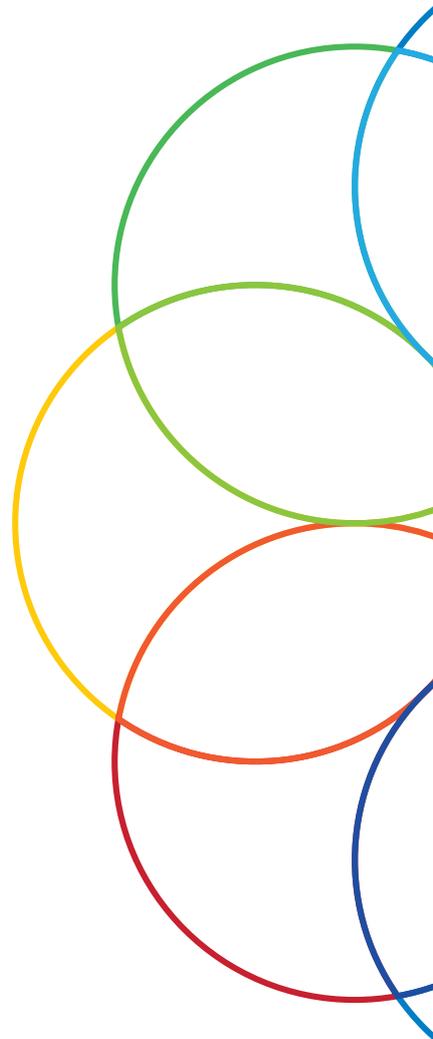


Queensland Mental Health Commission

# 2015-16 annual report



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# Acknowledgement

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

We also acknowledge the people living with mental health and alcohol and other drug problems, their families and carers, as well as those affected by suicide. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness and recovery and have fulfilling lives.

# Letter of compliance

Queensland  
Mental Health  
Commission

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ABN 54 163 910 717

7 September 2016

The Honourable Cameron Dick MP  
Minister for Health and Minister for Ambulance Services  
GPO Box 48  
BRISBANE QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2015-16 and Financial Statements for the Queensland Mental Health Commission. The Commission was established as a statutory body by the *Queensland Mental Health Commission Act 2013* and has now completed its third year of operation.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements can be found at Appendix 2 on page 108 of this report.

Yours sincerely



**Dr Lesley van Schoubroeck**  
Acting Queensland Mental Health Commissioner



# From the Commissioner

Since the Commission began, mental health and wellbeing has come further into the spotlight in Queensland. More than ever, Queenslanders are talking about mental illness, suicide and the harms associated with alcohol and other drugs.

As I reflect on the year that is the Commission's three-year landmark, there are many achievements that have been crossed off our 'to do' list. While delivering the body of work we set out to complete is a tangible measure of success, this is only one measure of effectiveness.

A vital part of the work we do – and perhaps where we are most effective – is not immediately apparent. It is in the conversations we kindle, the collaboration we facilitate, the relationships and partnerships we build, and the decision-makers we influence.

We do not provide direct services to the public; rather we advance reform by influencing and championing the efforts of others. We are the catalyst for reform, but our achievements only come through the achievements of others.

The work we do is the first step towards system reform, and this year we've had a busy agenda.

We delivered whole-of-government action plans across three priority areas, namely suicide prevention, early action, and alcohol and other drugs. These plans commit to 193 actions across 22 government agencies, and we're tracking and reporting each and every commitment.

Our first Performance Indicators report was a significant milestone. For the first time we have benchmarks to measure our shared progress and the impact of reforms over time.

We made three submissions to Parliamentary Committees and inquiries. These were on the establishment of the Queensland Health Promotion Commission, a possible Human Rights Act for Queensland, and to the Parliamentary Committee considering the Mental Health Bill 2015 and the Mental Health (Recovery Model) Bill 2015.

I would like to echo the sentiments of the Mental Health and Drug Advisory Council in acknowledging the commitment of staff for remaining focused on the mental health and wellbeing of Queenslanders during the final quarter of the year when the Commission's effectiveness was being reviewed and the appointment of the Commissioner from 1 July 2016 was being finalised.

On 19 June 2016, Minister for Health Cameron Dick approved my appointment as Acting Commissioner from 1 July 2016 to 28 February 2017. An acting rather than substantive appointment was made to provide time for the review of the Commission's effectiveness undertaken by the Public Service Commission to be considered and the subsequent review of the effectiveness of the *Queensland Mental Health Commission Act 2013* to be completed.

I look forward to implementing any recommendations of the review and participating in the forthcoming review of the effectiveness of the Act.



**Dr Lesley van Schoubroeck**

*Acting Queensland Mental Health Commissioner*



# Spotlight

## What we do

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

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

## What we have done

### Setting strategic direction

- identifying reform priorities
- developing whole-of-government strategic and action plans
- coordinating and reporting on implementation.

### Research and reporting

- on issues impacting people experiencing mental health difficulties, mental illness and problematic alcohol and other drug use, and those affected by suicide
- building evidence about what works and where reform is needed.

### Promotion, awareness and early intervention

- supporting services and initiatives that promote:
  - community-wide mental health and wellbeing
  - prevention and early intervention awareness, rights protection and reduced stigma and discrimination.

### Fostering an inclusive and responsive system

- supporting consumer, family and carer involvement and leadership in policy, program and service development and evaluation
- supporting the Queensland Mental Health and Drug Advisory Council
- promoting opportunities for consumers, families and carers to participate and gain knowledge.

## Are we making a difference?

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

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

People who work with us say\* (2016 data)

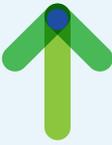
**79%** **81%** **62%**

They interacted with people from other sectors

They made connections for collaboration

They will change practices as a result

Perceptions are steadily improving from 2014 to 2016

 **49% to 64%**  
Positive reform is underway

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

 **45% to 56%**  
Community awareness is increasing

 **46% to 49%**  
Stakeholders have opportunity to input

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

 **38% to 38%**  
A range of stakeholders is engaged and included

# About the Commission

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

The Commission's work contributes to the Queensland Government's objectives for the community – delivering quality frontline services, creating jobs and a diverse economy and building safe, caring and connected communities with a focus on mental health issues and alcohol and other drug problems.

The Commission has a statewide focus and has an office in Brisbane. It comprises the Queensland Mental Health Commissioner and staff.

## Our role and functions

As defined by the Act, the Commission's role is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland. The Act sets out the Commission's functions, which include:

- Developing a whole-of-government mental health, drug and alcohol strategic plan, and facilitating and reporting on its implementation
- Monitoring, reviewing and reporting on issues affecting people living with mental health issues or problematic substance use, their families, carers and support persons, and people who are vulnerable to or at significant risk of developing mental health issues or problematic substance use
- Supporting and promoting mental health promotion, awareness and early intervention
- Supporting systemic governance, including providing support to the Queensland Mental Health and Drug Advisory Council.

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

The Commission's role does not include investigating individual complaints, planning or funding mental health, alcohol and other drug services. These responsibilities rest with other government agencies.

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

## Our vision

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

## Our principles

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

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

## Our values

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

- Customers first
- Ideas into action
- Unleash potential
- Be courageous
- Empower people
- Wellness.

## Objectives and performance

The *Strategic Framework 2015–2019* outlines the Commission's objective to achieve better outcomes for people living with mental health issues or problematic alcohol and other drug use by:

- Reaching consensus on and making progress towards achieving system-wide reforms
- Maximising the collective impact of lived experience and professional expertise.

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

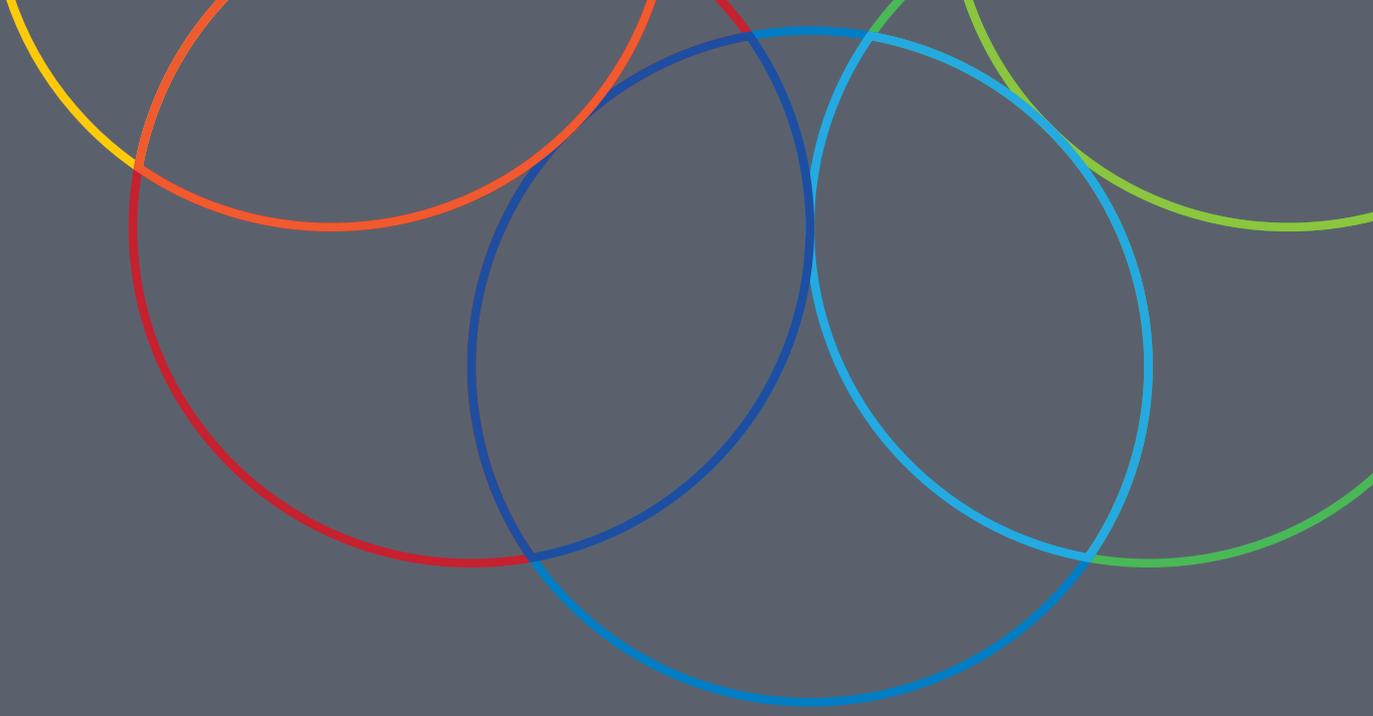
- **Strategic planning** – The Commission is required to develop a whole-of-government strategic plan in consultation with consumers, families, carers, government and non-government stakeholders. The Commission's role is then to facilitate, support and report on implementation of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (Strategic Plan).
- **Review, research and report** – Undertaking reviews and research and preparing reports enables the Commission to provide advice to inform decision-making, build the evidence base, support innovation and identify good practice.
- **Promotion and awareness** – The Commission has a key role in facilitating and promoting awareness, prevention and early intervention by supporting whole-of-government and whole-of-community action. Actions are linked to the Strategic Plan's Shared Commitments to Action.
- **Systemic governance** – The Commission is responsible for establishing and supporting statewide systemic governance mechanisms which support an approach that is collaborative, representative, transparent and accountable and operates in accordance with the Act.

The Commission's performance is measured against two indicators:

- The extent to which agreed commitments in the Strategic Plan are implemented
- Stakeholder satisfaction with the support and achievements of the Commission, particularly in relation to:
  - Opportunities to provide consumer, support person and provider perspectives on mental health and substance misuse issues
  - Extent to which consumer and provider perspectives are represented in strategic directions articulated by the Commission to improve the system
  - The range of stakeholders involved in developing and implementing solutions.

# non-financial performor

- 10** Strategic planning
- 20** Review, research and report
- 28** Promotion and awareness
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- 54** Emerging issues



# manance

The Commission's work to drive reform continued in 2015-16 by adopting a collective impact approach, which brings stakeholders together to identify solutions, incorporating the views and experiences of those with a lived experience into our reform agenda.

Our work has sought to influence policy, practice and services by adopting a more integrated, evidence-based approach. Our approach focuses on the holistic needs of Queenslanders to improve mental health and wellbeing, with a particular focus on those who live with mental illness and mental health problems, problematic alcohol and other drug use and those who have a lived experience of suicide.

Highlights during 2015-16 include:

- The release of three Action Plans to support implementation of the Strategic Plan
- The publication of the first reports outlining implementation of the Strategic Plan and indicators against its outcomes
- Providing grants to 14 organisations to support local action
- Submissions to inform new mental health legislation for Queensland
- Commencing projects and initiatives to promote wellbeing, such as developing options to expand Ed-LinQ and regional wellbeing hubs.

# strategic

Supporting, monitoring and reporting on the implementation of the Strategic Plan is one way the Commission supports the collective impact of government and non-government organisations to improve the mental health and wellbeing of Queenslanders.

# planning

The Strategic Plan was publicly released in October 2014. It aims to improve the mental health and wellbeing of all Queenslanders, including those living with mental illness, mental health problems, and problematic alcohol and other drug use.

It sets six long-term outcomes informed by the *National Targets and Indicators for Mental Health Reform* developed by the Council of Australian Governments' Expert Reference Group in 2013 and the *National Drug Strategy 2010–2015*:

1. A population with good mental health and wellbeing
2. Reduced stigma and discrimination
3. Reduced avoidable harm
4. People living with mental health difficulties or issues related to substance use have lives with purpose
5. People living with mental illness and substance use disorders have better physical and oral health and live longer
6. People living with mental illness and substance use disorders have positive experiences of their support, care and treatment.

To achieve its vision and outcomes the Strategic Plan sets a platform for innovation and continual improvement under four pillars of reform:

1. Better services for those who need them, when and where they need them
2. Better awareness, prevention and early intervention to reduce the incidence, severity and duration of problems
3. Better engagement and collaboration to improve responsiveness to individual and community needs
4. Better transparency and accountability to ensure the system works as intended and in the most effective and efficient way possible.

Eight Shared Commitments to Action direct actions towards achieving these outcomes:

1. Engagement and leadership for individuals, families and carers
2. Awareness, prevention and early intervention
3. Targeted responses in priority areas, including suicide prevention; prevention and reduction of the adverse health and wellbeing impacts of alcohol and drugs; and the wellbeing of people living in rural and remote areas, Aboriginal and Torres Strait Islander peoples, people in contact with the criminal justice system, people with disability and other vulnerable groups
4. A responsive and sustainable community sector
5. Integrated and effective government responses
6. More integrated health service delivery
7. Mental health, drug and alcohol services plan
8. Indicators to measure progress towards improving mental health and wellbeing.

In 2015-16, the Commission focused its efforts on:

- The development of associated action plans in key areas
- Supporting initiatives which involve multi-agency integration
- Supporting local action
- Monitoring and reporting implementation and progress towards achieving outcomes.

## Developing action plans in key areas

State Government agencies across a wide range of areas contribute to improving the mental health and wellbeing of Queenslanders. To ensure actions are coordinated and evidence-based, the Commission developed and publicly released three whole-of-government action plans in 2015-16:

- *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*
- *Queensland Suicide Prevention Action Plan 2015–17*
- *Queensland Alcohol and Other Drugs Action Plan 2015–17.*

Each action plan is based on consultation with a broad range of stakeholders including those with a lived experience and frontline service providers, and outlines a framework and priorities for action. Together, the action plans commit 22 State Government agencies to implementing 193 actions. The action plans also seek to highlight areas of good practice.

To ensure continuous reform, each action plan is overseen by a reference group or working groups which will not only oversee implementation but also identify emerging issues and further areas of good practice.

Reform will be continuous and the action plans will be reviewed after 12 months, to commence in 2017, to ensure they continue to align with national reforms and local issues.

The Commission will report on each of the associated action plan's implementation annually in the Strategic Plan Annual Implementation Report.

In 2015-16 the Commission also commenced developing two new action plans focused on the mental health and wellbeing of people living in rural and remote Queensland and on improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders.

### Early Action Plan

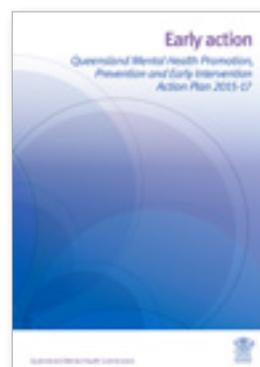
The *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* (Early Action Plan)

was launched by the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP on 6 October 2015.

The Early Action Plan aims to improve the mental health and wellbeing of Queenslanders and to reduce the incidence, severity and duration of mental illness and mental health problems. It acknowledges that mental health is different from mental illness. Mental health enables people to cope with the stresses of life, work productivity and contribute to the community and is accepted to be a foundation of social and economic prosperity.

However, many people experience poor mental health, with 10.8 per cent of Queenslanders experiencing high or very high levels of psychological distress. Mental illness is also common, with one in five Queenslanders experiencing a mental illness in any given year. Evidence consistently indicates that substantial and long-term individual, social and economic benefits are possible by promoting mental health, preventing mental illness and intervening early in life as well as early in the onset of mental illness.

The Early Action Plan provides the first overarching view of how the contributions of many sectors, programs and services support improved mental health and wellbeing in Queensland. It commits to a coordinated approach to mental health in Queensland by addressing the wide range of factors that contribute to improved mental health and wellbeing and the prevention of mental illness.



The Early Action Plan focuses attention on the different needs of people at important stages of life to enable all Queenslanders to:

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

The State Government has committed to implementing 99 actions by 16 agencies. Its implementation is supported by the Queensland Early Action Reference Group convened and supported by the Commission. Membership is drawn from all Queensland government agencies that contributed to the development of the Early Action Plan. It also reflects the role of key non-government organisations including *beyondblue*: the national depression initiative, the Queensland Council of Social Services and representation from Queensland's Primary Health Networks.

The first meeting of the Reference Group was held in March 2016 and will meet twice annually. The Reference Group will be supported by working groups established according to priorities in the Start Well, Develop and Learn Well, Live Well, Work Well and Age Well action areas.

## Suicide Prevention Plan

The whole-of-government *Queensland Suicide Prevention Action Plan 2015–17* (Suicide Prevention Plan) was publicly released on World Suicide Prevention Day (10 September) in 2015. The Suicide Prevention Plan implements a commitment of the Strategic Plan to develop a renewed approach to suicide prevention.

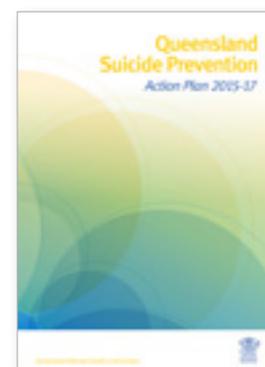
Development of the Suicide Prevention Plan was informed by research about what works to reduce suicide and its impact, including evaluation of services and initiatives; an analysis of suicide data in Queensland; the views of key stakeholders and those who have been impacted by suicide; and national policies, programs and services.

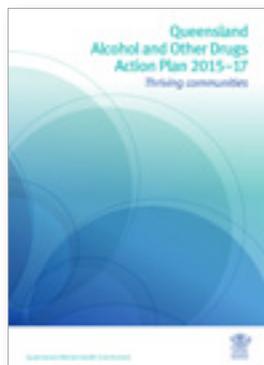
The Suicide Prevention Plan aims to reduce suicide and its impact on Queenslanders by focusing on improved support for those who have attempted suicide, those at risk and people who have been affected by suicide, including first responders and service providers. Its focus extends beyond the health and mental health system and recognises the important role played by communities and other government and non-government services. It is a step towards reducing suicide by 50 per cent within a decade.

The Suicide Prevention Plan outlines 42 initiatives to be implemented by 11 agencies under four Priority Areas:

1. Stronger community awareness and capacity
2. Improved service system responses and capacity
3. Focused support for vulnerable groups
4. A stronger more accessible evidence-base.

The Queensland Suicide Prevention Reference Group, established in March 2016, is supporting the implementation of the Suicide Prevention Plan and providing increased leadership, oversight and coordination of suicide prevention and risk reduction activities being undertaken across the State. The Reference Group is comprised of Queensland Government agencies, non-government organisations, people with a lived experience of suicide and representation from Queensland's Primary Health Networks.





## Alcohol and Other Drugs Action Plan

For many Queenslanders and their families the impact of alcohol and other drugs can affect their physical health and their mental health, impacting on their ability to cope with the stresses of life and realise their full potential. While not everyone who uses alcohol and other drugs will experience harm or become

dependent, when harms do occur they can have wide ranging impacts on the mental and physical health of the individual, their families, friends and communities.

The *Queensland Alcohol and Other Drugs Action Plan 2015–17* aims to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders. The Action Plan was publicly released by the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP in December 2015, following extensive public consultation.

Consultations to develop the Action Plan commenced in 2015-16. Co-led by the Commission and the Queensland Network of Alcohol and other Drug Agencies, consultation forums were held in Townsville, Cairns, Logan, Toowoomba, Ipswich, Brisbane and Mount Isa. The Queensland Network of Alcohol and other Drug Agencies, funded by the Commission, also ran an online survey to capture the views of service providers and their clients. In total over 80 service providers, 95 current and past clients and 30 family and friends provided input. Seventy participants at the Queensland Aboriginal and Islander Alcohol and Drug Conference in September 2015, hosted by the Queensland Aboriginal and Islander Health Council and the Queensland Indigenous Substance Misuse Council, were also consulted. The Commission also released the discussion paper *Reducing Alcohol and Other Drug Impacts in Queensland* in August 2015 for public comment.

The Action Plan adopts a harm minimisation approach in line with the current and draft *National Drug Strategy*. It commits 13 State Government agencies to 54 actions under three priority areas — demand reduction, supply reduction and harm reduction.

The Action Plan's development was guided by a project reference group which comprised key stakeholders, including:

- Queensland Network of Alcohol and other Drug Agencies
- Queensland Indigenous Substance Misuse Council
- Dovetail
- Queensland Injectors Health Network
- Queensland Police Service
- Department of Justice and Attorney-General
- Department of Communities, Child Safety and Disability Services
- Queensland Health
- Queensland Mental Health and Drug Advisory Council.

The Queensland Alcohol and Other Drugs Reference Group, with additional members including a representative from Queensland's Primary Health Networks, continues to oversee implementation and met for the first time in February 2016.

## Rural and Remote Action Plan

In 2015-16, the Commission led the development of the Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016-18.

The mental health and wellbeing issues and needs of people living in rural and remote Queensland were raised and discussed with the Commission during the development of the Strategic Plan and associated action plans. The Commission formally sought public feedback through the release of the discussion paper *Towards a Queensland Rural and Remote Mental Health and Wellbeing Action Plan* in April 2016. Views were also sought from service providers during visits to Longreach, Barcaldine and Mackay in early 2016.

The whole-of-government Action Plan aims to improve the mental health and wellbeing of Queenslanders living in rural and remote communities. It particularly focuses on reducing the incidence, severity and duration of mental illness, reducing suicide and its impact, and preventing and reducing the adverse impact of alcohol and other drugs.

The Action Plan is due to be publicly released later in 2016.

## Aboriginal and Torres Strait Islander social and emotional wellbeing

Social and emotional wellbeing influences the everyday lives of Aboriginal and Torres Strait Islander peoples. It influences outcomes across a wide range of areas including mental health, problematic alcohol and other drug use and suicide.

In 2015-16 the Commission commenced developing a whole-of-government action plan to support improved social and emotional wellbeing as part of a commitment made under the Strategic Plan. The consultations included:

- Two Strategic Conversations with Aboriginal and Torres Strait Islander leaders and government and non-government organisations
- The release of the discussion paper *Improving Aboriginal and Torres Strait Islander social and emotional wellbeing in Queensland*, seeking the views of targeted stakeholders and the broader public with 11 submissions received
- Nine community forums held in Ipswich, Logan, Townsville, Toowoomba, Cairns, Rockhampton, Thursday Island, Mount Isa and Brisbane attended by over 200 participants
- A youth forum held in Brisbane attended by nine Aboriginal and Torres Strait Islander young people.

Stakeholders were asked what social and emotional wellbeing meant to them and what actions needed to be prioritised and taken. The Strategic Conversations and community forums were co-facilitated by Mr Murray Saylor of Tagia Management Consultants.

All stakeholders identified community participation, stronger families and communities and individual resilience as key priorities. They also identified the need to adopt a holistic approach which addresses barriers to Aboriginal and Torres Strait Islander people participating in the community.

The action plan will also be informed by work undertaken by Edward Tilton Consulting Health and Social Policy Services on behalf of the Commission to identify potential ways of monitoring and measuring levels of social and emotional wellbeing. Developed after consultation with Aboriginal and Torres Strait Islander leaders, their report *Key performance indicators for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and substance misuse in Queensland* identified a number of indicators which focused on the social determinants of social and emotional wellbeing and health system performance.

The Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18 is expected to be publicly released later in 2016.

## Disability and the National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is one of the largest reforms to disability services in decades. It presents unique challenges and opportunities as the system moves towards providing consumers with a greater choice in who provides them with support.

People living with mental illness who need disability support services will be impacted by the NDIS. Much has been learnt from trial sites in Victoria and New South Wales which focused on providing support to mental health consumers.

In 2015-16, the National Disability Insurance Agency together with the State Government commenced rolling out the NDIS in Queensland, commencing in Townsville, Charters Towers and on Palm Island. To access the full benefit of the NDIS, consumers, families and carers as well as the non-government sector need to have a good understanding of how it works as well as identifying any barriers early.

In response to requests from the non-government sector, in September 2015 the Commission hosted a workshop in partnership with the Queensland Alliance for Mental Health Inc. to identify opportunities for the non-government sector to optimise outcomes from the NDIS and support people with mental health issues who do not qualify for the NDIS. A wide range of stakeholders participated in the workshop.

The workshop enabled stakeholders to explore opportunities for holistic service system co-design, including strategies for coordination across service types to support people with mental health issues, particularly those with complex needs. They also agreed a way to enable ongoing collaboration between stakeholders and the non-government sector by supporting the Queensland Alliance for Mental Health Inc. to continue to host these discussions and proactively provide advice and input into the rollout of the NDIS in Queensland.

## More integrated and effective government responses

Integrated government service delivery is essential to supporting the holistic needs of those experiencing mental health difficulties and substance use problems. The Strategic Plan commits to more integration and effective government services to meet the complex and inter-related health and social needs of people living with mental health difficulties and problematic alcohol and other drug use.

## Evaluation of the West Moreton Adult Integrated Mental Health Service

In 2015-16, the Commission contributed \$50,000 to Aftercare to undertake the first stage of the evaluation of the West Moreton Adult Integrated Mental Health Services Model.

