



PAXTON PARTNERS

Queensland Mental Health Commission
Evaluation methodology development
Baseline Report
November 2014

Table of Contents

1.	Executive Summary	3
1.1	Overall Summary	3
1.2	Summary of recommendations.....	4
2.	Contextual background	7
2.1	Purpose of document.....	7
2.2	Literature Review	7
2.3	Preliminary stakeholder consultations.....	8
2.4	Baseline Survey	8
2.5	Report structure.....	12
3.	Collective Impact.....	13
3.1	Key Findings	13
3.2	Summary	15
3.3	Recommendations	15
4.	QMHC KRAs	16
4.1	Key Findings	16
4.2	Summary	20
4.3	Recommendations	21
5.	QMHC Partnerships.....	22
5.1	Key findings	22
5.2	Summary	27
5.3	Recommendations	27
6.	QMHC Profile	28
6.1	Key Findings	28
6.2	Summary	32
6.3	Recommendations	32
7.	QMHC Organisational Enablers.....	33
7.1	Key Findings	33
7.2	Summary	33
7.3	Recommendations	33
8.	Overall Summary.....	34
	Appendix A - Survey questions.....	35
	Appendix B - Survey Design Flowchart.....	55

List of figures

Figure 1: Inputs to the QMHC Evaluation Baseline	7
Figure 2: Survey respondents by remoteness	9
Figure 3: Geographical mapping of respondents by postcode.....	10
Figure 4: Role of survey respondents	10
Figure 5: Sectors represented by survey respondents	11
Figure 6: Positions of survey respondents.....	11
Figure 7: Conceptual overview of QMHC Evaluation Framework	12
Figure 8: Overall changes in the Mental Health, Drug and Alcohol system	14
Figure 9: Familiarity with the strategic plan by position type	17
Figure 10: QMHC interaction with stakeholders	22
Figure 11: QMHC engagement and collaboration.....	24
Figure 12: Correlation between type of contact with QMHC and views on stakeholder engagement	25
Figure 13: Survey respondent views on opportunity to input, by role	26
Figure 14: Relationship between interaction with QMHC and confidence in QMHC capability.....	26
Figure 15: Stakeholder views on QMHC model around service delivery funding	29

List of Tables

Table 1: QMHC benefitting people with mental health and/or substance misuse issues	14
Table 2: Familiarity with the Queensland Mental Health, Drug and Alcohol Strategic Plan.....	17
Table 3: Contribution to and application of QLD MHDA Strategic Plan	18
Table 4: Survey respondent views on QMHC performance against KRAs.....	19
Table 5: Inclusion of people with lived experience, their families and carers in planning and decision making.....	20
Table 6: Survey respondent views on sustainability of reforms.....	20
Table 7: Survey respondent views on benefits from QMHC	20
Table 8: Varying views on QMHC collaboration	24
Table 9: Opportunities to provide input to QMHC work and perceived benefit of QMHC work.....	25
Table 10: Familiarity with the work QMHC does.....	28
Table 11: Interest in the QMHC and knowledge of the mental health, drug and alcohol system in QLD	28
Table 12: Survey respondent views on QMHC control of funding	29
Table 13: Survey respondent views on independence of the QMHC.....	30
Table 14: Survey respondent understanding of role of QMHC and relationship to own work/life	31
Table 15: Survey respondent understanding of interface with QMHC and views on its credibility	31
Table 16: Qualitative survey responses referencing promotion and awareness	32

Disclaimer:

This report is prepared solely for the purpose set out in section 2 and is not to be used for any other purpose without Paxton Partners' and the QMHC's prior written consent.

The report includes references to the views of various QMHC stakeholders. Paxton Partners has relied on direct feedback from stakeholders or the results of the baseline survey in reporting such views. Where possible, the broader representativeness of such views is indicated. However, Paxton Partners has not sought to further validate these views beyond the scope of the activities described in Section 2.

Direct quotes in this report have been included unedited from their original form.

1. Executive Summary

1.1 Overall Summary

Overall, since its inception in July 2013, the Queensland Mental Health Commission (QMHC) has made positive progress towards building its profile, engaging with most of its key stakeholders, and has developed and released a whole-of-government Strategic Plan for the Mental Health, Drug and Alcohol sectors. The majority of stakeholders believed the QMHC is seen as a credible organisation and is a key driver for reform of the mental health, drug and alcohol sectors.

However, the baseline analysis identified that there is still some way to go for the QMHC to become fully established and embedded amongst Queensland (QLD) Mental Health (MH) and Alcohol and other Drugs (AoD) organisations and in the minds of its stakeholders. One of the key areas identified for improvement was promotion and awareness of the QMHC's role, mandate, scope and activities. Notably, many of the baseline survey questions had relatively low response rates, with sometimes close to 30% of respondents indicating they were unable to comment. This suggests an opportunity for the QMHC to improve its engagement with the breadth of its stakeholders and promotion of its role, mandate and activities. Encouragingly, most stakeholders indicated they were interested in knowing more about the QMHC's work.

Key to the QMHC's success will be the development of robust partnerships and collaborations across the MH and AoD sectors. Its preliminary efforts in this area suggest that while the QMHC is seen to be engaging stakeholders in appropriate, collaborative and meaningful ways, its current coverage of the breadth of relevant stakeholders needs to be improved. Specifically, Board/Executive and management level respondents, on balance, appeared to be more informed about, and engaged by, the QMHC. Conversely, the results suggested a need to improve engagement with frontline providers and to some degree consumers and their families and carers.

A larger perceived gap appeared to be in the QMHC's engagement with the AoD sector. While specific engagement with the AoD sector was not explicitly tested through the baseline survey, a number of qualitative survey responses suggested that the QMHC's focus on the AoD sector must be improved. Stakeholders viewed that the focus of the QMHC's current efforts in AoD was not 'equal' to that of mental health.

In terms of its key result areas, the baseline results were largely not definitive, suggesting that it may be too early to evaluate the QMHC's activities in certain areas. One exception was with respect to its Research, Review and Report function in which close to two-thirds of survey respondents viewed that the QMHC's activities in this area were helping to identify and respond to current and emerging issues and trends.

In terms of the QLD Mental Health, Drug and Alcohol Strategic Plan, many stakeholders expressed that the release of this document would be pivotal to influencing their views on the potential effectiveness of the QMHC in the longer term. Its ability to articulate its understanding and prioritisation of the key issues for MH and AoD in QLD, through the strategic plan, is key to establishing and solidifying the credibility of the QMHC.

The baseline analysis was intentionally undertaken prior to release of the strategic plan to enable future assessment of the impact of the strategic plan in changing the perceptions of stakeholders on the QMHC's effectiveness. Therefore, it was not surprising that the majority of survey respondents indicated a low level of familiarity with the strategic plan and less than half indicated that they were provided adequate opportunity to contribute to the development of the strategic plan. Nonetheless, about half of survey respondents believed that the strategic plan would influence activities and decisions within their organisation.

This report provides a series of recommendations for consideration by the QMHC to address the areas detailed above, and others as identified throughout the baseline analysis. A summary of these recommendations is provided in section 1.2.

1.2 Summary of recommendations

Recommendation	Rationale
Collective impacts	
Recommendation 1: The QMHC should continue to focus its efforts on the areas within its direct control. However, it should monitor changes at a Collective Impact level to understand how its efforts may be contributing at a system-wide level	<ul style="list-style-type: none"> It is too early to measure changes in Collective Impacts Stakeholders viewed the achievement of certain Collective Impacts to be beyond the direct control of the QMHC
Recommendation 2: The QMHC, in accordance with its Key Result Area of Promotion and Awareness, should play a role in increasing awareness amongst the sector of broader system changes and improvements	<ul style="list-style-type: none"> A key part of the QMHC's mandate is to promote and facilitate the sharing of knowledge and ideas about mental health and substance misuse issues Almost 30% of survey respondents could not comment on whether positive reform changes were occurring
QMHC Key Result Areas	
Recommendation 3: Establish a plan for the release and overall promotion of the strategic plan	<ul style="list-style-type: none"> Awareness of the intent of the Strategic Plan overall was low Stakeholders predominantly indicated that they had not had adequate opportunity to contribute to development of the strategic plan
Recommendation 4: Drive promotion and future consultation of the strategic plan beyond Board members and Executive with a focus on frontline staff and people with lived experience	<ul style="list-style-type: none"> When stratifying the survey results by role, Board members and Executives reported being more familiar with the strategic plan than frontline staff or people with lived experience
Recommendation 6: Continue to further engage the breadth of stakeholders and increase promotion and awareness activities that seek to reduce stigma and discrimination in the community	<ul style="list-style-type: none"> Only 43% of survey respondents indicated that they believe the QMHC's promotion and awareness activities are reducing stigma and discrimination
Recommendation 7: Ensure messaging about research, review, and evaluation work is clear, with a focus on Government Employees, University Academics, and Advocacy/Peak Bodies	<ul style="list-style-type: none"> While the majority of stakeholders were positive about the QMHC's research, review and evaluation work, these groups had the lowest level of agreement indicating an area for improved engagement
Recommendation 8: Increase the profile of the Mental Health and Drug Advisory Council (MHDAC) with a particular emphasis on the work undertaken by the council to guide reform	<ul style="list-style-type: none"> Close to half of survey respondents indicated they were unable to comment on whether the MHDAC was providing effective advice to drive appropriate reform. This may indicate a broad lack of awareness about the MHDAC and its role.
Recommendation 9: Continue to include people with lived experience, their families and carers, as appropriate in the planning and decision-making activities of the QMHC	<ul style="list-style-type: none"> The QMHC is required to engage with and consult with these groups in carrying out its mandate. Almost half of the respondents from these groups indicated not having adequate opportunity to contribute to the QMHC's work.
Recommendation 10: Consider stronger representation on the MHDAC of the interests of people from culturally and linguistically diverse (CALD) backgrounds	<ul style="list-style-type: none"> Some stakeholders perceived that inadequate representation of people from CALD backgrounds on the MHDAC was compromising the QMHC's credibility with these groups. These views were reinforced in the survey responses.

Recommendation	Rationale
QMHC Partnerships	
Recommendation 11: Develop and disseminate clear communications about how stakeholders can contribute to and influence the work of the QMHC	<ul style="list-style-type: none"> • Almost half of respondents indicated that they did not have sufficient opportunity to input into the QMHC's work.
Recommendation 12: Review the current consultation and collaboration strategy and create indicators and measures to monitor QMHC engagement with representatives of various positions (e.g. from management, non-management and frontline staff) and roles (e.g. people with lived experience, providers and government employees to politicians) to ensure overall engagement is balanced	<ul style="list-style-type: none"> • In a number of areas, the survey results suggested that frontline service delivery staff and consumers, their families and carers could be engaged more proactively to ensure an overall balance across the key relevant stakeholders. • Establishing monitoring indicators that provide insight into the mix of stakeholders being engaged will assist in the QMHC sustaining a balanced engagement approach.
Recommendation 13: Assess methods to increase engagement with the Alcohol and other Drug sector, stakeholders from Rural QLD, and frontline service delivery staff	<ul style="list-style-type: none"> • Stakeholders from these groups indicated through the consultation and survey that the QMHC was not engaging them to the degree they felt was necessary to ensure their views were adequately represented in the QMHC's work.
Recommendation 14: Work with key partners to develop 'success' stories specific to particular initiatives, target populations or research areas. Communicate and promote these broadly.	<ul style="list-style-type: none"> • Key success stories will assist in improving promotion and awareness of issues in the MH and AoD sectors • In addition, promoting the work of other key partners will assist in increasing the QMHC's credibility as a collaborative capacity builder.
Recommendation 15: Ensure content and structure of future forums and workshops are designed to increase joint participation and buy-in from the breadth of relevant stakeholders	<ul style="list-style-type: none"> • Stakeholder views on the value of the QMHC's past workshops and forums were mixed and not all stakeholders had positive experiences.
Recommendation 16: Increase communication about how the QMHC is involving consumers, their families and their carers	<ul style="list-style-type: none"> • The engagement of consumers, their families and their carers is key to the QMHC's mandate. However, almost half of the survey respondents identifying with these groups felt that they had insufficient opportunity to input into the QMHC's work.
QMHC Profile	
Recommendation 17: Increase promotion of QMHC itself, its role and mandate	<ul style="list-style-type: none"> • Although there was a high degree of familiarity with the QMHC's work, 68% of survey respondents indicated that they did not believe that there was a high level of awareness of the QMHC. • Almost all survey respondents indicated being interested in knowing more about the work of the QMHC
Recommendation 18: Explore potential to augment existing database of survey respondents with more of general QLD population for a more representative sample	<ul style="list-style-type: none"> • Related to recommendation 17, the majority of survey respondents saw themselves as being familiar with the work of the QMHC, but the majority did not believe there was a high level of awareness of the QMHC. This may suggest that the survey respondent group provided a somewhat biased sample when assessing the breadth and depth of the QMHC's reach. • A broader cross-section of the general QLD population may provide a more valid picture of the true degree of awareness of the QMHC and its work in the broader

Recommendation	Rationale
	QLD population
Recommendation 19: Actively monitor stakeholder's perceptions of independence from Government	<ul style="list-style-type: none"> • About half of respondents saw the QMHC as operating independently of Government and QLD Health and other departments. However, almost a quarter felt unable to answer the question. • The perception of stakeholders with respect to the QMHC's independence will influence their perceptions on the effectiveness and credibility of the QMHC
Recommendation 20: Develop a clear and ongoing communications strategy for highlighting QMHC's success stories'	<ul style="list-style-type: none"> • Related to recommendation 14, a clear strategy for communicating the QMHC's 'success stories' will assist in increasing the profile of the QMHC and its work

2. Contextual background

2.1 Purpose of document

This document consolidates the findings of the first quarter of the QMHC evaluation “Implementation” Stage (Stage 2). The first quarter of Stage 2 focused on developing a baseline for the QMHC Evaluation. Three key activities contributed to this development, depicted in Figure 1 below:

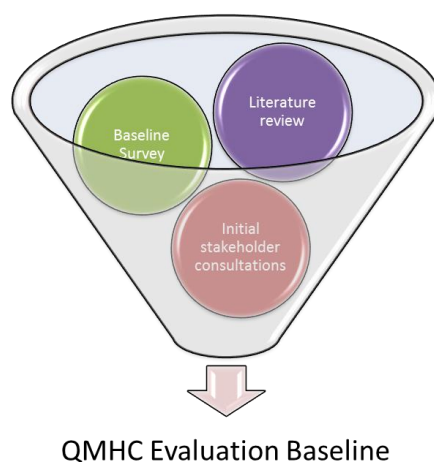


Figure 1: Inputs to the QMHC Evaluation Baseline

The data and information collected through each of these activities was analysed against the Evaluation Framework (described in the QMHC Evaluation Stage 1 Report) to determine a baseline for the QMHC's performance against each of the key evaluation questions. This baseline will serve two purposes. Firstly, to provide a reference point against which to assess future changes in the QMHC's performance in each evaluation area and secondly, to identify areas for specific improvement that the QMHC may focus on in its next period of activity.

