga Program is designed to promote healing and social connection through the delivery of a weekly trauma-sensitive yoga class to Aboriginal women residing in Brisbane’s Southside. Ongoing participation will decrease levels of trauma symptoms and improvement in one’s ability to regulate emotions.   | \$26,980 |

Appendix 1  
2016–17 Stronger Community Mental Health  
and Wellbeing grant recipients

| Recipient  | Community   | Initiative description   | Funding  |
|--|---|--|----------|
| <b>Round 2</b>   |   |  |          |
| Mulungu Aboriginal Corporation Primary Health Care Service | Mareeba   | A 12-month extension of the Hand Up (not hand out!) for Mareeba Men project funded under the 2015–16 Grant Program. It includes the employment of a male Indigenous mental health worker to provide culturally appropriate support for Mareeba Indigenous men, particularly those experiencing mental health issues, alcohol and drug use, and those involved in the justice system. | \$50,000 |
| Family Drug Support  | Brisbane, Gold Coast, Sunshine Coast, Rockhampton, Cairns | Family Drug Support's National Drug Support Day will provide five public events across Queensland to highlight the support needed by families, and to reduce the shame and stigma they endure because of drug and alcohol problems in the family.  | \$41,500 |
| WWILD Sexual Violence Prevention Association               | Brisbane, Caboolture, Logan, Gold Coast                   | Well Beings supports the development of, and promotes the skills and knowledge required by both the disability and mental health sectors to offer improved recovery support to people with dual disability (intellectual disabilities and mental illness/significant mental health issues).  | \$42,252 |
| Access Inc.  | Logan   | The ACCESSing Personal Wellbeing Project will provide a suite of activities to improve the wellbeing of people from a CALD background living with mental illness, and remove barriers that often inhibit individuals with mental illness from forming and maintaining supportive relationships.  | \$50,000 |
| Harmony Place  | Brisbane  | The Wellbeing in Harmony Project offers a suite of activities that improve the wellbeing of people from a CALD background living with mental illness, and remove barriers that often inhibit individuals with mental illness from forming and maintaining supportive relationships.  | \$50,000 |
| Your Dreams  | Ipswich and West Moreton Region                           | 'Reclaiming Joy' Suicide Bereavement Retreat will offer a three-day nurturing and safe space for 20 participants bereaved by suicide to reclaim joy in their lives. Participants will have the opportunity to communicate with others who have had similar experiences, build relationships and establish a supportive network.  | \$8,800  |
| Act for Kids   | Cairns  | The Family Wellbeing Program will provide up to 18 of its Indigenous residential care workers with the opportunity to participate in the Family Wellbeing Program, which seeks to empower participants through personal transformation that involves harmonising physical, emotional, mental and spiritual aspects of life and applying this to practical, day-to-day living.        | \$50,000 |



## Appendix 2

# Response to recommendations of the independent review of the effectiveness of the Commission

### Introduction

Section 55 of the *Queensland Mental Health Commission Act 2013* requires the responsible Minister to arrange an independent review of the Queensland Mental Health Commission's performance of its functions within three years after the commencement of that section (by 30 June 2016).

The Minister must then review the effectiveness of the Act. As soon as practicable after finishing the review, the Minister must table a report about its outcome in the Legislative Assembly.

The Public Service Commissioner undertook the independent Section 55 review.

A copy of that review, including 13 recommendations was provided by the Minister to the Commissioner on 28 November 2016.

The Minister noted that the review findings were positive in respect of the Commission's performance providing a strong foundation for the future. He invited the Mental Health Commissioner to implement or address the recommendations as appropriate, to support the Commission's performance of its statutory functions.

This paper provides comment by the Mental Health Commissioner on those recommendations.

A copy of the Public Service Commission report is available at [www.health.qld.gov.au](http://www.health.qld.gov.au).

### Recommendations

| Recommendation 1   | Response   |
|--|--|
| <b>Continue to invest in its evaluation framework and seek to broaden the respondent base to more fully represent the views of all stakeholders.</b>   | The Commission fully intends to continue to invest in its evaluation framework. The Commission also intends to invite other key stakeholders that have a role in delivering better mental health and wellbeing across Queensland to seek feedback from stakeholders on perceptions of their contribution to collaboration. |
| Recommendation 2   | Response   |
| <b>Evaluate the key drivers of successful reform in policy and practice arising from the Social Housing Ordinary Report and Ed-LinQ initiatives to share with other agencies and inform the Commission's future agenda and approach.</b> | The Commission will endeavour to prioritise the recommended evaluation in the coming year.   |
| Recommendation 3   | Response   |
| <b>Develop a communication and media strategy to better position and promote its role in system reform.</b>  | <p>The Commission is continually reviewing its communication and media effort and currently restructuring the website from the original design provided by Queensland Health on establishment.</p> <p>Major policy initiatives are accompanied by customised communication strategies.</p>                                 |

| Recommendation 4   | Response   |
|--|--|
| <p>Refine its approach to stakeholder engagement so that it supports agendas driven by others and leverages off their existing networks and strategies. In particular, this should focus on organisations that are seeking to work more collaboratively with the Commission to achieve their organisational goals.</p>   | <p>The Commission is responsive to all requests to work together where we have the resources available. Forums and events attended by the Mental Health Commissioner are included in the agency’s annual report.</p> <p>Evaluations from workshops and consultations undertaken by the Commission routinely collect information that reflects the extent to which its activities are strengthening networks across Queensland.</p>   |
| Recommendation 5   | Response   |
| <p>Recalibrate its priorities placing a greater focus on systemic changes to support the needs of individuals with multiple challenges with a lessened focus on whole-of-government strategic planning.</p>  | <p>When the Mental Health Commissioner met with the Minister in April 2015, it was agreed that the Strategic Plan would be refreshed in early 2017. Planning for this is well advanced.</p> <p>Whole-of-government action is considered essential to addressing systemic issues for people with multiple challenges. However, leadership for service delivery rests with other agencies.</p>   |
| Recommendation 6   | Response   |
| <p>Place an increased focus on the following activities:</p> <ul style="list-style-type: none"> <li>• monitoring and implementing strategic and action plans</li> <li>• supporting stronger engagement at the local community level</li> <li>• the needs of Aboriginal and Torres Strait Islander communities and individuals with multiple challenges.</li> </ul> | <p>It is noted that this recommendation is somewhat inconsistent with the previous recommendation to shift resources from strategic planning and the Minister’s request to review the Strategic Plan.</p> <p>The Commission has finalised the last two action plans arising from the current Strategic Plan – an Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan and a Rural and Remote Mental Health and Wellbeing Action Plan. There are 283 actions being implemented by 26 agencies across the five action plans.</p> <p>The Commission will continue to engage strongly with local communities in response to requests for support and through its annual grants program. To the extent that funding allows, it will also continue to consult with regional and rural communities on strategic planning.</p> <p>Appointment of a full-time senior officer responsible for Aboriginal and Torres Strait Islander policy from July 2016 will assist this agenda moving forward. Respective responsibilities of Departments of State need to be considered in responding to Indigenous people facing multiple challenges.</p> |