The purpose of the project is to build and share evidence about what works in Queensland to improve the coordination and integration of a range of clinical and non-clinical community-based services for people with severe mental illness and complex needs.

The evaluation will be taken over a three year period, using a mixed methods design and collecting data from consumers, staff and program documentation. It will seek the views of consumers and their experiences of accessing services through the model, including the barriers and enabling factors associated with a new model of service integration.

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

The Commission will continue to support the evaluation in 2016-17.

## Mental Health Demonstration Project

The Mental Health Demonstration Project is a key response to the recommendations in the Commission's Ordinary Report, *Social housing: Systemic issues for tenants with complex needs*. The project is a joint initiative of the Department of Housing and Public Works and Queensland Health, with the involvement of other government and non-government agencies. The project is a new and innovative integrated housing, health and social support model designed to improve housing stability for people living in social housing who are experiencing mental illness or related complex issues. It is being implemented in the Metro North Hospital and Health Service and housing catchment areas over two years from 2015 through to 2017.

The project directly addresses concerns raised in the Ordinary Report which relate to improved integration and building the capacity of housing officers to identify people living with mental illness, mental health difficulties and substance use issues and work with other support agencies.

The Commission's Executive Director is a member of the Project Board overseeing the project.

The Commission contributed \$50,000 to support the development of e-learning resources designed to build the capability of Housing Service Centre staff and partner agencies to better understand mental illness, suicide, and alcohol and

other drugs as well as how to navigate the housing service system. The Queensland Centre for Mental Health Learning led the development of the e-learning modules on behalf of the Department of Housing and Public Works, with input from agencies including Dovetail and the Commission. The resources developed as part of the project have been made available to all Housing Service Centres and interested non-government agencies across Queensland.

The Commission will continue involvement in the project, including participation in the project's evaluation, during 2016-17.

## Supporting local action

The Stronger Community Mental Health and Wellbeing Grants Program aims to support innovation and build the evidence base about locally-led solutions that improve mental health and wellbeing. The grants program supports local communities to take actions under the Strategic Plan.

Since 2014, the Commission has invested \$1.48 million through the grants program. This has funded activities that promote good mental health and wellbeing in over 50 communities across Queensland.

In 2014-15, a total of 46 local projects delivered better mental health outcomes by increasing community and individual connectedness, raising awareness and building individual and community capacity to address mental health, alcohol and problematic substance use issues. Local activities were delivered across Queensland – from Cape York in the north, the Gold Coast in the south, and west to Longreach and Mount Isa. Many of these projects were completed in 2015-16 and resulted in:

- 1,648 people attended workshops on mental health and wellbeing
- 821 people trained in Mental Health First Aid, Suicide Intervention Skills and other recognised courses
- 47 people trained as mentors or speakers
- 13 people accredited as instructors or facilitators.

In 2015-16 the grants program provided grants of up to \$50,000 for projects that support social inclusion and community participation for those experiencing mental illness, mental health problems and problems related to alcohol and other drug use. Community awareness initiatives have been funded through a separate funding process.

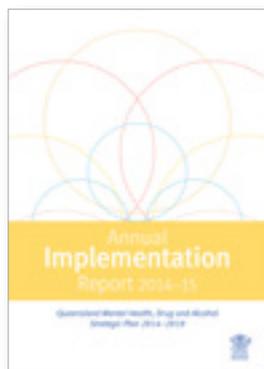
Fourteen organisations received funding totalling \$451,385. These are outlined in Table 1.

The Commission will again offer grants as part of the 2016-17 program.

Table 1: Stronger Community Mental Health and Wellbeing Grants recipients

Recipient	Project	Community	Description	Funding
Toowoomba Clubhouse	Oakey Wellbeing Enhancement Initiative	Oakey	The THRIVE supported socialisation initiative developed by Toowoomba Clubhouse will be expanded to the Oakey community.	\$45,100
Grow	e-Grow Rural Queensland Pilot	Roma, Emerald	The e-Grow Rural Queensland Pilot will trial the use of online technologies to deliver a peer-led support network in the rural communities of Roma and Emerald.	\$50,000
Whitsunday Community Service	Whitsunday Community of Practice in Youth Mental Health	Cannonvale, Proserpine, Bowen	The Whitsundays Community of Practice in Youth Mental Health will foster collaboration between human services agencies to improve youth mental health and wellbeing in the Cannonvale, Proserpine and Bowen communities.	\$7,079
Multicultural Development Association Ltd	By Youth for Youth	Brisbane	The By Youth for Youth project will help strengthen identity, community and cultural connections for 'at risk' youth among Brisbane's culturally and linguistically diverse communities.	\$50,000
Aftercare	Creative Foundations Workshops	Brisbane	A series of Creative Foundations Workshops will use creative activities to support the wellbeing of family and carers of people with mental illness.	\$8,000
Richmond Shire Council	Drought Relief Support Officer	Richmond, Hughenden, Julia Creek	A rural drought support worker will be engaged to support drought affected communities manage the impacts of drought on their health and wellbeing.	\$50,000
Tai Chi for Health North Queensland	Tai Chi for Health Program – Turn stress into a source of strength	Townsville	The Tai Chi for Health Program will bring the benefits of Tai Chi to members of Townsville's Mates 4 Mates Centre.	\$10,730
Rights in Action	Self-advocacy group for people living with mental health issues	Cairns	The Rights in Action Self-Advocacy Group will help people with mental illness develop new ways to advocate for themselves in areas that affect their daily lives.	\$2,528
Mulungu Aboriginal Corporation	Hand Up (not Hand Out) for Mareeba Men	Mareeba	The Hand Up Project will be delivered to support Indigenous men in the Mareeba community develop and maintain supportive relationships and a sense of community connection.	\$50,000
ConNetica	Yarnings for Life	Hervey Bay, Maryborough, Bundaberg	The Yarnings for Life project will help build skills for discussing suicide and its prevention among Aboriginal and Torres Strait Islander community members.	\$49,910
Sandgate State School P&C	Art from the Heart	Brisbane	The Art from the Heart program will help promote school connectedness with a focus on culturally and linguistically diverse students, parents and carers.	\$10,920
Logan Women's Health and Wellbeing Centre	Hands Across Logan	Logan	The Hands Across Logan project will empower women who are isolated build self-esteem and confidence through social interaction.	\$48,748
Peer Support Australia	The Beyond the School Gate Project	Brisbane and regional locations to be identified	The Beyond the School Gate Project will bring a peer-led approach to supporting the mental health and wellbeing of young people in Brisbane and regional areas.	\$50,000
Anglicare Southern Queensland	Wellbeing Day	Brisbane	A Wellbeing Day event will provide education, support and inspiration to people with mental health challenges and their carers.	\$18,370

## Monitoring and reporting on the Strategic Plan



In December 2015, the Commission released the first Annual Implementation Report outlining steps taken towards implementing the Strategic Plan. The report outlined implementation from the date the Strategic Plan was launched in October 2014 to 30 June 2015. While there were many activities undertaken by the State Government that support improved mental health

and wellbeing, the Commission reported on those actions specifically related to the Strategic Plan.

The first year of implementation was critical to setting the foundations for future implementation. Our efforts focused on:

- Supporting non-government organisations to enhance mental health and wellbeing through the 2014-15 Stronger Community Mental Health and Wellbeing Grants Program
- Commencing work to assess the current level of service user, consumer, family and carer engagement in mental health and alcohol and other drug services, and establish a contemporary set of best practice principles
- Commencing work to develop the Strategic Plan's associated action plans.

The next Annual Implementation Report is due to be publicly released in December 2016. It will outline progress towards implementing the Strategic Plan from 1 July 2015 to 30 June 2016 and will include commitments made in the three associated action plans released in 2015.

### Performance indicators

Shared Commitment to Action Eight of the Strategic Plan commits the Commission to lead work to identify and report on performance indicators measuring progress towards achieving its six long-term outcomes.

There has been considerable discussion nationally and internationally about how best to measure these and similar outcomes over many years. The first annual *Performance Indicators Report* was



released by the Commission in December 2015 and outlined the steps that have been taken in Queensland to commence identifying and reporting on performance indicators focused on better outcomes for people living with mental health problems, mental illness and problematic alcohol and other drug use.

The Commission worked in partnership with the Queensland Alliance for Mental Health Inc., Queensland Network of Alcohol and Drug Agencies, Queensland Council of Social Services, Queensland Voice for Mental Health Inc., and a number of Queensland Government agencies including the Office of the Government Statistician to identify performance indicators based on four principles – that they are meaningful and shared, appropriate and useful, feasible and cost effective, and robust.

The Performance Indicators Report outlines performance indicators based on data currently available, including comparisons to national levels where appropriate.

The first Performance Indicators Report indicates that Queenslanders use illicit drugs and experience mental health problems at similar levels to other Australians. However, Queenslanders experience higher rates of suicide and risky alcohol consumption.

A greater proportion of Queenslanders living with mental health conditions are unemployed, experience discrimination and have cardiovascular disease (a major risk factor for early death) compared to other Queenslanders.

Suitable performance indicators, based on data currently available, could not be identified to measure progress for a number of areas. Work in 2016-17 will involve considering the feasibility and cost effectiveness of either developing performance indicators or sourcing data in the following areas:

- The wellbeing of all Queenslanders
- Social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders
- The mental health and wellbeing of people living in rural and remote Queensland
- Stigma experienced by people living with mental illness, mental health problems and problematic alcohol and other drug use.

The Commission plans to release the next performance indicators report in December 2016. It will provide an update where new data is available and will outline progress to address gaps.

## Stakeholder views

### Familiarity with the Strategic Plan

Stakeholder survey results show that familiarity with the Strategic Plan has remained consistent since its release two years ago. Encouragingly, the majority of respondents (83 per cent) were familiar with the Strategic Plan to at least some degree, with almost half reporting they had read the document.

As a comprehensive engagement process to review and refresh the Strategic Plan is undertaken in 2017, it is expected that stakeholder's familiarity will increase.

### Relevance of the Strategic Plan

The majority of respondents in both 2015 and 2016 (62 per cent) indicated that the Strategic Plan identified priorities important to them. Approximately half of respondents in each year agreed that the Strategic Plan's Shared Commitments to Action are appropriate and comprehensive, and 36 per cent in both years reported that the Strategic Plan had influenced activities and decisions in their organisation.

The 2016 survey produced a slightly higher proportion of respondents 'unable to comment' to these questions. This is likely due to the broader dissemination of the survey in 2016 compared to prior years.

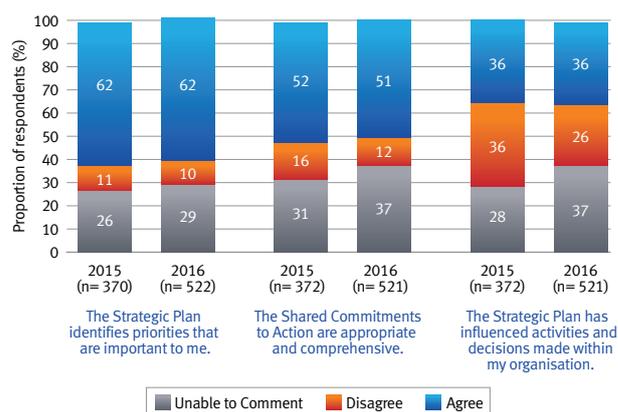
### Expected timeframe for outcomes

Survey results are consistent with feedback received from consultation activities that stakeholders understand the outcomes of the Strategic Plan will take time to be realised.

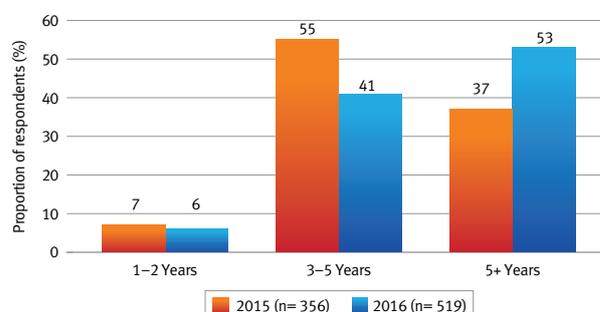
Furthermore, the 2016 survey results indicate that as stakeholders become more informed and more involved in the Strategic Plan's implementation, their perception of the timeframe required to observe the Strategic Plan's impact is increasing from 3-5 years to 5 years and over.

### Positive reform is underway

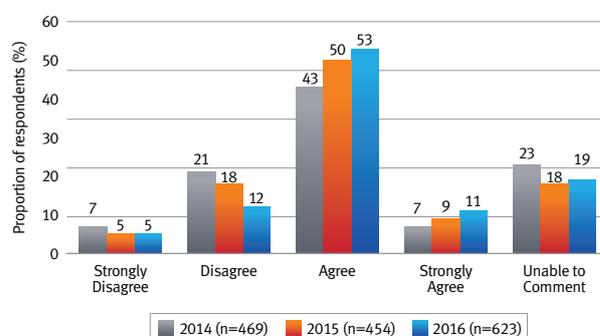
Overall, stakeholders agreed that positive reform is underway. This has increased by 15 per cent since 2014 to 64 per cent in 2016.



### Expected timeframe to observe the wider impacts of the Strategic Plan.



### Overall, positive reform is underway.



# review,

The Commission has a role in undertaking research and reviews and making recommendations on issues impacting Queenslanders experiencing mental health problems, mental illness and problematic alcohol and other drug use. This informs the Commission's reform agenda.

# research + report

The Commission's research and reporting activities in 2015-16 focused not only on supporting the implementation of recommendations made in past reports but also on developing new research and submissions to continue the reform process. Submissions made on the new mental health legislation for Queensland particularly focused on supporting a recovery-oriented and human rights focused mental health system.

The Commission also made submissions to Parliamentary Committees and Inquiries on issues which provide greater protection of human rights and removing barriers to those living with mental illness and problematic alcohol and other drug use to live lives with purpose.

## Human rights protection

### New mental health legislation

Contemporary mental health legislation is the cornerstone of an effective mental health system. The review of the *Mental Health Act 2000* continued into 2015-16, with significant reforms set in place with the passage of the *Mental Health Act 2016* through the Queensland Parliament in February 2016.

The Commission played a significant role in these reforms through submissions to the Parliamentary Committee considering the *Mental Health (Recovery Model) Bill 2015* and the *Mental Health Bill 2015* and through direct liaison with the Department of Health. This role was supported

and informed by the views of consumers, families and carers as well as frontline service providers in a wide range of fields, including health and the legal professions.

The focus of the Commission's submissions was on the need for Queensland to have contemporary mental health legislation which adopts a recovery-oriented, least restrictive approach which respects and protects the human rights of consumers and acknowledges the role played by families, carers and support persons in recovery. Many of the Commission's recommendations were included in the new *Mental Health Act 2016*, including replacing the allied person role with a person chosen by the consumer (the nominated support person) and enabling consumers receiving inpatient treatment to communicate with friends and family through electronic means.

Making nine final recommendations, the Commission advocated for greater independence of the new Patient Rights Adviser role; a legislative requirement for discharge planning and increased external oversight of mental health wards to enable consumers to make complaints to an external, independent body with the ability to investigate issues. The Minister for Health and Minister for Ambulance Services has agreed with the Commission's recommendation that the new mental health legislation be reviewed after two years, with a particular focus on the implementation of the Independent Patient Rights Advisers.

Good legislation must be implemented well and in consultation with consumers, families and carers if it is to be effective. The Commission is engaged in several working groups convened by the Department of Health to implement the new *Mental Health Act 2016* including those focused on the implementation of:

- the Independent Patient Rights Adviser role,
- advance health directives,
- court liaison service, and
- new provisions relating to seclusion and restraint.

The Commission will continue to work with the Department of Health during 2016-17 on these important reforms.

## A more recovery-oriented, least restrictive approach

The Commission continued to promote recommendations made in the *Options for Reform: Moving towards a more recovery-oriented least restrictive approach in acute mental health wards including locked wards*. While wards in Queensland remain locked, a number of Hospital and Health Services have reported implementing recommendations made in the report.

The Commission also used the report to inform its submissions on the Mental Health Bill, including the need to enable consumers to communicate with family and friends using electronic devices. The new legislation makes it a right to communicate but enables Authorised Mental Health Services to prohibit use of electronic devices if it is in the best interests of the consumer, in contrast to the current position where mobile phones are generally banned in mental health wards. This will better enable those receiving treatment in a mental health ward to better communicate in various ways, including via Skype.

Queensland Health has commenced undertaking an audit regarding implementation of the Options for Reform, with the Commission due to report on implementation later in 2016.

## Human Rights Act Inquiry

In 2016, the Legal Affairs and Community Safety Committee of the Queensland Parliament commenced an Inquiry into a Human Rights Act for Queensland. The Commission provided a submission to the Parliamentary Committee which focused on the need to better protect the human rights of all Queenslanders and of people living with mental illness and problematic alcohol and other drug use.

The submission drew on the views of stakeholders who contributed to a consultation process as well as research and analysis into the potential implications of a Human Rights Act for people who experience mental illness. It also drew on the lessons learnt from reviews of human rights legislation in the Australian Capital Territory and Victoria.

The Commission's submission supported action which:

- provides accessible remedies for breaches of human rights,
- includes economic, social and cultural rights, such as adequate healthcare, education and housing, and
- covers not only government agencies, but would also apply to organisations funded by the State Government to deliver services.

The submission recognised that legislation sets the ground work for protecting human rights but more is needed to change cultures and entrenched views which result in discrimination, unconscious bias and stigma. This requires investment in educational resources to support understanding of rights amongst individuals, parliamentarians, the legal sector and government agencies and to promote a human rights culture in Queensland.

The Commission further recommended that people with lived experience are involved in the design of any human rights legislation and that safe language guidelines and patient care protocols are applied in the drafting of this legislation and associated policy documentation to ensure appropriate terminology and safe, non-stigmatising wording is used.

Subsequently, the Commission has written to the Director-General of the Department of Health seeking information about any action taken in response to the Apology issued by the Queensland Government in 2010 to those who, as children in the care of the State, suffered in any way while resident in an adult mental health facility.

## Supported decision-making

Supported decision-making aims to assist people to make decisions in areas such as health, accommodation and lifestyle decisions while maximising their autonomy and exercising their full legal and human rights. With support, some people can be fully involved in all parts of a decision. Some people with significant support needs might be supported to express their will and preferences in the decision-making process.

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

The specific focus of the project is on decision-making support for people with acquired brain injury or people with intellectual disability. The anticipated outcome is an effective generic capacity building tool that is able to cater for all types of cognitive disabilities including people experiencing mental illness where their capacity to consent is affected. The tool will be able to be used in a range of contexts from formal guardianship to informal support.

The research Chief Investigators are Professor Christine Bigby and Professor Jacinta Douglas (both from La Trobe University), Emeritus Professor Terry Carney (University of Sydney), Dr Ilan Wiesel (University of New South Wales) and Dr Shih-Ning Then (Queensland University of Technology). Other Queensland agencies partnering in the project include the Office of the Public Advocate, Office of the Public Guardian, Queensland Public Trustee and Endeavour. The project will be conducted in Queensland, New South Wales and Victoria. The Linkage Grant is administered by La Trobe University.

The project commenced in 2015-16 and will be undertaken over a period of four years.

## Alcohol and other drugs

The World Health Organisation indicates that illicit drug dependence is the most stigmatised health condition in the world, with alcohol dependence ranking fourth. Stigma and discrimination create barriers to people seeking help and can lead to poor mental health and social outcomes.

The Commission is leading an action of the *Queensland Alcohol and Other Drugs Action Plan 2015–17* to commence research to identify effective ways of reducing stigma and discrimination which have a negative impact on mental health and wellbeing. The Drug Policy Modelling Project, National Drug and Alcohol Research Centre at the University of New South Wales has been awarded a contract by the Commission to undertake this work. Commencing in 2015-16, the work is due for completion in 2017.

## Housing

Stable, safe, secure housing is required to support good mental health and wellbeing. The Minister for Health and Minister for Ambulance Services tabled the Commission's first Ordinary Report in the Queensland Parliament on 30 June 2015. The report, *Social housing: Systemic issues for tenants with complex needs*, outlined 12 recommendations which were either accepted or supported by the Department of Housing and Public Works, Queensland Health and the Department of Communities, Child Safety and Disability Services.

During 2015-16 the Commission supported the Department of Housing and Public Works to implement the recommendations, including through the Mental Health Demonstration Project and supporting workforce development. The Commission's work to drive system reform in social housing has been recognised by the following awards:

- **November 2015** — Winner of the 'Most Outstanding Health Care Report in Australasia in 2015' at the 2015 Australasian Over 50s Housing Awards.
- **June 2016** — Nominee in the University of Queensland Partners in Research Excellence Awards, which recognise research partnerships that result in changes to policy and/or practice. The research report that informed the development of the Ordinary Report, *Review of systemic issues for social housing tenants with complex needs*, was prepared by the Institute of Social Science Research on behalf of the Commission. The Award winners will be announced in September 2016.

In 2016-17 the Commission will continue to work with the Department of Housing and Public Works on the implementation and evaluation of the Mental Health Demonstration Project. The Project is one of their key responses to the Ordinary Report's recommendations.

## Better services and better integration

Many Queenslanders who experience mental health problems including alcohol and other drug issues have multiple needs accessing multiple services, for example health, housing, education and domestic and family violence support agencies. Navigating these different services can present a significant challenge.

Integration improves access to services, supports continuity of care and improves the capacity of the system to take a holistic view of a person's needs. Integrated service delivery is considered one of the best ways of improving life outcomes, particularly for people experiencing complex needs.

### Service integration and referral mapping

In early 2016, the Commission published the *Service Integration and Referral Mapping for Mental Health and Alcohol and Other Drugs: Regional Reports 2015*. Prepared by CheckUP on behalf of the Commission, the report examines service provider perspectives of service integration and referrals for mental health, alcohol and other drugs and suicide prevention/postvention in the North West, Central West and South West Hospital and Health Service regions. Based on the views of frontline service providers it also outlines what supports integration and effective referrals between services, and those factors that act as barriers.

The report identified a number of key themes and issues, including:

- Service integration is supported by strong individual relationships between workers, a dedicated case coordinator or care coordination model, and clear internal policies and practices
- The main barriers to integration were a lack of services due to distance or cost; a lack of specialist services; and the ability of the person being referred to take up the referral or being reluctant to do so
- To improve service integration and referrals, service providers indicated that there is a need to build relationships; hold interagency forums or regular meetings with key agencies; promote their own agency's role and functions; provide training or resources; develop localised tools or systems which providers can access information about other services; and develop local and shared resources.

The report provides an important evidence base to inform the Commission's work and help inform local actions and efforts to improve the provision of holistic services to people living in the three regions. In 2016-17 the Commission will consider how to better understand the experiences of those seeking help and in particular, how to improve their ability to take up referrals.

### Consumer experiences of telepsychiatry

Telepsychiatry has become a routine part of mental health care in rural areas in recent years, with significant benefits for mental health services, consumers and their supporters. It includes the use of videoconferencing and similar technology and enables consumers to access treatment and support closer to home.

In 2015-16 the Commission partnered with Enlightened Consultants to find out what makes for a positive experience of telepsychiatry and how the user experience might be enhanced in the future.

With the support of the Darling Downs Hospital and Health Service, in depth interviews were conducted with 21 people who regularly use telepsychiatry. Four main themes emerged:

1. Telepsychiatry is a valued part of mental health care for people living in rural areas
2. The ability to form a meaningful and positive relationship with the treating team is central to a positive experience of telepsychiatry
3. Having the same treating team over time can increase satisfaction with telepsychiatry
4. Some consumers would like to involve a wider range of support persons in their telepsychiatry consultations and have access to telepsychiatry from home.

The Commission will continue discussions with Queensland Health, service providers and consumers to find ways to enhance consumer experiences of telepsychiatry.

## Health system performance

### Supporting lived experience in the health sector

Emerging evidence suggests that the employment of peer workers in mental health services can contribute to positive outcomes for people with mental illness and potentially reduce costs for mental health services. While peer workforces have been developing in some mental health services, they are not widespread.

The Commission has funded a research project being undertaken by Central Queensland University, examining the barriers and enablers to the employment of people with a lived experience (peer workers) in the mental health sector. This research will focus specifically on understanding the perspectives of senior service managers, including those in public and non-government mental health services.

The research Chief Investigator is Dr Louise Byrne. A final report on the research findings is due in early 2017. This research is expected to inform the development of tools to support the employment of peer workers in mental health settings.

### Transparency of funding

A number of stakeholders have raised concerns with the Commission regarding the use of funding allocated for mental health and for alcohol and other drug services in the public health system.

In 2015-16 the Commission commenced work in partnership with Queensland Health to enhance understanding of financial resources allocated to mental health, alcohol and other drugs programs and services by Queensland Health and the Commonwealth Government, and acquittal of these funds.

The ultimate goal is to increase confidence that resources allocated to mental health, alcohol and other drugs are leading to better outcomes.

The Commission engaged Grant Thornton Australia consultants to examine this issue based on publicly available information. An information paper will be developed in 2016-17 which will provide an overview of current funding levels and current accountability mechanisms.

## Multicultural mental health

People from culturally and linguistically diverse (CALD) backgrounds, particularly those who do not speak English, the most recently arrived and refugees may be more vulnerable to risk factors associated with mental health difficulties and suicide and are less likely to access services and supports.

The Commission has also been advised by non-government organisations that support people from CALD backgrounds that a number of structural barriers influence access to services. These include continually changing government policy, for example access to interpreters when seeking help from primary health care, health and support services generally not being tailored to reflect diverse cultural understandings of mental health and a lack of nationally consistent robust data to identify and respond to the individual needs of different CALD communities.

The Australian Government established Mental Health in Multicultural Australia (MHiMA) in 2003 to provide a range of national activities designed to raise community and professional awareness regarding the mental health issues experienced by people from CALD backgrounds. In 2015-16, the Australian Government funded a review of MHiMA to be undertaken by the Mental Health Council of Australia. The review sought to examine the effectiveness, suitability and sustainability of the model, including identifying alternative strategies to address need and the future delivery.

The Commission's submission to the review supported the continuation of a national entity with a collaborative governance model to:

- provide advice to government
- support programs and services to ensure they are accessible and responsive, and
- increase awareness in the CALD communities of the services and supports that are available.

The submission was supported by Mental Health Commissions in New South Wales, South Australia and Western Australia.

The Mental Health Council of Australia advises they have submitted their recommendations to the Australian Government for consideration in March 2016. Funding for MHiMA has been extended to 31 December 2016 to enable the Australian Government to consider the recommendations.

## Supporting lives with purpose

The right to work free from discrimination on any basis is a fundamental human right. Many people living with mental illness are denied this right and as a result are prevented from enjoying the independence, dignity and sense of purpose that work brings.