The sections below provide a high-level overview of each of the key activities.

2.2 Literature Review

The QMHC will drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system within Queensland through:

- optimising sectoral consensus on, and making progress towards, achieving system wide outcomes, and
- maximising the collective impact of the available lived experience and professional expertise across the mental health alcohol and other drugs sector.

The QMHC does not deliver direct mental health service but instead operates at a 'meta-level' supporting multiple lines of work with multiple stakeholders that are directed at the common goal of realising improved mental health and wellbeing. As such, its role in co-ordinating service delivery agencies and providers to achieve joint goals, facilitating the establishment of sustained relationships, and fostering productive collaborations will be integral to its success.

To inform the development of a robust evaluation framework for assessing the success of the QMHC, the literature review identified the following:

- Methods to facilitate the formation of collaborative capacity
- Attributes of successful collaborative networks
- Characteristics and emergent properties of collective impact, and
- Methods best suited to evaluate these constructs and the relative contribution of multiple, overlapping initiatives on key outcomes.

The aim of the paper was to identify relevant, practical constructs, methods, and indicators applicable to the evaluation of the QMHC. The literature review identified a number of common attributes of collaborative capacity, networks, and collective impact that informed the design of the Evaluation Framework.

Additionally, the literature review highlighted the complexity of evaluating organisations such as the QMHC. There was significant discussion in the literature regarding the requirement of complex social problems, such as the mental health needs and well-being of Queenslanders, to be addressed through a multi-organisational, multi-pronged, and multi-level set of collaborations to arrive at the collective impact of improved mental health and well-being. The literature suggests that to achieve such collective impact requires collaboration (sharing resources and benefits for a common purpose), collaborative capacity (structure and action), and networks (interdependence and co-ordination). These mechanisms will support the QMHC in achieving its mandate and consequently form a significant portion of the Evaluation Framework.

The findings from the literature review provided a reference point against which to view the QMHC's current and previous activities and to provide guidance for how the QMHC may best focus its future efforts to support the fostering of collaborative networks. These findings guided the development of the key discussion areas explored during the preliminary stakeholder consultations (see section 2.3).

2.3 Preliminary stakeholder consultations

Preliminary stakeholder consultations were conducted, either in person or by phone, with 24 key representatives of the MH, AoD sectors in Queensland. They provided early indications of how key stakeholders viewed the model for the QMHC, its role and its achievements to date. The consultations highlighted a number of areas for improvements and 'cautionary tales' that the QMHC will need to consider as it expands its activities over the coming years.

Six main discussion points guided the consultations:

- An investigation of the needs of the QLD mental health sector that the QMHC could address.
- Perceptions on the objectives for, and virtues of, setting up the QMHC.
- The perceived scope of the QMHC's role as an independent provider of leadership and coordination in the QLD mental health sector.
- The key metrics of success for the QMHC – e.g. what will the QLD mental health sector look like if the QMHC achieves its objectives?
- The ways in which the impacts that the QMHC has contributed to, and the extent of that contribution, can be identified.
- Other mechanisms that could be employed to achieve the stated outcomes of the QMHC.

The stakeholder feedback was categorised into six main themes:

- Role of the QMHC
- Challenges for the QMHC
- The Mental Health, Drug and Alcohol Strategic Plan
- Utilisation of different levers for change
- Potential measures of QMHC success
- Direct experience with the QMHC

These themes are explored in further detail in the following sections of this report and in the separate QMHC Stakeholder Consultation Summary document.

2.4 Baseline Survey

During the stakeholder consultations, it became clear that the release of the Queensland Mental Health, Drug and Alcohol Strategic Plan would be pivotal in stakeholders determining their opinions of the QMHC's work. For this reason, a broad baseline survey was undertaken prior to the release of the strategic plan.

The survey was designed to gain the views of a broad group of stakeholders with respect to the key evaluation areas. The survey recipients were identified through the QMHC's stakeholder database and eNewsletter recipient list, a total of 1,607 individuals. These recipients were also encouraged to forward the survey invitation to anyone

they thought may be interested in also completing the survey. The QMHC twitter account and website were also utilised to publicise the survey.

The survey was emailed to the 1,607 identified stakeholders on Monday the 25th of August 2014. Over the course of the three weeks that the survey was 'live', 580 responses were received (~36% response rate¹). The survey respondent group was largely representative of the breadth of the QMHC stakeholder group. It is intended that the survey will be repeated yearly over the evaluation period (with minor modification as required) to enable analysis of year-on year results. The complete survey is available in Appendix A.

2.4.1 Profile of Survey Respondents

Based on the postcode provided, survey respondents were located primarily (62%) in a Major city, with 21% in Inner Regional and 14% in an Outer Regional location. A small proportion of respondents (1-2%) were from Remote or Very Remote areas of Australia. When compared to the distribution of the overall Queensland population, the mix of survey respondents suggests an over-representation of people from Major cities and an under-representation of the Outer Regional population. All other categories were relatively comparable to the QLD population (Figure 2).

Figure 2: Survey respondents by remoteness

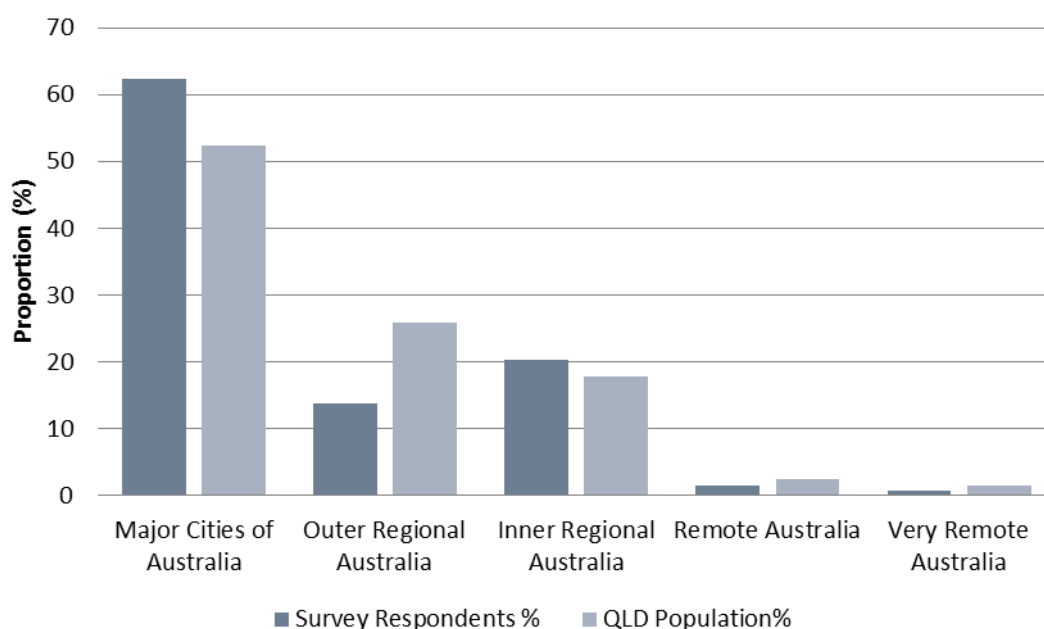


Figure 3 depicts a graphical map of the location of respondents, by postcode. Unsurprisingly, the majority of respondents are clustered in Queensland and specifically around Brisbane. However, respondents also indicated their postcode as originating in NSW, Victoria, WA, ACT and SA, with NT being the only State or Territory not represented in the survey responses.

¹ The survey was also accessible via a generic web-link that could be forwarded to other potential respondents. However, it was not possible to track the forwarding of this web-link and therefore it was not possible to ascertain the final overall distribution of the survey, and by extension the actual response rate. The approximate response rate indicated assumes all respondents were from the main distribution list.

Figure 3: Geographical mapping of respondents by postcode



Source: Google Maps

Figure 4 shows that the top five roles indicated by survey respondents included service providers, person with lived experience or their family, non-government organisation representatives and government employees. Fifteen percent of respondents identified as 'Other'; there was no trend amongst these responses, which included clinicians, volunteers, mums, individual advocates, and representatives of small grass roots organisations.

Figure 4: Role of survey respondents

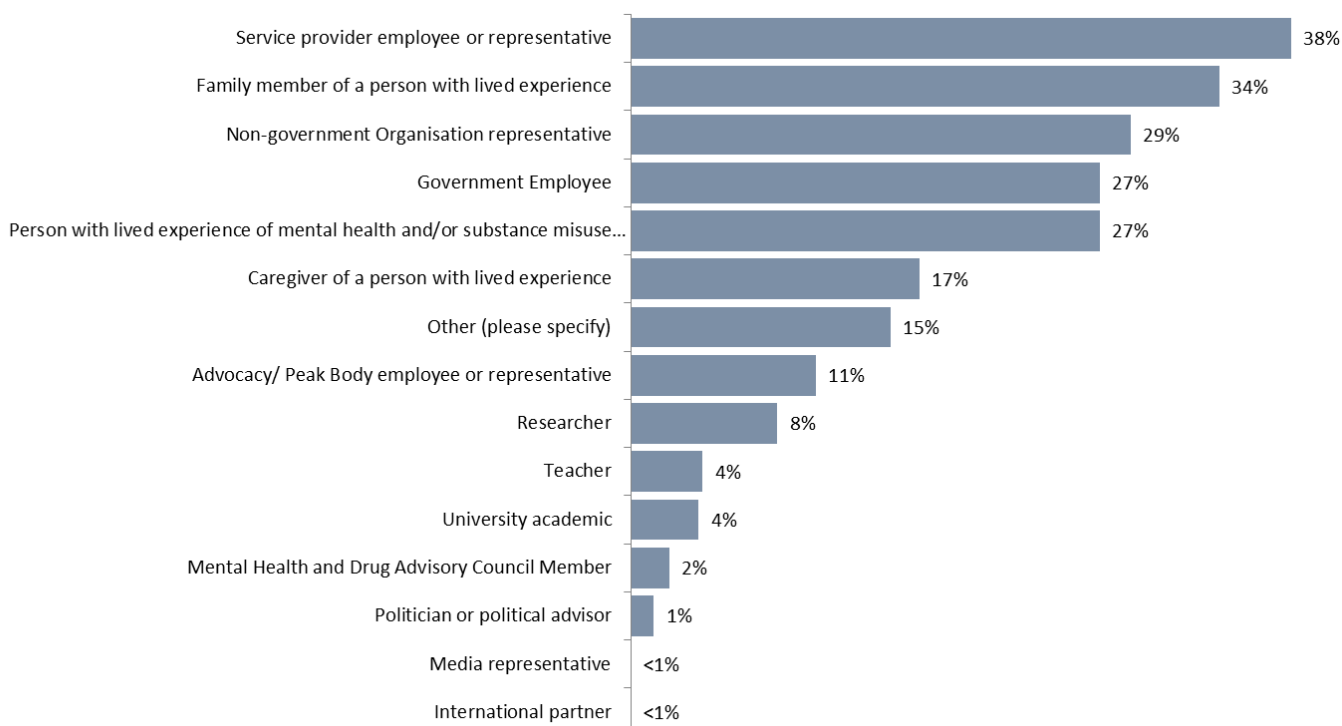
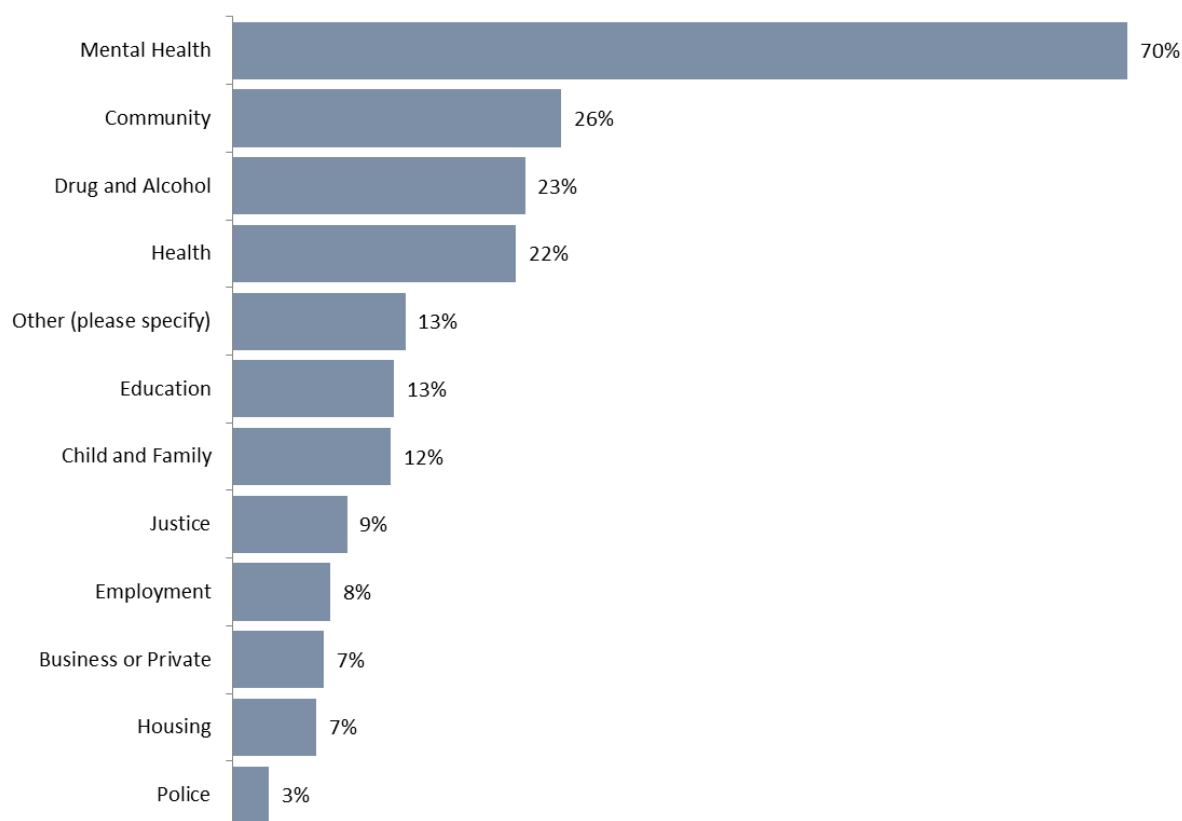