| Recommendation 7  | Response   |
|---|--|
| <p><b>Review the whole-of-government strategic plan and other strategies to leverage off the establishment of the Primary Health Networks and the introduction of the National Disability Insurance Scheme.</b></p> | <p>Consistent with the comment on Recommendation 5, the Strategic Plan will be reviewed in 2017.</p> <p>This will take account of developments at the State and national levels including the establishment of the Primary Health Networks and the introduction of the NDIS. It will also take the <i>Fifth National Mental Health Plan</i> into account.</p> <p>The Commission’s capacity to participate in and leverage off national reforms requires support from Queensland Health to be included in Commonwealth/State discussions, including matters being discussed within Mental Health and Drug and Alcohol Principal Committee. It may also be a more effective use of time if the Commission was invited to relevant discussion between Queensland Health and the Primary Health Networks rather than needing to establish alternative mechanisms.</p> <p>The Commission has confirmed that the Queensland Health NDIS Transition Plan is the responsibility of the Department of Health. However, the Commission remains willing to contribute if requested.</p> |

| Recommendation 8  | Response  |
|---|---|
| <p><b>Work with service providers and the Department of Health on strategies to build the capability of the workforce to treat individuals more holistically.</b></p> | <p>This recommendation is interpreted as focusing on the health workforce. Despite the very ‘porous’ nature of the Act, it is doubtful that a role such as this is within the current mandate of the Commission.</p> <p>It is noted that the recently released mental health, alcohol and other drugs services plan <i>Connecting Care to Recovery 2016–2021</i> includes workforce development for state funded services as a priority area.</p> <p>Issues raised in the Public Service Commission’s Report also relate to the physical health of people with mental illness. In its 2014 submission to the review of the <i>Mental Health Act 2000</i>, the Commission noted the potential for mental health legislation to ensure the physical health of patients is considered when they are admitted; however the drafting team did not consider this was necessary.</p> |

| Recommendation 9  | Response   |
|---|--|
| <p><b>Work more closely to foster partnerships with community organisations and government agencies to shape improved policy and practices for the broader community as well as those with particular vulnerabilities – with a particular focus on the culturally and linguistically diverse community; those in the criminal justice system; remote area communities; lesbian, gay, bisexual, transgender and intersex communities; those impacted by alcohol and other drug misuse, and suicide prevention advocates.</b></p> | <p>The Commission supports the intent of this recommendation and is progressively extending its reach. However, in doing so, we are mindful that engagement should not be tokenistic and unless there are resources to support ongoing engagement and opportunities to influence systemic policy, our ongoing support for diverse communities must continue to be through grants and sponsorships of initiatives led by other organisations.</p> <p>The Commission has advocated for a range of systemic changes, and continues to do so. Some of these initiatives may not be widely known in the community. They include:</p> <ul style="list-style-type: none"> <li>• Achieving a principle in the <i>Mental Health Act 2016</i> for responsiveness to culture, and further arguing that implementation of this Act should demonstrate how that this principle among others is embedded in practice.</li> <li>• Leading a submission with Mental Health Commissions in Western Australia, New South Wales and South Australia to the Commonwealth to preserve a national entity connected to services that can support multicultural mental health.</li> <li>• Arguing for the Mental Health, Alcohol and Other Drugs Services Plan being developed by Queensland Health to develop transparent and accountable planning processes for the provision of state-wide services like multicultural mental health. The Barrett Inquiry made a similar recommendation and this is now being implemented.</li> <li>• Successfully advocating for a mental health presence at the national meeting to consider the implications for the ratification of the Optional Protocol on the Convention Against Torture.</li> </ul> |

| Recommendation 10  | Response  |
|--|---|
| <p><b>Work more closely with community organisations and government agencies' leadership teams to engage more directly with frontline staff to better draw on the views of consumers, families and carers – to support a stronger place based approach and better advocate for the rights of individuals to participate in their care and treatment decisions.</b></p> | <p>The Commission is aware that there are frontline staff especially in the public sector who would like to engage more regularly. Discussion about how this might be achieved is welcome.</p> <p>Support of a number of Chief Executives to enable this is appreciated when the Commission is meeting with a Hospital and Health Service. Other opportunities are through presentations and engagement at conferences but attendees at these tend more often to be middle and senior management. Feedback is that this reflects the current arrangements for funding professional staff to attend conferences, rather than a lack of interest. Any resources the Commission allocates to support participation goes to people with lived experience, families and carers rather than paid staff.</p> <p>When the Commission does interact with frontline health staff, many of the issues raised are not ones the Commission is able to address, but are matters for the Hospital and Health Service in its interaction with the Department of Health.</p> <p>The Commission's recent engagement with frontline police was valuable for informing cultural reform and was facilitated by and included the Assistant Commissioner of the Queensland Police Service.</p> <p>The approach the Commission has adopted to policy development, where discussion papers are issued online to complement face to face interactions, maximises the opportunity for frontline staff to be engaged.</p> <p>When the Mental Health, Alcohol and Other Drugs Branch of the Department of Health has invited the Commission to participate in its sector-wide planning forums, they have proved to be a useful and efficient way to engage more widely across the health system.</p> <p>In relation to advocacy for the rights of individuals to participate in their care and treatment decisions, the Commission notes that the Parliament has recently agreed in the <i>Mental Health Act 2016</i> that Independent Patient Rights Advisers will be appointed across the public health system to fill this role. In response to concerns raised by the Commission and supported by the Royal Australian and New Zealand College of Psychiatrists, the Minister has agreed to review the effectiveness of this model in two years.</p> <p>The Commission will commence preparatory work in 2016–17 to ensure informed debate about the options when this review commences. In undertaking this work, it will ensure that it does not undermine the model that is being put in place. Support by the Executive in Hospital and Health Services to provide opportunities to frontline staff to be engaged in this process would be welcomed by the Commission.</p> |