In 2015, the Australian Human Rights Commission undertook the *Willing to Work National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability*. The Inquiry examined practices, attitudes and Commonwealth laws that deny or diminish equal participation. It also sought to make recommendations about changes that may be needed to Commonwealth laws and action that should be taken to address employment discrimination against older Australians and Australians with disability.

The Commission developed a joint submission to the Inquiry with the Anti-Discrimination Commission Queensland (ADCQ). The submission was informed by the views of people affected by discrimination and research into the impact of discrimination and what works to overcome this very significant barrier to people living with mental illness from living a life with purpose. It also drew on the many situations people living with mental illness have told us about which highlight the consequences of entrenched stigma, poor employment practices and a lack of imagination in including people with disability and mental illness in the workplace. The submission also acknowledged and highlighted good practice.

The Commission and ADCQ also held a forum to consider the practices, attitudes and laws that prevent equal participation in the workforce by people with disability and living with a mental illness, and to identify the most effective solutions to overcome these barriers.

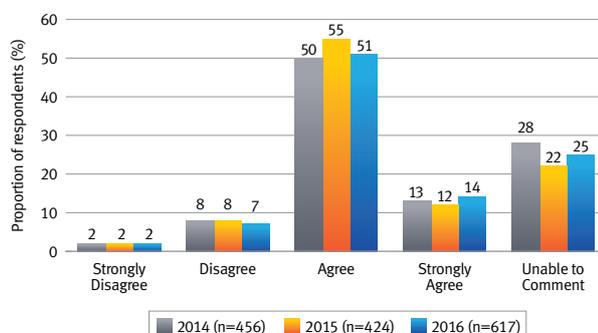
The submission indicated that laws which protect people from discrimination need to stay in place, but work is needed to raise awareness amongst employers about these laws and how they can meet their obligations as good employers. It notes that impairment, including mental illness, is part of the human condition and there is a need to reframe the community's understanding of mental illness, reinforcing that everyone adds value to the workplace and we all need systems that support us to be productive at work. Good practice in the areas of social enterprises and opportunities through social procurement were highlighted.

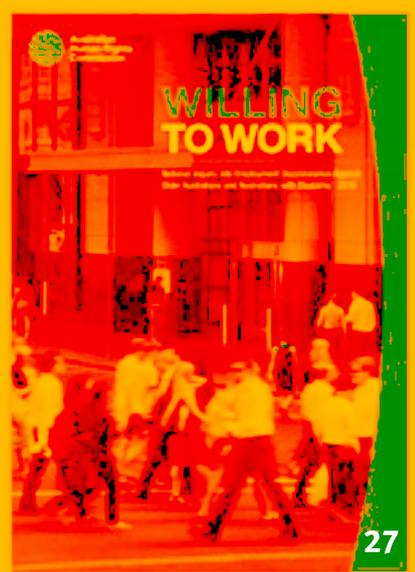
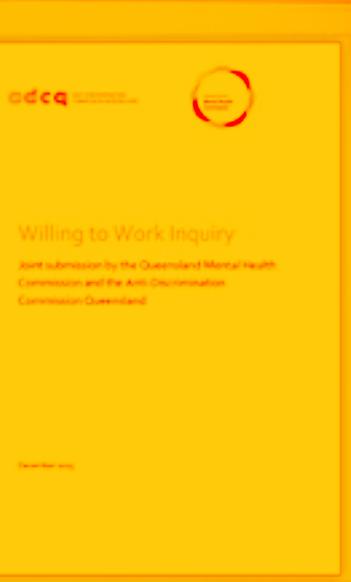
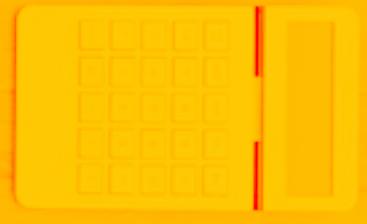
The Australian Human Rights Commission released its report in May 2016. The Australian Government response has not yet been publicly released.

## Stakeholder views

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

Stakeholder survey results across all surveys (2014 Baseline, 2015 and 2016) showed that the majority of respondents (ranging from 63 per cent to 67 per cent) agreed that the Commission's review, research and report activities help to identify and respond to current and emerging issues and trends. Only around 10 per cent of respondents in each survey disagreed. The remaining were 'unable to comment'.





# promotion

Promoting good mental health and wellbeing of all Queenslanders as well as raising awareness about mental health, suicide prevention and problematic alcohol and other drug use is central to the Commission's role. We work with others to support new innovative approaches as well as identifying areas which require greater attention and coordination.

# + awareness

The Commission focused its promotion and awareness activities on:

- mental health promotion, prevention and early intervention
- suicide prevention
- Aboriginal and Torres Strait Islander social and emotional wellbeing
- mental health and wellbeing in rural and remote Queensland, and
- supporting lives with purpose.

## Mental health awareness, prevention and early intervention

### Ed-LinQ Renewal

The Queensland Ed-LinQ Initiative was established under the *Queensland Plan for Mental Health 2007–2017* to improve integration of services and linkages between sectors. It aims to improve the early detection and collaborative management of mental health issues affecting school-aged children and young people. The Ed-LinQ program operates in 12 Hospital and Health Services and includes Ed-LinQ Coordinators who work across sectors to enable improved access to clinical consultation and services and cross-sectoral training opportunities.

A 2014 independent evaluation of Ed-LinQ, funded by the Commission, reported that overall the Ed-LinQ program had largely met its goals and improved access and reduced waiting times for specialist support. Both the education and mental health sectors identified the role of the Ed-LinQ program as crucial in facilitating timely referrals, cross agency support, workforce capability and professional development. The overarching finding was that Ed-LinQ worked most effectively where there is strong commitment from schools and mental health services.

Given its success, the Commission together with other stakeholders agreed to consider ways of renewing, embedding and expanding Ed-LinQ. In 2015, the Commission provided funding of \$150,000 to the Children's Health Queensland Hospital and Health Service Child and Youth Mental Health Service (CYMHS) to undertake the Ed-LinQ Renewal project. Children's Health Queensland is the only Hospital and Health Service in Queensland focusing exclusively on the needs of 0–18 year olds with a statewide role.

In consultation with key stakeholders from the health, education, primary care and community sectors, Children's Health Queensland CYMHS will develop a renewed model for school and health collaboration in the early detection and intervention for mental health issues affecting school-aged children and young people. This will operationalise the activities of the Ed-LinQ program, including a focus on standardised measurement and reporting. In addition, the project will make recommendations for any additional resourcing required to support the expansion of Ed-LinQ in rural and regional areas that are not currently supported by Ed-LinQ. The project will report in September 2016.

## Ed-LinQ cross-sectoral workforce development

A focus of the Ed-LinQ initiative is enhancing capacity of all health and education stakeholders to work collaboratively to support access to appropriate early intervention services as well as increasing knowledge and awareness.

The Ed-LinQ Cross-Sectoral Workforce Development Program (the Workforce Program) supports capacity building through the local delivery of a suite of two-day workshops. Health, education and community service providers participate jointly to improve their understanding of their mutual roles and strengthen their relationships.

The workshops are pitched at those staff with a role in the support and management of children and young people experiencing mental health problems. The workshops cover key areas of child and adolescent mental health. Workshop participants are able to present these topics to their school and other key staff.

Since 2013, the Commission has provided funding to PD Plus Pty Ltd to plan, coordinate and deliver the Workforce Program. In 2015-16, the Commission's support of \$235,000 included increasing the number of workshops held in rural and remote Queensland where the Ed-LinQ initiative is not implemented.

Sixteen two-day cross-sectoral workforce development workshops were delivered across Queensland:

- Six workshops on the topic of *Non-suicidal self injury in adolescents* in Harvey Bay, Bundaberg, Roma, Townsville, Torres and Cape (at Cairns) and Brisbane South
- Three workshops on the topic of *Assessment and management of anxiety in children and young people* at the Sunshine Coast, Toowoomba and Redcliffe Caboolture
- Two workshops on the topic of *Diversity: Mental distress and wellbeing in three groups of young people (Aboriginal and Torres Strait Islander young people, same sex attracted young people, and culturally and linguistically diverse young people)* in Mount Isa and Rockhampton
- Five workshops on the topic of *Assessment and management of mood disorders in children and young people* in Townsville, Cairns, Ipswich, Logan and Brisbane North.

The workshops were highly valued with nearly all participants reporting that the training would help them deliver a better service to their clients and that they would recommend the training to a colleague. Qualitative feedback from participants and service managers also reveal a high level of satisfaction and a steady improvement in interagency relationships.

## Mental health awareness

To continue to improve community awareness, understanding and responses to depression, anxiety and suicide, in 2015-16 the Commission on behalf of the Queensland Government supported *beyondblue* with funding of \$645,000 as part of a long standing commitment.

The funding provides Queensland with access to *beyondblue's* suite of resources, programs and activities aimed at:

- Reducing the impact of depression, anxiety and suicide by supporting people to protect their mental health and recover when they are unwell
- Reducing people's experience of stigma and discrimination
- Improving people's opportunities to get effective support and services at the right time.

The Commission has established quarterly coordination meetings to strengthen liaison and communication and also participated on a *beyondblue* State and Territories planning forum. The Queensland Mental Health Commissioner is an observer on the *beyondblue* Board.

Information from *beyondblue* indicates that during 2015-16 an increasing number of Queenslanders were accessing their websites, with over 1.2 million visits across all their websites (an increase of around 25 per cent from 2014-15). This included increased visits to the youth *beyondblue* website with over 80,000 visits as well as a substantial increase in Queenslanders visiting the Heads Up website, which promotes mentally healthy workplaces (around 40,000 visits).

## Mental health literacy

Mental health literacy training is provided by a wide range of organisations using different training packages. However, there is a need to ensure that community members and others are able to access this training regardless of where they live.

The Commission is supporting the Mental Health Literacy Scoping and Coordination Project. The Project will audit and summarise current mental health literacy capacity and training activity in Queensland and propose a framework for regional coordination and quality assurance for mental health literacy training in Queensland.

Following an open tender process Open Minds was awarded funding of \$100,000 to plan and deliver the project. Open Minds will develop a rigorous methodology to undertake a comprehensive review of mental health literacy in Queensland during the second half of 2016.

## Regional Mental Health and Wellbeing Hubs

The Regional Mental Health and Wellbeing Hubs Initiative aims to establish and review the effectiveness of regional community mental health and wellbeing hubs that build capacity and capability for sustainable and evidence based mental health and wellbeing activity at the local level. The Initiative recognises the central role communities play in supporting and protecting good mental health and wellbeing, including through fostering social inclusion, connectedness, and enabling access to resources and services.

Under this initiative Regional Hubs will pilot locally-led approaches to building and embedding awareness, knowledge and capacity for improved mental health and wellbeing. This includes raising awareness among services, key groups and the broader community about what they can do to support better mental health and wellbeing and equipping them with information, resources and connections with others. The Hubs will work with individuals, community members and groups, networks, industry and government across their regions to pinpoint community needs and facilitate better access to mental health and wellbeing training and resources.

Following an open tender process in late 2015, three community partners have been commissioned to work with a wide range of regional stakeholders to establish and pilot their Hubs. The three agencies have been provided funding of \$295,000 in total in the first year with the possibility of continuation for three years based on progress. Each Hub has commenced their community consultation and planning to identify their priorities for local action.

Supported Options in Lifestyle and Access Services Inc., working in partnership with the Mental Illness Fellowship North Queensland, is leading the Northern and Western Queensland Mental Health and Wellbeing Hub. The Hub will operate from Townsville supported by mini-hubs in Palm Island, Mackay, Cairns, Charters Towers, and Mount Isa.

CentacareCQ, supported by the Central Highlands Regional Council and CQ Rural Health, is focusing on the establishment of the Central Highlands Mental Health and Wellbeing Hub in the first phase, and is planning to extend to the Banana Shire in the next phase.

In the south-east, Relationships Australia Queensland is leading the establishment of a Hub for the diverse communities of Logan City that will also cater for the Southern Moreton Bay Islands.

## Mental health and wellbeing capacity building

The Commission has partnered with Maudsley International to design and deliver the Mental Health and Wellbeing Capacity Building Project to enhance the mental health and wellbeing awareness and knowledge of key stakeholders. This includes the Regional Mental Health and Wellbeing Hubs key personnel, Queensland government policy stakeholders, and community and non-government service providers.

During March 2016, Mr Tony Coggins from Maudsley International delivered and participated in a series of cross-sectoral mental health and wellbeing events including:

- Presentation to Logan social housing stakeholders
- Workplace Health and Safety Queensland Mental Health at Work roundtable
- Presentation to Queensland Department of Education policy student wellbeing stakeholders
- Early Action Reference Group meeting
- Regional Mental Health and Wellbeing Hubs establishment workshop
- Wheel of Wellbeing (WoW) workshop.

The WoW workshop was held in Brisbane and attended by 41 participants drawn from community organisations, local government and Hospital and Health Services. Participants described the workshop as excellent, stimulating and inspirational. The WoW model was seen as holistic, proactive, broadly applicable and adaptable. The majority of participants agreed or strongly agreed that the workshop was clearly communicated (94 per cent) and relevant (97 per cent). Ninety-seven per cent of participants indicated that they made connections with people they intend to collaborate with in the future, 92 per cent indicated that they discovered new information, resources and services, and 89 per cent indicated that they intended to change their practice or workplace as a result of the workshop.

In 2015-16, \$80,000 was provided to Maudsley International. Phase Two of the Maudsley International Mental Health and Wellbeing Capacity Building Project is scheduled for September 2016. The Department of Education and Training will be a partner in this program.

## Reducing stigma through contact

Following an open tender process the Commission awarded a contract with a total value of \$145,000 to EY Sweeney to plan and undertake qualitative research to investigate and inform future directions to addressing the stigma associated with mental illness and mental health problems.

The first phase will focus on addressing stigma and discrimination related to gaining and maintaining employment for people with a lived experience of mental illness. This is based on the clear evidence that stigma and discrimination plays a significant role in limiting and preventing people with a lived experience of mental illness from effectively seeking, securing and maintaining employment.

The project commenced in June 2016 and will investigate the systemic interplay of factors that impact on the employment of people with a lived experience of mental illness. A report with recommendations for future actions will be delivered in 2016-17.

## Perinatal and infant mental health

During 2015-16 the Commission continued to work with perinatal and infant mental health stakeholders to develop a systematic approach to improving the mental health and wellness of expectant and new parents through enhanced service system interactions during pregnancy and into the first year after birth. This includes interactions with clinical personnel, non-government organisations, and peer workers with lived experience of perinatal mental health recovery.

Following a revision of initial project scope and structure, the Commission provided funding of \$56,000 to the Queensland Centre for Perinatal and Infant Mental Health to lead components of the Perinatal Mental Health and Wellness Project involving clinical personnel (including midwives and perinatal mental health workers) and involvement of people with a lived experience of perinatal mental illness in education and peer support groups.

Women's Health Queensland Wide Inc. were provided \$83,000 to lead the components aimed at strengthening the role for the non-government sector in supporting mental health and wellness among expectant and new parents, their infants and families through collaboration with public maternity services and people with a lived experience of perinatal mental illness.

The Commission remains hopeful that Queensland Health will respond positively in its forthcoming services plan to research undertaken in 2014-15 highlighting a need for increased perinatal and infant mental health services.

## Aboriginal and Torres Strait Islander social and emotional wellbeing

### National Empowerment Project

The National Empowerment Project (NEP): Cultural, Social and Emotional Wellbeing Program aims to strengthen cultural, social and emotional wellbeing. It also aims to increase resilience and reduce psychological and community distress and high rates of suicide in Aboriginal and Torres Strait Islander communities.

The Commission has been supporting the program since 2013. Ngoonbi Community Services Indigenous Corporation has been the lead Aboriginal and Torres Strait Islander organisation managing the implementation of the Commission funded pilot sites in Kuranda and Cherbourg. Over the life of the project the Commission has invested \$460,000 for piloting support services, community worker training and a healing program in each community. This includes \$180,000 provided to Ngoonbi Community Services Indigenous Corporation in 2015-16.

Aboriginal and Torres Strait Islander Community Consultants in Cherbourg and Kuranda deliver NEP in their communities. They have completed a Certificate IV Mental Health (Non-clinical) course and the Australian Indigenous Leadership Centre Leadership Training. Usually Aboriginal and Torres Strait Islander peoples have to move away from their community to larger urban areas to do this type of training.

The NEP is supporting the wider community through Mental Health First Aid and the Cultural Social and Emotional Wellbeing programs. These programs have empowered members of the community with the knowledge and tools to assess, prevent and respond to mental health issues and be able to refer when necessary.

As part of its contribution to NAIDOC Week 2015, the Commission developed the NEP 'resilience' video to promote the goals and achievements of the project in Cherbourg and Kuranda. The video was produced with the Brisbane Indigenous Media Association and features community members talking about the benefits of the program and the importance of community empowerment to social and emotional wellbeing.

## Suicide prevention

According to the Australian Bureau of Statistics an estimated 648 Queenslanders took their lives in 2014. For every person who dies by suicide, an estimated 30 people attempt suicide. Males died by suicide three times more often than females, yet females are more likely to attempt suicide than males.

The impacts of suicide and suicide attempts are wide reaching and are felt by families, friends, work colleagues, and the broader community. The impact of suicide also translates to a substantial economic cost. A conservative estimate of the national economic cost of suicide and suicidal behaviour is \$17.5 billion every year.

Although suicide affects people from all walks of life and of all ages, some groups and communities experience higher rates, including men, Aboriginal and Torres Strait Islander peoples and those living in rural and remote communities. Other groups at higher risk of suicide include lesbian, gay, bisexual, transgender and intersex people, as well as children and young people in contact with the child protection system, and people from a culturally and linguistically diverse background.

The suicide rate in Queensland was relatively stable over the five years between 2009 and 2013 at 13.3 per 100,000 people, but it continues to be higher than the current national average of 12.0 per 100,000.

### Queensland Suicide Register

In 2015-16 the Commission provided \$250,000 to the Australian Institute for Suicide Research and Prevention (AISRAP) to continue to maintain the Queensland Suicide Register (QSR). The QSR is a comprehensive database of all suicide mortality data since 1990, utilising information received from the Queensland Office of the State Coroner and cross-checked via the National Coronial Information System.

The QSR contains a broad range of information regarding suicides in Queensland, including the circumstances of the death, preceding life events and psychiatric history. The Australian Institute for Suicide Research and Prevention conducts ongoing research based on this data and compiles a tri-annual report on suicide mortality rates. The next tri-annual *Suicide in Queensland* report will be published in the second-half of 2016.

To address the necessary delay in reporting suicide rates, which relates to the time it takes to confirm that a death is a suicide, the Commission's contract with AISRAP includes the development and maintenance of the interim Queensland Suicide Register (iQSR) which includes information about suspected suicides. The iQSR is based on information from the initial police report to the Coroner and currently contains data on all suicides registered in Queensland between 2011 and 2016.

Public release of suicide data is a complex issue and requires careful consideration. These issues are being considered by the Queensland Advisory Group on Suicide as part of the development of a Data and Information Sharing Framework.

### Data and Information Sharing Framework

The Data and Information Sharing Framework seeks to improve the timeliness, accessibility and utility of suicide-related information and data for key decision makers to inform effective local suicide prevention planning and implementation.

The Framework is being developed through consultation with key decision makers, including Hospital and Health Services, Primary Health Networks, regional planning bodies, and service providers to determine their needs regarding what, when and how data and information should be made available. Development of the Framework will also identify opportunities to enhance data collection and analysis processes for improved reporting, including the collection of suicide attempt data, identifying key risk groups and contextual factors in datasets.

The Data and Information Sharing Framework is due for completion in 2016.

## Resources to support people bereaved by suicide

The *Queensland Suicide Prevention Action Plan 2015–17* identifies the need to review the accessibility of resources to assist and support people bereaved by suicide, as well as for people who have attempted suicide, their families, friends and other support persons.

During the development of the Action Plan, consultation with different vulnerable population groups and people bereaved by the suicide of a loved one identified that there are extensive resources and information available but many people do not know how to access it, or whether or not the information is based on evidence, constitutes best practice, or is relevant and appropriate to different population groups.

The Commission has partnered with Orygen, the National Centre of Excellence in Youth Mental Health to undertake a review of suicide bereavement resources. The project will provide recommendations on better ways to reach Queenslanders who are affected and minimise the post traumatic effects to suicide-bereaved individuals and groups. Improved access to practical, caring and empathetic support and resources is also important in reducing the risk of secondary suicides by those who may have increased vulnerability due to loss or exposure, and for those who have previously attempted suicide.

The review is due for completion later in 2016.

## Supporting culturally and linguistically diverse communities

Despite people from CALD backgrounds experiencing higher levels of socially and economically determined risk factors for poor mental health and wellbeing and mental illness, they continue to be under-represented in service access and utilisation figures. Understanding the context of suicidal behaviour for people from CALD backgrounds is critical for effective suicide prevention strategies.

The *Queensland Suicide Prevention Action Plan 2015–17* identifies the need to develop tailored suicide prevention training and materials to support CALD communities to recognise and support a person who is at risk of suicide, particularly communities from a refugee background.

The Commission has commenced a project with Health Outcomes International to identify existing high-quality resources, information or service gaps and barriers to accessing mental health and suicide prevention support and information for people from CALD backgrounds. Health Outcomes International will work with community representatives to increase awareness and knowledge of different cultural understandings of mental health issues and suicide, and make recommendations on tailoring the existing materials to the needs of different CALD groups.

The project is due for completion in 2016-17.

## Lived Experience Speakers Bureau

The Suicide Prevention Lived Experience Speakers Bureau is a program developed by Suicide Prevention Australia and Roses in the Ocean. The Speakers Bureau provides training and support to volunteer speakers with a lived experience of suicide who speak at events on the impact of suicide and how to seek help to prevent suicide.

In November 2015, the Train the Trainer Speakers Bureau program was delivered to 10 participants from regional and rural Queensland with funding provided by the Commission. The Train the Trainer program was created to expand the reach of the Speakers Bureau and develop a network of lived experience speakers in regional, rural and remote areas of the State. Participants in the training program have acquired the knowledge and skills to host local Speakers Bureau workshops to train additional people with a lived experience of suicide to become active in suicide prevention roles in their communities.

The program was evaluated by AISRAP in order to inform future refinement of the Suicide Prevention Lived Experience Speakers Bureau and the Train the Trainer Speakers Bureau programs. The Commission provided \$19,960 to Suicide Prevention Australia for the project.

## Place-based suicide prevention pilot

The Commission is working with KBC Consulting, South West Hospital and Health Service, Western Queensland Primary Health Network and community organisations in Roma to deliver a suicide prevention pilot project that builds on existing suicide prevention activities, community infrastructure and community strengths.

The project was originally scheduled to be trialled from early 2016, however with the establishment of the Australian Government's Primary Health Networks which is a critical player in the commissioning of Australian Government suicide prevention and mental health services, the Commission delayed selection of the trial site to ensure a strong partnership of key stakeholders was in place before commencing the project. Community engagement is planned to commence in July 2016 and the project will be implemented in 2017.

## Support after a suicide attempt

People who have attempted suicide or experienced a suicidal crisis are at the highest risk of suicide, particularly in the first three months after an attempt.

The *Queensland Suicide Prevention Action Plan 2015–17* identifies the need to deliver best practice support and follow up care to people who have attempted suicide, or expressed significant suicidal ideation. The project aims to improve linkages between hospitals and community sectors and appropriately engage families and other support persons in follow-up care.

The project will be piloted over a 12 month period and is due to commence in late 2016.

## Suicide Risk Assessment and Management Project Evaluation

The Hospital and Health Service Suicide Risk Assessment and Management Project (HHS SRAMP) commenced in 2010 and was administered by Queensland Health until it was transferred to the Commission in 2013-14.

The HHS SRAMP was a five year trial due to end on 30 June 2015. Operating in seven Hospital and Health Services, the HHS SRAMP provided funding for full time dedicated clinical positions located in acute care mental health teams to improve the detection, assessment and appropriate management of people at risk of suicide. The positions aimed to enhance the quality and timeliness of suicide risk assessment and management across the public health service system, particularly within acute settings through quality improvement, educational, clinical and collaborative activities.

To assess the effectiveness of the HHS SRAMP and identify future areas of focus, the Commission engaged Australian Healthcare Associates to undertake an independent evaluation. The evaluation made a number of findings including that the effectiveness of the trial was largely dependent on the commitment of individual HHS SRAMP officers who were considered an essential resource for health service staff. Areas of improvement identified in the evaluation include providing training to emergency department staff and updating clinical guidelines including the Queensland Health Guidelines for Suicide Risk Assessment and Management (2010). A number of these recommendations are currently being implemented through Queensland Health as part of the *Queensland Suicide Prevention Action Plan 2015–17*.

The Commission is developing a response to the recommendations in consultation with Queensland Health and will publish the evaluation in 2016-17.

## Rural and remote mental health and wellbeing

### Community Wellbeing Toolkit

The Rural and Remote Community Wellbeing Toolkit resource was finalised in June 2016. This project was jointly funded in 2014-15 by the Commission, the Department of Communities, Child Safety and Disability Services and Queensland Health. The Toolkit was developed by North West Hospital and Health Service and Central Rural Health in partnership with community stakeholders in Julia Creek, McKinlay, Springsure and Emerald.

The Toolkit provides a guide to establishing drought leadership groups and some resources to assist communities to assess the strengths, challenges and resources in their communities. The Toolkit aims to support rural and remote communities to respond to drought and foster community wellbeing through focusing on strengthening resilience, preparing for drought, supporting the community during the drought and into recovery.

The local wellbeing plan developed by the Springsure community and related background materials will be available on the Commission's website later in 2016.

### Supporting lives with purpose

Having meaningful work and a sense of purpose is vital to mental health and wellbeing and recovery from mental illness. To support making progress towards achieving better outcomes set by the Strategic Plan, that people living with mental illness have lives with purpose, the Commission has supported a number of projects to increase employment opportunities.

Through the Early Action Plan, the Commission has committed to increasing opportunities for people living with mental illness to gain employment through social enterprises.

### Queensland government procurement processes

In 2015-16, the Commission commenced work in partnership with the Department of Housing and Public Works to identify ways that State Government procurement processes could enhance employment opportunities for people living with mental illness.

### Toowoomba Social Procurement Project

In 2015-16, the Commission provided a grant of \$50,000 to Toowoomba Clubhouse and the Darling Downs and West Moreton Primary Health Network to undertake a project to identify opportunities for people with mental illness to gain employment through social procurement.