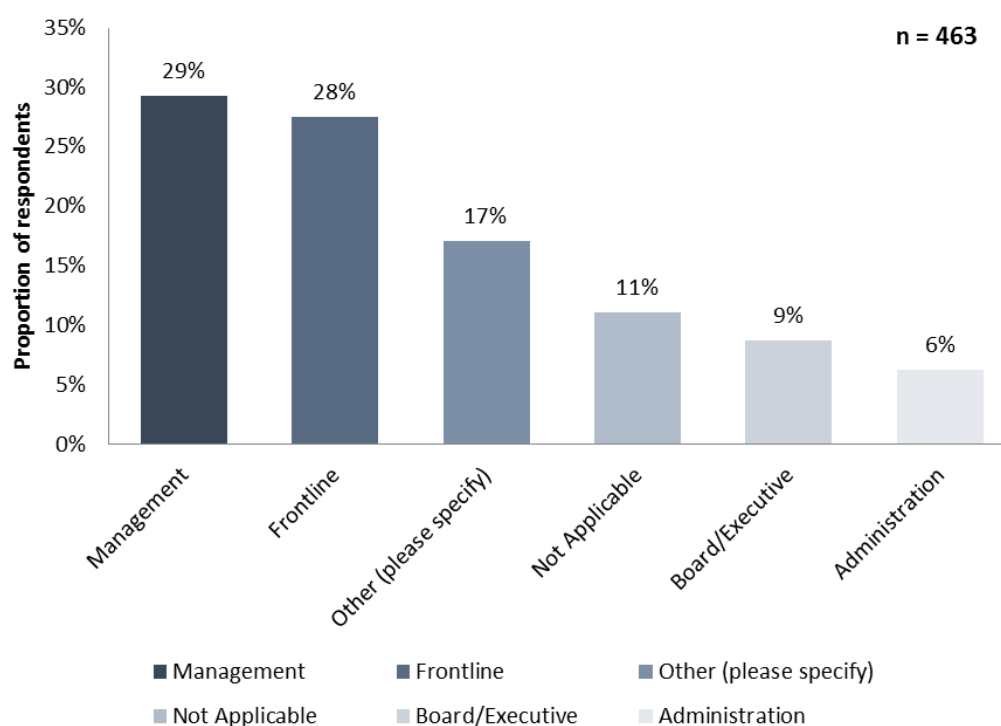
Figure 5 demonstrates that most sectors were represented in the survey results, although the Mental Health sector dominated, represented by 70% of the respondents. The 'Other' category was selected by 13% of respondents and contained a range of responses including, Aviation, Disability, Government, Youth and Indigenous.

Figure 5: Sectors represented by survey respondents



Additionally, as can be seen in Figure 6, respondents held a variety of positions within their organisation. These results provide an insight into the levels at which the QMHC is interacting. This also highlights that, in large part, the survey results represent the views of a broader range of stakeholders than just Board and Executives that were captured during the stakeholder consultations.

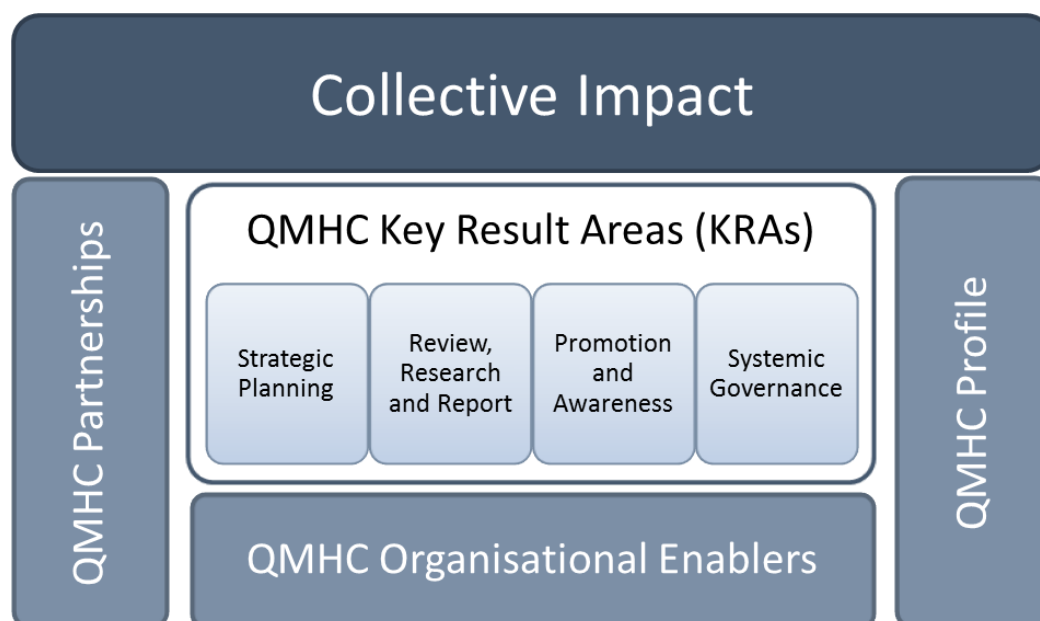
Figure 6: Positions of survey respondents



2.5 Report structure

The evaluation of the QMHC is structured under five inter-related components as depicted in Figure 7.

Figure 7: Conceptual overview of QMHC Evaluation Framework



1. The **Collective Impact** component focuses on higher-level indicators related to consumer outcomes.
2. **QMHC KRAs** considers the Commission's performance against each of its stated functions.
3. The **QMHC Partnerships** component focuses on the Commission's ability to develop effective and sustainable partnerships at multiple stakeholder levels, required to support its other activities.
4. The **QMHC Profile** component focuses on assessing the effectiveness of the Commission's communication and engagement activities.
5. **QMHC Organisational Enablers** explores the systems, processes and infrastructure of the Commission to support the inter-related components.

The development of the Evaluation Framework was guided by the literature review, stakeholder consultations, and input from a Project Co-ordination Group, which comprised Paxton Partners and QMHC staff.

The remainder of this report includes an individual section for each of the evaluation components describing the key findings from the baseline analysis.

3. Collective Impact

Evaluation of Collective Impacts

To what extent has the QMHC influenced social policy around MH and AOD issues?

To what extent have the activities of the Commission influenced changes at the government level?

To what extent have the activities of the Commission influenced changes at the agency/service provision level?

To what extent have impacts for consumers, families and carers been influenced by the activities of the Commission?

3.1 Key Findings

3.1.1 Stakeholder consultations

As the QMHC was considered to be still in its establishment phase, the stakeholders consulted identified that little comment could be made about its achievements towards collective impacts. In addition, it was recognised that broader changes at the system level require a long timeframe to observe and there were mixed opinions on whether the QMHC's success should be measured at all by the achievement of collective impacts.

Some stakeholders viewed that the QMHC's scope and remit prevented them from being able to directly influence some of the 'harder' metrics (e.g. suicide rates etc.). Others felt that, while in agreement that some outcomes will be harder for the QMHC to change, they should at least 'share' in any success or failures at the overall level and therefore such system measures should be included in their evaluation.

In any case, stakeholders consulted largely agreed that in order to drive broader reform in QLD, the QMHC would need to:

- Develop robust cross-sector relationships
- Engage with not only the Executive level, but through to frontline staff in departments and agencies, and
- Employ, and facilitate in others, a strong collaborative and consultative approach.

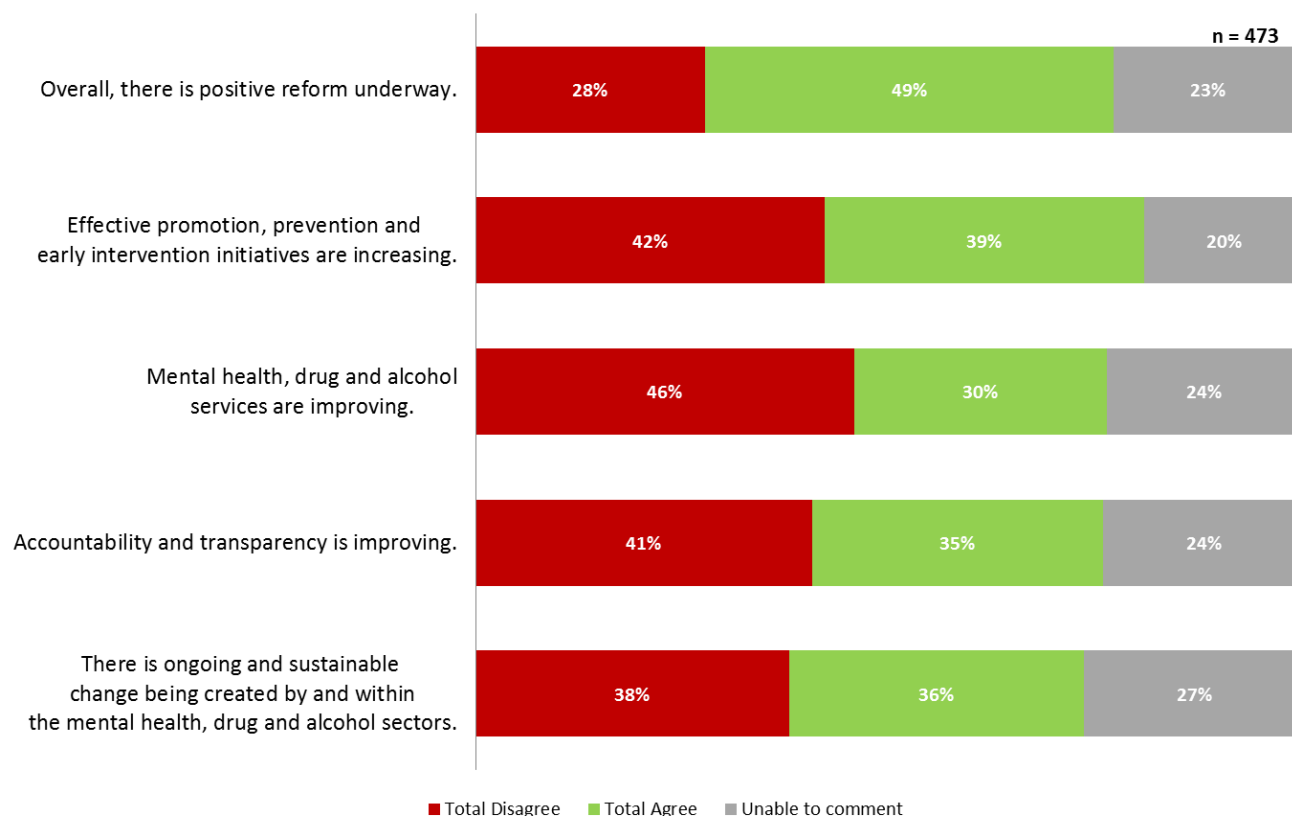
3.1.2 Survey Findings

Given the feedback received during the preliminary stakeholder consultations, the survey focussed primarily on the QMHC's direct sphere of influence. As such only one set of questions in the baseline survey sought to understand broader collective impacts. Collective impacts will be further investigated as the evaluation progresses.

Figure 8 indicates that 49% of respondents to question 16 believe that positive reform is underway in the mental health drug and alcohol sectors. However, with respect to the specific areas of promotion, prevention and early intervention, service improvement, accountability and transparency, and sustainability of change, the largest proportion of survey respondents disagreed that positive change is occurring. It should be noted that in all cases a large proportion (20-27% of total respondents to the question) indicated that they were unable to comment.

This may suggest a need for increased promotion and awareness of the activities underway and the changes occurring, or the fact that it may be too early for stakeholders to comment definitively on the specific areas that were investigated in the survey question. It may also suggest that, simply, more activity is required in these areas. In any case, the desired outcome would be that over time the proportion of respondents that feel informed enough to answer the question increases and that more respondents agree that positive reforms and specific changes are underway.

Figure 8: Overall changes in the Mental Health, Drug and Alcohol system



Notwithstanding the mixed views on whether the QMHC should be directly accountable for overall Collective Impacts, almost universally during the stakeholder consultations, participants considered the role of the QMHC as one of a key change agent to facilitate reform in the MH and AoD sectors.