| Recommendation 11   | Response  |
|---|---|
| <p><b>Build stronger working relationships with the Department of Health and Hospital and Health Services to leverage off existing information and systems.</b></p> | <p>In 2015, the Mental Health Commissioner wrote to all Chief Executives seeking to leverage off existing networks and opportunities for community engagement through the Hospital and Health Services. In addition, the Commission has been working positively with Chairs of Hospital and Health Boards to develop a protocol for collaboration which has now been signed by the Chair of the Chairs Forum and the Chair of the forum of Chief Executives.</p> <p>In the last 12 months, the Commission has been invited by the Director-General to participate in a number of sector-wide forums and this has been useful to establish and strengthen networks. In addition, the Office of Health Statutory Agencies provides a contact list of senior officers.</p> <p>From the Commission’s perspective, the organisational arrangements for mental health within the Department of Health are a barrier to strengthening relations. Despite recommendations of the Hunter Review, all system-wide functions for mental health, alcohol and other drugs remain centralised in one administrative unit. Often other parts of the Department assume that information to, or about, the Commission is channelled through that Branch.</p> <p>The Commission notes the positive observation in the Public Service Commission’s Report (page 4) on the Commission focus on evaluation driven by the voice of the customer. Hospital and Health Services and other statutory bodies such as the Commission and the Office of the Health Ombudsman are customers of the Office of Health Statutory Agencies within Queensland Health and accordingly may also welcome a similar opportunity for providing feedback. This would facilitate better understanding of respective expectations and so support more effective operations and the intent of this recommendation.</p> |

| Recommendation 12  | Response  |
|--|---|
| <p><b>Participate in the annual whole-of-government Working for Queensland survey.</b></p>                                   | <p>The Commission notes that the Terms of Reference of the review explicitly stated that Commission workforce processes and culture were out of scope. Accordingly the Commission cannot be confident that the observations in this section of the Report are based on balanced information and had requested that this section be removed from the draft report.</p> <p>As would be expected in any new organisation, the Commission has a clear process for monitoring and responding to staff climate that is appropriate to a small organisation.</p> <p>The Commission would be happy to discuss participation in the annual whole-of government Working for Queensland survey with the Public Service Commission, however believes that it is limited in its depth of analysis in an organisation of less than 20FTE.</p> |
| Recommendation 13  | Response  |
| <p><b>Department of Health consider the issues raised by stakeholders in the upcoming legislative review of the Act.</b></p> | <p>The report made a number of observations that were outside the scope of the review. The Commission is supportive of those issues relevant to the legislation being considered so long as the observations are not seen to be representative or comprehensive. It is noted that the Mental Health Commissioner is a member of the steering committee undertaking the review of the legislation.</p>   |

## Appendix 3

# Meetings and events attended by the Commissioner

| July 2016      |  |
|----------------|--|
| 1              | <ul style="list-style-type: none"> <li>• Visit to Borallon Training and Correctional Centre</li> <li>• Meeting with Deputy Director-General (Policy), Department of the Premier and Cabinet</li> </ul>   |
| 6              | <ul style="list-style-type: none"> <li>• Outcomes Research into Practice: Grant Thornton Australia and Curtin University Not-for-profit Initiative Boardroom Lunch</li> </ul>  |
| 8              | <ul style="list-style-type: none"> <li>• Meeting with Director-General, Department of Health</li> <li>• Meeting with Pattie Hudson, CEO, Central Queensland, Wide Bay, Sunshine Coast Primary Health Network</li> </ul>  |
| 11             | <ul style="list-style-type: none"> <li>• Meeting with Janice Crosbie, Advisory Council member</li> </ul>   |
| 13–14          | <ul style="list-style-type: none"> <li>• Challenging the Mental Illness-Violence Nexus Conference (panel member)</li> </ul>  |
| 14             | <ul style="list-style-type: none"> <li>• Meeting with community member</li> </ul>  |
| 15             | <ul style="list-style-type: none"> <li>• Meeting with Karyn Walsh, CEO, Micah Projects</li> <li>• Meeting with community member (by telephone)</li> </ul>  |
| 18             | <ul style="list-style-type: none"> <li>• Meeting with Kim Thirkettle and Flora Vidal, Kyabra Community Association</li> </ul>  |
| 19             | <ul style="list-style-type: none"> <li>• National Empowerment Project Cultural, Social and Emotional Wellbeing Pilot Management Committee Meeting</li> </ul>   |
| 20             | <ul style="list-style-type: none"> <li>• Meeting with community member (by telephone)</li> </ul>   |
| 21             | <ul style="list-style-type: none"> <li>• Mental Health and Other Drugs Funding Project Reference Group Meeting</li> </ul>  |
| 26             | <ul style="list-style-type: none"> <li>• Meeting with Kingsley Bedwell, CEO, Richmond Fellowship Queensland</li> </ul>   |
| 28             | <ul style="list-style-type: none"> <li>• Meeting with Mary Burgess, Acting Public Advocate and Julia Duffy, Acting Public Guardian</li> <li>• Meeting with Councillor Graham Quirk, Lord Mayor of Brisbane</li> </ul>  |
| 29             | <ul style="list-style-type: none"> <li>• Promoting Lived Experience in Mental Health Forum</li> </ul>  |
| August 2016    |  |
| 1              | <ul style="list-style-type: none"> <li>• Mental Health Act Inter-Departmental Executive Committee Meeting</li> </ul>   |
| 2              | <ul style="list-style-type: none"> <li>• Meeting with Recruitment and Consulting Services Association Brisbane: Managing mental health in recruitment (by telephone)</li> </ul>  |
| 2              | <ul style="list-style-type: none"> <li>• Meeting with South Australian Mental Health Commissioner</li> <li>• Meeting with Victorian Mental Health Commissioner and Queensland Public Guardian</li> </ul>   |
| 3              | <ul style="list-style-type: none"> <li>• National Aboriginal and Torres Strait Islander Mental Health Forum</li> </ul>   |
| 5              | <ul style="list-style-type: none"> <li>• Recruitment and Consulting Services Association Brisbane Breakfast Panel Presentation (panel member)</li> <li>• Institute of Public Administration Australia (Queensland) Event presentation: 'On the Couch with Commissioner Ian Stewart'</li> </ul> |
| 7              | <ul style="list-style-type: none"> <li>• Australian Holistic Healers &amp; Counsellors Association Integrative Mental Health Seminar (guest speaker)</li> </ul>  |
| 8              | <ul style="list-style-type: none"> <li>• Meeting with consumer</li> </ul>  |
| 12             | <ul style="list-style-type: none"> <li>• 17th International Mental Health Conference (guest speaker)</li> </ul>  |
| 16             | <ul style="list-style-type: none"> <li>• <i>beyondblue</i> Board Meeting (by telephone)</li> <li>• Meeting with Peter Dillon, National Mental Health Consumer and Carer Forum</li> <li>• Meeting with Karyn Walsh, CEO, Micah Projects</li> </ul>  |
| 18             | <ul style="list-style-type: none"> <li>• Meeting with community member (by telephone)</li> <li>• Meeting with Acting Deputy Director-General and Acting Executive Director, Strategic Policy, Department of Health</li> </ul>  |
| 19             | <ul style="list-style-type: none"> <li>• Queensland Mental Health and Drug Advisory Council Meeting</li> </ul>   |
| 22             | <ul style="list-style-type: none"> <li>• Evaluation of the Queensland National Empowerment Project sites (by telephone)</li> <li>• Meeting with consumer (by telephone)</li> </ul>   |
| 23             | <ul style="list-style-type: none"> <li>• Launch of the <i>Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016–18</i></li> </ul>   |
| 24             | <ul style="list-style-type: none"> <li>• TheMHS Conference, Auckland, New Zealand</li> </ul>   |
| 30             | <ul style="list-style-type: none"> <li>• Meeting with Mental Health and Specialised Services, West Moreton Hospital and Health Service</li> </ul>  |
| 31             | <ul style="list-style-type: none"> <li>• Roses in the Ocean World Suicide Prevention Day Breakfast Launch (guest speaker)</li> <li>• Police and Mental Health Strategic Conversation</li> </ul>  |
| September 2016 |  |
| 1              | <ul style="list-style-type: none"> <li>• Meeting with Marie Fox, CEO, Open Minds</li> </ul>  |
| 5              | <ul style="list-style-type: none"> <li>• Meeting with Senator Sue Lines</li> <li>• QCOSS Forum Leadership driving social wellbeing</li> </ul>  |