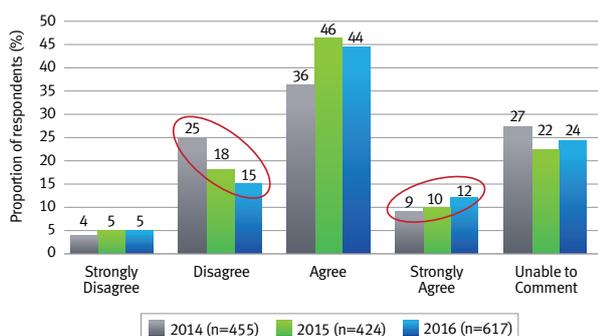
The project aims to accelerate social procurement from social enterprise in Toowoomba and focuses on educating buyers about social procurement, helping them to identify suitable opportunities and assisting them to engage with social enterprise. The project will build capacity of the social enterprise community in Toowoomba so as to capitalise on current procurement opportunities, such as the \$1.6 billion Toowoomba Bypass project.

## Stakeholder views

### Increasing community awareness and reducing stigma and discrimination

Stakeholder survey results (2014 Baseline, 2015 and 2016) indicate an increase in the proportion of respondents that agree the promotion and awareness work being undertaken by the Commission is increasing community awareness and reducing stigma and discrimination.

In the 2016 survey, while 56 per cent of respondents reported agreeing overall, there was a shift from 'agree' to 'strongly agree' compared to the 2015 survey. Furthermore, the proportion of respondents disagreeing with the statement reduced by a similar amount over the last year.





wheelofwellbeing.org

DIY Happiness

DIY Happiness

DIY Happiness

DIY Happiness

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Handwritten text on a tag: "The 100th Anniversary of the 19th Amendment"

# systemic

The Commission seeks to bring stakeholders together including those with a lived experience of mental illness, mental health problems, problematic alcohol and other drug use and of suicide to drive reform.

In 2015-16, the Commission continued to support the Mental Health and Drug Advisory Council and commenced projects aimed at increasing consumer, family and carer engagement in the mental health and alcohol and other drug service system. Much of this work laid the foundations to ensure that lived experience informs all levels of policy development, program and service delivery as well as evaluations.

# governance

## Mental Health and Drug Advisory Council

The Queensland Mental Health and Drug Advisory Council was established by the *Queensland Mental Health Commission Act 2013* on 1 July 2013. The Council's functions outlined in the Act are to:

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

The Commission provided secretariat support to the Council throughout 2015-16. The Queensland Mental Health Commissioner is required to attend meetings of the Council.

The Council did not make any formal recommendations to the Commission during 2015-16.

The Council did however raise concerns regarding the implementation of the NDIS, including the current state of training and support provided to consumers and carers in preparation for the transition to the NDIS.

At their request, the Queensland Mental Health Commissioner raised Council concerns with the Minister for Disability Services, the Honourable Coralee O'Rourke MP and the Director-General of the Department of Health.

While the Council and the Queensland Mental Health Commissioner were formally consulted on the review of the Commission's functions, the Council raised concerns regarding the level of consultation. They were also concerned that they receive a copy of the review report. As requested by the Council, the Queensland Mental Health Commissioner wrote to the Public Service Commissioner who undertook the review, expressing these concerns.

## Membership

There was significant change in the Council's membership in 2015-16. The Council Chair Professor Harvey Whiteford resigned on 29 January 2016 to take up an exciting opportunity with the United Nations. The terms of five members also expired on 23 February 2016. These members were Ms Amelia Callaghan, Professor Brenda Happell, Professor Gracelyn Smallwood, Ms Debbie Spink and Mr Luke Terry. The Commission acknowledges the outgoing Chair and members for their valuable contribution to the Commission and the Council during their first two years of operation.

The Department of Health oversaw the recruitment and selection process to fill the vacant Council Chair position and appoint new members to the Council. The new Chair and 10 members were appointed by the Minister for Health and Minister for Ambulance Services on 19 May 2016 for terms until 23 February 2019. Members were selected from more than 100 applications based on their skills, knowledge and experience of mental health issues, problematic alcohol and other drug use, and suicide.

The new Council membership provides a strong, well-credentialed and experienced group that includes people from rural and remote communities and with a lived experience of mental illness and suicide. Two members are of Aboriginal and Torres Strait Islander descent and two are from culturally and linguistically diverse backgrounds.

An overview of the current membership is provided. Full profiles of members are available on the Commission's website.



**Dr Peggy Brown**  
*Chair*

**Term:** 19 May 2016 –  
23 February 2019

Dr Peggy Brown is part time Chief Psychiatrist in the Northern Territory and is a well-known and respected advocate for people with mental health and substance use issues. With close to 30 years' experience in the mental health sector, Dr Brown has previously held positions including Director-General of Australian Capital Territory Health and Chief Psychiatrist and Director of Mental Health in both Queensland and the Australian Capital Territory.



**Jan Kealton**  
*Deputy Chair*

**Term:** 23 February 2014 –  
23 February 2017

Jan Kealton is a respected national campaigner for better understanding of mental illness and advocate for mental health consumers and their carers and families.



**Jeremy Audas**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Jeremy Audas is Chief Executive Officer of the Mental Illness Fellowship of North Queensland. He has a deep understanding of the service delivery and community service needs of people impacted by disadvantage, including disability and mental illness, and the specific issues impacting people living in regional, rural and remote areas of Queensland.



**Kingsley Bedwell**  
*Member*

**Term:** 23 February 2014 –  
23 February 2017

Kingsley Bedwell is Chief Executive of Richmond Fellowship Queensland, an organisation that empowers people to develop their own personal recovery plans.



**Janice Crosbie**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Developed through her journey of recovery, Janice Crosbie understands the barriers and challenges that are faced when navigating through the mental health system and tertiary and education sectors.



**Mitchell Giles**  
*Member*

**Term:** 23 February 2014 –  
23 February 2017

Mitchell Giles is Chief Executive Officer of Lives Lived Well and has extensive experience managing hospital-based drug and alcohol services.



**Prof David Kavanagh**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Prof David Kavanagh is a psychologist with a strong commitment to improving outcomes for people with mental health problems and a keen interest in innovative solutions.



**Kerrie Keepa**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Kerrie Keepa is the founder of SOS Fast (Survivors of Suicide Fighting Against Suicide Toll) and is passionate about suicide awareness and prevention.



**Emma Kill**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Emma Kill is passionate about social justice and the rights of people who use drugs. She is a lecturer and social researcher at the University of the Sunshine Coast with 15 years' experience working in the community sector.



**Martina McGrath**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Martina McGrath is a mental health and suicide prevention advocate. Her personal journey included her own suicide attempt in 2013 following a long period of multi-layered social and mental health problems.



**Etienne Roux**  
*Member*

**Term:** 23 February 2014 –  
23 February 2017

Etienne Roux has a special interest in social inclusion and engaging young people in a multicultural setting. He is the Executive Manager Social Inclusion and Support Services with Access Community Service.



**Hamza Vayani**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Hamza Vayani advocates for culturally responsive and holistic health, mental health, drug and alcohol services for people of culturally and linguistically diverse communities.



**Samantha Wild**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Samantha Wild is a proud Wakka Wakka and South Sea Islander woman and the national Aboriginal and Torres Strait Islander Project Manager for Headspace.



**Jane Williams**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Jane Williams is a registered nurse with 25 years working in rural and remote Western Queensland. She is Chair of the Central West Hospital and Health Board and Chair of the Central West Rural Wellness Network and also provides care to people with a chronic disease as a Wellness nurse in Barcaldine.



**Dr Mark Wenitong**  
*Member*

**Term:** 19 May 2016 –  
23 February 2019

Dr Mark Wenitong is from the Kabi Kabi tribal group of South Queensland and is passionate about improving health outcomes for Aboriginal and Torres Strait Islander Australians. He is the Aboriginal Public Health Medical Officer at Apunipima Cape York Health Council where he is working on health reform across the Cape York Aboriginal communities.

## Work of the Council

The Council held five meetings in 2015-16. Chairs and members attended meetings as outlined Table 2. The Chair, Deputy Chair and Queensland Mental Health Commissioner also met regularly between Council meetings.

The focus of the Council meetings included:

- **August 2015** — Social enterprise and forensic mental health
- **October 2015** — Mental health promotion, prevention and early intervention
- **December 2015** — Priority areas for 2016 and stakeholder thank you event
- **April 2016** — Independent review of the Commission's effectiveness
- **June 2016** — Planning for areas of priority focus and induction of new members.

The Council invited subject matter experts to share their experiences and knowledge on areas of focus, including social enterprises for enhancing employment outcomes and alcohol and other drugs reform. A number of guests were invited to participate as observers or provide consumer input to Council discussions.

Council members contributed to the Commission's work during 2015–2016, including the development of whole-of-government action plans, the Commission's submissions on new mental health legislation and the Commission's joint submission with ADCQ for the Willing to Work National Inquiry into employment discrimination against older Australians and Australians with disability.

Communiqués from each Council meeting are published on the Commission's website.

## Council remuneration

On 23 February 2016, Council remuneration fees were changed by Governor in Council in accordance with the Queensland Government's *Remuneration Procedures for part-time Chairs and Members of Queensland Government Bodies* policy. Under this policy, an annual fee of \$4,000 is paid to the Council Chair and \$2,500 to each Council member. The payment will replace the previous arrangement whereby the Council Chair and members received a sessional fee for meetings and special assignments.

**Table 2: Council meeting attendance**

Council member	Meetings held (during membership term)	Meetings attended
<b>Members whose term ended in 2015-16</b>		
Prof Harvey Whiteford ( <i>Retired Chair</i> )	3	3
Ms Amelia Callaghan	3	2
Prof Brenda Happell	3	2
Prof Gracelyn Smallwood	3	3
Ms Debbie Spink	3	3
Mr Luke Terry	3	2
<b>Members whose terms continued during 2015-16</b>		
Ms Jan Kealton ( <i>Deputy Chair</i> )	5	5
Mr Kingsley Bedwell	5	5
Mr Mitchell Giles	5	3
Mr Etienne Roux	5	4
<b>New members whose terms commenced in 2015-16</b>		
Dr Peggy Brown ( <i>Chair</i> )	1	1
Mr Jeremy Audas	1	1
Ms Janice Crosbie	1	0
Prof David Kavanagh	1	0
Ms Kerrie Keepa	1	1
Ms Emma Kill	1	1
Ms Martina McGrath	1	1
Mr Hamza Vayani	1	1
Ms Samantha Wild	1	1
Ms Jane Williams	1	1
Dr Mark Wenitong	1	0
<b>Ex officio</b>		
Dr Lesley van Schoubroeck ( <i>Mental Health Commissioner</i> )	5	4

## From the Council

The role of the Council is to provide advice to the Commission that will help improve the mental health and wellbeing of all Queenslanders and minimise the harmful impacts of alcohol and other drug use in our communities.

The Council met on five occasions in 2015-16. The meetings were primarily focused on:

- partnerships with other policy areas such as education, employment and criminal justice
- promoting awareness and early intervention
- providing input to the independent review of the Commission
- reviewing activity in 2014 and 2015 to inform future focus areas.

To inform discussions, the Council regularly invited input from subject matter experts to enhance our understanding of these important issues. The Council extends its thanks to Ms Sandy Blackburn-Wright, Director, Social Outcomes; Dr Ed Heffernan, Director, Queensland Forensic Mental Health Service; Associate Professor James Scott, Consultant Psychiatrist, Department of Health; and Ms Kelly Williams, Senior Community Development Officer, Lives Lived Well.

Following the resignation of Ms Ailsa Rayner, a person with lived experience was invited to participate in Council meetings until new members were appointed. The Council acknowledges consumer representatives Ms Michelle Edwards, Ms Helen Glover and Mr Michael Burge for their contribution to the Council's deliberations.

The Council also considered a number of significant reforms and issues relating to mental health, suicide prevention and alcohol and other drugs including:

- Raising specific concerns regarding the impact of the National Disability Insurance Scheme, particularly the issues of ongoing access to services during the transition phase and for those who would not be able to access the Scheme. At our request, the Commissioner sought assurance from the responsible Minister and from the Department of Health Director-General that these matters were being addressed. Council members participated in the working group established by the Queensland Alliance for Mental Health Inc in 2015.
- Maintaining a close interest in the Townsville Aboriginal and Torres Strait Islander Suicide Prevention Project initiated by the Commission at the Council's request.
- Providing strong support for the Commission to take a lead role to encourage greater collective ownership of major events such as Queensland Mental Health Week and World Suicide Prevention Day.
- Supporting the Commission's contribution to the passage and implementation of the *Queensland Mental Health Act 2016*.
- Recognition of the challenges associated with ensuring the Council has input from people from rural and remote areas.

The Council remains concerned that the policy to lock all mental health wards is still in place and resolved to seek information on the policy's evaluation currently being undertaken by Queensland Health for consideration later in 2016.

In 2016, continuing members contributed to the *Review of the effectiveness of the Queensland Mental Health Commission*. The Council identified a number of issues for consideration, including:

- the independence and perceived independence of the Commission
- the Commission's capacity to meet the high expectations within the wider community, and
- the Commission's advocacy role, particularly in relation to complex matters.

The Council's input to the review stressed the importance of collective responsibility for achieving cross government coordination, noting it needs to be championed at the highest levels of government. We stressed that a small advisory commission cannot be expected to have the influence to do it alone. We further commented that the work arising from the Strategic Plan laid a good foundation for further interagency collaboration.

Continuing members of the Council highlight a number of important aspects of how Commission has undertaken its role, including:

- Providing evidence-based advice and informing policy approaches through the use of academic research and literature. For example, the Social Housing Ordinary Report to parliament and the commissioning of the report for the Queensland Network of Alcohol and other Drug Agencies.
- Consulting widely and broadly wherever possible and engaging with a large number of Queenslanders. For example, during development of the whole-of-government action plans, which provide responsibility to specific stakeholders for implementation.
- Being inclusive and using the consultation process to guide and get 'buy-in' to issues, which then creates change in the greater system. For example, the action plans and the strategic conversations between community and the Queensland Police Service which is currently identifying points of agreement.
- Successfully identifying and engaging with stakeholders in a way that ensures their ongoing commitment and engagement. For example, empowering, enabling, funding and profiling through grass root partnerships such as the Mental Illness Fellowship Queensland's Annual Art Exhibition and the Queensland Mental Health Week Achievement Awards.

The Council is pleased to note that the Commission has been able to increase its focus on alcohol and other drugs with the recent recruitment of additional staff.

The terms of a number of Council members expired in February 2016. We acknowledge and thank Ms Amelia Callaghan, Professor Brenda Happell, Professor Gracelyn Smallwood, Ms Deb Spink and Mr Luke Terry for their commitment and contribution to the work of the Council and the Commission. We extend a special thank you to Professor Harvey Whiteford for his leadership as the Council Chair until 29 January 2016.

Following Professor Whiteford's resignation, the Council was chaired by Ms Jan Kealton until Dr Peggy Brown was appointed as Chair on 19 May 2016.

Lastly, we thank the Queensland Mental Health Commissioner, Dr Lesley van Schoubroeck, the Council secretariat Mandy Beaumont and all Commission staff for their support of the Council.

We look forward to continuing to support the work of the Commission to improve the mental health and wellbeing of all Queenslanders.



**Dr Peggy Brown**  
Council Chair



**Ms Jan Kealton**  
Deputy Council Chair

## Lived experience engagement and leadership

The experience, wisdom and expertise of people with lived experience, including individuals, families and carers inform all of the Commission's work. The Commission also supports others to provide meaningful opportunities for individuals, families and carers to participate as equal partners in the co-design, planning, monitoring and evaluation of mental health, alcohol and other drug services and in all levels of policy development, as committed by the Strategic Plan.

In 2015-16, the Commission continued a number of projects focused on enhancing consumer, family and carer engagement and leadership including:

- Support for Queensland representation at the national level at the National Mental Health Consumer and Carer Forum
- Mapping engagement with consumers, families and carers in the mental health, alcohol and other drug service system
- Developing best practice principles for engaging with consumers, families and carers.

The Commission also engaged Dr Louise Byrne, lived experience academic, on a part-time basis to provide expert advice on consumer engagement and participation.

### National representation

The National Mental Health Consumer and Carer Forum provides an opportunity for mental health consumers and carers to have input into mental health reform at the national level. Queensland is currently represented by Mr Noel Muller as the consumer representative and Mr Peter Dillon as the carer representative. Mr Muller is also the Deputy Consumer Co-Chair of the Forum. The Commission will oversee a transparent process to select new State representatives in 2017.

The Commission continued its support of the National Mental Health Consumer and Carer Forum during the 2015-16 financial year with a contribution of \$22,249.

### Mapping engagement and leadership

In 2015-16, the Commission engaged Urbis to undertake a statewide survey to develop an understanding of the current state of service user, consumer, family and carer engagement in Queensland's private, public and non-government mental health and alcohol and other drug service system. The project also seeks to identify areas of good practice.

To develop the survey questions, Urbis consulted 39 stakeholders including mental health consumers and clients of alcohol and other drug services, their families and carers; funding bodies, policy makers, and peak organisations; and service delivery organisations and hospitals. The consultations aimed to explore the range and types of consumer, family, carer and alcohol and other drug service client engagement and the procedures and processes supporting this engagement.

Sixty-three organisations responded to the statewide survey. The survey asked questions that sought to understand:

- What was currently driving organisations to undertake service user, consumer, family and carer engagement
- What types of engagement mechanisms were currently being employed
- Whether participation in engagement activities was being paid for or not
- Who organisations were engaging with
- Whether or not the outcomes of activities were being shared with those who participated in the engagement activities.

The Commission will use this report as a baseline for engagement and leadership in Queensland. Together with other research it will also inform the Commission's ongoing work to support and facilitate greater engagement and participation of people with a lived experience of mental illness, suicide or problematic substance use, their families and carers in the planning and delivery of mental health and alcohol and other drug services.

The total cost of the contract with Urbis was \$104,693, with \$20,938 paid in 2015-16.

## Best practice principles

To provide guidance on the most contemporary practice relating to consumer, family and carer engagement, the Commission engaged the Queensland Alliance for Mental Health Inc. to develop best practice principles. The Queensland Alliance for Mental Health Inc. is working in partnership with the Queensland Network of Alcohol and other Drug Agencies and Queensland Voice for Mental Health Inc. to deliver on this project.

The project comprises a literature review and two Stretch2Engage think tanks to discuss fresh ideas for engaging service users and their supporters in the design and delivery of mental health, alcohol and other drug services. A draft engagement framework has also been developed, with focus group testing to commence in 2016-17.

The Commission committed \$171,522 to this project and has paid the Queensland Alliance for Mental Health Inc. \$42,880 in the 2015-16 financial year.

## Navigating the complaints system

Feedback and complaints are an important mechanism for mental health and drug services to ensure the services and treatments they provide are of the highest quality. Services can use feedback to measure their performance and improve.

A report by the former Health Quality and Complaints Commission noted that complaints about mental health services comprised only 5 per cent of all complaints received, suggesting that people may be less likely to lodge complaints about mental health services.

The Commission does not have authority to deal with individual complaints or specific issues related to services, however stakeholders have regularly provided feedback about how frustrating the process of making a complaint in Queensland can be and the difficulty in finding the right agency with which to lodge a complaint. To address this issue, the Commission developed and released an information package designed to make the process of making a complaint about Queensland's mental health, alcohol and other drug system less confusing and to help people find the right agency to hear their complaint.

The package includes a convenient wallet card with key complaint information, supported by more detailed information on the Commission's website. It outlines the basic steps in making a complaint, provides tips, and lists different complaint agencies and their roles, and agencies that can provide support or information to people regarding their complaint. It is hoped that the package will not only help people be heard, but ultimately, contribute to improving mental health and drug services throughout Queensland.

The wallet cards were distributed to service providers across the State, with an additional 850 supplied in response to requests.

## Stakeholder views

### *Planning and decision making informed by lived experience*

Approximately 60 per cent of respondents across all three stakeholder surveys (2014 Baseline, 2015 and 2016) agreed that the Commission is utilising the views of people with lived experience, their families, carers and support people to inform planning and decision-making.

Encouragingly, the 2016 survey results indicate that while the overall proportion of respondents who agree has remained stable (59 per cent), there has been a shift in the proportion that 'agree' (42 per cent in 2016 versus 47 per cent in 2015) to 'strongly agree' (17 per cent in 2016 versus 13 per cent in 2015). This trend is reflected in Figure 7 on page 64.

## Partnerships

Improving the mental health and wellbeing of Queenslanders requires the Commission to work across a wide variety of sectors and with many stakeholders. The collective impact of these stakeholders can bring about reform and better outcomes for all Queenslanders, including those living with a mental illness and problematic alcohol and other drug use.

The Commission routinely evaluates workshops and consultations undertaken by collecting information from attendees, reflecting the extent to which the Commission’s activities are strengthening networks across Queensland. During the year, the Commission undertook evaluation of 12 events, with a total of 195 responses. Results indicate that:

- 84 per cent of participants had adequate opportunity to interact with people from other jurisdictions
- 79 per cent of participants had adequate opportunity to interact with people from other sectors
- 81 per cent of participants made connections with people with whom they intended to collaborate in the future
- 62 per cent of participants plan to change practice as a result of the workshop.

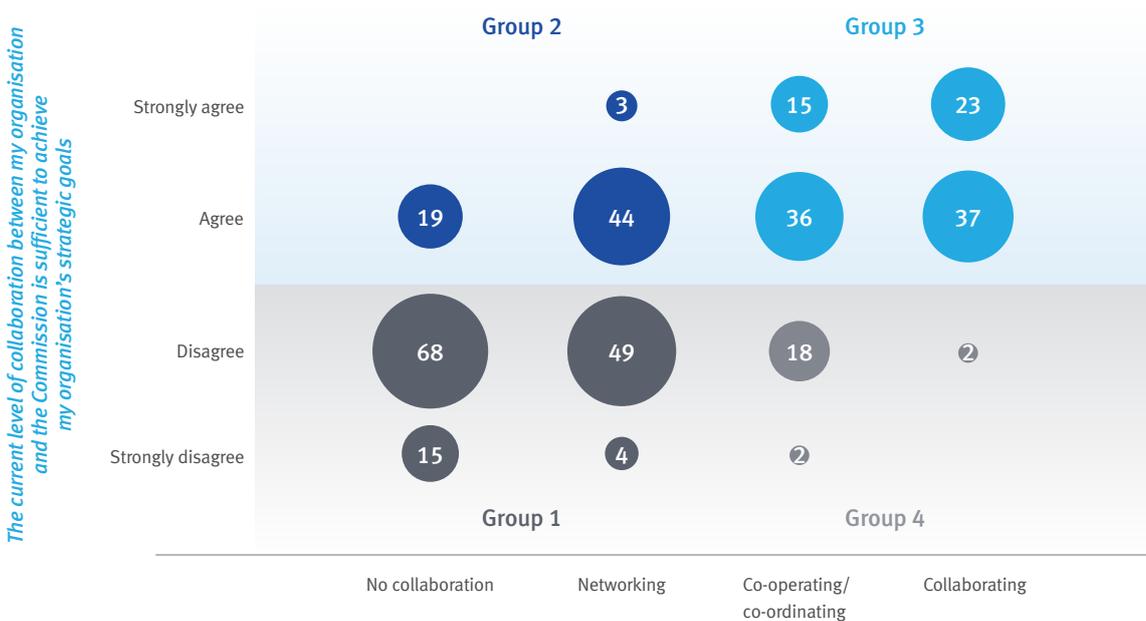
The data demonstrates that the Commission is facilitating new networks and learning opportunities for most people who participate in workshops and consultations.

In June 2016, the Commission’s annual stakeholder survey enabled an assessment of the level of collaboration between organisations and the Commission, from no collaboration, to networking, to cooperating/coordinating, through to collaborating.

In broad terms, respondents are aligned into four groups:

- **Group 1** – No/low level of collaboration and see this as insufficient
- **Group 2** – No/low level of collaboration and see this as sufficient
- **Group 3** – Mid-high level of collaboration and this is sufficient
- **Group 4** – Mid-high level of collaboration and don’t agree this is sufficient.

Figure 1: Satisfaction with the current level of collaboration with the Commission



The level of collaboration between my organisation and the Commission

Results are encouraging as they align with where the Commission has been able to target its resources.

The group seeking greater collaboration (Group 1) primarily includes the alcohol and other drugs sector and frontline staff across a range of sectors. With recent approval to appoint additional staff, the Commission anticipates a stronger focus on engagement with the alcohol and other drugs sector in 2016-17.

Collaboration with frontline staff is more challenging. Face-to-face interaction is usually only possible during the working day and is reliant on staff being freed from their usual duties. The support of Chief Executives is also needed when the Commission is meeting at a Hospital and Health Service. In addition, in past interactions many of the issues raised by frontline health staff cannot be addressed by the Commission, but are matters for the Hospital and Health Service to address with the Department of Health.

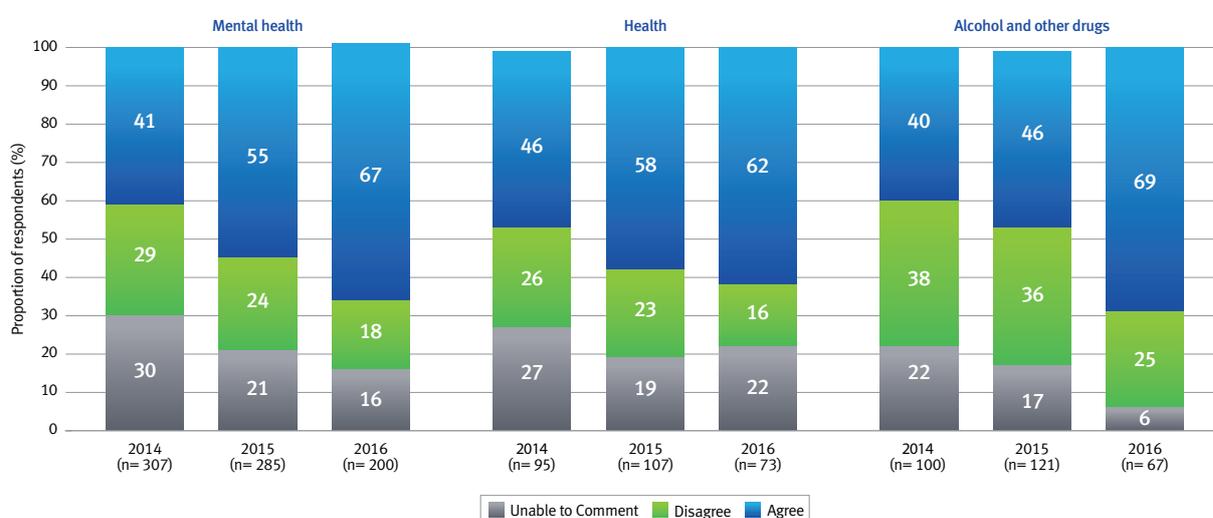
The Commission's recent engagement with frontline police was valuable for informing cultural reform and was facilitated by the Assistant Commissioner of the Queensland Police Service.

