

## Key achievements and activities: July – December 2013

This document provides an update on the work of the Queensland Mental Health Commission (QMHC) in its first six months of operations. Activities are grouped according to the relevant functions in the *Mental Health Commission Act 2013*.

### Strategic planning

*Functions of the QMHC include:*

- 11 (1) (a) to prepare a whole-of-government strategic plan;  
(b) to monitor and report to the Minister on implementation of the whole-of-government strategic plan;  
(c) to review the whole-of-government strategic plan;

1. More than 740 stakeholders participated in the forums and meetings held during an initial round of consultation, with views being gathered from a diverse range of consumers, families and carers as well as professional groups and staff involved in the delivery of mental health, drug and other services, including clinical and non-clinical and across government and non-government sectors.
  - a. Community consultations were held in Cairns, Townsville, Rockhampton and Toowoomba and two regional forums in Brisbane.
  - b. Additionally QMHC staff heard about issues particularly affecting the following populations:
    - people living with mental illness or substance misuse, as well as their families, carers and support people
    - perinatal and infants
    - children and young people
    - Aboriginal and Torres Strait Islander people
    - those involved with the forensic or correctional system
    - culturally and linguistically diverse groups
    - lesbian, gay, bisexual and transgender and intersex individuals.
  - c. Targeted rural and remote consultations are planned in 2014. We have also noted that issues for people with disabilities and the aged did not feature prominently in our discussions and will follow this up in 2014.
2. Initial consultations concluded that we needed a greater emphasis on:
  - a. putting people first and developing outcomes for a better life
  - b. outcomes that improve the overall mental health and wellbeing of the community
  - c. voices of Aboriginal and Torres Strait Islander people to be heard at all levels and solutions found to improve their mental health and wellbeing, and
  - d. how state-wide services are supported in a devolved system.
3. A paper summarising what we heard, [A plan for mental health and substance misuse reform: what we've heard](#), was distributed.
4. As a result of the feedback during consultations about the need for expanded services for mothers with peri/post natal depression, we have committed to support Children's Health

Queensland Hospital and Health Services to develop a costed options paper for consideration by the Commission and Queensland Health. Work will commence in January 2014.

5. The next stage is a draft Directions Paper for consideration by members of the Queensland Mental Health and Drug Advisory Council, for discussion/feedback/endorsement at their first meeting, anticipated in February 2014. This will provide the overall structure of a paper from which the strategic plan will be developed and presented to the Minister.
6. Monitoring, reporting and review of the strategic plan will be priorities in subsequent years.

## Review, research and report

*Functions of the QMHC include:*

- 11 (1) (d) to review, evaluate, report and advise on—
- (i) the mental health and substance misuse system; and
  - (ii) other issues affecting relevant persons; and
  - (iii) issues affecting community mental health and substance misuse
- (f) to undertake and commission research in relation to mental health and substance misuse issues;

### Ordinary Reports

1. Following a submission by us to the Transport, Housing and Local Government Parliamentary Committee as part of amendments to the Residential Tenancies and Rooming Accommodation and Other Legislation Amendment Bill 2013, a recommendation was made that further consideration be given to models for better support for vulnerable people in social housing, especially in relation to anti-social behaviour.
2. Subsequently the Commissioner has agreed to prepare an Ordinary Report based on a review of critical client cases highlighting systemic issues in Social Housing as recommended by an Interagency Group for Housing which reports to the Social Services Cabinet Committee. It is anticipated that an external consultant will commence in February 2014.
3. As part of this process, a flow chart of the structures and processes to be considered when undertaking an Ordinary Report consistent with Section 29 the *Queensland Mental Health Commission Act 2013* was prepared.

### Legislative environment

1. We are taking an active interest in Queensland Health's review of the *Mental Health Act 2000* to identify improvements to the Act. A preliminary submission was provided in July 2013.
2. To further enhance the Commission's understanding and to empower consumers, families, carers and other interested people to contribute to the debate, we have engaged an independent medico-legal expert to provide advice on our response and lead two information sessions in February 2014. One will target with consumers; carers; families and non-government sector and the second will be open to people working with the legislation, both medical and legal. Information will be available shortly.
3. Separately QPILCH has been engaged to provide an overview of other legislative instruments in Queensland that have an impact on people living with mental illness or substance misuse, and their carers and families.

### Research and advice

1. In response to the recent announcement that acute mental health wards would be locked in 16 mental health facilities, the Commissioner [issued a statement](#) expressing concern about the potential impact on the rights of patients and the way in which people with mental illness were portrayed in the press. The Chair of the Advisory Council has indicated that he wishes to raise this at the first meeting of the Council. For further information see:

2. Department of Health Non-government Request for Offer (RFO) Process
  - a. QMHC has been in consultation with government and non-government organisations in relation to the RFO process and recommendations provided to the Director-General, Department of Health.