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| 6  | <ul style="list-style-type: none"> <li>Central Highlands Regional Council Regional Mental Health and Wellbeing Forums</li> </ul>  | 30                  | <ul style="list-style-type: none"> <li>Meeting with Kara Vickery, Health Writer, Courier Mail</li> </ul>  |
| 8  | <ul style="list-style-type: none"> <li>Queensland Health Board Chairs' Forum (guest speaker)</li> <li>Suicide Prevention Health Roundtable</li> </ul>   | <b>October 2016</b> |   |
| 9  | <ul style="list-style-type: none"> <li>IASP World Suicide Prevention Day Forum (keynote speaker)</li> <li>Radio interview with 612 ABC Drive</li> </ul>   | 4                   | <ul style="list-style-type: none"> <li>Meeting with Paul Woodhouse, Chair of Hospital and Health Board Chairs</li> <li>Nous Group – Review of Health Performance Frameworks (by telephone)</li> </ul>   |
| 12 | <ul style="list-style-type: none"> <li>Meeting with consumer</li> <li>Meeting with Michael Thorn, Chief Executive, Foundation for Alcohol Research and Education (by telephone)</li> <li>Meeting with Sinead Hourigan, Director and Mary Darke, Associate Director, Robert Walters</li> </ul> | 6                   | <ul style="list-style-type: none"> <li>National Empowerment Project Cultural, Social and Emotional Wellbeing Management Committee Meeting, Kuranda</li> </ul>   |
| 13 | <ul style="list-style-type: none"> <li>Meeting with consumer</li> </ul>   | 7                   | <ul style="list-style-type: none"> <li>Meeting with Director-General, Department of Communities, Child Safety and Disability Services – Mental Health Suicide Prevention Out of Home Care</li> </ul>  |
| 14 | <ul style="list-style-type: none"> <li>Meeting with Jak Dennison, Executive Director, Canefields Clubhouse</li> </ul>   | 9                   | <ul style="list-style-type: none"> <li>Queensland Mental Health Week Walk For Awareness (guest speaker and participant)</li> </ul>  |
| 15 | <ul style="list-style-type: none"> <li>Metro South Addiction and Mental Health Services Community Engagement Forum (guest speaker)</li> <li>Meeting with consumer</li> </ul>  | 10                  | <ul style="list-style-type: none"> <li>Meeting with consumer</li> </ul>   |
| 16 | <ul style="list-style-type: none"> <li>Meeting with Queensland Health Victim Support Service</li> </ul>   | 11                  | <ul style="list-style-type: none"> <li>Inaugural headspace Day (guest speaker)</li> <li>Meeting with Bronwen Edwards, CEO, Roses in the Ocean</li> </ul>  |
| 19 | <ul style="list-style-type: none"> <li>Mental Health Act Inter-Departmental Executive Committee Meeting</li> <li>Meeting with Bronwen Edwards, CEO, Roses in the Ocean</li> <li>Meeting with Jan Kealton, Deputy Chair, Queensland Mental Health and Drug Advisory Council</li> </ul>         | 12                  | <ul style="list-style-type: none"> <li>Queensland Mental Health Week Neami National Breakfast (guest speaker)</li> <li>Workplace Health and Safety Queensland Mental Health Forum</li> <li>Meeting with Fionnagh Dougan, CEO, Children's Health Queensland</li> <li>Mental Illness Fellowship Queensland launch of workplace training and education programs</li> </ul> |
| 20 | <ul style="list-style-type: none"> <li>Workplace Health and Safety Board Planning Day (guest speaker)</li> <li>Meeting with Chief Psychiatrist</li> </ul>   | 13                  | <ul style="list-style-type: none"> <li>Meeting with Professor David Kavanagh, School of Psychology and Counselling, Queensland University of Technology</li> </ul>  |
| 21 | <ul style="list-style-type: none"> <li>Meeting with consumer (by telephone)</li> <li>Meeting with Frank Tracey, Executive Director Allied Health, Children's Health Queensland</li> </ul>   | 14                  | <ul style="list-style-type: none"> <li>Queensland Mental Health Week Morning Tea with Stirling Hinchliffe MP</li> <li>Queensland Mental Health Week Achievement Awards</li> </ul>   |
| 23 | <ul style="list-style-type: none"> <li>Meeting with Dr Agnew Alexander, Chair, Royal Australian and New Zealand College of Psychiatrists (Queensland Branch)</li> </ul>   | 15                  | <ul style="list-style-type: none"> <li>Queensland Mental Health Week Recovery Stories by Candlelight</li> </ul>   |
| 28 | <ul style="list-style-type: none"> <li>Launch of the <i>Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18</i></li> </ul>  | 16                  | <ul style="list-style-type: none"> <li>Queensland Mental Health Week Wellness Riverwalk (participant)</li> </ul>  |
| 30 | <ul style="list-style-type: none"> <li>Meeting with Kris Trott, CEO, Queensland Alliance for Mental Health</li> </ul>   |                     |   |