In consultation with members of the Mental Health and Drug Advisory Council, the Commission had intended to include members more to support engagement from 2016. However, with the recent changes in remuneration it is unlikely that many Council members will be able to accept this opportunity.

## Stakeholder views

### Improving collaboration within the mental health, drug and alcohol sectors

The 2016 stakeholder survey results reflect an increasing perception (over 60 per cent) that the Commission contributes positively to cross-sectoral collaboration.



## Participation and knowledge sharing

The Commission promotes participation and knowledge sharing. This includes media planning and delivery, facilitating partnerships and networks, preparation of information products, marketing and promotion. The Commission also provides support for community awareness events, enhances knowledge sharing and collaboration through its sponsorship program, and focuses on information sharing through its media and communication program, particularly social media.

During the 2015-16 year, the Commission concentrated on consolidation and growth of its communication channels and networks, increasing its focus on rich content and audience interest, with significant improvements across all platforms.

### Key results 2015-16

As at 30 June 2016:

- Website page views increased by 45 per cent
- eNews subscriptions increased by 38 per cent
- eNews opens average 44 per cent (Australian benchmark of 33 per cent)
- Facebook likes increased 115 per cent to 960, off a low base
- Commission Twitter followers increased by 161 per cent.

### Community awareness events

The Commission is progressively increasing its support while promoting community ownership for two major community awareness events: World Suicide Prevention Day (WSPD) and Queensland Mental Health Week (QMHW).

#### *World Suicide Prevention Day*

The Commission partnered with non-government organisation, Roses in the Ocean, to promote WSPD community awareness activities in September 2015. The objectives of the day are to create greater awareness of suicide and suicide prevention, change the way suicide is understood and spoken about in the community, and connect people to support services.

The Commission provided supported media relations and community events in the Queen Street Mall and in Hervey Bay that included organisations such as Mates in Construction, Standby Response, Open Minds, Headspace, Gallang Place, Gay and Lesbian Welfare Association, Bahloo Women's Youth Centre and AISRAP.

In preparation for WSPD 2016, the Commission has supported the development of an online resource package to assist communities to host local activities.

#### *Queensland Mental Health Week*

Queensland Mental Health Week acknowledges the achievements of the mental health sector, helps to raise awareness of mental health issues, early intervention and prevention across the community, and reduce stigma and discrimination.

In 2015, the Commission worked in partnership with Queensland's mental health sector to develop a new QMHW strategy focusing on updated resources, strategic partnerships, general community outreach and better cross-sectoral communication. Open Minds was engaged to coordinate the program for the week, including a refreshed website.

As a result of increased engagement and commitment across the sector, the number of registered events increased from 59 in 2014 to 100 in 2015, with 67 per cent of events in regional locations. There was improved engagement across all communication platforms (website, social media, and eNews) and increased nominations for the QMHW Achievement Awards. The week achieved 193 media hits related to Queensland.

## Stakeholder views

In 2016, the annual stakeholder survey sought feedback for the first time on the Commission's support for WSPD and QMHW.

Forty-four per cent of respondents from across all sectors agreed the Commission's support for the WSPD events in September 2015 was worthwhile, but most agreed more promotion and support to host events was required.

Half of survey respondents from across all sectors agreed that support for 2015 QMHW was worthwhile, but again, thought more promotion and event support was necessary.

## Sponsorship

The Commission supports events, conferences and other activities that:

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

Applications for financial sponsorship up to \$10,000 are assessed against eligibility requirements four times a year, with rounds closing in February, May, August and November.

This year, the Commission received 18 sponsorship applications. Thirteen were approved for a total amount of \$108,559.

Benefits and outcomes supported by sponsorships included:

- Education, information and support for carers of people with mental illness
- Clinical cultural awareness of LGBTI populations, mental health and risk factors, and service access challenges
- Community awareness and education of suicide and suicide prevention
- Addressing the challenges, stigma and discrimination faced by families of alcohol and other drug users
- Supporting recovery, lives with purpose and community awareness and understanding of people with mental illness
- Engagement with the community services sector regarding mental health and wellbeing
- Academic, clinical and practitioner knowledge sharing.

**Table 3: Sponsored initiatives in 2015-16**

Sponsored organisations	Initiative	Value
Supported Options in Lifestyle and Access Services Ltd	Mental Health Week community forum — 7 October 2015	\$3,900
Arafmi Queensland Inc.	Standing Beside You Carers Week event — 13 October 2015	\$6,000
Queensland Council of Social Service	QCOSS State Conference — 13-14 October 2015	\$6,250
Here4Life	Here4Life Music Festival (suicide awareness) — 21 November 2015 (Townsville)	\$5,000
Healthy Options, Australian College of Community Services	LGBT Symposium — 11 February 2016	\$10,000
Family Drug Support	National Family Drug Support Day — 24 February 2016	\$10,000
Mental Illness Fellowship Queensland	Annual Art Exhibition — 13-19 May 2016	\$10,000
Generation Next	Mental Health and Wellbeing of Young People Seminar — 27 May 2016	\$5,000
Australia and New Zealand Mental Health Association	17th International Mental Health Conference — 10-12 August 2016	\$5,000
Roses in the Ocean	World Suicide Prevention Day Launch Event — 31 August 2016	\$8,000
Queensland Council of Social Service	QCOSS State Conference — 7-8 September 2016	\$7,500
Melbourne Street Choir, Choir of Hard Knocks	'Hope and Inspiration' Mental Health Week concert — 7 October 2016	\$10,000
Richmond Fellowship Queensland	12th Biennial Asia Pacific International Mental Health Conference (AsPac)* — 24-26 October 2016	\$21,909
<b>Total</b>		<b>\$108,559</b>

\* The sponsorship request for the AsPac Conference exceeded the Commission's sponsorship threshold of \$10,000. The request was considered by exception, taking into account its international reach, but using the Commission's standard sponsorship evaluation framework.

## Media and communication

### Website

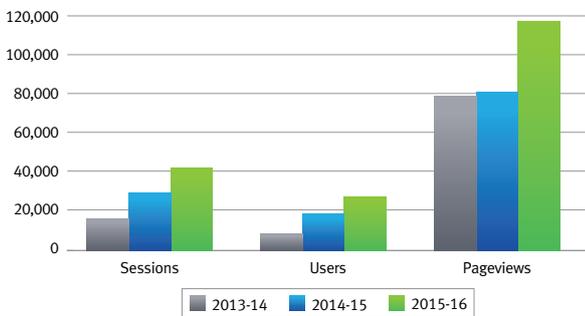
The website continues to be the Commission’s primary communication vehicle, and has achieved substantial improvement across all metrics in 2015-16:

- Page views improved by 45 per cent to 118,829
- Sessions increased by 44 per cent to 42,906
- Users rose by 46 per cent to 27,489.

Organic search through search engines brings 62 per cent of traffic to the Commission’s website, followed by 23 per cent from direct linkages (for example, from the eNews) with the balance from social media and referral from other sites.

The website has continued to be upgraded during 2015-16 to enhance user engagement, update content and improve visual amenity. A project to redevelop and significantly improve the website to be more audience-centric has begun, and is due for completion in 2016-17.

Figure 2: Website metrics in comparison to previous years



### eNews

The Commission’s eNews is one of its principal communication tools, providing regular updates on the Commission’s projects and activities, events and opportunities, as well as useful information for stakeholders.

*“The e-news that you produce is just terrific”*

Twelve issues of the eNews were distributed in 2015-16 (Issues 20-31) with regular content including Commissioner’s update, Council news, lived experience, alcohol and other drugs, suicide prevention, community engagement, system reform and sector news.

*“Thanks for QMHC eNews – great reading”*

At 30 June 2016 the eNews had 1865 active subscribers, achieving a net increase of 518 active subscribers during the year. The eNews has consistently achieved above Australian benchmarks for open rates and click-throughs, achieving an average across the 12 editions of 44 per cent opens and 35 per cent clicks, demonstrating a relatively high degree of engagement with the Commission’s audiences.

Figure 3: eNews subscribers 2015-16

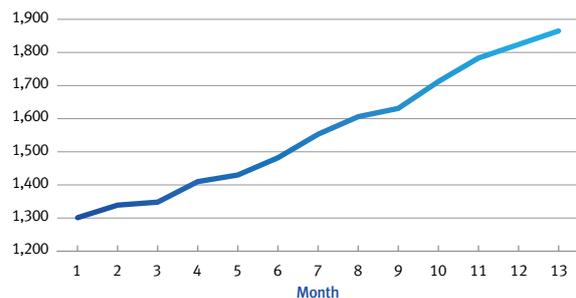
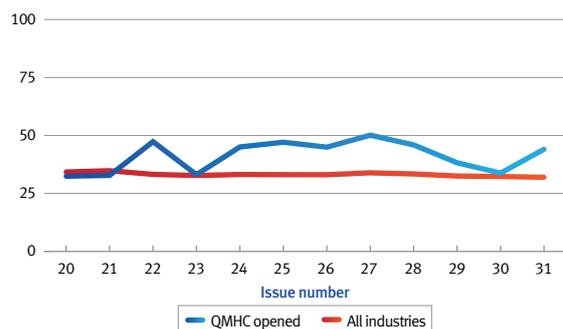


Figure 4: eNews opens 2015-16



### Social media

The Commission's Twitter and Facebook accounts have continued to grow throughout the year and are an important means for engaging the Commission's audiences and increasing reach.

During the year, the Commission increased its focus on Twitter, posting 639 tweets and achieving, as at 30 June 2016:

- 290,000 impressions (views) an increase of 450 per cent over 2015 (n=52,500)
- 17,774 profile visits (5,642 in 2015)
- almost 1100 retweets.

The Commission reached 764 followers, compared to 292 at 30 June 2015, and the Queensland Mental Health Commissioner's Twitter account reached 606 followers as at 30 June 2016.

The Commission's Facebook page has grown into a valuable communication and engagement tool, reaching 950 subscribers (page likes) and achieving organic post reach totalling 47,752 for the year. This is an increase of 115 per cent for subscribers/page likes (442 in 2015) and a significant increase for post reach (5,875 in 2015).

The most popular Facebook posts of the year were:

- the rural and remote mental health 'perspectives from the bush' video (4900 reach)
- February 2016 eNews (2700 reach)
- November 2015 eNews (2600 reach)
- October launch of the Early Action Plan (2400 and 2300 respectively).

### Media

The Commission prepares media releases for all its major initiatives and for matters of importance to mental health, suicide prevention and alcohol and other drug issues in Queensland.

During the 2015-16 year, the Commission distributed 32 media releases, including joint media releases with the Minister for Health and Minister for Ambulance Services for major initiatives such as the release of the *Queensland Suicide Prevention Action Plan 2015-17* and the *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17*. Other topics included the Mental Health Bill, Willing to Work Inquiry submission on employment discrimination, more empathetic housing policy for people with complex needs, myths surrounding mental illness, Queensland's alcohol and other drug habits, and suicide prevention funding.

The Commissioner has participated in many interviews during the year, including a feature in the QWeekend magazine titled *Agent of change*, and radio interviews ranging from Aboriginal and Torres Strait Islander issues, suicide prevention to the status of Queensland's mental health and wellbeing.

# Emerging issues

Significant reform is currently underway in the service systems which seek to improve mental health and wellbeing and provide support and services to those living with mental illness, problematic alcohol and other drug use, or have been impacted by suicide.

Much of this reform is occurring federally through the Australian Government Response to the National Mental Health Commission's Review of Mental Health Programmes and Services. Providing Primary Health Networks with a stronger regional commissioning and coordinating role, the Australian Government Response sought to address fragmentation and in some cases duplication within the federally funded system.

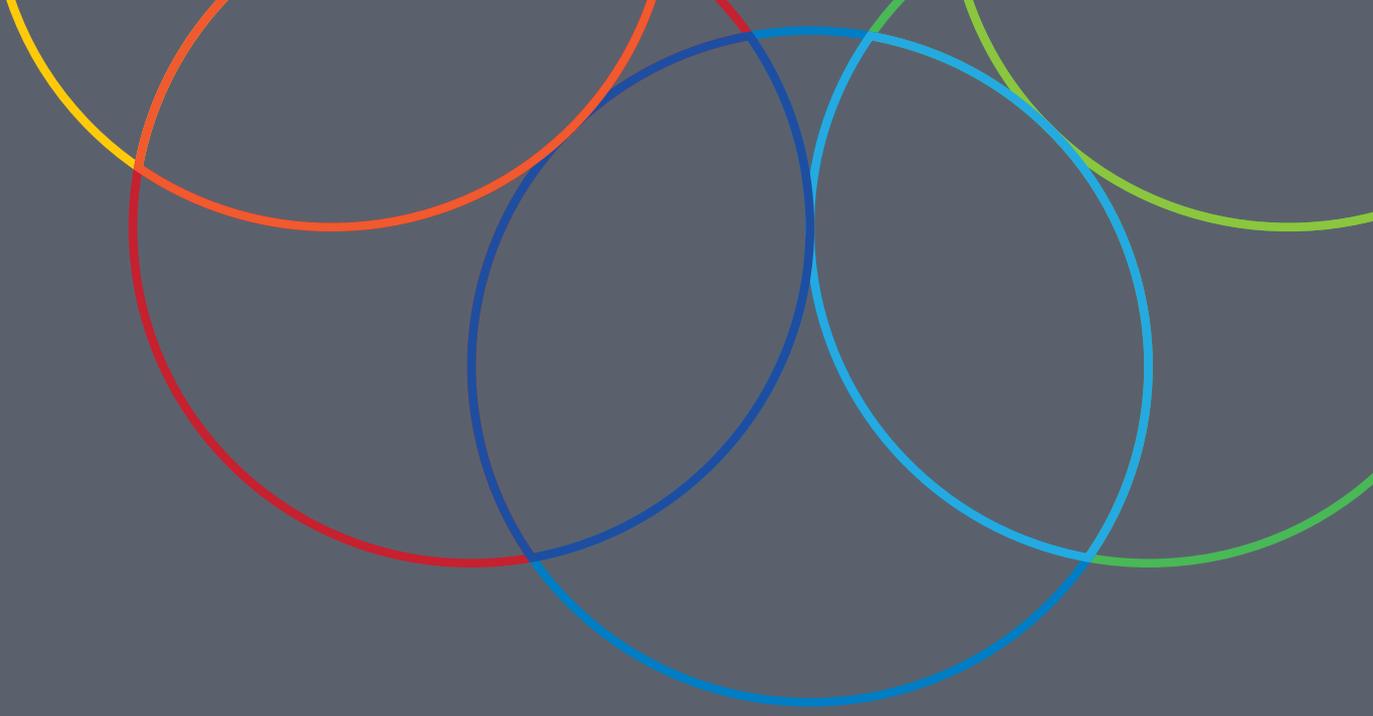
Queensland's Primary Health Networks have commenced this work with local needs assessments in each of their regions. While this reform is ongoing, the Commission has actively engaged with Queensland's Primary Health Networks and has invited representation on significant governance groups, including those which oversee the implementation of the whole-of-government action plans.

The new National Drug Strategy will provide an essential platform for reform. Due to be finalised in 2016, it will determine at a federal level the balance of demand reduction, supply reduction and harm reduction as well as the work to be undertaken by the Primary Health Networks.

In light of these reforms, the Commission will commence reviewing the Strategic Plan and the three associated action plans in 2016-17. The review will be based on the views of stakeholders, particularly those with a lived experience and frontline service providers.

One of the most significant reforms to occur in Queensland has been the introduction of the new *Queensland Mental Health Act 2016*. Due to commence implementation in the coming year, the new Act will require careful monitoring to ensure its operation is consistent with its principles and objectives. The Commission will continue to work with Queensland Health on this important work.

The independent review of the Commission as required by the Act was completed by the Public Service Commission and a copy was provided to the Minister for Health on 30 June 2016. The Commission will respond to any issues that arise from this report or the subsequent report on the effectiveness of the Act that is required to be tabled in Parliament as soon as practicable.



# financial performance

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## Overview

### Revenue

The Commission's third year operating budget was \$8.265 million, administered as a grant through the health portfolio. The remaining sources of income resulted from a cash at bank position from the previous year and a small amount of interest payable against cash at bank.

### Expenditure

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

Of the \$2.4 million expended in general supplies and services, approximately \$1.25 million was expended on consultancy and contractor activities (*see tables 4 and 5*) which informed and supported the Commission's key result areas. A further \$232,000 was expended for corporate services support provided to the Commission by an outsourced third party and \$418,000 was expended on accommodation costs.

Following a review, the Commission continues to support some grants novated from the Department of Health on establishment. New grant activities including the Stronger Community Mental Health and Wellbeing Grants Program were also supported with a total \$2.75 million grant funding provided for the year.

### Cash at bank

The cash at bank at the end of the financial year was \$2.3 million, reflecting an increase of \$724,000. Approximately \$1.6 million of this relates to 2016-17 contract commitments.

An increase of three FTE, bringing the total to 18, was approved on 10 March 2016 to improve the capacity of the Commission to meet expectations. With this injection of staff it is anticipated the full budget and a significant portion of the cash at bank will be acquitted in 2016-17.

## Consultancies

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

Table 4 lists the consultancies over \$20,000 engaged during 2015-16. The consultancies that will not be finalised until next financial year show a carry forward for 2016-17. Also included are consultancies which commenced in an earlier period but not finalised.

**Table 4:** Key consultancies engaged during 2015-16

Description	Organisation	Total Value ex. GST	Acquitted Previous FYs	Acquitted 15/16	Commitment 16/17
Consumer experiences of telepsychiatry.	Enlightened Consultants	\$41,050	\$10,262	\$30,787	
Service Integration & Referral Mapping Analysis for Mental Health, Alcohol and Other Drugs.	CheckUP	\$50,000	\$25,000	\$25,000	
Comprehensive statewide survey of consumer, family and carer engagement.	Urbis Pty Ltd	\$104,693	\$68,505	\$20,938	\$15,700
Report card for agencies providing Aboriginal and Torres Strait Islander social, emotional wellbeing, mental health, alcohol and other drugs programs and services.	Edward Tilton Consulting	\$48,337	\$12,089	\$36,252	
Best practice principles for consumer, family and carer engagement.	Queensland Alliance for Mental Health Inc.	\$171,522	\$42,800	\$42,880	\$85,841
Design a strengths-based, community model for suicide prevention.	KBC Australia	\$97,130		\$19,426	\$77,707
Develop an information paper on mental health funding in public health.	Grant Thornton Australia Ltd	\$45,115		\$35,335	\$8,582
Establish, implement and evaluate regional mental health and wellbeing hubs.	Relationships Australia Queensland	\$100,000		\$25,000	\$75,000
	Supported Options in Lifestyle and Access Services Inc.	\$99,500		\$49,750	\$49,750
	CentacareCQ	\$95,387		\$63,653	\$31,734
Develop, implement and review a coordination and quality assurance model for Mental Health Literacy Training.	Open Minds	\$100,374		\$25,093	\$75,280
Online tool for monitoring and reporting on the Strategic Plan.	Ice Media Pty Ltd	\$149,650		\$74,825	\$74,915
Review resources to assist and support people bereaved by suicide.	Orygen	\$49,645		\$33,096	\$16,548

**Table 4:** Key consultancies engaged during 2015-16 (continued)

Description	Organisation	Total Value ex. GST	Acquitted Previous FYs	Acquitted 15/16	Commitment 16/17
Identify the adequacy and accessibility of existing suicide awareness training, resources and initiatives to meet the needs of people from culturally and linguistically diverse backgrounds.	Health Outcomes International	\$147,600		\$14,760	\$132,840
Identifying effective ways of reducing stigma and discrimination for people experiencing problematic alcohol and other drug use.	National Drug and Alcohol Research Centre, University of New South Wales	\$149,068			\$149,068
Addressing stigma and discrimination related to gaining and maintaining employment for people living with mental illness.	EY Sweeney	\$145,245		\$72,622	\$72,622
Evaluation of the Suicide Risk Assessment and Management Project.	Australian Health Care Associates	\$181,372	\$137,572	\$42,075	
Consultation with frontline service providers, service users, their families and support persons with relation to Alcohol and Other Drug Action Planning.	Queensland Network of Alcohol and Other Drug Agencies Ltd	\$38,250		\$38,250	
Deliver the Queensland Mental Health and Wellbeing Capacity Building Program.	Maudsley International	\$191,690		\$80,380	\$111,310

## Contractors

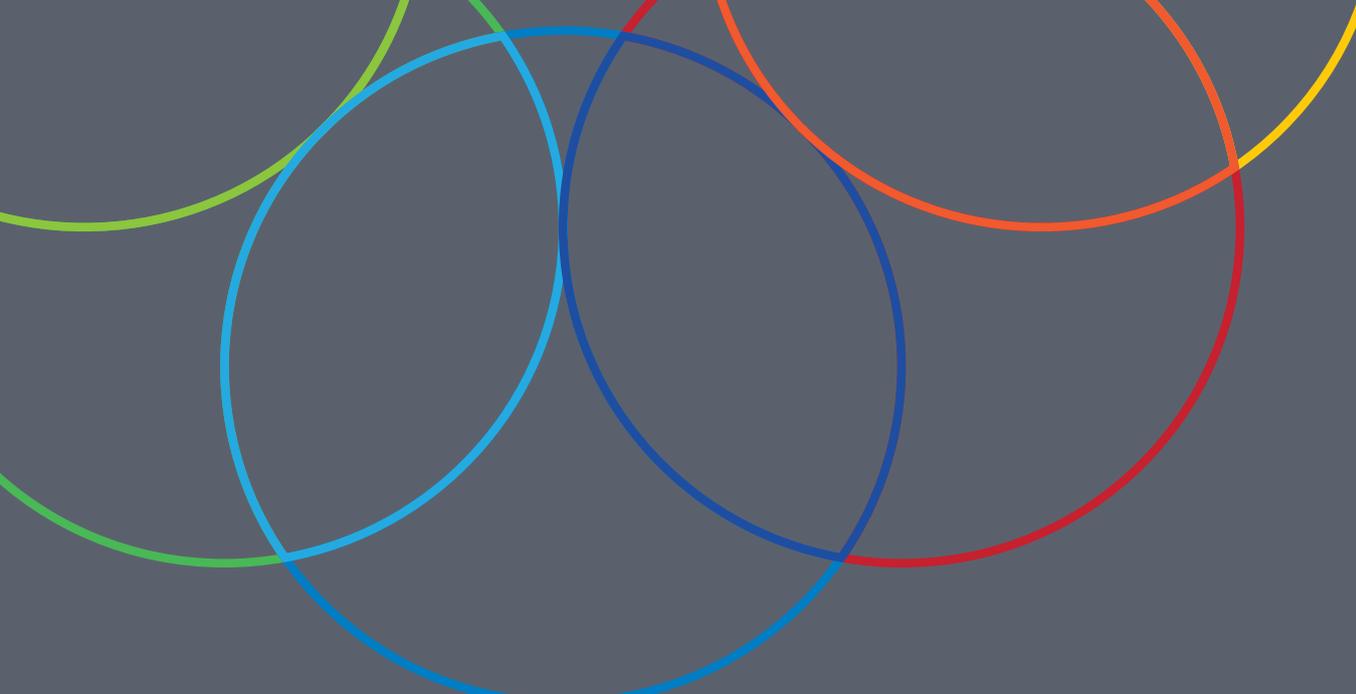
Table 5 lists key contractors (over \$15,000) who were engaged during 2015-16 to assist and/or provide expert advice where specific expertise was considered essential.

**Table 5: Key contractors engaged during 2015-16**

Description	Organisation / Contractor	Total Value ex. GST	Acquitted Previous FYs	Acquitted 15/16	Commitment 16/17
Professional media services	Prism Partnership Pty Ltd	\$124,772	\$21,780	\$83,096	\$19,896
Website development, hosting and support services	Thirteen Digital	\$63,130	\$17,168	\$26,273	\$19,687
Strategic Conversations in Policing and Mental Health – Facilitation	Archerfield Consulting	\$20,000		\$6,200	\$13,800
Consultant Psychiatrist contractor	KG Medical Pty Ltd	\$48,073	\$17,766	\$30,307	
Lived experience consultant	Dr Louise Byrne	\$32,000		\$29,600	
2016 Queensland Mental Health Week Project Management and Coordination	Julie Martin	\$35,000		\$18,312	\$16,687
Website services redesign, maintenance and support	Social Change Media Group Pty Ltd	\$65,830		\$10,526	\$55,304
Provision of suicide prevention work and advice relating to World Suicide Prevention Day	Roses in the Ocean	\$20,000		\$8,000	\$12,000

## Overseas travel

There has been no staff overseas travel undertaken during 2015-16.



# agency governance

- |           |                          |           |   |
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## Overview

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

## Legislative obligation

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

- *Financial Accountability Act 2009*
- *Public Records Act 2002*
- *Public Interest Disclosure Act 2010*
- *Auditor General Act 2009*
- *Public Sector Ethics Act 1994*
- *Right to Information Act 2009*
- *Information Privacy Act 2009*
- *Workers Compensation and Rehabilitation Act 2003*
- *Work Health and Safety Act 2011*.

## Management and structure

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

In accordance with s23 of the Act, in June 2016 the Minister for Health and Minister for Ambulance Services approved the current Commissioner, Dr Lesley van Schoubroeck, as the Acting Commissioner until 28 February 2017, pending the outcome of the review of the Commission.