This belief was also held across the broader survey group, with 73% of respondents agreeing with the statement '*I view QMHC as an important driver of reform of the mental health, drug and alcohol system in Queensland*'.

Further, close to 50% of those answering the question, agreed that people with mental health and/or substance misuse issues are benefitting from the QMHC's work (Table 1). This was twice the number that disagreed, which is encouraging given that the organisation only commenced in July 2013. However, 30% of respondents indicated that they were unable to comment on the question.

Table 1: QMHC benefitting people with mental health and/or substance misuse issues

Please rate your agreement or disagreement with the following statements:

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average (not Inc. <i>Unable to Comment</i>)	Response Count
I believe that people with mental health and/or substance misuse issues are benefitting from the QMHC's work.	3%	20%	34%	13%	30%	2.80	434
<i>answered question</i>							434
<i>skipped question</i>							146

3.2 Summary

With respect to the Collective Impacts component of the Evaluation Framework, the baseline analysis revealed that it may be too early to measure indicators in this area and that there are mixed views as to whether the QMHC should be directly accountable for achieving the outcomes at this level. Nonetheless, the majority of respondents viewed the QMHC as an important driver for reform and close to half of respondents believed that people with mental health and/or substance misuse issues are benefitting from the QMHC's work.

3.3 Recommendations

Recommendation 1: The QMHC should continue to focus its efforts on the areas within its direct control. However, it should monitor changes at a Collective Impact level to understand how its efforts may be contributing at a system-wide level

Recommendation 2: The QMHC, in accordance with its KRA of Promotion and Awareness, should play a role in increasing awareness amongst the sector of broader system changes and improvements

4. QMHC KRAs

Evaluation of QMHC KRAs

What has the Commission achieved with respect to whole-of-government strategic planning?

What has the Commission achieved with respect to its Review, Research and Report function?

What has the Commission achieved with respect to promotion of awareness around mental health and substance misuse issues?

What has the Commission achieved with respect to developing appropriate and effective governance?

To what extent are the Commission's achievements sustainable?

4.1 Key Findings

4.1.1 QLD Mental Health, Drug and Alcohol Strategic Plan

During the consultations, the majority of stakeholders reported that the QLD Mental Health, Drug and Alcohol Strategic Plan (the "Strategic Plan") would be a pivotal document in forming an early view on the potential for the QMHC to be an agent for sustainable reform.

While some stakeholders consulted had been directly involved with the QMHC through a number of targeted initiatives, most had not had any additional contact other than more general engagement activities (e.g. forums, emails, e-newsletters). Critically, a number of stakeholders expressed that they were reserving judgment on whether the QMHC could be successful in their role until they had reviewed the Strategic Plan. This related primarily to the level of confidence stakeholders had on whether the QMHC had identified (and appropriately prioritised) the issues within the QLD MH and AoD sectors. Additionally, how the Strategic Plan was deployed and operationalised was considered by many to be the litmus test of whether the QMHC could be successful.

The core expectations for the strategic plan were:

- A clear description of the scope of the QMHC.
- An articulation of the impact the QMHC is aiming to have.
- Detail on how the QMHC will utilise engagement and collaboration to achieve their outcomes.
- An understanding of the relationship between the QMHC and the Government.

Notably, few stakeholders made a clear distinction between the role of the QMHC in the development of the strategic plan and its role in the Strategic Plan implementation. This suggests that, at least at the moment, a number of the stakeholders consulted assumed that the QMHC would largely be accountable for delivering the outcomes articulated in the Strategic Plan.

As displayed in Table 2, survey respondents indicated that they were predominantly 'not at all' (25%) or 'slightly' (36%) familiar with the intent of the Strategic Plan. This is unsurprising, as the Strategic Plan had not been released at the time that the survey was administered and a limited number of stakeholders were part of development of the document itself (albeit that a broad consultation was undertaken to inform its development). The survey will be repeated annually throughout the evaluation to measure changes in the breadth and depth of dissemination of the Strategic Plan.

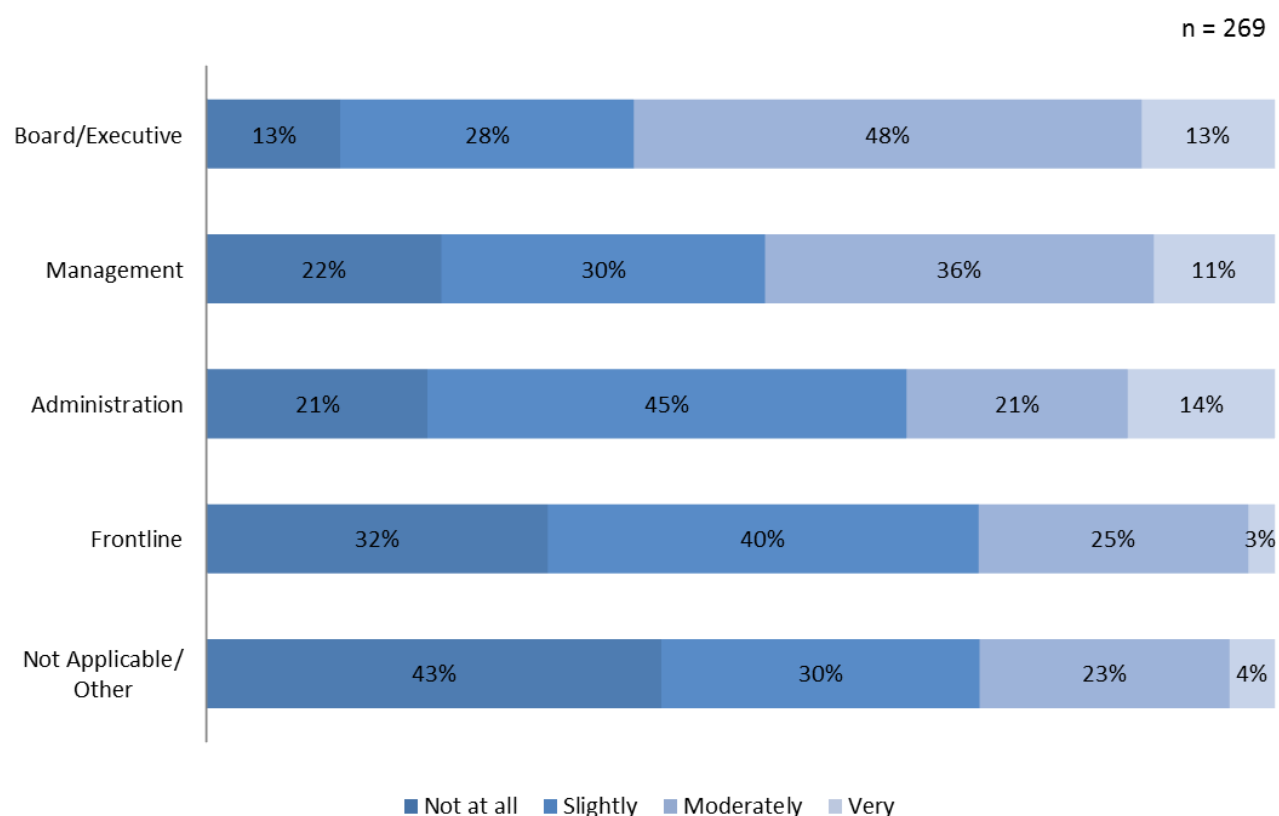
Table 2: Familiarity with the Queensland Mental Health, Drug and Alcohol Strategic Plan

To what degree are you familiar with the intent of the Queensland Mental Health, Drug and Alcohol Strategic Plan being prepared by the QMHC?

Answer Options	Not at all	Slightly	Moderately	Very	Rating Average	Response Count
	25%	36%	31%	8%	2.22	467
<i>answered question</i>						467
<i>skipped question</i>						113

Figure 9 demonstrates the split between the position type held by individuals and their level of familiarity with the intent of the Strategic Plan. Of those that responded to the question and provided a position type, 61% of board and executive staff were likely to have a 'moderate' (48%) or 'very high' (13%) degree of familiarity while 72% of frontline staff selected 'not at all' or 'slightly'. The 'not applicable' category had the greatest percent of respondents selecting 'not at all' (43%).

Figure 9: Familiarity with the strategic plan by position type



Sixty one percent of the people in the 'not applicable/other' category were people with lived experience and family members or carers of those with lived experience. These results suggest that survey respondents identifying as Board/Executive and Management had a high degree of familiarity with the Strategic Plan, while those identifying as frontline staff or people with lived experience and their family or carers had a low degree of familiarity.

Of those that answered the question (see Table 3), 46% agreed that they had adequate opportunity to contribute to the development of the Strategic Plan, 36% disagreed and a further 18% were unable to comment.

Reassuringly, 57% of respondents believed the Strategic Plan would influence activities and decisions made within their organisations while 53% indicated they or their organisation would participate in implementing the Strategic Plan. The percentage of those unable to comment was 22% and 30% respectively.

It should be noted however, that a large number (230, almost 40%) of the total survey respondents did not answer this question, either because they indicated in the prior question no familiarity with the Strategic Plan (139) or they chose not to answer (91).

It is anticipated that over time, more people will become familiar with the Strategic Plan and be able to comment on their participation in implementing the Strategic Plan and the extent to which it has influenced activities and decisions with their organisations.

The Strategic Plan consultation forums were well run, well facilitated and gave the impression that the QMHC would be a strong and important driver in mental health reform. The strategic plan is, on the surface, a great plan and ticks off all the key issues.

However, I don't have any confidence in the likelihood of this plan being "real". This is due to the fact that one of the key parts of the Plan is to ensure services are delivered in the least restrictive environment. The QMHC's response to the locking of the mental health units in QH was in direct contradiction of this point.

- Survey respondent

Table 3: Contribution to and application of QLD MHDA Strategic Plan

Please rate your agreement or disagreement with the following statements:

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average	Response Count
I had adequate opportunity to contribute to the development of the Strategic Plan.	5%	31%	40%	6%	18%	2.57	348
The Strategic Plan will influence activities and decisions made within my organisation.	3%	18%	46%	11%	22%	2.82	350
I, or my organisation, will participate in implementing the Strategic Plan.	2%	16%	42%	11%	30%	2.88	348
answered question							350
skipped question							230

4.1.2 Additional QMHC Key Results Areas

In addition to its role in whole-of-government strategic planning, the QMHC has three other key results areas:

- Review, Research & Report:** providing evidence-based advice on:
 - the mental health and substance misuse system,
 - other issues affecting relevant persons, and
 - issues affecting community mental health and substance misuse.
- Promotion and Awareness:** promote and facilitate the sharing of knowledge and ideas about mental health and substance misuse issues to support and promote strategies that—
 - prevent mental illness and substance misuse
 - facilitate early intervention for mental illness and substance abuse
 - to support and promote the general health and wellbeing of people with a mental illness and people who misuse substances, and their families, carers and support persons
 - to support and promote social inclusion and recovery of people with a mental illness or who misuse substances, and

- to promote community awareness and understanding about mental health and substance misuse issues, including for the purpose of reducing stigma and discrimination.
3. **Governance:** establish and support the Mental Health and Drug Advisory Council (MHDAC). Support and further develop processes to enhance the capacity of consumers, families and carers to contribute to systemic reform.

Table 4 displays the survey results focused on these KRAs.

Table 4: Survey respondent views on QMHC performance against KRAs

Please rate your agreement or disagreement with the following statements:							
Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average	Response Count
The research, review and evaluation work the QMHC is commissioning helps identify and respond to current and emerging issues and trends.	2%	8%	50%	13%	28%	3.01	456
The promotion and awareness work being undertaken by the QMHC is increasing community awareness and reducing stigma and discrimination.	4%	25%	36%	9%	27%	2.67	455
The Mental Health and Drug Advisory Council is providing effective advice to drive appropriate reform.	4%	15%	31%	6%	44%	2.69	455
answered question							456
skipped question							124

The research, review and evaluation work of the QMHC received one of the highest agreement scores across the survey with 63% of respondents agreeing that the research, review and evaluation work the QMHC is commissioning helps identify and respond to current and emerging issues and trends.

When further segregated according to role (data not shown), there was a degree of variance across different role types, with a high percentage of government employees indicating being unable to comment (37%) and higher levels of disagreement amongst university academics (18%) and advocacy/peak bodies (19%), than seen for the overall question respondents (10%). These responses identify the need to improve engagement with university academics and advocacy/peak bodies around research, review and evaluation work.

The largest proportion (43%) of respondents to question 15 agreed that the promotion and awareness work undertaken by the QMHC is increasing community awareness and reducing stigma and discrimination. However, 29% disagreed and 27% felt unable to comment. This suggests that there is scope for the QMHC to improve and increase its promotion and awareness activities in the future.

With respect to the KRA related to effective governance, two survey questions were relevant. Firstly, survey respondents were asked to comment on whether the Mental Health and Drug Advisory Council (MHDAC) is providing effective advice to drive reform. With respect to this question, almost half of respondents (44%) felt unable to comment, suggesting that there is an opportunity for the QMHC to further communicate the role of the MHDAC and increase the profile of the work and input of the MHDAC. Further to the survey comments, direct stakeholder consultation feedback was that the MHDAC should include stronger representation of the interests of people with a multicultural background.

We need to know more about the Council. The forward plan of the Commission needs to be circulated & accompanied by forums set up to encourage interdisciplinary discussions on the content & intent. Create more opportunities for rank & file service providers to contribute.

- Survey respondent

As inclusion of the views of people with lived experience, their families, carers and support people to inform QMHC is a fundamental tenet of the QMHC, survey respondents were asked to indicate the extent to which such views are being utilised by the QMHC to inform planning and decision making. As per Table 5, 58% of respondents agreed that the QMHC is meeting this tenet, with only a relatively small proportion (15%) disagreeing. As with many of the other survey questions, a substantial proportion (27%) of respondents indicated being 'unable to comment'.