Appendix 3  
Meetings and events attended  
by the Commissioner

|                      |   |
|----------------------|---|
| 17                   | <ul style="list-style-type: none"> <li>Meeting with Dr Elisabeth Hoehn, Medical Director and Consultant Psychiatrist, Queensland Centre for Perinatal and Infant Mental Health</li> <li>Meeting with Rosemary Calder, Director, Australian Health Policy Collaborative and Philip Burgess, Professor, School of Public Health, University of Queensland</li> <li>Queensland Mental Health Week closing event</li> </ul> |
| 18                   | <ul style="list-style-type: none"> <li>Arafmi Mental Health Carers Forum (guest speaker)</li> </ul>   |
| 19                   | <ul style="list-style-type: none"> <li>Suicide Prevention Health Taskforce meeting</li> </ul>   |
| 20                   | <ul style="list-style-type: none"> <li>Institute of Public Administration Australia Conference</li> </ul>   |
| 21                   | <ul style="list-style-type: none"> <li>Queensland Mental Health and Drug Advisory Council Meeting</li> </ul>  |
| 25                   | <ul style="list-style-type: none"> <li>2016 AsPac International Mental Health Conference (guest speaker)</li> </ul>   |
| <b>November 2016</b> |   |
| 7                    | <ul style="list-style-type: none"> <li>Meeting with Simon Blackwood, Deputy Director-General, Office of Industrial Relations, Queensland Treasury</li> </ul>  |
| 8                    | <ul style="list-style-type: none"> <li>Stepping Stone Clubhouse 2016 Australian Conference Pathways to Better Mental Health</li> </ul>  |
| 9                    | <ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan Reference Group meeting</li> <li>Meeting with Marie Fox, CEO, Open Minds</li> <li>Meeting with community member and carer (by telephone)</li> </ul>   |
| 10                   | <ul style="list-style-type: none"> <li>Meeting with PwC – Implementation of Barrett Adolescent Centre Commission of Inquiry</li> <li>Queensland Suicide Prevention Reference Group meeting</li> </ul>   |
| 11                   | <ul style="list-style-type: none"> <li>Queensland Rural and Remote Mental Health and Wellbeing Reference Group meeting</li> <li>Meeting with Karen Prout, Editor, SVA Quarterly, Social Ventures Australia (by telephone)</li> <li>Meeting with Queensland Voice for Mental Health</li> </ul>   |
| 14                   | <ul style="list-style-type: none"> <li>Suicide Prevention Health Taskforce meeting</li> </ul>   |
| 15                   | <ul style="list-style-type: none"> <li>Meeting with consumer (by telephone)</li> </ul>  |
| 16                   | <ul style="list-style-type: none"> <li>Dialog 2016 Perspectives on Peer Work Conference (guest speaker)</li> <li>Fifth National Mental Health Plan Consultation</li> <li>Meeting with General Manager, Service Delivery, Housing Authority, WA regarding consumer (by telephone)</li> </ul>   |

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| 17                   | <ul style="list-style-type: none"> <li>Place-based suicide prevention project workshop, Roma</li> <li>Meeting with Mike Kerin, A/Chief Executive, South West Hospital and Health Service</li> </ul>  |
| 18                   | <ul style="list-style-type: none"> <li>Meeting with Dr Agnew Alexander, Chair, Royal Australian and New Zealand College of Psychiatrists (Queensland Branch)</li> </ul>  |
| 18                   | <ul style="list-style-type: none"> <li>Opening of Robina Private Hospital (guest speaker)</li> <li>Meeting with Anne Wallace, artist, regarding her paintings of Wolston Park survivors (by telephone)</li> </ul>  |
| 22                   | <ul style="list-style-type: none"> <li>Meeting with survivors of Wolston Park advocate</li> </ul>  |
| 23                   | <ul style="list-style-type: none"> <li>Meeting with Gerald Griffin, State Manager and Kate Hamilton, Director, Health State Network Queensland</li> <li>Queensland Mental Health Commission Act Review Steering Committee Meeting</li> <li>Meeting with Tony Dell, Stand Tall for PTS</li> </ul> |
| 24                   | <ul style="list-style-type: none"> <li>Hosted meeting for the Minister for Health and Minister for Ambulance Services with the NGO sector</li> <li>SOS FAST <i>One in Four Hypothetical</i> event (guest speaker)</li> </ul>   |
| 25                   | <ul style="list-style-type: none"> <li>White Ribbon Day Breakfast</li> <li>Meeting with the Public Advocate</li> <li>Meeting with Pat Swell, Chief Executive, Access Arts</li> </ul>   |
| 28                   | <ul style="list-style-type: none"> <li>4th Annual Mental Health Conference, Melbourne (guest speaker)</li> </ul>   |
| 30                   | <ul style="list-style-type: none"> <li>Early Action Reference Group meeting</li> </ul>   |
| <b>December 2016</b> |  |
| 1                    | <ul style="list-style-type: none"> <li>Queensland Alcohol and Other Drugs Reference Group facilitated discussion – <i>Queensland Alcohol and Other Drugs Action Plan 2015–17</i> review (Chair)</li> </ul>   |
| 2                    | <ul style="list-style-type: none"> <li>Meeting with Bob Steele, Chair, Mental Illness Fellowship Queensland Board</li> <li>Meeting with Chief Psychiatrist</li> </ul>  |
| 5                    | <ul style="list-style-type: none"> <li>Meeting with Jennifer Pouwer, Acting Chief Executive Officer, Mental Illness Fellowship Queensland</li> </ul>   |
| 6                    | <ul style="list-style-type: none"> <li>National Mental Health Commission conference with Professor Martin Knapp, London School of Economics (by telephone)</li> <li>Work Well Working Group (Co-chair)</li> </ul>  |