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

**Table 6:** *Executive Management Team*

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

## Organisational structure

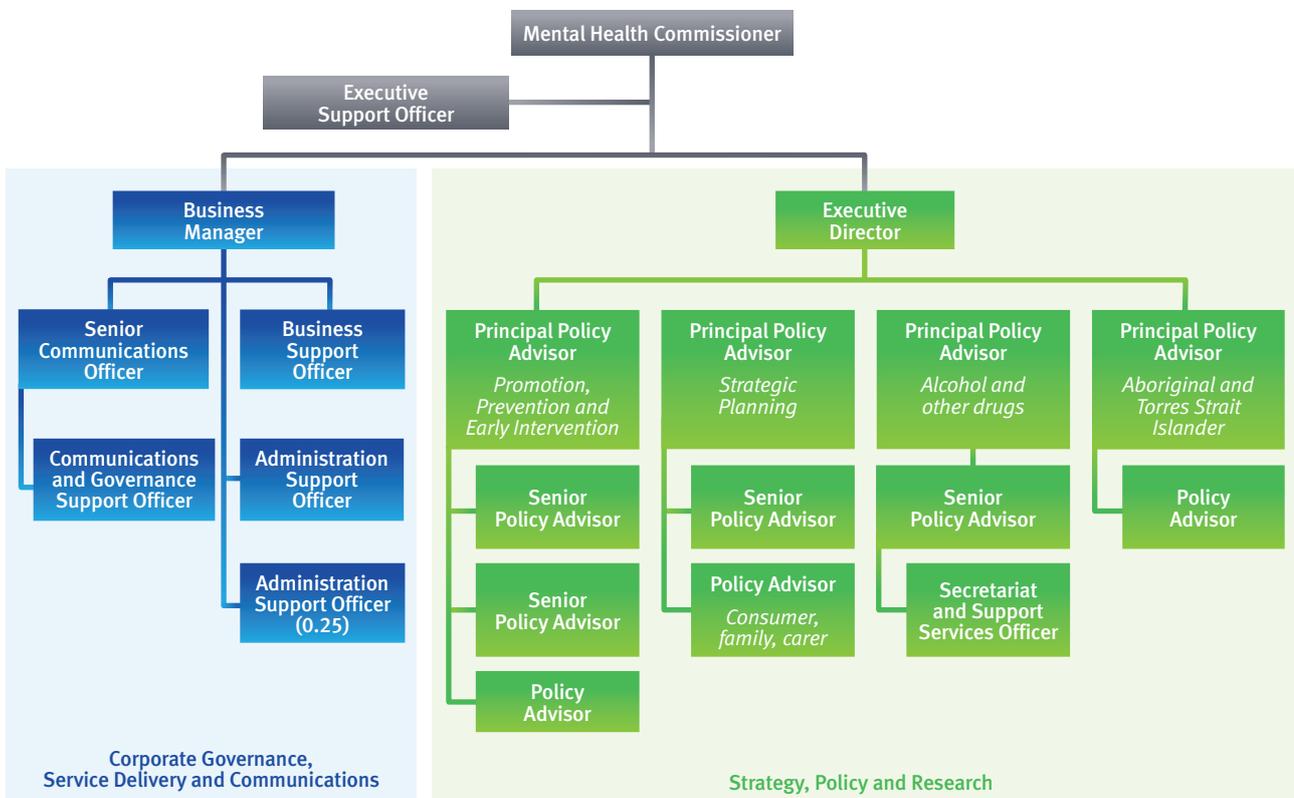
In 2015-16, the Commission’s approved staffing establishment was 18 FTE. The structure remains intentionally lean and is designed to work collaboratively with other government bodies, industry and community groups.

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

## Agency effectiveness

The Public Service Commission undertook an independent review of the effectiveness of the Commission commencing on 25 April 2016 with a report to the Minister for Health and Minister for Ambulance Services on 30 June 2016. This stems from a requirement of the Act that the Minister arrange an independent review of the Commission’s performance of its functions within three years of the Act’s commencement. The Minister is subsequently required to review the effectiveness of the Act and table a report in Parliament as soon as practicable.

Information from the Commission’s effectiveness evaluation model initiated in 2014 provided an important component to the review. A key element is an annual survey of all individuals who subscribe to the Commission’s eNews or are listed in the Commission stakeholder database. Responses are also sought widely through the Commission’s website and social media channels.



In addition to the effectiveness measures included in the Commission’s Service Delivery Statements, the annual survey also provides data on a range of management measures that are included in this report.

An overview of the key measures in the independent survey, recommendations for action and the management response is available as a separate document. It shows that there has been a steady improvement in perceptions of the Commission and of the wider reform agenda.

### Survey results

The number of respondents to the 2016 survey increased significantly from 590 in 2015 to 854. This is due to an increase in the target base, which was derived from both the Commission’s stakeholder database (which increased by almost 50 per cent from 2390 to 3587) and a request from the Public Service Commissioner to heads of agencies to respond as part of the independent evaluation.

This resulted in a significant increase in the number of respondents from government employees. An increase in the number of respondents who were unable to comment on many of the items is also attributed to people from the public sector responding to the request from the Public Service Commissioner.

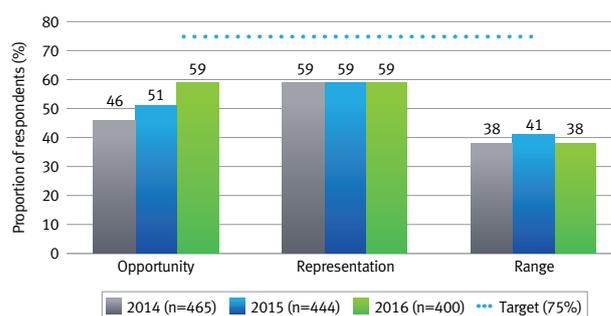
Survey respondents represented a variety of roles in the community. The largest proportion of respondents identified as service providers, while a similarly high proportion were family members of a person with lived experience of mental health, alcohol or other drug issues.

The survey is used to measure agreed service standards in the Service Delivery Statement. These track the Commission’s stakeholder satisfaction based on three specific areas of focus:

- Opportunities to provide consumer, support person and provider perspectives
- Extent to which consumer, support person and provider perspectives are represented in planning
- The range of stakeholders involved in developing and implementing solutions.

The results, mapped over a three year period, are outlined in Figure 5.

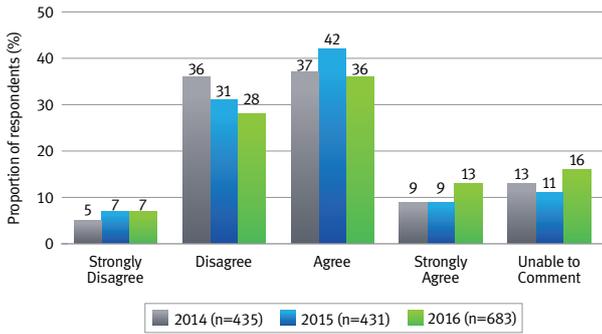
**Figure 5: Stakeholder satisfaction with opportunity, representation and range**



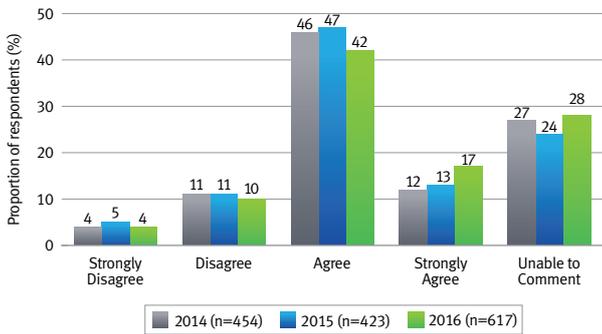
The following graphs provide more detail of each of these areas of focus. The satisfaction level ‘agreed’ has dropped slightly in all cases. This was expected due to the broader target base, with many of the new respondents ‘unable to comment’. However in terms of the raw data, although the percentage has decreased, the number of actual respondents satisfied has increased.

This reinforces the expected long term nature of the Commission’s work (see page 19) and in meeting the target of 75 per cent satisfaction.

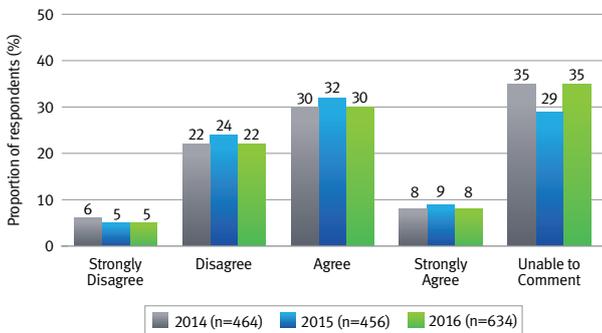
**Figure 6: Stakeholder satisfaction with opportunities to provide consumer, support person and provider perspectives**



**Figure 7: Stakeholder satisfaction with the extent to which consumer, support person and provider perspectives are represented in planning**



**Figure 8: Stakeholder satisfaction with the range of stakeholders involved in developing and implementing solutions**



## Business services review

In the last quarter of 2015-16, the Commission initiated a review of business services in collaboration with the Corporate Administration Agency. The key objective of the review was to identify any opportunities to improve the efficiency and effectiveness of business processes. Key enhancements identified include:

- Improved financial reporting with more useful and timely management information
- More seamless procurement processes
- Streamlined correspondence management practices.

Implementation of the enhancements is to be completed early next financial year.

## Social procurement

Consistent with our commitment to social outcomes, the Commission has revised its procurement objectives to include consideration of organisations that contribute to improved mental health and wellbeing, where this does not conflict with value for money, accountability and probity considerations.

## Public sector ethics

The Queensland Public Service Code of Conduct applies to the Commission. The Commission has included the Code of Conduct in its induction processes, provided training to staff, and incorporated its requirements, principles and values into staff performance and development plans.

## Risk management

The Commission is committed to a philosophy and culture that ensures risk awareness and management is an integral part of all activities. The Commission actively encourages innovation but is also mindful that this may attract risk.

To best perform its functions, the Commission requires courage, credibility and innovation from staff on how it conducts business, the advice it gives and the positions it promotes. It also needs to be forthright in addressing those issues where there are competing external views.

Within this environment the Commission's risk appetite extends from moderate to high risk, depending on the area of business being undertaken.

Due to the Commission's size, a specific risk management committee has not been established. Rather, the responsibility has been included as part of the Executive Management Team's charter, which includes a review of key risks on a quarterly basis. The top four areas of risk and the actions undertaken to mitigate them are:

- **Expectations** – High and varied expectations of the Commission are held by stakeholders including consumers, families, carers and supporters, non-government agencies, the public and private sectors, academia and professional bodies. This is managed through promoting the Commission's role, working collaboratively and regular communication.
- **Reputation** – Perceptions of the Commission as an independent body are essential to its credibility, reputation and capacity to affect change. This will be influenced by the quality of the Commission's communication processes, particularly timely and transparent reporting of progress across all sectors. Perceptions of independence are monitored in the annual survey.
- **Governance** – The capacity of the Commission to perform effectively and efficiently in a complex environment with finite resources requires robust governance and management systems. This is managed through well-established systems and processes and a suitably structured and skilled organisation.
- **Reform influence** – The Commission's ability to facilitate reform across government links closely with the first two risks (expectations and reputation) and requires it to effectively monitor changing government priorities and maintain sound relationships with central agencies.

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

## Audit committee and internal audit

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

The Corporate Administration Agency conducted a review of the governance arrangements of the Commission and its compliance with the *Financial and Performance Management Standard 2009* (FPMS). Audit results reflected sound governance arrangements and compliance with the FPMS.

## Information management and record keeping

### Records management

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

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

An automated correspondence process, a function available within the Commission's records management system, is under development. The new process designed to reduce duplication and the paper footprint will be implemented early next financial year.

### Stakeholder management

A stakeholder management system is now well established, which records and profiles the stakeholders with whom the Commission engages. This tool is proving invaluable in focusing both collaborative and consultative efforts and currently contains approximately 3,000 stakeholder profiles. The system is progressively enhanced to ensure it continues to meet business needs.

## Internal communication and governance

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

## Open data

The Commission has opted to be included with Queensland Health's Open Data Strategy 2013-2016 which is available to view on the Queensland Government data website.

The Commission also has official use of the Queensland Health Clinical Knowledge Network which provides access to both virtual and hard copy information resources. This has improved the Commission's online access to research material.

## Interpreter services

Interpreter services are available for all the Commission's publications and online information. Interpreter services are also available upon request for the Commission's events and for activities undertaken by a third party on the Commission's behalf.

During 2015-16 the Commission engaged interpretation services on three occasions for a total value of \$750.

## Human resources

In October 2015, the Commission sought an increase to its FTE base and on 10 March 2016 the Minister for Health approved an increase of three to 18, effective from January 2016. The three new positions provide additional policy resource focus on alcohol and other drugs, strategic planning and suicide prevention. All positions will have commenced by mid July 2016.

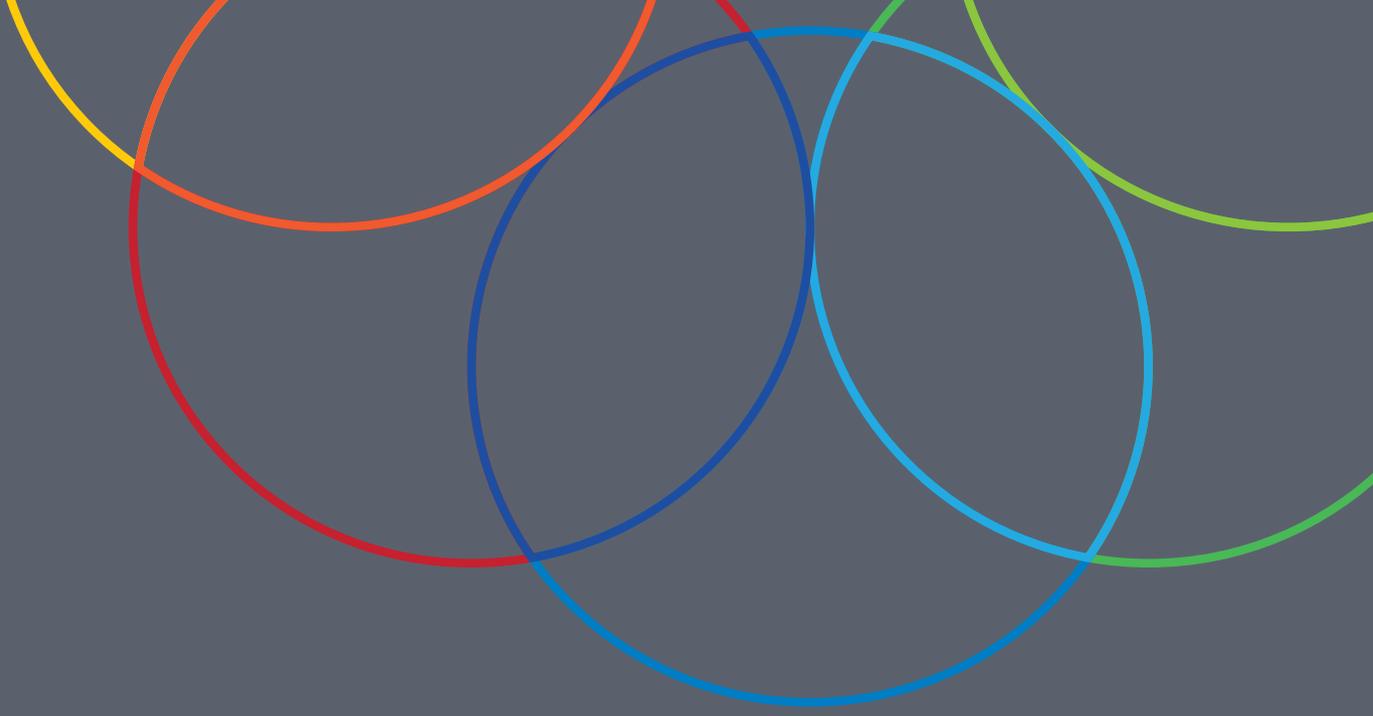
The Commission's separation rate for permanent staff during the reporting period was 17 per cent. As part of an organisational review one permanent position was declared surplus. The person affected by this opted for a voluntary early retirement. Two other permanent staff members secured roles with another agency.

During the year the Commission undertook its second annual staff climate and wellness review. The findings reflected an improved cultural profile where there is:

- Very high commitment to achieving the Commission's vision
- High level of staff engagement in undertaking assigned work
- Supportive work environment
- Organisational responsiveness and flexibility.

A number of issues raised in the survey are being addressed in a review of the effectiveness of business services.

Consistent with a commitment to diversity in the workplace, the Commission has identified suitable work and employed an Administration Support Officer through a Disability Employment Service on a part time basis.



# financial statements

for the financial year ended 30 June 2016

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Comprehensive Income

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*(including Notes to the Statement  
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# General information

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

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

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

Level 30, 400 George St  
BRISBANE QLD 4000

Queensland Mental Health Commission  
Financial Statements 2015-16

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

# Statement of Comprehensive Income

## for the year ended 30 June 2016

	Notes	2016 \$'000	2015 \$'000
<b>Income from Continuing Operations</b>			
<b>Revenue</b>			
Government Contributions	3	8,265	8,604
Interest		122	164
Other revenue		1	-
<b>Total Income from Continuing Operations</b>		<b>8,388</b>	<b>8,768</b>
<b>Expenses from Continuing Operations</b>			
Employee expenses	4	2,168	2,000
Supplies and services	5	2,359	2,135
Grants	6	2,757	3,703
Depreciation	10	114	4
Other expenses	7	337	26
<b>Total Expenses from Continuing Operations</b>		<b>7,735</b>	<b>7,868</b>
<b>Operating Result from Continuing Operations</b>		<b>653</b>	<b>900</b>
<b>Total Comprehensive Income</b>		<b>653</b>	<b>900</b>

*The accompanying notes form part of these statements.*

# Statement of Financial Position

## as at 30 June 2016

		2016	2015
	Notes	\$'000	\$'000
<b>Current Assets</b>			
Cash and cash equivalents	8	2,356	1,632
Receivables	9	110	81
Prepayments		-	20
<b>Total Current Assets</b>		<b>2,466</b>	<b>1,733</b>
<b>Non Current Assets</b>			
Plant and equipment	10	121	5
<b>Total Non Current Assets</b>		<b>121</b>	<b>5</b>
<b>Total Assets</b>		<b>2,587</b>	<b>1,738</b>
<b>Current Liabilities</b>			
Payables	11	232	208
Accrued employee benefits	12	59	62
Other liabilities	13	72	55
<b>Total Current Liabilities</b>		<b>363</b>	<b>325</b>
<b>Non Current Liabilities</b>			
Other liabilities	13	13	85
<b>Total Non Current Liabilities</b>		<b>13</b>	<b>85</b>
<b>Total Liabilities</b>		<b>376</b>	<b>410</b>
<b>Net Assets</b>		<b>2,211</b>	<b>1,328</b>
<b>Equity</b>			
Contributed equity		230	-
Accumulated surplus		1,981	1,328
<b>Total Equity</b>		<b>2,211</b>	<b>1,328</b>

*The accompanying notes form part of these statements.*

# Statement of Changes in Equity for the year ended 30 June 2016

		2016	2015
	Notes	\$'000	\$'000
<b>Contributed Equity</b>			
<b>Balance as at 1st July</b>		-	-
Transactions with Owners as Owners			
- Net transfers in from other Queensland Government Entities	14	230	-
<b>Balance as at 30 June</b>		<u>230</u>	<u>-</u>
<b>Accumulated Surplus</b>			
<b>Balance as at 1st July</b>		1,328	428
Operating Result from Continuing Operations		653	900
<b>Balance as at 30 June</b>		<u>1,981</u>	<u>1,328</u>

*The accompanying notes form part of these statements.*

# Statement of Cash Flows

## for the year ended 30 June 2016

	Notes	2016 \$'000	2015 \$'000
<b>Cash flows from operating activities</b>			
<i>Inflows:</i>			
Government Contributions		8,265	8,604
GST collected from customers		1	1
GST input tax credits from ATO		484	446
Interest receipts		122	164
Other		1	-
<i>Outflows:</i>			
Employee expenses		(2,199)	(1,955)
Supplies and services		(2,371)	(2,116)
GST paid to suppliers		(485)	(472)
GST remitted to ATO		(1)	(1)
Grants		(2,757)	(3,703)
Other		(337)	-
		<hr/>	<hr/>
<b>Net cash provided by operating activities</b>		724	968
		<hr/>	<hr/>
<b>Net increase in cash held</b>		724	968
		<hr/>	<hr/>
<b>Cash at beginning of financial year</b>		1,632	664
		<hr/>	<hr/>
<b>Cash at end of financial year</b>	<b>8</b>	2,356	1,632
		<hr/>	<hr/>

*The accompanying notes form part of these statements.*

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

Operating surplus/(deficit)	653	900
Depreciation expense	114	4
Changes in assets and liabilities:		
(Increase)/decrease in GST receivable	(29)	(21)
(Increase)/decrease in prepayments	20	(2)
Increase/(decrease) in payables	24	85
Increase/(decrease) in accrued employee benefits	(3)	40
Increase/(decrease) in other current liabilities	17	17
Increase/(decrease) in other non-current liabilities	(72)	(55)
	<hr/>	<hr/>
<b>Net cash provided by operating activities</b>	724	968
	<hr/>	<hr/>

# Notes to and forming part of the Financial Statements 2015-16 for the year ended 30 June 2016

## **Section 1: How We Operate - Our Commission's Objectives and Activities**

- Note 1: Objectives and Principal Activities of the Queensland Mental Health Commission
- Note 2: Basis of Financial Preparation

## **Section 2: Notes about our Financial Performance**

- Note 3: Government Contributions
- Note 4: Employee Expenses
- Note 5: Supplies and Services
- Note 6: Grants
- Note 7: Other Expenses

## **Section 3: Notes about our Financial Position**

- Note 8: Cash and Cash Equivalents
- Note 9: Receivables
- Note 10: Plant and Equipment
- Note 11: Payables
- Note 12: Accrued Employee Benefits
- Note 13: Other Liabilities
- Note 14: Contributed Equity

## **Section 4: Notes about Risk and Other Accounting Uncertainties**

- Note 15: Commitments for Expenditure
- Note 16: Contingencies
- Note 17: Events after the Balance Date
- Note 18: Financial Risk Disclosures
- Note 19: First Year Application and Future Impact of New Accounting Standards

## **Section 5: Notes about our Performance Compared to Budget**

- Note 20: Budget vs Actual Comparison

## **Section 6: Other Information**

- Note 21: Key Management Personnel Disclosures
- Note 22: Taxation
- Note 23: Judgements

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

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

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

## 2. Basis of Financial Preparation

### Statement of Compliance

The Queensland Mental Health Commission has prepared these financial statements in compliance with section 43 of the Financial and Performance Management Standard 2009.

These financial statements are general purpose financial statements, and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the year ending 30 June 2016, and other authoritative pronouncements.

With respect to compliance with Australian Accounting Standards and Interpretations, the Queensland Mental Health Commission has applied those requirements applicable to not-for-profit entities, as the Queensland Mental Health Commission is a not-for-profit entity. Except where stated, the historical cost convention is used.

### The Reporting Entity

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

### Issuance of Financial Statements

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

### Currency, Rounding and Comparatives

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

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period.

	2016 \$'000	2015 \$'000
<b>3. Government Contributions</b>		
Department of Health	8,265	8,604
	8,265	8,604
<b>Total</b>	8,265	8,604

**Accounting policy**

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

**4. Employee Expenses**

***Employee Benefits***

Wages and salaries	1,574	1,475
Employer superannuation contributions	201	189
Termination Payments	52	-
Annual leave levy/expense	170	170
Long service leave levy/expense	36	34

***Employee Related Expenses***

Workers' compensation premium	10	13
Payroll tax and fringe benefits tax	103	92
Other employee related expenses	22	27

<b>Total</b>	2,168	2,000
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The number of employees as at 30 June, including both full-time and part-time employees measured on a full-time equivalent basis reflecting Minimum Obligatory Human Resource Information (MOHRI) is 18 (2015: 15)

**Accounting policy**

*Employee Related Expenses*

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

*Wages, Salaries and Sick leave*

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

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

#### 4. Employee Expenses (contd)

##### Annual Leave and Long Service Leave

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

##### Superannuation

Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable. The Commission's obligation is limited to its contribution to QSuper.

The QSuper scheme has defined benefit and defined contribution categories. The liability for defined benefits is held on a whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

	2016 \$'000	2015 \$'000
<b>5. Supplies and Services</b>		
Corporate service charges	251	229
Consultants and contractors	1,235	1,152
Travel	63	55
Building Maintenance and Services	57	59
Operating lease rentals	379	377
Information technology	11	12
Motor vehicle	3	8
Catering	2	11
Communications	23	21
Advertising and promotion	153	85
Administration costs	179	126
Sundry	4	-
<b>Total</b>	2,359	2,135

#### Implementation of the Shared Services Initiative

The Corporate Administration Agency (CAA) provides Queensland Mental Health Commission with corporate services under the "Shared Services Provider" model. The fees and terms of the services are agreed through a Service Level Agreement, negotiated annually and include:

- Financial services
- Human resources recruitment and payroll
- Information systems and support

## 5. Supplies and Services (contd)

### Accounting Policy

#### Operating Lease Rentals

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

#### Operating Leases

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

	<b>2016</b>	<b>2015</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>6. Grants</b>		
Grants - New	1,733	1,614
Grants - Recurrent	1,025	2,089
	<hr/>	<hr/>
<b>Total</b>	<b>2,757</b>	<b>3,703</b>
	<hr/>	<hr/>

### Disclosure relating to Grants

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

## 7. Other Expenses

External audit fees	*	17	26
Return of funds to Department of Health		320	-
		<hr/>	<hr/>
<b>Total</b>		<b>337</b>	<b>26</b>
		<hr/>	<hr/>

### Disclosure relating to Other Expenses

- \* Total audit fees payable to the Queensland Audit Office relating to the 2015-16 financial statements are quoted to be \$16,500 (2015 \$17,200). There are no non-audit services included in this amount.

Notes to and forming part of the Financial Statements 2015-16  
for the year ended 30 June 2016

	2016 \$'000	2015 \$'000
<b>8. Cash and Cash Equivalents</b>		
Cash at bank	2,356	1,632
<b>Total</b>	<b>2,356</b>	<b>1,632</b>

**Accounting policy**

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

**9. Receivables**

GST receivable	61	60
	61	60
Long service leave reimbursements	15	-
Annual leave reimbursements	34	21
<b>Total</b>	<b>110</b>	<b>81</b>

**Accounting policy**

Trade debtors are recognised at the amounts due at the time of sale or service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is required within 30 days from invoice date.

The collectability of receivables is assessed periodically. There is no allowance for impairment at 30 June 2016 as all receivables are within term and expect to be fully collectible based on recent collection history. No bad debts were written off at 30 June.

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

## 10. Plant and Equipment

	Note	<i>Plant and Equipment</i>		<i>Total</i>	
		2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000
Gross		242	12	242	12
Less accumulated depreciation		(121)	(7)	(121)	(7)
<b>Carrying amount at 30 June</b>		<b>121</b>	<b>5</b>	<b>121</b>	<b>5</b>
<i>Represented by movements in carrying amount</i>					
Carrying amount at 1 July		5	9	5	9
Transfers In from other Queensland Government entities	14	230	-	230	-
Depreciation expense		(114)	(4)	(114)	(4)
<b>Carrying amount at 30 June</b>		<b>121</b>	<b>5</b>	<b>121</b>	<b>5</b>

### Disclosure relating to Depreciation

Leasehold improvements were transferred to the Commission from the Department of Justice and Attorney General effective 1 July 2015 with a net book value of \$230,161. The asset is depreciated over the remaining term of the accommodation lease resulting in a significant increase in the depreciation expense for 2015-16.