Table 5: Inclusion of people with lived experience, their families and carers in planning and decision making

Please rate your agreement or disagreement with the following statements:							
Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average	Response Count
The QMHC is utilising the views of people with lived experience, their families, carers and support people to inform planning and decision-making.	4%	11%	46%	12%	27%	2.92	454

Of importance to the QMHC, and the MH and AoD sectors, is the sustainability of the reforms the QMHC seeks to drive. As such, survey respondents were asked to comment on the extent to which they believe the reforms will be sustainable over the longer term. The majority (51%) of respondents indicated that they were unable to comment on this question. Of those that did respond, the majority indicated that they agreed that the reforms would be sustainable. It is not unexpected that a low proportion of people responded to the question, given that it is likely too early to ascertain whether the activities of the QMHC will lead to sustainable change.

Table 6: Survey respondent views on sustainability of reforms

Please rate your agreement or disagreement with the following statements:							
Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average	Response Count
The reforms the QMHC is driving will be sustainable over the long term.	4%	11%	26%	9%	51%	2.81	455
<i>answered question</i>							456
<i>skipped question</i>							124

The majority of respondents (69%) agreed that they or their organisation would benefit from the work of the QMHC (Table 7). This suggests that most survey respondents have an overall positive outlook on the QMHC's ability to benefit the MH and AoD sectors.

Table 7: Survey respondent views on benefits from QMHC

Please rate your agreement or disagreement with the following statements:							
Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average (not Inc. <i>Unable to Comment</i>)	Response Count
I, or my organisation, will benefit from the work of the QMHC.	2%	13%	49%	20%	17%	3.04	437

4.2 Summary

The baseline results suggest that there was a generally low degree of familiarity with the intent of the QLD MHDA Strategic Plan. The highest familiarity appeared to be for those at the Board/Executive/Management levels, while frontline staff, people with lived experience, their families and carers indicated the lowest degree of familiarity. This suggests a need for improved communication about the Strategic Plan, particularly amongst frontline staff and people with lived experience and their families and carers.

There was a high degree of agreement that the QMHC's review, research and evaluation activities are helping to identify and respond to emerging issues and trends. A sub-analysis showed that there may be value in some specific focus on better engaging university academics and advocacy/peak bodies.

While just under half of the respondents indicated that the QMHC's promotion and awareness activities were helping to reduce stigma and discrimination, about a third disagreed. This suggests an opportunity for the QMHC to increase its activities in this area.

The fact that almost half of respondents indicated that they were unable to comment on the effectiveness of the MHDAC, suggests that there is a need to improve communication of the MHDAC's role and increase its profile. Most people felt that the views of people with lived experience, their families and carers were being used to inform planning and decision-making.

Unsurprisingly, the baseline results suggested that it is too early to for stakeholders to comment on the sustainability of the reforms being driven by the QMHC.

4.3 Recommendations

Strategic Plan

Recommendation 3: Establish a plan for the release and overall promotion of the strategic plan

Recommendation 4: Drive promotion and future consultation of the strategic plan beyond Board and Executive Members with a focus on frontline staff and people with lived experience

Promotion and Awareness

Recommendation 6: Continue to further engage the breadth of stakeholders and increase promotion and awareness activities that seek to reduce stigma and discrimination in the community

Research, Review and Evaluation

Recommendation 7: Ensure messaging about research, review, and evaluation work is clear with a focus on Government Employees, University Academics, and Advocacy/Peak Bodies

Effective Governance

Recommendation 8: Increase the profile of the Mental Health and Drug Advisory Council with a particular emphasis on the work undertaken by the council to guide reform

Recommendation 9: Continue to include people with lived experience, their families and carers, as appropriate in the planning and decision-making activities of the QMHC

Recommendation 10: Consider stronger representation on the MHDAC of the interests of people from culturally and linguistically diverse (CALD) backgrounds

5. QMHC Partnerships

Evaluation of QMHC Partnerships

How well has the Commission facilitated the building of effective cross/whole of government collaborations?

How well has the Commission facilitated the building of effective collaborations within specific departments and organisations?

How well has the Commission built effective collaborations with government and other bodies toward addressing common goals and issues?

How well has the Commission facilitated the building of effective collaborations between service delivery partners?

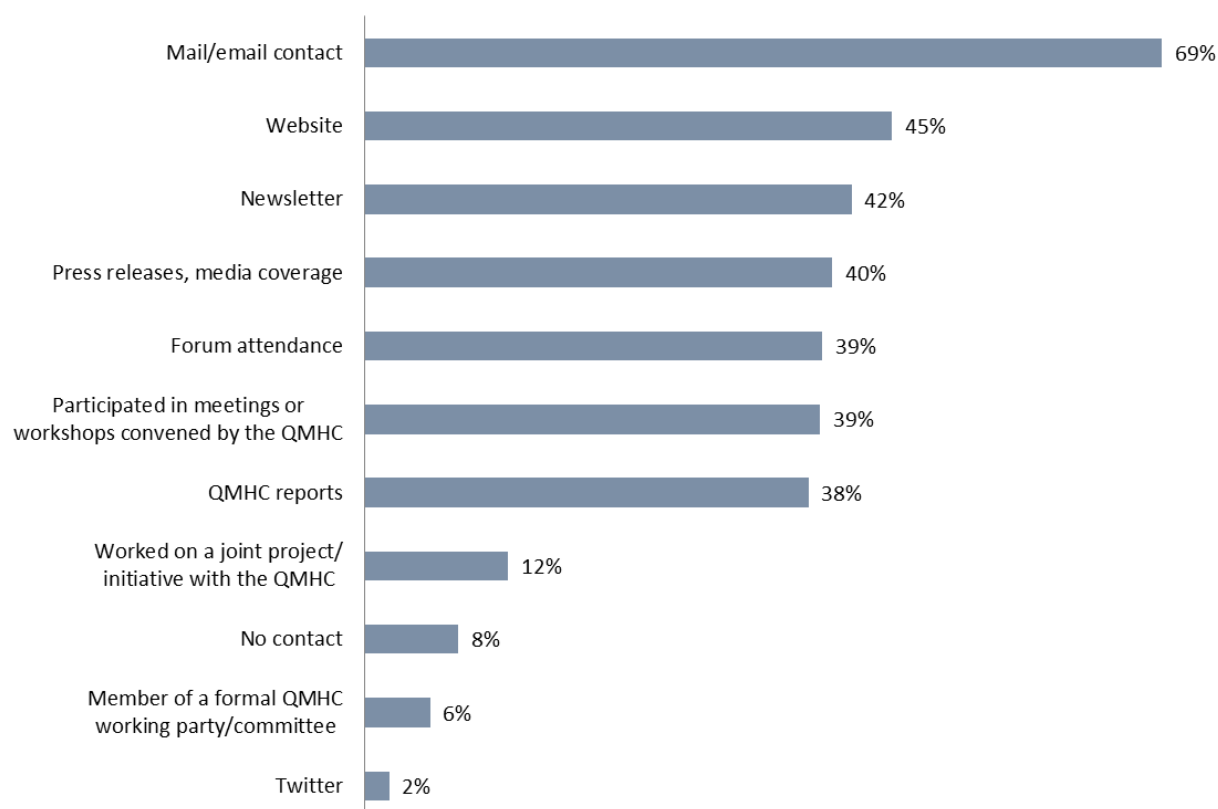
5.1 Key findings

Figure 10 demonstrates how respondents have been in contact with the QMHC. The main mode of contact with survey respondents was mail and or email (69%), followed by the QMHC website (45%) and the eNewsletter (42%), while only 12% of respondents had worked on a joint project/initiative with the QMHC.

Thirty nine percent of respondents had participated in a forum or workshop. The majority of the forums were held by QMHC to provide an opportunity for stakeholders to share ideas and issues relevant to their areas and regions in order to inform the development of the Strategic Plan. While these forums were facilitated by the QMHC, stakeholders consulted viewed that the attendees are likely to be the same ones with a shared responsibility to ultimately implement the Strategic Plan. As such, the forums, while an information gathering activity for the QMHC, may have also served the purpose of bringing together various parties to start the facilitation of new collaborative relationships.

Figure 10: QMHC interaction with stakeholders

n = 486



However, the perceived value of the forums was mixed amongst stakeholders, with the following comments being articulated as part of the free-text responses to the survey:

The forums are great, they are an in person approach where consumers, carers and stake holders can have their say on how issues affect them

- Survey respondent

It listens to what it wants to hear and ignores what it does not wish to hear evidenced where comments were not recorded in a regional forum that were VERY relevant.

- Survey respondent

Get more of the high fliers, eg. minster of health etc. involved. When attending the forum it felt as though, yes we can have our say but it won't make any difference because the politicians will make their decisions anyway.

- Survey respondent

During the stakeholder consultations, participants commented on the possible levers for change available to the QMHC. The importance of good communication is seen as integral and to be achieved through:

- Deployment of a strategic plan with a clear vision and action strategy
- Promotion of a clear communications and engagement strategy
- Proactive communication with regard to issues within QLD before or immediately as they arise.

Similarly, stakeholders viewed that the building of robust relationships with other players in the sector was crucial to the QMHC's success and should include:

- Development of positive cross-sector relationships
- Multi-layered engagement with Executive through to Frontline staff in departments and agencies
- Development of a strong collaborative and consultative approach.

The levers identified by the stakeholders consulted are consistent with the attributes of Collaborative Capacity Builders (CCBs) as described in the Literature Review, and the requirements of the QMHC to build effective collaborations across and within government departments, service delivery partners, and non-government organisations.

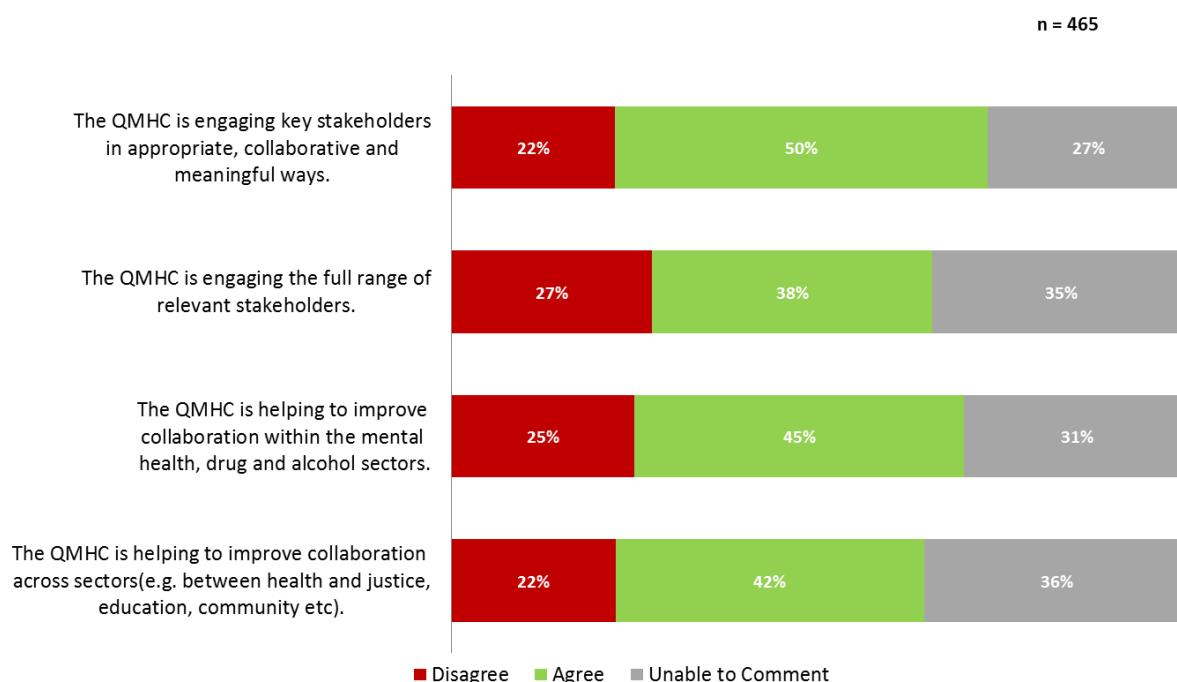
Fifty percent of respondents agreed that the QMHC is engaging key stakeholders in appropriate, collaborative and meaningful ways (Figure 11). Thirty-eight percent of respondents indicated the QMHC was engaging with the full range of relevant stakeholders. For both of these questions a high proportion of stakeholders indicated that they were unable to comment'. The final two questions displayed in Figure 11 also depict high percentages of respondents who indicated they were 'Unable to comment'. However, the majority of respondents who answered the questions did indicate the QMHC as helping to improve collaboration within the MH and AoD sectors and between these sectors and others

The QMHC is working well in establishing relationships and networks, as well as developing the Strategic Plan.

I read the commissioner's report on the international forums she attended recently. This was thought provoking and very useful. Please keep these coming through.

- Survey Respondent

Figure 11: QMHC engagement and collaboration



As illustrated in Table 8 there was further indication in the qualitative statements that respondents' views were somewhat divided on the QMHC's current effectiveness with respect to collaboration.