### **Evaluation program**

1. EdLinQ is an on-going program undertaken jointly with schools to address the early detection and intervention of mental disorders in children and young people. We are commissioning an external evaluation of the EdLinQ program with the aim of developing, delivering and reporting on a methodology and process that:
  - a. reviews available evidence and practice relating to health-education collaborations for the early detection and intervention of mental disorders in children and young people
  - b. measures the effectiveness of the Queensland Ed-LinQ Initiative against program aims and objectives, as well as benchmarks of effective models and practice
  - c. provides advice and suggestions to the Commission regarding current and future directions for the Ed-LinQ initiative and related strategic policy and program initiatives.
2. The findings and proposals from this evaluation will be used to inform current and future policy directions and program initiatives within Queensland. In addition, the findings will strengthen the evidence base regarding effective models and strategies for early intervention with child and youth mental health problems. Expressions of interest to undertake this evaluation will be invited mid January 2014.

### **Projects lead by other agencies**

1. We contribute to a range of relevant projects lead by other agencies. Of particular note are the:
  - a. Public Advocate Advisory Group – established by the Queensland Public Advocate
  - b. National Seclusion and Restraint Working Group. To support its work on this project, a local reference group of clinical experts will meet in January 2014.

### **Promote**

Functions of the QMHC include:

- 11 (1) (e) to promote and facilitate the sharing of knowledge and ideas about mental health and substance misuse issues;
  - (g) to support and promote strategies that—
    - (i) prevent mental illness and substance misuse; and
    - (ii) facilitate early intervention for mental illness and substance abuse;
  - (h) 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;
  - (i) to support and promote social inclusion and recovery of people with a mental illness or who misuse substances;
  - (j) to promote community awareness and understanding about mental health and substance misuse issues, including for the purpose of reducing stigma and discrimination;

### **ATSI leadership and wellbeing**

1. In relation to Aboriginal and Torres Strait Islander (A&TSI) mental health and substance misuse, the Commission is leading Queensland's involvement in the national agenda to achieve greater strategic planning and coordination. It is anticipated that the Advisory Council will make a

significant contribution in this area and we are recruiting a temporary Senior Project Officer (A&TSI portfolio) for six months to assist with the A&TSI portfolio. The following specific activities relate to the national agenda:

- a. membership of the National Aboriginal and Torres Strait Islander Mental Health National Leaders Group which has been initially made up of current Aboriginal representatives from the various Mental Health Commissions throughout Australia.
- b. funding Ngoonbi Co-operative Society Ltd to support initiatives in the Kuranda and Cherbourg communities to promote social and emotional wellbeing, and reduce community distress and suicide across these two Aboriginal communities. This builds on a previous national project.

### Prevention and promotion

1. Strategic planning and coordination of the Queensland Government's suicide prevention agenda is a key priority. As part of the consultation and scoping to inform the whole-of-government strategic plan, we have identified directions and priorities relevant for a renewed cross-sectoral approach for suicide prevention.
2. We have continued to provide oversight of suicide prevention efforts in four key areas:
  - a. ensuring a responsive health system
  - b. enhancing cross sectoral capacity for suicide prevention
  - c. strengthening the foundations
  - d. state-wide coordination.
3. Major activities include:
  - a. funding seven Health and Hospital Services at a total cost of \$997,500 per annum to provide dedicated clinical positions within Queensland Health Mental Health Acute Care Teams to improve the detection, assessment and appropriate management of people at risk of suicide.
  - b. funding of \$150,000 per annum to support the Queensland Ed-LinQ Cross sectoral Workforce Development Project. This is a key element of the Queensland Ed-LinQ Initiative aimed at supporting child and youth mental health services, the education and primary health care sectors to work collaboratively to enhance the early identification and treatment of mental disorders and suicide risk affecting school-aged children and young people.
  - c. funding of \$250,000 per annum to the Australian Institute of Suicide Research and Prevention (AISRAP) to maintain and report on the Queensland Suicide Register, a comprehensive database of suicide mortality data across the state.
  - d. funding AISRAP \$30,000 to undertake research into the risk factors and predictors of farmer suicide in Queensland and New South Wales.
  - e. convening the Queensland Advisory Group on Suicide to improve the early detection and communication of systemic trends and hotspots identified in Queensland suicide mortality data.
4. Efforts to foster effective mental health promotion and prevention activities continue. Key activities include:
  - a. funding of \$604,500 per annum to *beyondblue: the national depression initiative* to provide a range of community awareness, education and stigma reduction activities.
  - b. collaborating with United Kingdom based Maudsley International to disseminate information of innovative mental wellbeing policy and program development with relevance to mental health in the workplace and other population mental health priority areas. Workshops

delivered by Mr Tony Coggins, Head of Mental Health Promotion at the South London and Maudsley National Health Service, are planned for February 2014 to coincide with the initiative of the NSW MHC to bring experts to Australia.

### **Supporting other agencies**

1. We provided ongoing support to MATES in Construction, a community development organisation aimed at reducing suicide and improving mental health and wellbeing within the Australian Construction industry.
2. Suicide Prevention Australia will be supported to trial a toolkit in two Queensland communities. This initiative was developed in New South Wales with the intention to trial its effectiveness to other states and territories.