### Accounting policy

#### Acquisition of Assets

Actual cost is used for the initial recording of all non-current physical asset acquisitions. Cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. However, any training costs are expensed as incurred.

#### Recognition Thresholds for plant and equipment

Items of plant and equipment with a cost or other value equal to or in excess of \$5,000 are recognised for financial reporting purposes in the year of acquisition. Items with a lesser value are expensed in the year of acquisition.

#### Measurement of Plant and Equipment using Cost

Plant and equipment, (that is not classified as major plant and equipment) is measured at cost in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amounts for such plant and equipment at cost should not materially differ from their fair value. Separately identified components of assets are measured on the same basis as the assets to which they relate.

#### Depreciation of Plant and Equipment

Plant and equipment is depreciated on a straight-line basis so as to allocate to the Commission the net cost of each asset, less its estimated residual value, progressively over its estimated useful life. The Commission reviews the useful lives of assets annually to determine whether there are any factors that would require a change in useful lives.

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

## 10. Plant and Equipment (contd)

### Depreciation of Plant and Equipment (contd)

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

<i>Class</i>	<i>Rate%</i>
Plant and Equipment:	33.3 - 50.0

### Impairment of Non-Current Assets

All non-current physical assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, the Commission determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

Recoverable amount is determined as the higher of the asset's fair value less costs to sell and depreciated replacement cost.

An impairment loss is recognised immediately in the Statement of Comprehensive Income. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income.

	2016 \$'000	2015 \$'000
<b>11. Payables</b>		
Trade creditors	93	45
Accrued expenses	131	156
Payroll tax	8	7
	<hr/>	<hr/>
<b>Total</b>	232	208
	<hr/>	<hr/>

### **Accounting Policy**

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

## 12. Accrued Employee Benefits

### *Current*

Salary and wage related	22	11
Annual leave levy payable	25	39
Long service leave levy payable	9	8
Superannuation	3	1
Other Employee Entitlements	-	3
	<hr/>	<hr/>
<b>Total</b>	59	62
	<hr/>	<hr/>

### **Accounting Policy**

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

	2016 \$'000	2015 \$'000
<b>13. Other Liabilities</b>		
<i>Current</i>		
Lease incentive	72	55
<b>Total</b>	<b>72</b>	<b>55</b>
<i>Non-current</i>		
Lease incentive	13	85
<b>Total</b>	<b>85</b>	<b>140</b>

#### Accounting Policy

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

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

The Commission entered into a four year lease for part of Level 30, 400 George Street which commenced 1 July 2013. As part of the lease agreement a rental discount was applied for the first year.

#### 14. Contributed Equity

##### Disclosure relating to Contributed Equity

Leasehold improvements formally controlled by the Department of Justice and Attorney-General were transferred to the Commission effective 1 July 2015 under approval from the Minister for Health and Ambulance Service, and the Attorney-General and the Minister for Justice. The value of the contribution equated to the net book value of the asset at this date.

#### 15. Commitments for Expenditure

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

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

Not later than one year	528	508
Later than one year and not later than five years	88	616
<b>Total</b>	<b>616</b>	<b>1,124</b>

#### 16. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2016.

#### 17. Events after the Balance Date

There were no significant events occurring after balance date.

## 18. Financial Risk Disclosures

### Financial Instrument Categories

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

Category	Note	2016 \$'000	2015 \$'000
<b>Financial Assets</b>			
Cash and cash equivalents	8	2,356	1,632
Receivables	9	110	81
		<b>2,466</b>	<b>1,713</b>
<b>Total</b>			
<b>Financial Liabilities</b>			
Financial liabilities measured at amortised cost:			
Payables	11	232	208
		<b>232</b>	<b>208</b>
<b>Total</b>			

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

No financial assets were past due or impaired as at 30 June 2016.

### Financial Risk Management

#### (a) Risk Exposure

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

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

18. Financial Risk Disclosure (contd)

Financial Risk Management (contd)

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

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

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

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

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

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

### Changes in Accounting Policy

The Commission did not voluntarily change any of its accounting policies during 2015-16.

### Accounting Standards Early Adopted for 2015-16

One Australian Accounting Standard has been early adopted for the 2015-16 year as required by Queensland Treasury. This is:

*AASB 2015-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049]*

The amendments arising from this standard seek to improve financial reporting by providing flexibility as to the ordering of notes, the identification and location of significant accounting policies and the presentation of sub-totals, and provides clarity on aggregating line items. It also emphasises only including material disclosures in the notes. The Commission has applied this flexibility in preparing the 2015-16 financial statements, including co-locating significant accounting policies with the related breakdowns of financial statement figures in the notes.

### Future Impact of Accounting Standards Not Yet Effective

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

#### **AASB 124 - Related Party Disclosures**

From reporting periods beginning on or after 1 July 2016, the Commission will need to comply with the requirements of AASB 124 Related Party Disclosures. That accounting standard requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities. The Commission already discloses information about the remuneration expenses for key management personnel (refer to Note 20) in compliance with requirements from Queensland Treasury. Therefore, the most significant implications of AASB 124 for the Commission's financial statements will be the disclosures to be made about transactions with related parties, including transactions with key management personnel or close members of their families.

#### **AASB 9 Financial Instruments and AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)**

These Standards will become effective from reporting periods beginning on or after 1 January 2018. The main impacts of these standards on the Commission is that they will change the requirements for the classification, measurement, impairment and disclosures associated with the Commission's financial assets. AASB 9 will introduce different criteria for whether financial assets can be measured at amortised cost or fair value.

The Commission is yet to fully assess the impact of these standards, however, given the nature of and limited extent of financial instruments held, the impact is expected to be minimal.

#### **AASB 16 - Leases**

This Standard will become effective for reporting periods beginning on or after 1 January 2019. When applied, the standard supersedes AASB 117 Leases, AASB Interpretation 4 Determining whether an Arrangement contains a Lease, AASB Interpretation 115 Operating Leases – Incentives and AASB Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease.

## 19. First Year Application and Future Impact of New Accounting Standards of Change in Policy (contd)

### Future Impact of Accounting Standards Not Yet Effective (contd)

#### Impact on Lessees

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

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

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

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

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

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

## 20. Budget vs Actual Comparison

### Accounting Policy

This section discloses the commission's original published budget figures for 2015-16 compared to actual results, with explanations of major variances, in respect of the commission's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

### Statement of Comprehensive Income

	Variance Notes	Original Budget 2016 \$'000	Actual 2016 \$'000	Variance \$'000	Variance % of Budget
<b>Income from Continuing Operations</b>					
<i>Revenue</i>					
Grants and other contributions		8,265	8,265	-	-
Interest	1	-	122	122	100
Other revenue		-	1	1	100
<b>Total Income from Continuing Operations</b>		<b>8,265</b>	<b>8,388</b>	123	1
<b>Expenses from Continuing Operations</b>					
Employee expenses		2,108	2,168	(60)	(3)
Supplies and services	2	3,185	2,359	826	26
Grants and subsidies		2,944	2,757	187	6
Depreciation	3	-	114	(114)	(100)
Other expenses	4	28	337	(309)	(1,102)
<b>Total Expenses from Continuing Operations</b>		<b>8,265</b>	<b>7,735</b>	<b>530</b>	6
<b>Operating Result from Continuing Operations</b>		-	<b>653</b>	653	100
<b>Total Comprehensive Income</b>		-	<b>653</b>	653	100

*The accompanying notes form part of these statements.*

## 20. Budget vs Actual Comparison

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This section discloses the commission's original published budget figures for 2015-16 compared to actual results, with explanations of major variances, in respect of the commission's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

### Statement of Comprehensive Income

	Variance Notes	Original Budget 2016 \$'000	Actual 2016 \$'000	Variance \$'000	Variance % of Budget
<b>Income from Continuing Operations</b>					
<i>Revenue</i>					
Grants and other contributions		8,265	8,265	-	-
Interest	1	-	122	122	100
Other revenue		-	1	1	100
<b>Total Income from Continuing Operations</b>		<b>8,265</b>	<b>8,388</b>	123	1
<b>Expenses from Continuing Operations</b>					
Employee expenses		2,108	2,168	(60)	(3)
Supplies and services	2	3,185	2,359	826	26
Grants and subsidies		2,944	2,757	187	6
Depreciation	3	-	114	(114)	(100)
Other expenses	4	28	337	(309)	(1,102)
<b>Total Expenses from Continuing Operations</b>		<b>8,265</b>	<b>7,735</b>	<b>530</b>	6
<b>Operating Result from Continuing Operations</b>		-	<b>653</b>	653	100
<b>Total Comprehensive Income</b>		-	<b>653</b>	653	100

*The accompanying notes form part of these statements.*

**20. Budget vs Actual Comparison (contd)**

**Statement of Financial Position**

	Variance Notes	Original Budget 2015 \$'000	Actual 2015 \$'000	Variance \$'000	Variance % of Budget
<b>Current Assets</b>					
Cash and cash equivalents	5	592	2,356	1,764	298
Receivables	6	60	110	50	84
Other		18	-	(18)	(100)
<b>Total Current Assets</b>		<b>670</b>	<b>2,466</b>	<b>1,796</b>	<b>268</b>
<b>Non Current Assets</b>					
Plant and equipment	7	9	121	112	1,244
<b>Total Non Current Assets</b>		<b>9</b>	<b>121</b>	<b>112</b>	<b>1,244</b>
<b>Total Assets</b>		<b>679</b>	<b>2,587</b>	<b>1,908</b>	<b>281</b>
<b>Current Liabilities</b>					
Payables	8	123	232	(109)	(89)
Accrued employee benefits	9	(50)	59	(109)	(217)
Other liabilities	10	38	72	(34)	(90)
<b>Total Current Liabilities</b>		<b>111</b>	<b>363</b>	<b>252</b>	<b>227</b>
<b>Non Current Liabilities</b>					
Other liabilities	10	140	13	128	91
<b>Total Non Current Liabilities</b>		<b>140</b>	<b>13</b>	<b>128</b>	<b>91</b>
<b>Total Liabilities</b>		<b>251</b>	<b>376</b>	<b>(125)</b>	<b>(50)</b>
<b>Net Assets</b>		<b>428</b>	<b>2,211</b>	<b>1,783</b>	<b>417</b>
<b>Equity</b>					
Contributed equity	11		230	230	100
Accumulated surplus		428	1,981	1,553	363
<b>Total Equity</b>		<b>428</b>	<b>2,211</b>	<b>1,783</b>	<b>417</b>

*The accompanying notes form part of these statements.*

## 20. Budget vs Actual Comparison (contd)

### Statement of Cash Flows

	Variance Notes	Original Budget 2015 \$'000	Actual 2015 \$'000	Variance \$'000	Variance % of Budget
<b>Cash flows from operating activities</b>					
<i>Inflows:</i>					
Grants and other contributions		8,265	8,265	-	-
GST collected from customers		-	1	1	100
GST input tax credits from ATO		-	484	484	100
Interest receipts	12	-	122	122	100
Other		-	1	1	100%
<i>Outflows:</i>					
Employee expenses		(2,108)	(2,199)	(91)	(4)
Grants and subsidies		(2,944)	(2,757)	187	6
Supplies and services	13	(3,185)	(2,371)	814	26
GST paid to suppliers		-	(485)	(485)	(100)
GST remitted to ATO		-	(1)	(1)	(100)
Other	14	(28)	(337)	(309)	(1,102)
<b>Net cash provided by operating activities</b>		-	<b>724</b>	<b>724</b>	100
Net increase in cash held		-	724	724	100
Cash and cash equivalents at beginning of financial year		592	1,632	1,040	176
<b>Cash and cash equivalents at end of financial year</b>		<b>592</b>	<b>2,356</b>	<b>1,764</b>	298

*The accompanying notes form part of these statements.*

## 20. Budget vs Actual Comparison (contd)

### Explanations of Major Variances

#### Statement of Comprehensive Income

- 1 Interest revenue was inadvertently omitted from the published budget.
- 2 The decrease in supplies and services expense reflects the delay in establishing consultancy contracts due to staff resourcing delays.
- 3 The increase in depreciation expense relates to transfer of leasehold improvements from the Department of the Attorney-General and Justice.
- 4 The increase in other expenses includes monies returned to Department of Health that was originally set aside for an anticipated FTE increase requested in October 2015 which was not approved until 10 March 2016.

#### Statement of Financial Position

- 5 The increase in cash and cash equivalents reflects the timing of expenditure incurred during the year.
- 6 The variance relates to the increase in reimbursements from the Queensland Government central scheme for annual leave and long service leave paid to employees.
- 7 The increase in plant and equipment reflects the transfer of leasehold improvements from the Department of the Attorney-General and Justice and the depreciation of this asset.
- 8 The increase in payables reflects the timing of invoice payments which occurred after 30 June.
- 9 An incorrect entry was made in the budget and the error not identified before the budget was published.
- 10 Liabilities relating to lease incentives were incorrectly classified between their current and non-current components in the budget.
- 11 Reflects the transfer of leasehold improvements from the Department of the Attorney-General and Justice.

#### Statement of Cash Flows

- 12 Interest receipts was inadvertently omitted from the published budget.
- 13 The decrease in supplies and services reflects the delay in establishing consultancy contracts due to staff resourcing delays.
- 14 The increase in other outflows includes monies returned to Department of Health that was originally set aside for an anticipated FTE increase requested in October 2015 which was not approved until 10 March 2016.

## 21. Key Management Personnel Disclosures

### **Details of Key Management Personnel**

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the Commission during 2015-16. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

#### **Mental Health Commissioner**

The Mental Health Commissioner directs the overall efficient, effective and economical administration of the Commission.

<b>Incumbent</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Current	HSES 3.5; Public Service Act 2008 (s24 of the Queensland Mental Health Commission Act 2013).	<b>1-Jul-2013</b>	-

#### **Executive Director**

The Executive Director provides strategic leadership for the Commission's policy and program and research functions.

<b>Incumbent</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Current	HSES 2.1 (low); Public Service Act 2008 (s24 of the Queensland Mental Health Commission Act 2013).	<b>22-Apr-2014</b>	-

### **Remuneration Policies**

Remuneration policy for the Commission's key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*, and the *Queensland Mental Health Act 2013* for the Commissioner. The remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts provide for other benefits including motor vehicles.

For 2015-16, remuneration packages for key management personnel increased by 2.5% in accordance with government policy.

Remuneration expenses for key management personnel comprises the following components:-

#### Short term employee expenses which include:

- salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee occupied the specified position.
- non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.

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

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

**20. Key Management Personnel Disclosures (contd)**

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

***Performance Payments***

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

**21. Key Management Personnel and Remuneration (contd)**  
**KMP Remuneration Expenses**

The following disclosures focus on the expenses incurred by the department that is attributable to key management positions during the respective reporting periods. Therefore, the amounts disclosed reflect expenses recognised in the Statement of Comprehensive Income.

**1 July 2015 – 30 June 2016**

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses \$'000	Post-Employment Expenses \$'000	Termination Benefits \$'000	Total Expenses \$'000
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner	234		5	25	-	264
Executive Director	169		4	18	-	191

**1 July 2014 - 30 June 2015**

Position (date resigned if applicable)	Short Term Employee Benefits		Long Term Employee Expenses \$'000	Post Employment Expenses \$'000	Termination Benefits \$'000	Total Expenses \$'000
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000				
Mental Health Commissioner	227	-	5	24	-	256
Executive Director	165	-	3	17	-	185

## 22. Taxation

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

## 23. Judgements

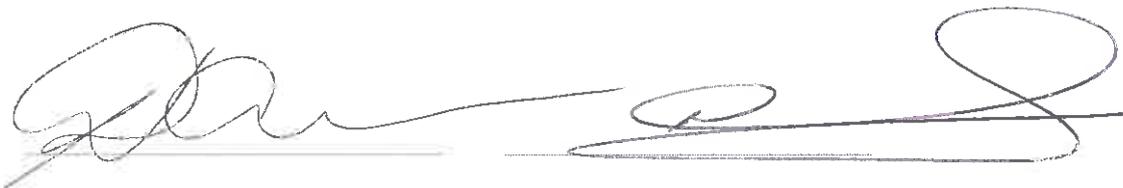
The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant.

# Management Certificate

## for Queensland Mental Health Commission

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

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year ended 30 June 2016 and of the financial position of the Commission at the end of that year; and
- (c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.



Name Lesley van Schoubroeck  
Title Acting Commissioner

Name Michael Corne  
Title Business Manager

Date: 29 August 2016

Date: 29 August 2016

# Independent Auditor's Report

To the Commissioner of Queensland Mental Health Commission

## Report on the Financial Report

I have audited the accompanying financial report of Queensland Mental Health Commission, which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including significant accounting policies and other explanatory information, and certificates given by the Mental Health Commissioner and the Business Manager.

### *The Commissioner's Responsibility for the Financial Report*

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

### *Auditor's Responsibility*

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Commissioner, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

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

## Independent Auditor's Report

### *Independence*

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

### *Opinion*

In accordance with s.40 of the *Auditor-General Act 2009* –

- (a) I have received all the information and explanations which I have required; and
- (b) in my opinion –
  - (i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and
  - (ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Queensland Mental Health Commission for the financial year 1 July 2015 to 30 June 2016 and of the financial position as at the end of that year.

### **Other Matters - Electronic Presentation of the Audited Financial Report**

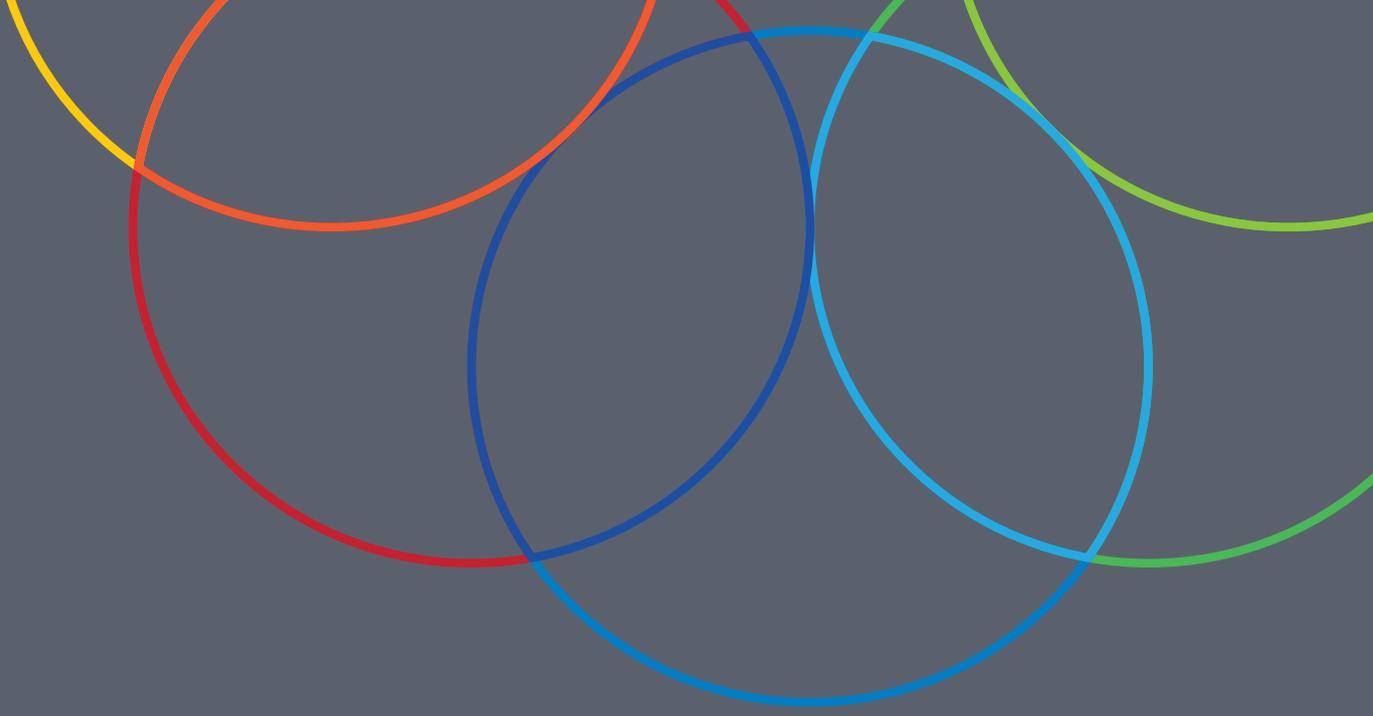
Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.



D J Olive FCPA  
(as Delegate of the Auditor-General of Queensland)



Queensland Audit Office  
Brisbane



# appendices

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Forums and events attended  
by the Commissioner
- 108** *Appendix 2*  
Compliance checklist
- 110** *Appendix 3*  
Glossary

## Appendix 1

# Forums and events attended by the Commissioner

### July 2015

2	<ul style="list-style-type: none"> <li>Damon Olive, Queensland Audit Office</li> <li>Telephone meeting with Julia Squire, Queensland Health re Suicide Prevention Action Plan</li> </ul>
6	<ul style="list-style-type: none"> <li>Dr Mark Herbertt and Susan Black, Social Ventures Australia re potential collaboration</li> </ul>
16	<ul style="list-style-type: none"> <li>Regular meeting: Dr Michael Cleary, Deputy Director-General, Department of Health</li> <li>Tim Logan, Pharmacy Guild re pharmacy</li> </ul>
27	<ul style="list-style-type: none"> <li>Regular Meeting: Dr Bill Kingswell, Mental Health, Alcohol and Other Drugs Branch, Department of Health and Assoc Prof John Allan, Chief Psychiatrist</li> <li>PTD Service Integration Meeting: Richard Cassidy and Jane McDonald, Department of Housing and Public Works, and Andrea Kanaris, Public Service Commission</li> </ul>

### August 2015

4	<ul style="list-style-type: none"> <li>Dr Louise Byrne, CQUniversity Rockhampton</li> </ul>
5	<ul style="list-style-type: none"> <li>Debbie Spink, Hope's Room</li> <li>Kevin Cocks AM and Neroli Holmes, ADCQ re Willing to Work Inquiry</li> </ul>
7	<ul style="list-style-type: none"> <li>Toni Powell re mental health</li> </ul>
13	<ul style="list-style-type: none"> <li>Mental Health Toolkit Steering Committee Meeting</li> <li>Sue Murray and Matthew Tukaki, Suicide Prevention Australia</li> </ul>
17	<ul style="list-style-type: none"> <li>Kathy Faulkner/Belinda Kippen, Women's Health Queensland Wide</li> </ul>
18	<ul style="list-style-type: none"> <li><i>beyondblue</i> Board Meeting</li> </ul>
19	<ul style="list-style-type: none"> <li>Kingsley Bedwell, Chief Executive Officer, Richmond Fellowship Queensland re RFQ Community Choir</li> </ul>
21	<ul style="list-style-type: none"> <li>ANZ Academy of Eating Disorders (ANZAED) Annual Conference (Speaker)</li> <li>David Meldrum, Executive Director, Mental Illness Fellowship of Australia, Mi NetWorks re NDIS Queensland</li> </ul>
24	<ul style="list-style-type: none"> <li>Jan Hammill, University of Queensland</li> <li>John Feneley, Commissioner, Mental Health Commission of New South Wales</li> <li>Kris Trott, Chief Executive Officer, Queensland Alliance for Mental Health Inc.</li> </ul>

25	<ul style="list-style-type: none"> <li>Tudor Vasile, Founder, Mental Awareness Foundation re Walk for Awareness 2015</li> <li>Elizabeth Venzin, Chief Executive Officer, Mind Shift re The National Self Esteem Initiative</li> </ul>
26	<ul style="list-style-type: none"> <li>Health and Ambulance Services Estimates Committee Hearing</li> </ul>
27	<ul style="list-style-type: none"> <li>TheMHS Conference (Canberra), Speaker</li> <li>Frank Quinlan, Mental Health Australia (Canberra)</li> </ul>
28	<ul style="list-style-type: none"> <li>Prof Brenda Happell; Dr Louise Byrne, CQUniversity; Kim Ryan, Australian College of Mental Health Nurses re Mental health nursing</li> </ul>
31	<ul style="list-style-type: none"> <li>Queensland Mental Health and Drug Advisory Council Meeting</li> </ul>

### September 2015

2	<ul style="list-style-type: none"> <li>Mind Shift and CEO Boardroom lunch with guest speaker Louise Walsh, joint CEO of Future Generation Global (FGG)</li> <li>Katy O'Callaghan, Outpost Consulting re Willing to Work Inquiry submission</li> </ul>
3	<ul style="list-style-type: none"> <li>Maternity and Neonatal Clinical Network Forum (Guest Speaker)</li> </ul>
4	<ul style="list-style-type: none"> <li>Clare O'Conner and Ron Weatherall, Department of Aboriginal and Torres Strait Islander Partnerships</li> <li>Luke Terry, Toowoomba Clubhouse</li> <li>Hamza Vayani, Rita Prasad-ildes re multicultural mental health</li> </ul>
7	<ul style="list-style-type: none"> <li>Lionel Quartermaine re proposed visit to Kuranda in October and 2017 International Initiative for Mental Health Leadership</li> <li>Visit to Wesley Mission Brisbane and Mantle Housing</li> </ul>
8	<ul style="list-style-type: none"> <li>Queensland Public Sector Women in Leadership Summit 2015 (Panel Member)</li> </ul>
9	<ul style="list-style-type: none"> <li>Australasian Evaluation Society Conference, Melbourne (Speaker)</li> </ul>
10	<ul style="list-style-type: none"> <li>AISRAP World Suicide Prevention Day Forum 'Preventing suicide: Reaching out and saving lives'</li> <li>Mates in Construction Fly the Flag WSPD event</li> <li>Roses in the Ocean WSPD event</li> <li>AISRAP Reaching Out Networking Function</li> </ul>
11	<ul style="list-style-type: none"> <li>International Forum for Post Traumatic Stress Disorder 2015</li> </ul>