Table 8: Varying views on QMHC collaboration

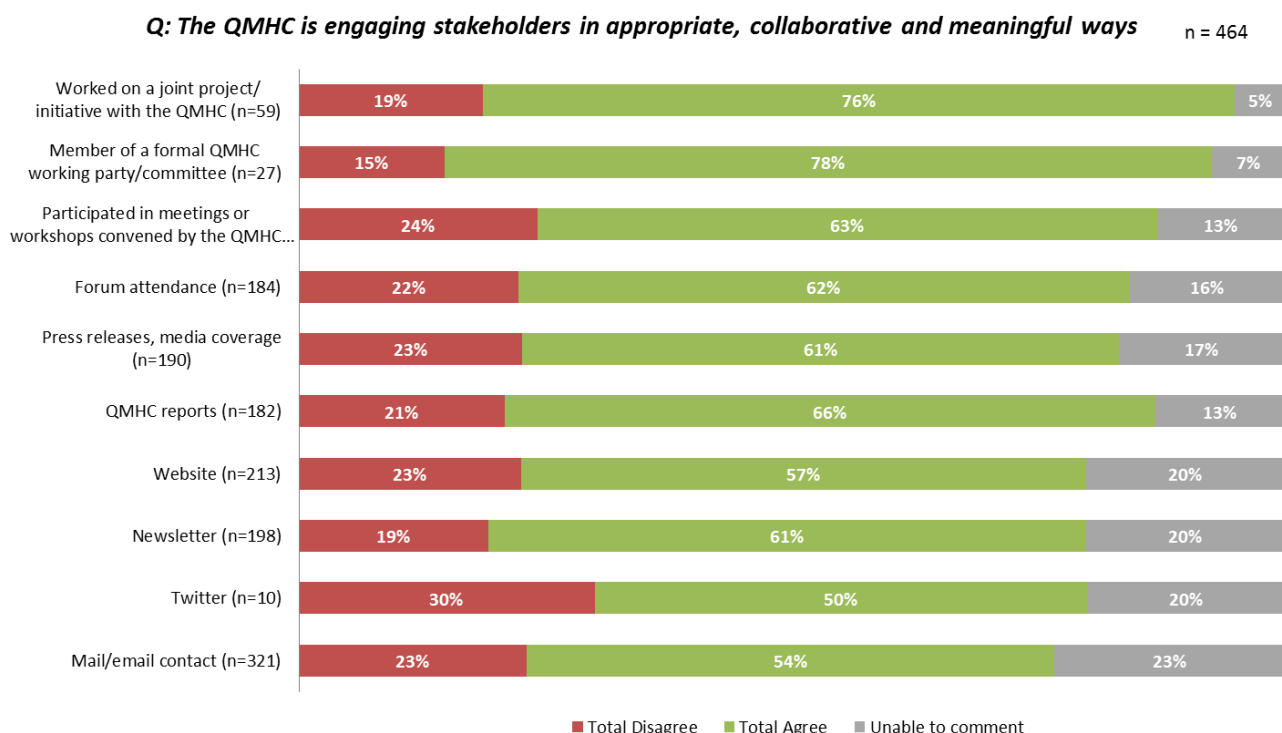
Question	Theme in responses	No. of Respondents	%	Sample stakeholder response
Q17. In what ways is the QMHC working well?	Positive Consultations & Collaboration & Communication	78	35%	"Consultation with diverse, relevant groups and stakeholders. Committed to consumer participation."
Q18. In what areas is the QMHC not working well?	Consumers & stakeholders not being listened to/engaged	38	17%	"The forum was too large and because there was management present many very knowledgeable ground force workers did not speak. Smaller working/ focus groups would have been far more beneficial both to provide feedback, increase understanding and participation."
Q19. Do you have any suggestions for what the QMHC could do to better drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system?	Increase consumers/ground level/clinicians involvement	44	19%	"Consult with a broad range of people from a wide variety of experiences and life circumstances (including family and Carers). Speak with people who work within the sector, particularly those who have direct contact with people. At a managerial level perspectives tend to be carefully crafted statements which serve their own agendas within an atmosphere of competition for funding dollars."

Thirty five percent of the respondents who provided qualitative commentary indicated that the QMHC was working well in regards to collaboration and communication while 17% indicated it was not working well in engaging consumers and 19% offered suggestions to increase consumers, ground level and clinician's involvement.

To determine if there was a correlation between the type of contact stakeholders had with the QMHC and their propensity to see the QMHC as engaging with stakeholders in appropriate, meaningful and collaborative ways, we compared the contact types reported by survey respondents with the responses given to the question on QMHC engagement. The results in Figure 12 suggest that, generally, greater involvement with the QMHC (e.g. via a joint project/initiative, formal working party or committee or meetings and workshops) increased the likelihood that respondents viewed the QMHC as engaging stakeholders in appropriate, meaningful and collaborative ways.

Interestingly, this correlation was slightly weaker when respondents had attended forums or meetings held by the QMHC. These results underscore the importance of a joint focus and goals to forming and fostering real partnerships. It also highlights an opportunity for the QMHC to review the structure and contents of the forums and workshops to increase their impact on attendees.

Figure 12: Correlation between type of contact with QMHC and views on stakeholder engagement



To further test stakeholder's views on their interactions with QMHC, survey respondents were asked to indicate the extent to which they felt they had sufficient opportunity to provide input into the QMHC's work. In response to this survey question there was nearly an even split with 41% disagreeing and 46% agreeing, while 13% chose not to comment. Of those that provided qualitative responses, 7% referenced that the alcohol and other drug sector was not adequately represented and 6% that rural QLD had not been engaged.

Table 9: Opportunities to provide input to QMHC work and perceived benefit of QMHC work

Please rate your agreement or disagreement with the following statements:

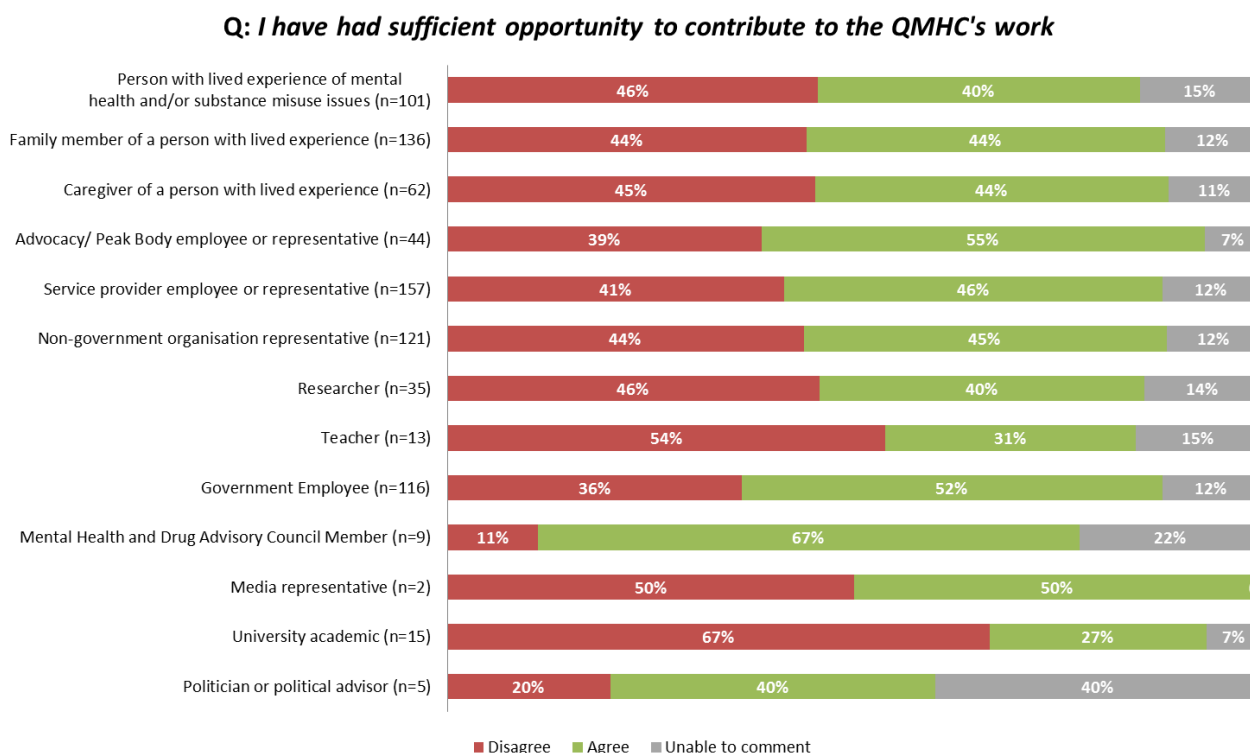
Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average (not Inc. <i>Unable to Comment</i>)	Response Count
I have had sufficient opportunities to provide input into QMHC work.	5%	36%	37%	9%	13%	2.58	435

Figure 13 displays the differences in responses to this question, based on the role of the respondent. The highest disagreement to the question was from university academics (67%) while, aside from the Mental Health Drug and Alcohol Committee (67%) the highest agreement was from Government employees at (52%). While the survey

represents only a sample, this provides some insight into the groups that may not have felt engaged in the QMHC's work to date and may represent an opportunity for the QMHC to focus its efforts.

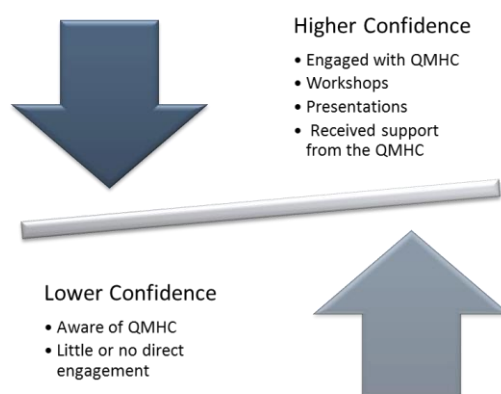
Interestingly, almost half of respondents identifying as people with lived experience, or their family members or caregivers indicated not feeling like they had sufficient opportunity to provide input into the QMHC's work. This is in contrast to a prior question in which 58% of respondents indicated that the views of these groups are being taken into account in planning and decision-making in the QMHC. This discrepancy may suggest that the broader group of survey respondents has a more positive view of the degree to which the views of people with lived experience, their family members and carers are being taken into account in the QMHC's work, than do these groups themselves.

Figure 13: Survey respondent views on opportunity to input, by role



Consistent with the findings described above, it was observed during the stakeholder consultations that stakeholders with direct experience working with the QMHC (i.e. through a joint initiative or working group) appeared to have more positive views on the QMHC's overall capability. This relationship is depicted graphically in Figure 14.

Figure 14: Relationship between interaction with QMHC and confidence in QMHC capability



5.2 Summary

In terms of the QMHC's activities in forming partnerships, a number of key learnings for the QMHC were identified through the baseline analysis.

The majority of survey respondents indicated mail/email as their primary contact with the QMHC.

There were mixed views on the effectiveness of the workshops/forums, suggesting this is an area that the QMHC will need to address with respect to future activities.

Amongst stakeholders consulted directly, robust relationships were seen as key to the QMHC's success, specifically cross-sectoral, multi-layered (e.g. executive to frontline) engagement and the adoption of a collaborative approach. Of those that responded to the question, a majority indicated that the QMHC is engaging with stakeholders in appropriate, meaningful and collaborative ways. However, less than half of respondents indicated that the QMHC was engaging the full range of relevant stakeholders. This suggests a need for the QMHC to increase the breadth of its engagement activities.

In terms of input into the QMHC's work and role, the survey responses were again mixed, with close to equal proportions agreeing and disagreeing. Unsurprisingly, the group with the highest proportion of respondents agreeing that they had sufficient input into the QMHC's work and role were those identifying as members of the MHDAC. Only low proportions of university academics, teachers and researchers indicated that they had sufficient input into the QMHC's work. Similarly, and somewhat contradicting other questions in the survey, less than half of respondents identifying as people with lived experience, their carers or family indicated having sufficient input into the QMHC's role and work.

Overall, on balance, there appeared to be a correlation between the intensity of involvement with the QMHC, and the propensity of stakeholders to have a higher degree of confidence in the QMHC's capabilities.

5.3 Recommendations

Recommendation 11: Develop and disseminate clear communications about how stakeholders can contribute to and influence the work of the QMHC

Recommendation 12: Review the current consultation and collaboration strategy and create indicators and measures to monitor QMHC engagement with representatives of various positions (e.g. from management, non-management and frontline staff) and roles (e.g. people with lived experience, providers and government employees to politicians) to ensure overall engagement is balanced

Recommendation 13: Assess methods to increase engagement with the Alcohol and other Drug sector, stakeholders from Rural QLD, and frontline service delivery staff

Recommendation 14: Work with key partners to develop 'success' stories specific with particular initiatives, target populations or specific research areas. Communicate and promote these broadly

Recommendation 15: Ensure content and structure of future forums and workshops are designed to increase joint participation and buy-in from the breadth of relevant stakeholders

Recommendation 16: Increase communication about how the QMHC is involving consumers, their families and their carers

6. QMHC Profile

Evaluation of QMHC Profile

To what extent is the Commission seen as being credible to influence QLD MH policy?

How well is the work of QMHC known by its stakeholders?
How effective have the Commission's engagement activities been?

To what extent is the Commission seen as taking an effective leadership role?

To what extent is there agreement that QMHC is addressing the key issues for people with mental illness and/or issues with alcohol and other drug misuse?

6.1 Key Findings

The majority of respondents (67%) were either moderately or very familiar with the work of the QMHC, with only 4% indicating that they were 'Not at all' familiar with the work of the QMHC (Table 10). However, this degree of familiarity is not unsurprising given that the survey sample selection was not random. The survey invite list was generated from the QMHC's eNewsletter database and stakeholder relationship database. Therefore, by definition, all survey invitees will have had some contact with the QMHC. For those respondents who answered 'Not at all' the survey was designed so that they were only required to answer a small subset of the total survey questions. The flow chart in Appendix B details the survey pathway.

Table 10: Familiarity with the work QMHC does

To what degree are you familiar with the QMHC and the work that it does?						
Answer Options	Not at all	Slightly	Moderately	Very	Rating Average	Response Count
	4%	29%	53%	14%	2.77	540
<i>answered question</i>						540
<i>skipped question</i>						40

Of those that indicated that they were 'Not at all' familiar with the work of the QMHC (25 total survey respondents), the majority (88%), indicated being interested in knowing more about the QMHC (data not shown), with the remaining neither agreeing nor disagreeing. Interestingly, the respondents that indicated being 'Not at all' familiar with the QMHC were also less likely to feel knowledgeable about the mental health, drug and alcohol system in QLD (31% vs 74% of those indicating being familiar with the work of the QMHC).