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|----|---|
| 7  | <ul style="list-style-type: none"> <li>Meeting with Bronwen Edwards, CEO, Roses in the Ocean and Jacinta Hawgood, Australian Institute for Suicide Research and Prevention</li> <li>Meeting with Paul Woodhouse, Chair of Hospital and Health Board Chairs</li> <li>Meeting with CEO and members of E-Grow project and Centre for Online Health team</li> </ul> |
| 8  | <ul style="list-style-type: none"> <li>Workplace Wellbeing Forum hosted by Robert Walters (guest speaker)</li> <li>Meeting with the Office of the Public Guardian</li> </ul>  |
| 8  | <ul style="list-style-type: none"> <li>Meeting with Jan Kealton, Deputy Chair, Queensland Mental Health and Drug Advisory Council</li> </ul>  |
| 9  | <ul style="list-style-type: none"> <li>Queensland Mental Health and Drug Advisory Council Meeting</li> <li>Gallang Place Graduation Celebration – Brisbane Class of 2016 (guest speaker)</li> </ul>   |
| 12 | <ul style="list-style-type: none"> <li>Meeting with Meg Trimble, Coordinator, CWA Bouncing Back initiative</li> </ul>   |
| 13 | <ul style="list-style-type: none"> <li>Meeting with Lynne Coulson Barr, Victorian Mental Health Complaints Commissioner</li> <li><i>beyondblue</i> Board Meeting, Melbourne</li> </ul>  |
| 20 | <ul style="list-style-type: none"> <li>Meeting with Simon James, Director, Axxon Health</li> </ul>  |
| 21 | <ul style="list-style-type: none"> <li>Meeting with Social Procurement Advisor, Housing and Public Works</li> </ul>   |

### January 2017

|    |   |
|----|---|
| 3  | <ul style="list-style-type: none"> <li>Meeting with Robert Butler, Mercer Consulting</li> </ul>   |
| 4  | <ul style="list-style-type: none"> <li>Telephone discussion with Stella Conroy, Deputy CEO, Families Australia</li> <li>Meeting with Deputy Director-General, Policy, Department of Premiers and Cabinet</li> </ul> |
| 6  | <ul style="list-style-type: none"> <li>Meeting with Professor Analise O'Donovan, Head of School of Applied Psychology, Griffith University</li> </ul>   |
| 9  | <ul style="list-style-type: none"> <li>Meeting with community member and carer (by telephone)</li> </ul>  |
| 11 | <ul style="list-style-type: none"> <li>Meeting with Executive Director and Director, Workforce Strategy, Public Service Commission</li> </ul>   |
| 12 | <ul style="list-style-type: none"> <li>Meeting with Health Ombudsman</li> <li>Meeting with Director, Policy Innovation Hub, Griffith University</li> </ul>  |
| 16 | <ul style="list-style-type: none"> <li>Official opening of Vanguard Laundry Services, Toowoomba</li> </ul>  |

|    |  |
|----|--|
| 18 | <ul style="list-style-type: none"> <li>Meeting with Principal Commissioner, Queensland Family and Child Commission</li> </ul>  |
| 19 | <ul style="list-style-type: none"> <li>Meeting with Deputy Director-General, Strategy, Policy and Planning, Department of Health</li> </ul>  |
| 24 | <ul style="list-style-type: none"> <li>Meeting with Health Service Chief Executive, Children's Health Queensland</li> </ul>  |
| 25 | <ul style="list-style-type: none"> <li>Meeting with Deputy State Coroner</li> <li>Meeting with Deputy Director-General, Clinical Excellence Division, Queensland Health</li> </ul> |
| 26 | <ul style="list-style-type: none"> <li>Meeting with the Director-General, Queensland Health</li> </ul>   |
| 27 | <ul style="list-style-type: none"> <li>Metro North Australia Day Achievement Awards 2017</li> </ul>  |
| 31 | <ul style="list-style-type: none"> <li>Meeting with Director of Psychiatry, Robina Private Hospital</li> </ul>   |

### February 2017

|       |  |
|-------|--|
| 1     | <ul style="list-style-type: none"> <li>Meeting with Executive Director, Mental Health and Specialised Services, West Moreton Hospital and Health Service</li> </ul>    |
| 9     | <ul style="list-style-type: none"> <li>Meeting with Executive Director, Mental Health and Other Drugs, Clinical Division</li> </ul>                                    |
| 13–14 | <ul style="list-style-type: none"> <li>National Indigenous Mental Health and Wellbeing Conference, Perth (panel chair and guest speaker)</li> </ul>                    |
| 15    | <ul style="list-style-type: none"> <li>Meeting with Paul Woodhouse, Chair of Hospital and Health Boards Chairs (by telephone)</li> </ul>                               |
| 16    | <ul style="list-style-type: none"> <li>Mindframe presentation to Members of Parliament</li> </ul>  |
| 17    | <ul style="list-style-type: none"> <li>Queensland Mental Health and Drug Advisory Council Meeting</li> </ul>   |
| 20    | <ul style="list-style-type: none"> <li>Meeting with the Deputy Director-General, Department of Natural Resources and Mines</li> </ul>                                  |
| 21    | <ul style="list-style-type: none"> <li>Living Black program, SBS Radio (interview)</li> </ul>  |
| 22    | <ul style="list-style-type: none"> <li>Fifth National Mental Health Plan Key National Stakeholder Workshop, Sydney</li> </ul>  |
| 24    | <ul style="list-style-type: none"> <li>Meeting with Dr Agnew Alexander, Chair Royal Australian and New Zealand College of Psychiatrists (Queensland Branch)</li> </ul> |
| 25    | <ul style="list-style-type: none"> <li>TheMHS Leadership Retreat 2017</li> </ul>   |
| 26    | <ul style="list-style-type: none"> <li>IIMHL Leadership Exchange Welcome To Queensland event</li> </ul>  |
| 27    | <ul style="list-style-type: none"> <li>Police and Mental Health Strategic Conversation</li> </ul>  |
| 28    | <ul style="list-style-type: none"> <li>Mental Health Act Inter-Departmental Executive Committee Meeting</li> </ul>   |