## **Governance**

### **Mental Health and Drug Advisory Council (s37, 48-51)**

1. Professor Harvey Whiteford was appointed as Advisory Council Chairperson
2. A total of 144 applications were received for Advisory Council membership. The recruitment process included
  - a. a specialised talent search
  - b. independent assessment and rating of all submitted selection criteria
  - c. inviting external validators (substance misuse, carer and consumer, and A&TSI) to review identified applications and provide comment.
3. Final appointments are awaiting consideration by Cabinet.

### **Consumers, families and carers**

1. Enhancing the role of consumers, families and carers across all levels of the IAP2 Spectrum of Public Participation is a key commitment.
2. We provided funding of \$25,000 to the National Mental Health Consumer and Carers Forum and there are two state representatives who attend and participate in the national arena. Work is being undertaken in partnership with key consumer and carer organisations to recruit a new state carer representative.
3. Areas for development for the engagement and participation of consumers, carers, families and support persons are being identified. To date we have:
  - a. reviewed and implemented the Paid Participation Policy for consumers, families, carers and support persons
  - b. proactively forged new relationships with key consumer and carer organisations including Queensland Alliance, Queensland Voice, QNADA, Arafmi, Carers Queensland and Health Consumers Queensland
  - c. established a database of consumers and carers across Queensland
  - d. commenced recruiting for a short term Senior Project Officer who will progress the following activities:
    - profile consumers, families, carers and support person's diverse range of lived experiences in alignment with our broader communication and engagement plan.
    - support the Advisory Council to develop a more strategic agenda on consumer, families and carers engagement.

## **Agency Strategic Management (s8-10, 14-24, 48-51)**

### 1. Corporate governance

a. An Executive Management Team (EMT) has been established and meets monthly. It also operates as the Audit and Risk Management Committee for the agency. The EMT has developed the following operational policies:

- Financial Management Practices Manual (final)
- Corporate Credit Card Guidelines (final)
- Procurement Guidelines (final)
- Financial Delegation Guidelines (final)
- Corporate Governance Charter (final)
- Human Resource Delegation Guidelines (draft)
- Public Interest Disclosure Guidelines (draft)
- Grievance Guidelines (draft)
- Fraud and Corruption Guidelines (draft)
- Code of Conduct (draft)
- Working Hour Policy Guidelines (draft)
- Grants Management Guidelines – Low value support or partnership requests (draft)

b. The Commissioner meets regularly with the Minister and his advisers. Correspondence and other communications are managed through Queensland Department of Health infrastructure and support services

### 2. Organisational design

a. KPMG has been engaged to undertake organisational design of the QMHC with work due to be completed March 2014.

### 3. Budget

a. We commenced operations with a \$2 million operational budget and \$5.175 million budget for promotion, prevention and early intervention, suicide prevention and Aboriginal and Torres Strait Islander mental health and substance misuse. It is funded through a grant from the Department of Health.

b. Negotiations are underway to carry over any underspend to 2014-15. This underspend has arisen because funding for any new recurrent initiatives has been postponed until the strategic directions have been considered by the Advisory Council and included in the strategic plan.

### 4. Human resource management

a. The Commission employs 10 FTEs with most staff transferred from Queensland Health. Pending finalisation of a new structure, a number of additional officers have been engaged on a contractual basis including: communications and media, non-government expertise, additional policy and legislative capacity, and additional clerical support. From January 2014, a consultant psychiatrist will commence two days per week and discussions are underway to access strategic policy capacity from the drug and alcohol field. It is anticipated that at least three additional staff members will be required to support the Commission's work.

b. Recruitment of an executive director position vacant since August 2013 is now underway.

5. Communications and media
  - a. The website has been developed and structures and processes put in place to support the communications and media function.
  - b. A regular e-news is produced
  - c. Proactive media management is a priority for 2014
6. Information management
  - a. Filing systems in line with legislative requirements are being implemented with a view to electronic filing to the extent possible.
  - b. A client data base has been purchased and continues to be populated to ensure ongoing communications with stakeholders.

### **Interagency collaboration**

1. A discussion paper is being developed that will identify the governance mechanisms to inform future intersectoral collaboration.
2. The Commissioner is meeting with a number of Chairs of HHSs in January 2014 to develop a protocol for communication and liaison with Boards as well as staff of the HHSs.

### **External drivers and opportunities**

1. National Mental Health Commission
  - a. The Commissioner attended the National Mental Health Commission meeting in July 2013 and is preparing to host the next gathering in Queensland in 2014. A memorandum of understanding between Commissions has been drafted.
2. Conferences and forums
  - a. We supported two community representatives to attend the annual TheMHS Conference in 2013. It is our intention to provide opportunities for Advisory Committee members and other selected stakeholders to attend key forums annually.

Lesley van Schoubroeck  
COMMISSIONER

10 January 2014