For those that reported being familiar with the work the QMHC does, 74% of respondents viewed the QMHC as an important driver of the reform of the mental health, drug and alcohol system in QLD, and the majority (86%) also indicated a desire to know more about the work of the QMHC (Table 11).

Table 11: Interest in the QMHC and knowledge of the mental health, drug and alcohol system in QLD

Please rate your agreement or disagreement with the following statements:

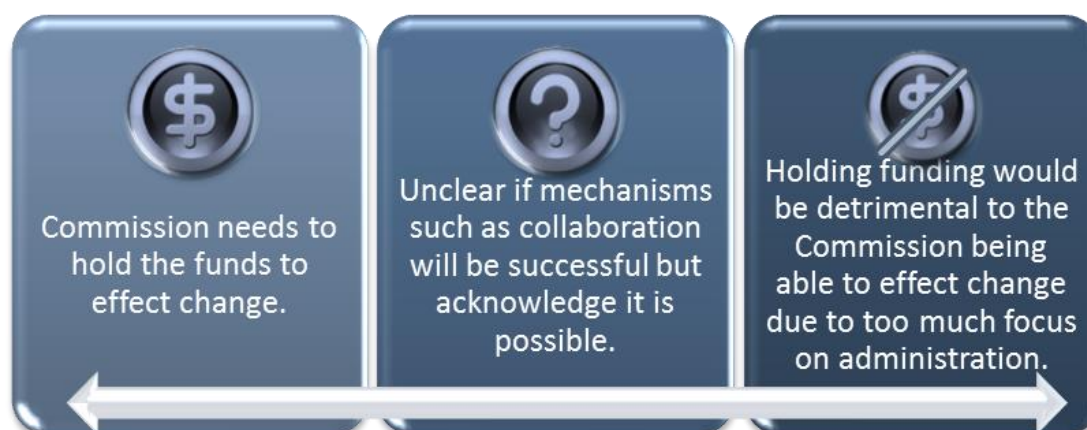
Answer Options	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Rating Average	Response Count
I am interested to know more about the work of the QMHC.	1%	3%	10%	61%	25%	4.07	504
I view the QMHC as an important driver of reform of the mental health, drug and alcohol system in QLD.	2%	6%	18%	45%	29%	3.91	503
I feel knowledgeable about the mental health, drug and alcohol system in QLD.	1%	7%	18%	52%	22%	3.87	504
<i>answered question</i>							505
<i>skipped question</i>							75

Of the 19 respondents that were not interested in knowing more about the work of the QMHC, 16 of them answered that they were either moderately or very aware of the QMHC and the work that it does. It is, therefore, possible to hypothesise that this group believe they have all the information they currently require about the QMHC, rather than it illustrating disengagement with the QMHC.

In terms of the QMHC's credibility to influence QLD MH and AoD policy, the stakeholder consultations identified that one of the key factors impacting this perception was the QMHC's model. In particular, its lack of control over funding for service delivery.

The majority of the stakeholders consulted mentioned the previously proposed model of the Commission, in which it was to have held the funding for service provision. As such, there was a continuum of beliefs with respect to the need for the QMHC to hold funding for services, depicted in Figure 15.

Figure 15: Stakeholder views on QMHC model around service delivery funding



A third of survey respondents disagreed that the QMHC should hold the funding for QLD MH and AoD services, while 48% agreed they should. Nineteen percent indicated being unable to comment (Table 12).

This suggests that there is some work to be done for the QMHC to shift the perception that without controlling the funding for service provision it cannot be effective.

If the Commission does not have a role in the funding of MH and AOD services then there will continue to be an erosion of services and very little change...
- Survey Respondent

Table 12: Survey respondent views on QMHC control of funding

Please rate your agreement or disagreement with the following statement:

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average (not inc <i>Unable to Comment</i>)	Response Count
The QMHC should control funding for QLD mental health, drug and alcohol services.	10%	23%	25%	23%	19%	2.75	493
answered question							493
skipped question							87

In the absence of QMHC being able to directly influence change through the 'funding' lever, stakeholders identified during consultations that the organisation would need to rely heavily on building robust and sustainable cross-sectoral relationships at multiple levels of agencies and other government departments. Independence from government, QLD Health and other government agencies was seen as paramount to building trust with key partners.

Less than half of respondents agreed that the QMHC was operating independently of the Government with a slightly higher percentage (51%) reporting that they felt it was operating independently of Queensland Health and other government agencies (Table 13). Just over a quarter of respondents in both cases were unable to comment.

Further detail was available in the qualitative survey comments where 14% of commentators mentioned a lack of independence as an issue, while others mentioned the requirement for the QMHC to keep a positive relationship with the government.

Generally there is only so much an 'independent' commission can do.

If the Commission was truly independent from Government it could do more but I feel that it may be a little hamstrung.

This is more a systemic political issue not necessarily the fault of the Commission.

- Survey respondent

The QMHC's ability to balance its independence from Government with the need to maintain a strong working relationship will be important in it gaining credibility amongst stakeholders and effectively achieving its core aims. This ability, as perceived by QMHC stakeholders, will be monitored over the course of the evaluation.

Table 13: Survey respondent views on independence of the QMHC

Please rate your agreement or disagreement with the following statements:

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average (not inc <i>Unable to Comment</i>)	Response Count
The QMHC is operating independently of Government.	6%	23%	32%	13%	26%	2.68	486
The QMHC is operating independently of Queensland Health and other government agencies.	4%	18%	38%	13%	27%	2.81	489
answered question							493
skipped question							87

Perceptions of the complexity of the QLD MH and AoD sectors influenced stakeholder's impressions of the capacity of the QMHC to create successful change. In particular, clarifying how the QMHC 'fits in' to the current environment of government departments and bodies is important to stakeholders' understanding of how it would effect change.

While it is encouraging that the majority of survey respondents understood the role of the QMHC (68%) and the relationship between the work of the QMHC and their work/life (60%) (Table 14), this also indicates that the QMHC could improve its communications around its role and how it interfaces with the work of others (as exemplified by the qualitative survey response to the right).

I am not entirely sure of what they are trying to achieve. I have heard the name a lot and have attended meetings they presented at, but I wouldn't say I am competent in discussing them. Unsure if its having an impact or is just another bureaucratic body. There are a lot of systemic issues that need to be addressed to improve peoples experience of the mental health system.

- Survey respondent

Table 14: Survey respondent understanding of role of QMHC and relationship to own work/life

Answer Options	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Rating Average	Response Count
I understand the role of the QMHC.	1%	14%	17%	60%	8%	3.61	503
I understand the relationship between the work of the QMHC and my work/life.	2%	16%	23%	52%	8%	3.46	504
answered question							505
skipped question							75

A similar trend is apparent in the results displayed in Table 15. Two-thirds of respondents reported understanding how the QMHC impacts their work, with a slightly lower percentage, but still a majority, understanding how they impact the QMHC through their own work (53%). Additionally, 66% of respondents believed the QMHC has demonstrated a sound understanding of the mental health, drug and alcohol issues in QLD and 68% believe the QMHC is seen as a credible organisation.

Table 15: Survey respondent understanding of interface with QMHC and views on its credibility

Please rate your agreement or disagreement with the following statement:

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment	Rating Average	Response Count
I understand how I impact the QMHC through my work.	3%	30%	45%	8%	14%	2.69	276
I understand how the QMHC work impacts my work.	1%	21%	56%	10%	12%	2.84	276
I believe there is a high level of awareness of the QMHC.	10%	58%	21%	3%	7%	2.18	434
I believe the QMHC has demonstrated a sound understanding of the mental health, drug and alcohol issues in QLD.	5%	15%	52%	14%	15%	2.87	437
I believe the QMHC is seen as a credible organisation.	3%	11%	51%	17%	19%	3.00	437

Despite the respondents understanding the QMHC's work, the majority (68%) did not believe there was a high level of awareness of the QMHC. Interestingly, this was also one of the survey questions with the lowest proportion (7%) of respondents reporting being 'Unable to comment'.

Survey respondents also commented on the lack of promotion and communication from the QMHC in the qualitative answers. Twenty respondents (out of a total of approximately 230 respondents providing qualitative commentary) commented that the QMHC was doing well with promotion and awareness in contrast to 49 and 38, respectively, who identified it as an area they were not doing well in or could improve.

Table 16: Qualitative survey responses referencing promotion and awareness

Question	Theme in respondents answer	No. of Respondents	%
Q17. In what ways is the QMHC working well?	Promotion/Awareness	20	9%
Q18. In what areas is the QMHC not working well?	Not doing well with promotion/information sharing	49	22%
Q19. Do you have any suggestions for what the QMHC could do to better drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system?	Increase Promotion & Communication	38	17%

Collectively, these results highlight an opportunity for the QMHC to increase its focus on promoting itself to a broad range of stakeholders. In particular, clarity on its role, its work program, how it works with other stakeholders, and how it 'fits in' with other players in the QLD MH and AoD sectors would be beneficial to stakeholders. It should be noted that the baseline survey was administered prior to the release of the Strategic Plan. It is expected that the release of the Strategic Plan would go some way to addressing the issues highlighted above. This will be further explored in future evaluation activities.

6.2 Summary

Almost all of the survey respondents indicated that they were familiar with the work of the QMHC to some degree. This was unsurprising given that the survey invitee list consisted of people who had had prior contact with the QMHC or received the QMHC eNewsletter. Nonetheless, the majority of survey respondents also indicated being interested in knowing more about the work of the QMHC.

The majority of (albeit less than half of the total) survey respondents thought the QMHC should control funding for delivery of QLD MH and AoD services. However, consistent with the themes from the stakeholder consultations, a large proportion disagreed with this assertion; often on the basis that controlling funding may prove to be a distraction to the achievement of the QMHC's core functions.

Only around half of survey respondents viewed the QMHC as independent from Government or QLD Health and other government departments. This suggests that the QMHC must actively manage its actual, and stakeholder perceived independence.

Overall, the majority of survey respondents believed the QMHC is seen as credible, and reported understanding its role. Encouragingly, two-thirds of respondents saw the QMHC as having a sound knowledge of QLD MH and AoD issues. However, less than a third reported the awareness of the QMHC as being of a high level.

6.3 Recommendations

Recommendation 17: Increase promotion of QMHC itself, its role and mandate

Recommendation 18: Explore potential to augment existing database of survey respondents with more of general QLD population for a more representative sample

Recommendation 19: Actively monitor stakeholder's perceptions of independence from Government

Recommendation 20: Develop a clear and ongoing communications strategy for highlighting QMHC 'success stories'

7. QMHC Organisational Enablers

Evaluation of QMHC Organisational Enablers

Does the organisational strategy align with the Queensland Mental Health Commission Act?

How are QMHC governance structure, systems and process supporting the organisational aims?

Is the internal resourcing appropriate for the organisational aims?

Does the internal culture provide alignment to the organisational strategy?

The evaluation of QMHC Organisational Enablers was not covered during the timeframe for the Baseline Analysis. This will be undertaken as part of the second quarter of Stage 2 of the evaluation, predominantly through a review of the internal operations of QMHC. These results will be reported as part of subsequent evaluation reporting.

7.1 Key Findings

Not applicable.

7.2 Summary

Not applicable.

7.3 Recommendations

Not applicable.

8. Overall Summary

Overall, since its inception in July 2013 the QMHC has made positive progress towards building its profile, engaging with most of its key stakeholders, and has developed and released a whole-of-government Strategic Plan for the Mental Health, Drug and Alcohol sectors. The majority of stakeholders believed the QMHC is seen as a credible organisation and is a key driver for reform of the mental health, drug and alcohol sectors.

However, the baseline analysis identified that there is still some way to go for the QMHC to become fully established and embedded amongst QLD MH and AoD organisations and in the minds of its stakeholders. One of the key areas identified for improvement was promotion and awareness of the QMHC's role, mandate, scope and activities. Notably, many of the baseline survey questions had relatively low response rates, with sometimes close to 30% of respondents indicating they were unable to comment. This suggests an opportunity for the QMHC to improve its engagement with the breadth of its stakeholders and promotion of its role, mandate and activities. Encouragingly, most stakeholders indicated they were interested in knowing more about the QMHC's work.

Key to the QMHC's success will be the development of robust partnerships and collaborations across the MH and AoD sectors. Its preliminary efforts in this area suggest that while the QMHC is seen to be engaging stakeholders in appropriate, collaborative and meaningful ways, its current coverage of the breadth of relevant stakeholders needs to be improved. Specifically, Board/Executive and management level respondents, on balance, appeared to be more informed about, and engaged by, the QMHC. Conversely, the results suggested a need to improve engagement with frontline providers and to some degree consumers and their families and carers.

A larger perceived gap appeared to be in the QMHC's engagement with the AoD sector. While specific engagement with the AoD sector was not explicitly tested through the baseline survey, a number of qualitative survey responses suggested that the QMHC's focus on the AoD sector must be improved. Stakeholders viewed that the focus of the QMHC's current efforts in AoD was not 'equal' to that of mental health.

In terms of its key result areas, the results were largely not definitive, suggesting that it may be too early to evaluate the QMHC's activities in certain areas. One exception was with respect to its Research, Review and Report function in which close to two-thirds of survey respondents viewed that the QMHC's activities in this area were helping to identify and respond to current and emerging issues and trends.

In terms of the QLD Mental Health, Drug and Alcohol Strategic Plan, many stakeholders expressed that the release of this document would be pivotal to influencing their views on the potential effectiveness of the QMHC in the longer term. Its ability to articulate its understanding and prioritisation of the key issues for MH and AoD in QLD, through the document, was seen as key establishing and solidifying the credibility of the QMHC.