Appendix 3  
Meetings and events attended  
by the Commissioner

| March 2017 |   |
|------------|---|
| 1          | <ul style="list-style-type: none"> <li>Meeting of Royal Commission and Mental Health Commissions, Sydney</li> </ul>   |
| 2–3        | <ul style="list-style-type: none"> <li>IIMHL Leadership Exchange Conference, Sydney</li> </ul>  |
| 4          | <ul style="list-style-type: none"> <li>National Meeting of Australian Mental Health Commissions</li> </ul>  |
| 7          | <ul style="list-style-type: none"> <li>Maranoa place-based suicide prevention project meeting</li> <li>Meeting with consumer (by telephone)</li> </ul>  |
| 9          | <ul style="list-style-type: none"> <li>Meeting with the Director, Australian Institute for Suicide Research and Prevention</li> <li>Meeting with CEO, MyMind (Centre for Mental Wellbeing)</li> </ul> |
| 10         | <ul style="list-style-type: none"> <li>Meeting with CEO, Women’s Health Queensland Wide</li> </ul>  |
| 13–14      | <ul style="list-style-type: none"> <li>Strategic Plan Renewal Consultation Forum, Rockhampton</li> </ul>  |
| 15         | <ul style="list-style-type: none"> <li>Meeting with Commissioner, Queensland Corrective Services</li> </ul>   |
| 16         | <ul style="list-style-type: none"> <li>Wesley LifeForce Suicide Memorial Day</li> </ul>   |
| 17         | <ul style="list-style-type: none"> <li>Early Action Plan update Age Well Roundtable (Chair)</li> </ul>  |
| 18         | <ul style="list-style-type: none"> <li>Student Leadership event (guest speaker)</li> </ul>  |
| 20         | <ul style="list-style-type: none"> <li>Human Rights Forum 2017 (guest speaker)</li> </ul>   |
| 21         | <ul style="list-style-type: none"> <li>Meeting with Deputy Director-General, Prevention Division, Department of Health</li> </ul>   |
| 22         | <ul style="list-style-type: none"> <li>Early Action Plan update Work Well Roundtable</li> </ul>   |
| 24         | <ul style="list-style-type: none"> <li>Meeting with Executive Director, Mental Health And Specialised Services, West Moreton Hospital and Health Service</li> </ul>                                   |
| April 2017 |   |
| 3          | <ul style="list-style-type: none"> <li>Meeting with Tony Dell, Stand Tall for PTS</li> </ul>  |
| 6          | <ul style="list-style-type: none"> <li>Meeting with Kris Trott, CEO, Queensland Alliance for Mental Health</li> </ul>   |
| 19         | <ul style="list-style-type: none"> <li>Real Mental Health Matters Leadership Breakfast Workshop</li> </ul>  |
| 20         | <ul style="list-style-type: none"> <li>Meeting with Principal Commissioner, Queensland Family and Children’s Commission</li> <li>Meeting with Director, Omni Pathways</li> </ul>                      |

| 24       | <ul style="list-style-type: none"> <li>Meeting with Mal Weir, Men’s Shed Carina Inc</li> <li>Meeting with Chief Psychiatrist</li> </ul>   |
|----------|---|
| 27       | <ul style="list-style-type: none"> <li>Ice Regional Community Engagement Summit, Rockhampton</li> </ul>   |
| May 2017 |   |
| 2        | <ul style="list-style-type: none"> <li>Meeting with Interim CEO, Open Minds</li> </ul>  |
| 4        | <ul style="list-style-type: none"> <li>Meeting with Mulungu Aboriginal Corporation, Mareeba</li> <li>Meeting with Ngoonbi Community Services Indigenous Corporation, Kuranda</li> </ul>   |
| 5        | <ul style="list-style-type: none"> <li>Meeting with KPMG Project Team, Social Housing Policy Review</li> <li>Launch of Micah Projects Housing First – a foundation for recovery mental health toolkit (guest speaker)</li> </ul>  |
| 8        | <ul style="list-style-type: none"> <li>Delivering public value – masterclass</li> </ul>   |
| 9        | <ul style="list-style-type: none"> <li>Parliament House lunch with John-Paul Langbroek MP and David Janetzki MP</li> </ul>  |
| 10       | <ul style="list-style-type: none"> <li>Meeting with Deputy Director-General, Department of Natural Resources and Mines</li> <li>Meeting with Stepping Stone Clubhouse Management Board Meeting</li> </ul>   |
| 11       | <ul style="list-style-type: none"> <li>Meeting with Mental Health Commission of NSW (teleconference)</li> </ul>   |
| 15       | <ul style="list-style-type: none"> <li>Lived Experience, Families and Carers Forum</li> <li>Meeting with Michael Crandon MP (by telephone)</li> <li>Child Aware Conference 2017 ‘Driving national action on child safety and wellbeing’</li> </ul>  |
| 16       | <ul style="list-style-type: none"> <li>Suicide Prevention Roundtable – Reference Group and Queensland Advisory Group on Suicide Information and Data members</li> </ul>   |
| 17       | <ul style="list-style-type: none"> <li>Meeting with Garry Lee, National Chair, Campervan and Motorhome Club of Australia (CMCA), Gary Rebgetz, past Chair, CMCA and Ken Kipping, Director, Omni Pathways</li> </ul>   |
| 18       | <ul style="list-style-type: none"> <li>Meeting with Kevin Cocks, Commissioner, Anti-Discrimination Commission Queensland: Review of the <i>Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019</i></li> <li>Institute of Public Administration – Queensland Relaunch</li> </ul> |

|    |  |
|----|--|
| 19 | <ul style="list-style-type: none"> <li>Meeting with Professor David Kavanagh, Advisory Council Member</li> <li>Social Procurement Project Government Buyers Reference Group</li> </ul>   |
| 22 | <ul style="list-style-type: none"> <li>Meeting with Liza Carroll, Director-General, Department of Housing and Public Works and Kirstine Harvie, Executive Director, Strategic Projects and Service Innovation: Review of the <i>Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019</i></li> <li>Meeting with Paul Martyn, Deputy Director-General, Strategic Policy and Innovation and Kylie Cooper, Director, Innovation Policy and Programs Department of Science, Information Technology and Innovation</li> </ul>   |
| 23 | <ul style="list-style-type: none"> <li>Meeting with Neil Willmet, CEO, Queensland Aboriginal and Islander Health Council</li> </ul>  |
| 24 | <ul style="list-style-type: none"> <li>Meeting with Tony Cassidy, Group Manager, Wesley Mission LifeForce</li> </ul>   |
| 25 | <ul style="list-style-type: none"> <li>Suicide Prevention Health Taskforce meeting</li> </ul>  |
| 26 | <ul style="list-style-type: none"> <li>Meeting with Chief Psychiatrist</li> </ul>  |
| 30 | <ul style="list-style-type: none"> <li>Meeting with Kirsten Herring, Deputy Director-General, Rebecca Atkinson, Executive Director, Arts Policy and Programs, Susan Richer, Director, Policy and Strategy and Partnerships: Review of the <i>Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019</i></li> <li>Meeting with Clare O'Connor, Director General, Department of Aboriginal and Torres Strait Islander Partnerships: Review of the <i>Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019</i></li> <li>Meeting with Cheryl Vardon, Principal Commissioner, Queensland Family and Child Commission: Review of the <i>Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019</i></li> </ul> |
| 31 | 2017 Think Tank meeting and Sector Launch of Queensland Mental Health Week 2017  |

| June 2017 |   |
|-----------|---|
| 5         | <ul style="list-style-type: none"> <li>Meeting with Paul Woodhouse, Chair of Hospital and Health Boards Chairs</li> <li>Meeting with community member: Mental Health Act</li> </ul>   |
| 6         | <ul style="list-style-type: none"> <li>Meeting with Michael Hogan, Director-General, Department of Communities Child Safety and Disability Services</li> <li>Meeting with Bronwyn Edwards, CEO, Roses in the Ocean</li> </ul>   |
| 7         | <ul style="list-style-type: none"> <li>Meeting with Professor Paul Mazerolle, Pro Vice Chancellor (Arts, Education and Law), Griffith University</li> </ul>   |
| 8         | <ul style="list-style-type: none"> <li>Eidos 'The Place' Conversation: Social Procurement</li> </ul>  |
| 9         | <ul style="list-style-type: none"> <li>Meeting with Belinda Morrissey, Executive Officer, English Family Foundation</li> <li>2017 LUMINOUS Lantern Parade and VIP function</li> </ul>   |
| 13        | <ul style="list-style-type: none"> <li>Meeting with Rosemary Calder, Director, Australian Health Policy Collaborative: mental health performance indicators within the WHO Global Action Plan context and opportunities for synergies</li> <li>Meeting with Graham Kraak, Acting Senior Director, Strategic Policy and Legislation Branch, Queensland Health</li> </ul> |
| 15        | <ul style="list-style-type: none"> <li>Wolston Park Survivors Artistic Event 'Today I Am'</li> </ul>  |
| 16        | <ul style="list-style-type: none"> <li>QCOSS Budget Breakfast</li> <li>Queensland Mental Health and Drug Advisory Council Meeting</li> </ul>  |
| 19        | <ul style="list-style-type: none"> <li>Meeting with John Feneley, NSW Mental Health Commissioner</li> </ul>   |
| 20        | <ul style="list-style-type: none"> <li><i>beyondblue</i> Board Meeting (by telephone)</li> </ul>  |
| 21        | <ul style="list-style-type: none"> <li>Meeting with the University of the Sunshine Coast and Sunshine Coast Mind and Neuroscience – Thompson Institute</li> </ul>   |
| 29        | <ul style="list-style-type: none"> <li>Arafmi and Aftercare Mental Health Carers Retreat</li> </ul>   |
| 30        | <ul style="list-style-type: none"> <li>Meeting with Queensland Ombudsman</li> </ul>   |

# Appendix 4

## 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<br>3                                     |
| Accessibility                         | • Table of contents  | ARRs – section 9.1<br>1                                   |
|                                       | • Glossary   | 104   |
|                                       | • Public availability  | ARRs – section 9.2<br>105                                 |
|                                       | • Interpreter service statement  | Queensland Government Language Services Policy<br>105     |
|                                       | • Copyright notice   | ARRs – section 9.3<br><i>Copyright Act 1968</i><br>105    |
|                                       | • Information Licensing  | ARRs – section 9.4<br>QGEA – Information Licensing<br>105 |
| General information                   | • Introductory Information   | ARRs – section 9.5<br>6                                   |
|                                       | • Agency role and main functions   | ARRs – section 10.1<br>6                                  |
|                                       | • Operating environment  | ARRs – section 10.2<br>6–8                                |
| Non-financial performance             | • Government’s objectives for the community  | ARRs – section 10.3<br>6                                  |
|                                       | • Other whole-of-government plans / specific initiatives   | ARRs – section 11.1<br>10–14                              |
|                                       | • Agency objectives and performance indicators   | ARRs – section 11.2<br>7, 50                              |
|                                       | • Agency service areas and service standards   | ARRs – section 11.3<br>51                                 |
| Financial performance                 | • Summary of financial performance   | ARRs – section 11.4<br>55                                 |
| Governance – management and structure | • Organisational structure   | ARRs – section 12.1<br>50                                 |
|                                       | • Executive management   | ARRs – section 13.1<br>49                                 |
|                                       | • Government bodies (statutory bodies and other entities)  | ARRs – section 13.2<br>N/A                                |
|                                       | • <i>Public Sector Ethics Act 1994</i>   | <i>Public Sector Ethics Act 1994</i><br>51                |
|                                       | • Queensland public service values   | ARRs – section 13.4<br>7                                  |
|                                       |  | ARRs – section 13.5                                       |

| Summary of requirement   | Basis for requirement   | Annual report reference   |
|--|---|---|
| Governance – risk management and accountability                              | • Risk management   | ARRs – section 14.1<br>52   |
|  | • Audit committee   | ARRs – section 14.2<br>52   |
|  | • Internal audit  | ARRs – section 14.3<br>52   |
|  | • External scrutiny   | ARRs – section 14.4<br>52   |
|  | • Information systems and recordkeeping                                     | ARRs – section 14.5<br>52   |
| Governance – human resources   | • Workforce planning and performance  | ARRs – section 15.1<br>53   |
|  | • Early retirement, redundancy and retrenchment                             | Directive No.11/12<br>Early Retirement, Redundancy and Retrenchment<br>53                                     |
|  |   | Directive No.16/16<br>Early Retirement, Redundancy and Retrenchment (from 20 May 2016)<br>ARRs – section 15.2 |
| Open data  | • Statement advising publication of information                             | ARRs – section 16<br>53   |
|  | • Consultancies   | ARRs – section 33.1<br>55   |
|  | • Overseas travel   | ARRs – section 33.2<br>57   |
|  | • Queensland Language Services Policy                                       | ARRs – section 33.3<br>53   |
| Financial statements   | • Certification of financial statements                                     | FAA – section 62<br>82  |
|  |   | FPMS – sections 42, 43 and 50<br>ARRs – section 17.1  |
|  | • Independent Auditor’s Report  | FAA – section 62<br>83<br>FPMS – section 50<br>ARRs – section 17.2  |
| Legislative requirements of the Queensland Mental Health Commission Act 2013 | • Ministerial directions  | Nil   |
|  | • Recommendations in each ordinary report                                   | Nil   |
|  | • Recommendations by the Queensland Mental Health and Drug Advisory Council | 35  |

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

## Appendix 5

# Glossary

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



### ***About this report***

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2016–17. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug system in Queensland.

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

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### ***Feedback***

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



### ***Translation***

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



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Queensland  
**Mental Health  
Commission**

2017