The baseline analysis was intentionally undertaken prior to release of the strategic plan to enable future assessment of the impact of the strategic plan in changing the perceptions of stakeholders on the QMHC's effectiveness. Therefore, it was not surprising that the majority of survey respondents indicated a low level of familiarity with the strategic plan and less than half indicated being provided adequate opportunity to contribute to the development of the strategic plan. Nonetheless, about half of survey respondents believed that the strategic plan would influence activities and decisions within their organisation.

This report identifies a number of areas for improvement by the QMHC and a series of recommendation targeted at addressing these. These recommendations, and the extent to which the QMHC has addressed the areas for improvement identified, will be assessed as part of future evaluation activities.

Appendix A - Survey questions

QMHC Evaluation Survey

Introduction to the Queensland Mental Health Commission Evaluation Baseline...

Informed Consent

What is this about?

This survey is part of a multi-year evaluation of the Queensland Mental Health Commission (QMHC). Its purpose is to explore stakeholders' views on the QMHC and its work to date. The survey will be repeated as the evaluation progresses, to identify any changes over time in stakeholders' views.

Why is this important?

Your input will assist in identifying both the key benefits and achievements of the QMHC, and any areas for improvement. The results of the survey will also inform the next steps in the overall QMHC Evaluation.

What do I have to do?

We hope that you will take approximately 10-15 minutes to complete this survey and submit your responses.

Is it confidential?

Yes, the survey is confidential. Only aggregated information will be used and your answers will not be linked to you personally.

Is participation voluntary?

Yes. Participation in this, or any subsequent QMHC Evaluation surveys, is completely voluntary. You can answer some, all or no questions. You can withdraw at any time. If you choose to withdraw, please contact Ms Natasha Bullock, Manager, at Paxton Partners (natashabullock@paxtonpartners.com.au).

* 1. Do you agree to participate?

☐

Yes

☐

No

QMHC Evaluation Survey

Anonymous ID

The use of an anonymous ID will enable us to identify changes to the question responses over the three year evaluation period. To protect your identity, while also enabling us to track how your views on the QMHC may change over time, we ask that you provide the following to create your anonymous ID.

***2. The first two letters of town in which you were born**

Letters (e.g.
MA)

***3. The day of the month you were born**

Two digits
(e.g. 08)

***4. The first two letters of the first school you attended**

Letters (e.g.
KU)

For example, MA08KU (Maroochydore, 8th, Kuluin Primary School)

QMHC Evaluation Survey

Understanding of the QMHC

An important part of this survey is to understand respondents' level of knowledge and awareness of the QMHC and the mental health, drug and alcohol system in Queensland.

5. To what degree are you familiar with the QMHC and the work that it does?

Not at all	Slightly	Moderately	Very
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

Understanding of the QMHC

***6. Please rate your agreement or disagreement with the following statements:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am interested to know more about the work of the QMHC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel knowledgeable about the mental health, drug and alcohol system in QLD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

Understanding of the QMHC

***7. Please rate your agreement or disagreement with the following statements:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I understand the role of the QMHC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the relationship between the work of the QMHC and my work/life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested to know more about the work of the QMHC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I view the QMHC as an important driver of reform of the mental health, drug and alcohol system in QLD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel knowledgeable about the mental health, drug and alcohol system in QLD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

Understanding of the QMHC

The QMHC does not control funding for mental health, drug and alcohol services in Queensland.

8. Please rate your agreement or disagreement with the following statement:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment
The QMHC should control funding for QLD mental health, drug and alcohol services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It is intended that the QMHC will provide strong and independent leadership and advocacy to ensure that maximising the mental health and wellbeing of all Queenslanders is recognised among the state's most critical challenges.

9. Please rate your agreement or disagreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment
The QMHC is operating independently of Government.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The QMHC is operating independently of Queensland Health and other government agencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

QMHC Collaboration and Consultation

Reforming the mental health and substance misuse system requires cross-sectoral effort. To support ongoing reform, the QMHC aims to promote and foster effective collaborations within and across sectors.

10. Please indicate all forms of contact/interaction you have had with the QMHC (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> No contact | <input type="checkbox"/> QMHC reports |
| <input type="checkbox"/> Mail/email contact | <input type="checkbox"/> Press releases, media coverage |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Participated in meetings or workshops convened by the QMHC |
| <input type="checkbox"/> Website | <input type="checkbox"/> Member of a formal QMHC working party/committee |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Worked on a joint project/initiative with the QMHC |
| <input type="checkbox"/> Forum attendance | |

QMHC Evaluation Survey

QMHC Collaboration and Consultation

11. Please rate your agreement or disagreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment
I understand how I impact the QMHC through my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand how the QMHC work impacts my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe there is a high level of awareness of the QMHC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the QMHC has demonstrated a sound understanding of the mental health, drug and alcohol issues in QLD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the QMHC is seen as a credible organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had sufficient opportunities to provide input into QMHC work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I or my organisation will benefit from the work of the QMHC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that people with mental health and/or substance misuse issues are benefitting from the QMHC's work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

QMHC Collaboration and Consultation

12. Please indicate your level of agreement or disagreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment
The QMHC is engaging key stakeholders in appropriate, collaborative and meaningful ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The QMHC is engaging the full range of relevant stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The QMHC is helping to improve collaboration within the mental health, drug and alcohol sectors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The QMHC is helping to improve collaboration across sectors (e.g. between health and justice, education, community etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

About the Queensland Mental Health, Drug and Alcohol Strategic Plan

13. To what degree are you familiar with the intent of the Queensland Mental Health, Drug and Alcohol Strategic Plan being prepared by the QMHC?

Not at all	Slightly	Moderately	Very
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

About the Queensland Mental Health, Drug and Alcohol Strategic Plan

14. Please rate your agreement or disagreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment
I had adequate opportunity to contribute to the development of the Strategic Plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Strategic Plan will influence activities and decisions made within my organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I or my organisation will participate in implementing the Strategic Plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

QMHC Activity

15. Please rate your agreement or disagreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment
The research, review and evaluation work the QMHC is commissioning helps identify and respond to current and emerging issues and trends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The promotion and awareness work being undertaken by the QMHC is increasing community awareness and reducing stigma and discrimination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Mental Health and Drug Advisory Council is providing effective advice to drive appropriate reform.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The QMHC is utilising the views of people with lived experience, their families, carers and support people to inform planning and decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The reforms the QMHC is driving will be sustainable over the long term.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QMHC Evaluation Survey

Overall Mental Health, Drug and Alcohol System Impact

The QMHC is aiming to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system. Achieving this goal requires the input, support and work of many players.

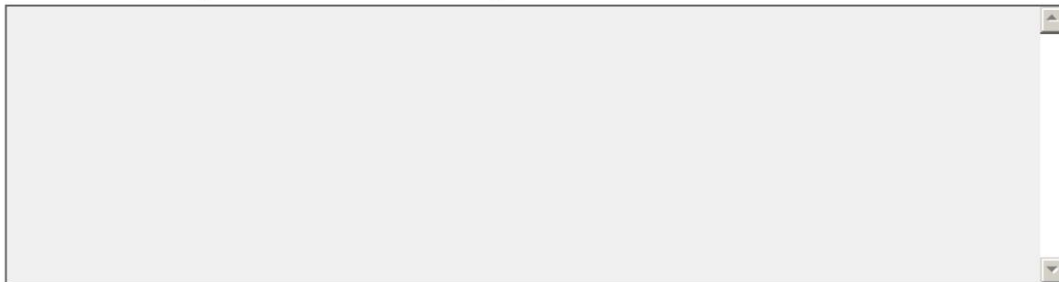
16. Thinking about changes at an overall system level since 2013, please rate your agreement or disagreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to comment
Overall, there is positive reform underway.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective promotion, prevention and early intervention initiatives are increasing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health, drug and alcohol services are improving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountability and transparency is improving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is ongoing and sustainable change being created by and within the mental health, drug and alcohol sectors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

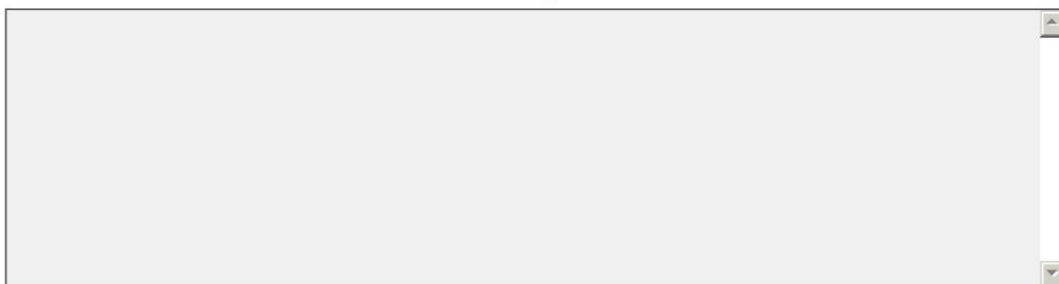
QMHC Evaluation Survey

QMHC Successes and Suggestions

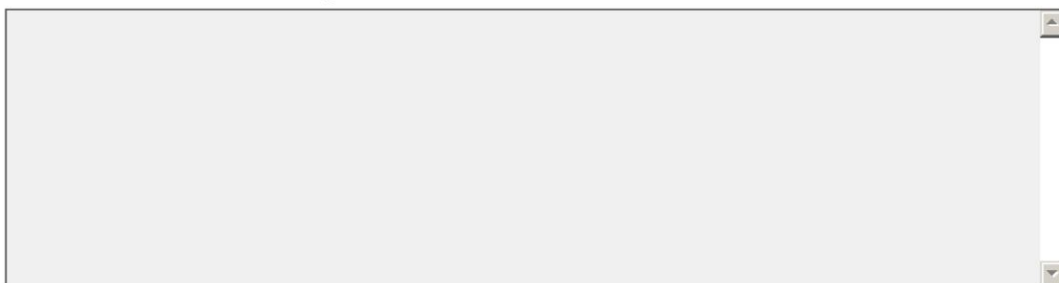
17. In what ways is the QMHC working well?

A large, empty rectangular text input area with a light gray background and a thin black border. A vertical scrollbar is visible on the right side.

18. In what areas is the QMHC not working well?

A large, empty rectangular text input area with a light gray background and a thin black border. A vertical scrollbar is visible on the right side.

19. Do you have any suggestions for what the QMHC could do to better drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system?

A large, empty rectangular text input area with a light gray background and a thin black border. A vertical scrollbar is visible on the right side.

QMHC Evaluation Survey

About You

This section provides us with important information about you that allows us to categorise the survey results. Please take the time to complete the following questions. Your responses will remain anonymous.

*** 20. Please select the options that best describe your roles (select all that apply):**

☐ Person with lived experience of mental health and/or substance misuse issues

☐ Family member of a person with lived experience

☐ Caregiver of a person with lived experience

☐ Advocacy/ Peak Body employee or representative

☐ Service provider employee or representative

☐ Non-government Organisation representative

☐ Researcher

☐ Other (please specify)

☐ Teacher

☐ Government Employee

☐ Mental Health and Drug Advisory Council Member

☐ Media representative

☐ University academic

☐ International partner

☐ Politician or political advisor

QMHC Evaluation Survey

About You

21. Please indicate your current role.

- ☐ Board/Executive ☐ Frontline
- ☐ Management ☐ Not Applicable
- ☐ Administration
- ☐ Other (please specify)

QMHC Evaluation Survey

About You

***22. Please indicate the sector/s in which you work or represent (select all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Drug and Alcohol |
| <input type="checkbox"/> Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Justice |
| <input type="checkbox"/> Education | <input type="checkbox"/> Community |
| <input type="checkbox"/> Child and Family | <input type="checkbox"/> Business or Private |
| <input type="checkbox"/> Police | |
| <input type="checkbox"/> Other (please specify) | |

QMHC Evaluation Survey

About You

23. Please indicate whether you identify as a member of one or more of the following groups (select all that apply):

- ☐ Aboriginal and/or Torres Strait Islander background
- ☐ Culturally and linguistically diverse
- ☐ Person with a disability
- ☐ Lesbian, gay, bisexual, transgender and intersex
- ☐ Male
- ☐ Female
- ☐ Person experiencing both mental health difficulties and issues related to substance use
- ☐ Less than 18 years old
- ☐ 18 to 24 years old
- ☐ 25 to 44 years old
- ☐ 45 to 64 years old
- ☐ 65 years and older

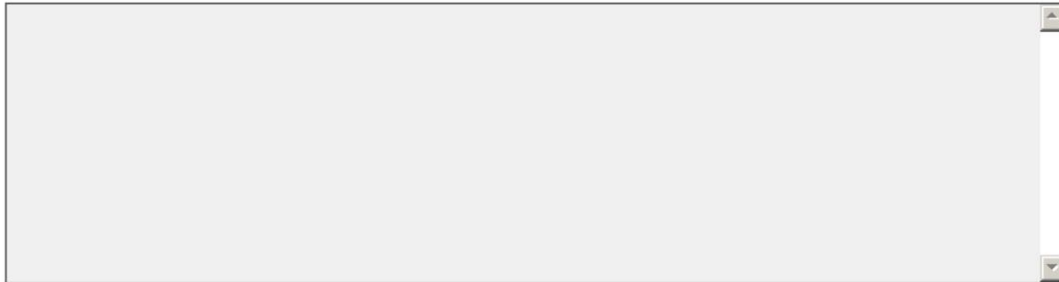
***24. Please indicate your postcode**

Postcode

QMHC Evaluation Survey

Final comments

25. Is there anything else you would like to let us know?



Appendix B - Survey Design Flowchart