15	<ul style="list-style-type: none"> <li>• NDIS Workshop – hosted by the Queensland Mental Health Commission</li> <li>• Executive Assistant Network 2015 Brisbane Conference (Senior Executive Panel Member)</li> </ul>
16	<ul style="list-style-type: none"> <li>• ACHSM Breakfast Forum ‘The Hunter Review: A Review of the Queensland Department of Health’s Structure and Governance’</li> </ul>
17	<ul style="list-style-type: none"> <li>• Mental Illness Fellowship Queensland Breakfast of Champions</li> <li>• Minister for Health and Minister for Ambulance Services, the Hon. Cameron Dick – special briefing on the Mental Health Bill</li> <li>• Access Arts exhibition ‘Perception: A private view’</li> <li>• Rural and Remote Toolkit Pilot – teleconference</li> </ul>
18	<ul style="list-style-type: none"> <li>• Regular meeting with Dr Michael Cleary, Deputy Director-General, Department of Health</li> <li>• Senate Select Committee on Health public hearing into mental health</li> <li>• ABC 612 Broadcast – Youth mental health community forum</li> </ul>
21	<ul style="list-style-type: none"> <li>• Brentyn Parkin, Executive Director, Community Information Support Services</li> </ul>
22	<ul style="list-style-type: none"> <li>• 4ZZZ Community Radio pre-recorded interview with Kara de Groote</li> <li>• Tim Orton and Paul Leitch, Nous Group</li> <li>• Perinatal Peer Support Project</li> <li>• KPI Project Steering Committee Meeting</li> <li>• Ministerial Housing Consultative Committee</li> </ul>
23	<ul style="list-style-type: none"> <li>• Meeting with Royal Australian and New Zealand College of Psychiatrists Executive</li> </ul>
24	<ul style="list-style-type: none"> <li>• Queensland Mental Health and Drug Advisory Council meeting</li> </ul>
28	<ul style="list-style-type: none"> <li>• ABC ‘Mental As’ radio broadcast with Kelly Higgins-Devine</li> </ul>
29	<ul style="list-style-type: none"> <li>• Valuing Mental Health morning tea hosted by Member for Sandgate Stirling Hinchliffe MP</li> <li>• Perinatal Peer Support Project</li> </ul>
30	<ul style="list-style-type: none"> <li>• Meeting with Michael Walsh, Director-General, Department of Health</li> </ul>

## October 2015

1	<ul style="list-style-type: none"> <li>• Meeting with Minister for Health Cameron Dick</li> <li>• Meeting with Dr Michael Cleary and Assoc Prof John Allan, Department of Health</li> </ul>
2	<ul style="list-style-type: none"> <li>• Ministerial Housing Consultative Council meeting</li> </ul>
6	<ul style="list-style-type: none"> <li>• 2015 Queensland Mental Health Week Launch Q&amp;A</li> <li>• Recovery in Focus photographic exhibition</li> </ul>
7	<ul style="list-style-type: none"> <li>• 41st International Mental Health Nursing Conference Oration and Investiture Ceremony (Opening address)</li> <li>• Launch ‘What will the neighbours think’ Exhibition</li> </ul>
8	<ul style="list-style-type: none"> <li>• Children’s Health Queensland Hospital and Health Service Child and Youth Mental Health Service Forum (Guest Speaker)</li> <li>• Big Ideas Big Night Out, Toowoomba (Panel Member)</li> </ul>
9	<ul style="list-style-type: none"> <li>• 2015 Queensland Mental Health Week Achievement Awards</li> </ul>
10	<ul style="list-style-type: none"> <li>• Sanity Fair (Guest Speaker)</li> </ul>
11	<ul style="list-style-type: none"> <li>• 2015 Walk for Awareness (Participant)</li> </ul>
12	<ul style="list-style-type: none"> <li>• Conference with Crown Law re Barrett Adolescent Centre Commission of Inquiry</li> </ul>
13	<ul style="list-style-type: none"> <li>• Arafmi/Aftercare Carers Week Forum ‘Standing Beside You’ (Guest Speaker)</li> <li>• Meeting with Alexandra Davis, Healthy Options Australia</li> </ul>
14	<ul style="list-style-type: none"> <li>• Briefing to the Health and Ambulance Services Committee re work of the Commission</li> <li>• Barrett Adolescent Centre Commission of Inquiry – Meeting with Legal Representatives</li> <li>• Police and Mental Health Strategic Conversation</li> </ul>
15	<ul style="list-style-type: none"> <li>• Meeting with Professor Pat Dudgeon re Gayaa Dhuwi Declaration</li> </ul>
16	<ul style="list-style-type: none"> <li>• National Empowerment Project Stakeholders meeting, Kuranda, Cairns</li> </ul>
17	<ul style="list-style-type: none"> <li>• Visit Ravenshoe Community Centre – Priscilla Clare, President</li> </ul>
19	<ul style="list-style-type: none"> <li>• Queensland Mental Health and Drug Advisory Council Meeting</li> </ul>

20	<ul style="list-style-type: none"> <li>• <i>beyondblue</i> Board Meeting and Annual General Meeting</li> <li>• Griffith University Mental Health and Wellbeing Day (Guest Speaker)</li> <li>• Willing to Work Forum – jointly hosted by the Commission and ADCQ</li> </ul>	12	<ul style="list-style-type: none"> <li>• Visit to Palm Island with Kathy Whitehead, Director Business Development, SOLAS</li> </ul>
21	<ul style="list-style-type: none"> <li>• Regular meeting with Dr Michael Cleary, Deputy Director-General, Department of Health</li> <li>• Mantle Apartments Opening</li> </ul>	13	<ul style="list-style-type: none"> <li>• Meeting with Dr Shane Kelly, Chief Executive Officer, Mater Health Services re Perinatal and Infant Mental Health</li> <li>• Queensland Alliance for Mental Health Inc. Annual General Meeting (Guest Speaker)</li> </ul>
22	<ul style="list-style-type: none"> <li>• Meeting with Rob Murphy and Michelle Stook, Bush Heritage Australia</li> </ul>	16	<ul style="list-style-type: none"> <li>• The Hunter Institute of Mental Health Risk and Resilience Forum, Newcastle (Panel Member)</li> </ul>
23	<ul style="list-style-type: none"> <li>• Meeting with Susan Middleditch and Malcolm Wilson, Department of Health re review funding 2016/17 financial year</li> <li>• Griffith University Arts, Education and Law Gala Dinner and Alumni Awards Night</li> </ul>	18	<ul style="list-style-type: none"> <li>• Meeting with Leon Atkinson-MacEwen, Health Ombudsman re Complaint statistics relating to mental health services</li> <li>• Teleconference with Dr Stephen Christley, South Australian Mental Health Commissioner</li> <li>• Isis – The Eating Issues Centre Inc Annual General Meeting (Opening Address)</li> </ul>
27	<ul style="list-style-type: none"> <li>• Meeting with Spina Bifida Hydrocephalus Queensland re NDIS</li> </ul>	20	<ul style="list-style-type: none"> <li>• Meeting with Prof Elizabeth Eakin, University of Queensland re Queensland Health Promotion Commission Inquiry</li> <li>• Meeting with Cheryl Vardon, Principal Commissioner, Queensland Family and Child Commission</li> <li>• Meeting with Hamza Vayani and Rita Prasad-Ildes re Mental Health in Multicultural Australia</li> </ul>
28	<ul style="list-style-type: none"> <li>• Parliamentary Hearing – Mental Health Bill</li> </ul>	25	<ul style="list-style-type: none"> <li>• Regular Meeting with Dr Michael Cleary, Deputy Director-General, Department of Health</li> <li>• The Richmond Fellowship Queensland End of Year Celebration</li> </ul>
29	<ul style="list-style-type: none"> <li>• Telephone interview with Dr Russell Roberts re National Consensus Statement addressing the physical health of people with mental illness</li> </ul>	27	<ul style="list-style-type: none"> <li>• Meeting with Mental Illness Fellowship Queensland re Bush Heritage</li> <li>• Anglicare Southern Queensland Leadership Forum (Panel Member)</li> </ul>
30	<ul style="list-style-type: none"> <li>• Teleconference with Mr Russell Bowles ASM, Commissioner, Queensland Ambulance Service re Police and Mental Health Services</li> </ul>	30	<ul style="list-style-type: none"> <li>• National Mental Health Commission Workshop on a National Consensus Statement on Physical and Mental Health, Sydney</li> </ul>
<b>November 2015</b>			
4	<ul style="list-style-type: none"> <li>• Interview by Dr Amanda Smullen, ANU re performance learning and accountability</li> <li>• Meeting with Julia Duffy, A/Public Guardian re Mental Health Bill</li> <li>• Queensland Mental Health and Drug Advisory Council Executive meeting</li> </ul>		
6	<ul style="list-style-type: none"> <li>• Australasian Over 50s Housing Awards 2015, Melbourne</li> </ul>		
10	<ul style="list-style-type: none"> <li>• Meeting with Department of State Development re FIFO Inquiry Recommendation 11</li> </ul>		
11	<ul style="list-style-type: none"> <li>• Meeting with Mary Sankey, Sankey Associates re human rights and oversight project</li> <li>• Mental Illness Fellowship Australia Annual General Meeting, followed by Dinner with Board and the Member CEO's (Guest Speaker)</li> </ul>		

## December 2015

4	<ul style="list-style-type: none"> <li>Meeting with Liza Carroll and Jane McDonald, Department of Housing and Public Works re Social outcomes from procurement</li> </ul>
7	<ul style="list-style-type: none"> <li>Queensland Mental Health and Drug Advisory Council Meeting and End of Year Stakeholder Morning Tea</li> </ul>
9	<ul style="list-style-type: none"> <li>Chief Procurement Officers Forum 'Supplier Diversity' (Guest Speaker)</li> </ul>
14	<ul style="list-style-type: none"> <li>Queensland Transition to NDIS Strategic Forum – Full Working Group re NDIS Implementation Plans in Queensland, Queensland Alliance for Mental Health Inc.</li> </ul>
15	<ul style="list-style-type: none"> <li><i>beyondblue</i> Board Meeting</li> </ul>
16	<ul style="list-style-type: none"> <li>Regular Meeting with Dr Michael Cleary, Deputy Director-General, Department of Health</li> </ul>

## January 2016

5	<ul style="list-style-type: none"> <li>Meeting with Director, Department Liaison &amp; Executive Support Unit, Department of Health</li> </ul>
6	<ul style="list-style-type: none"> <li>Engagement conversation with Moya Sayer-Jones</li> </ul>
8	<ul style="list-style-type: none"> <li>Meeting with Public Service Commission Chief Executive re Willing to Work Submission</li> </ul>
10	<ul style="list-style-type: none"> <li>Meeting with NRL Grassroots Mental Health Program</li> </ul>
12	<ul style="list-style-type: none"> <li>Meeting with Fionnagh Dougan, Children's Health Queensland Hospital and Health Service</li> </ul>
15	<ul style="list-style-type: none"> <li>Meeting with Marie Fox, Open Minds and Kris Trott, Queensland Alliance for Mental Health Inc. re 2016 Queensland Mental Health Week</li> </ul>
20	<ul style="list-style-type: none"> <li>Meeting with Prof Ross Coomber, Griffith University</li> </ul>
21	<ul style="list-style-type: none"> <li>Meeting with Minister for Health Cameron Dick</li> </ul>

## February 2016

1	<ul style="list-style-type: none"> <li>Human Rights Act Inquiry Meeting</li> <li>Meeting with Ian Langdon, Chair of Hospital and Health Service Board</li> </ul>
2	<ul style="list-style-type: none"> <li>Mental Health Carers Morning Tea, Arafmi Queensland</li> </ul>
3	<ul style="list-style-type: none"> <li>Meeting with Bronwen Edwards, Roses in the Ocean</li> </ul>
4	<ul style="list-style-type: none"> <li>Meeting with Marie Fox, Open Minds and Kris Trott, Queensland Alliance for Mental Health Inc. re 2016 Queensland Mental Health Week</li> </ul>
8	<ul style="list-style-type: none"> <li>Meetings with regional leaders, Longreach</li> </ul>
9	<ul style="list-style-type: none"> <li>Meetings with regional leaders, Longreach Dinner with Royal Australian and New Zealand College of Psychiatrists</li> </ul>
10	<ul style="list-style-type: none"> <li>10 year Vision, Purpose and Priorities for the Health System Workshop</li> </ul>
11	<ul style="list-style-type: none"> <li>Regional consultation, Mackay</li> </ul>
15	<ul style="list-style-type: none"> <li>Barrett Commission of Inquiry (notice to appear)</li> </ul>
16	<ul style="list-style-type: none"> <li>Executive dialogue – Strategic communications, community engagement and co-design with Dr Noel Turnbull</li> </ul>
17	<ul style="list-style-type: none"> <li>2017 International Initiative for Mental Health Leadership Planning Session (Sydney)</li> </ul>
19	<ul style="list-style-type: none"> <li>Meeting with Luke Terry, Toowoomba Clubhouse, and project group in Oakey</li> <li>Roses in the Ocean 2016 launch</li> </ul>
22	<ul style="list-style-type: none"> <li>Queensland Australia Evaluation Society lunchtime seminar (Guest Speaker)</li> </ul>
23	<ul style="list-style-type: none"> <li>Meeting with Cheryl Vardon, Queensland Family and Child Commission</li> <li>4RR Radio Charleville interview with Robert Burns re rural &amp; remote mental health</li> <li>Griffith University forum 'Global view: Lessons from the Obama administration'</li> </ul>
24	<ul style="list-style-type: none"> <li>ACHSM Breakfast Forum 'The Return of the Health Minister – 12 months on!'</li> <li>National Family Drug Support Day Event, Queensland Parliament</li> </ul>

25	<ul style="list-style-type: none"> <li>Meeting with Kingsley Bedwell, Richmond Fellowship Queensland</li> <li>Meeting with Jane Harte, Westnet re submission to the Debt and Drought Taskforce</li> <li>Meeting with Dr Rebecca Michalak re mental health</li> <li>Statewide Queensland Health Older Persons Mental Health Alcohol and Other Drugs Clinical Group meeting</li> </ul>	11	<ul style="list-style-type: none"> <li>Meeting with Susan Beaton re national suicide initiatives</li> <li>Teleconference with Phil Clarke, Queensland Ombudsman</li> <li>Early Action Reference Group Meeting</li> </ul>
26	<ul style="list-style-type: none"> <li>Queensland Alcohol and Other Drugs Reference Group meeting</li> <li>Interview with Scott McGregor, QShelter, re Housing Matters To Her</li> </ul>	12	<ul style="list-style-type: none"> <li>The Daniel Morcombe Foundation 'Dance for Daniel 2016'</li> </ul>
28	<ul style="list-style-type: none"> <li>SOS Fast Official Launch (Guest Speaker)</li> </ul>	14	<ul style="list-style-type: none"> <li>Meeting with Ann Marie Liddy, CheckUp</li> <li>Open Regional Wellbeing Hubs meeting</li> <li>Teleconference with Sandra Corfield, Central Queensland Rural Division of General Practice Association re Toolkit project</li> <li>Queensland Mental Health Week Think Tank Meeting</li> <li>Open Dialogue forum with Dr Sandra Steinberg, cohosted by the Commission and Royal Australian and New Zealand College of Psychiatrists</li> </ul>
29	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Island Social and Emotional Wellbeing Strategic Conversation</li> <li>Police and Mental Health Strategic Conversation</li> </ul>	17	<ul style="list-style-type: none"> <li>Mental Health Commissioner's Meeting 2016, Perth</li> </ul>
<b>March 2016</b>		18	<ul style="list-style-type: none"> <li><i>beyondblue</i> Board Meeting, Perth Meeting with Senior officers, Western Australia Mental Health Commission, Perth</li> </ul>
1	<ul style="list-style-type: none"> <li>Meeting with Samantha Zieth, Epic Assist</li> <li>Meeting with Sam Refshauge and Jono Peatfield, Batyr re working with schools and young people</li> </ul>	21	<ul style="list-style-type: none"> <li>The Virtue of Complaint Forum</li> <li>Lunch meeting with Lynne Coulson Barr and other Panel Members</li> <li>Meeting with Leone Crayden, Executive Director, QShelter</li> </ul>
2	<ul style="list-style-type: none"> <li>Phone conversation with a community based carer</li> </ul>	22	<ul style="list-style-type: none"> <li>Executive Breakfast Seminar 'Executives need mentors too', QUT Graduate School of Business</li> <li>Meeting with Workplace Health and Safety Queensland re The Safety, Health and Wellbeing Framework</li> </ul>
3	<ul style="list-style-type: none"> <li>Partners in Recovery Forum 2016</li> <li>Meeting with Ben Baldwin, The Leadership Foundation and Darryl Grundy, CEO University of Queensland Health Care</li> </ul>	23	<ul style="list-style-type: none"> <li>Teleconference: IIMHL Planning Group meeting</li> <li>Mates in Construction Launch of new Industry Partnership Program, QUT</li> </ul>
4	<ul style="list-style-type: none"> <li>Meeting with Dr John Wakefield, Deputy Director-General, Department of Health</li> </ul>	24	<ul style="list-style-type: none"> <li>Breakfast meeting with Bronwen Edwards, Roses in the Ocean and Margaret Jolly, Consultant</li> <li>Queensland Suicide Prevention Reference Group meeting</li> </ul>
7	<ul style="list-style-type: none"> <li>National Innovative Primary Health Network Mental Health and Suicide Prevention Forum, University of the Sunshine Coast</li> </ul>	29	<ul style="list-style-type: none"> <li>Meeting with Phil Pareezer, Grant Thornton Australia re Funding of Mental Health Project</li> </ul>
9	<ul style="list-style-type: none"> <li>Meeting with Margaret Steinberg and Susan Patterson, Department of Health</li> <li>Teleconference with Glynis Schultz, South West Hospital and Health Service</li> <li>ABC Online radio interview with Nikita Ronto re e-GROW pilot project</li> </ul>	30	<ul style="list-style-type: none"> <li>Meeting with Department of Housing and Public Works re social procurement</li> </ul>
10	<ul style="list-style-type: none"> <li>LIFE (Living is for Everyone) Think Tank (Guest Speaker)</li> <li>Department of Education and Training Student Wellbeing Policy Branch meeting with Tony Coggins</li> </ul>		

April 2016	
8	<ul style="list-style-type: none"> <li>• Teleconference with Dr Adele Chynoweth, Australian National University</li> <li>• Meeting with Graham Fraine, Deputy-Director-General, Department of the Premier and Cabinet</li> <li>• Bidjara Media and Broadcasting Company Media Interview with Robert Burns</li> <li>• Meeting with Dr Bill Kingswell, Executive Director, Mental Health, Alcohol and Other Drugs, Department of Health</li> </ul>
9	<ul style="list-style-type: none"> <li>• Face to Face Think Tank, Garden's Club</li> </ul>
11	<ul style="list-style-type: none"> <li>• Meeting with Bronwen Edwards re Lived Experience – suicide prevention</li> </ul>
12	<ul style="list-style-type: none"> <li>• Meeting with Assoc Prof John Allan, Chief Psychiatrist</li> <li>• Teleconferences with three former patients Wolston Park/Karalla House</li> </ul>
13	<ul style="list-style-type: none"> <li>• Lunch meeting with Tony Stevenson, Mental Illness Fellowship Queensland, Neil Barr, and Penny Hallett, Aurecon</li> </ul>
14	<ul style="list-style-type: none"> <li>• Teleconferences with former patient Wolston Park/Karalla House</li> </ul>
15	<ul style="list-style-type: none"> <li>• Teleconference with Sean Chung, Paxton Partners</li> </ul>
16	<ul style="list-style-type: none"> <li>• Meeting with former patient Wolston Park/Karalla House</li> </ul>
18	<ul style="list-style-type: none"> <li>• Meeting with Barry O'Sullivan, Sustainable Change</li> <li>• Royal Australian and New Zealand College of Psychiatrists Queensland Mental Health Stakeholder Meeting</li> </ul>
19	<ul style="list-style-type: none"> <li>• Queensland Country Life interview with Kelly Butterworth re Rural and Remote Mental Health and Wellbeing Action Plan</li> <li>• Meeting with Mr Andrew Spina, Assistant Director-General, Department of Science, Innovation, Technology and Innovation</li> <li>• Meeting with former patient Wolston Park/Karalla House</li> </ul>
20	<ul style="list-style-type: none"> <li>• Interactive Boardroom Session – Nathan Lim, Head of Research, Morgan Stanley</li> <li>• Meeting with Eddie Cubillo, Queensland Aboriginal and Island Health Council and Shane Duffy, Aboriginal and Torres Strait Islander Legal Service</li> </ul>
21	<ul style="list-style-type: none"> <li>• Mental Health Act Inter-Departmental Executive Committee Meeting</li> <li>• Meeting with Nick Steele and Bill Kingswell, Department of Health and Phil Pareezer, Grant Thornton, re Mental Health Funding</li> <li>• Wesley LifeForce Suicide Memorial Day event</li> <li>• Teleconference: IIMHL Leadership Exchange Planning Group meeting</li> <li>• Meeting with Micah Projects re Wolston Park</li> </ul>
22	<ul style="list-style-type: none"> <li>• Meeting with Dr Agnew Alexander, Royal Australian and New Zealand College of Psychiatrists re closer working relations</li> <li>• Meeting with Michelle O'Flynn, Director, Queensland Advocacy Incorporated re Wolston Park</li> <li>• Teleconference with Matthew Smithers, Australian Institute of Company Directors re Council Governance effectiveness</li> </ul>
26	<ul style="list-style-type: none"> <li>• World Suicide Prevention Day Host Workshop</li> </ul>
27	<ul style="list-style-type: none"> <li>• Mental Illness Fellowship Queensland/Aurecon 'Join the conversation' function (Panel Member)</li> </ul>
27	<ul style="list-style-type: none"> <li>• Meeting with Minister for Health Cameron Dick</li> </ul>
28	<ul style="list-style-type: none"> <li>• Meeting with Katherine Winlaw, Workforce Strategy, Public Service Commission re Mentally Healthy Public Sector – Canada</li> <li>• Queensland Mental Health and Drug Advisory Council – PSC briefing on Commission Effectiveness Review</li> </ul>
29	<ul style="list-style-type: none"> <li>• Announcement of Mental Health and Wellbeing Hubs by the Minister for Health</li> <li>• Meeting with Brenda Parker, Deputy Director-General, Department of Natural Resources and Mines re Queensland Mental Health, Drug and Alcohol Strategic Plan</li> <li>• Screening of Healing Voices Documentary</li> </ul>

May 2016	
3	<ul style="list-style-type: none"> <li>98.9FM Brisbane Indigenous Media radio interview with Amy McQuire re Aboriginal and Torres Strait Islander social and emotional wellbeing</li> </ul>
4	<ul style="list-style-type: none"> <li>Meeting with Assistant Commissioners Bob Gee and Paul Stewart, Queensland Police Service re Strategic conversations</li> <li>Meeting with Leanne Gill, Public Service Commission re Review of the Queensland Mental Health Commission effectiveness</li> </ul>
5	<ul style="list-style-type: none"> <li>Meeting with Mr Drew Brock, Senior Manager, Queensland Rail re Queensland Mental Health, Drug and Alcohol Strategic Plan</li> <li>Meeting with Fionnagh Dougan, Chief Executive, Children's Health Queensland Hospital and Health Service</li> </ul>
6	<ul style="list-style-type: none"> <li>Meeting with Member for Brisbane Central Hon Grace Grace MP</li> </ul>
9	<ul style="list-style-type: none"> <li>Meeting with former patient Wolston Park</li> </ul>
10	<ul style="list-style-type: none"> <li>Micah Projects Open Forum 'Seeking justice for adults who experienced sexual abuse as children in an intuitional setting' hosted by the Hon Shannon Fentiman MP</li> </ul>
12	<ul style="list-style-type: none"> <li>Queensland Mental Health Week Think Tank Meeting</li> <li>Teleconference re Springsure Hand-in-Hand Drought Leadership Group update</li> </ul>
13	<ul style="list-style-type: none"> <li>Meeting with Mark Rallings, Commissioner, Queensland Corrective Services re mental health and corrective services</li> <li>Forum 'On the Couch' with Dave Stewart, Director-General, Department of the Premier and Cabinet</li> <li>Mental Illness Fellowship Queensland Annual Art Exhibition (Guest Speaker)</li> </ul>
16	<ul style="list-style-type: none"> <li>Meeting with Katarina Carroll, Director-General, Queensland Fire and Emergency Services</li> </ul>
17	<ul style="list-style-type: none"> <li>Meeting with Dr Elizabeth Woods, Director-General, Department of Agriculture and Fisheries</li> </ul>
18	<ul style="list-style-type: none"> <li>ABC Local Radio Toowoomba interview with David Iliffe re Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan consultations</li> </ul>
19	<ul style="list-style-type: none"> <li>2016 Queensland Mental Health Week sector launch</li> <li>Teleconference with Glynis Schultz, South West Hospital and Health Service and Stuart Gordon, Western Queensland Primary Health Network</li> <li>Meeting with Sue McKee, Chief Executive, West Moreton Hospital and Health Service and Dr Leanne Geppert, Acting Executive Director Mental Health</li> </ul>
20	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander Social and Emotional Wellbeing community forum, Toowoomba</li> </ul>
23	<ul style="list-style-type: none"> <li>Reference Group meeting re Plain Language Resources About Adverse Events</li> <li>Teleconference: International Initiative for Mental Health Leadership Exchange Planning Group</li> <li>Meeting with Public Service Commission re Review of the Queensland Mental Health Commission</li> </ul>
24	<ul style="list-style-type: none"> <li>Teleconference with Sean Chung, Paxton Partners re effectiveness review</li> </ul>
25	<ul style="list-style-type: none"> <li>Meeting with Dr Agnew Alexander, Royal Australian and New Zealand College of Psychiatrists</li> <li>Public Hearing Inquiry into the Establishment of a Queensland Health Promotion Commission</li> </ul>
26	<ul style="list-style-type: none"> <li>Welcome and opening at the Arafmi Queensland and Aftercare Mental Health Carer Retreat</li> </ul>
June 2016	
1	<ul style="list-style-type: none"> <li>The MindShift Foundation Boardroom lunch with Guest Speaker Colin Seery – Chief Executive Officer Healthdirect Australia</li> </ul>
2	<ul style="list-style-type: none"> <li>Police and Mental Health Strategic Conversation</li> <li>Meeting with Julia Duffy, Public Guardian re Community Visitors</li> </ul>
3	<ul style="list-style-type: none"> <li>Meeting with Senator Claire Moore re Queensland statute of limitations</li> </ul>
6	<ul style="list-style-type: none"> <li>headspace Meadowbrook 10th birthday celebration</li> <li>Meeting with Forensic Mental Health Service</li> </ul>
7	<ul style="list-style-type: none"> <li>Meeting with Kurt Hopkins, Assistant Advisory for Multicultural Affairs, Office of the Hon Grace Grace MP</li> </ul>

9	<ul style="list-style-type: none"> <li>Public Hearing Inquiry into a Human Rights Act for Queensland</li> </ul>	23	<ul style="list-style-type: none"> <li>Teleconference: IIMHL Leadership Exchange Planning Group</li> <li>Meeting with Rita Prasad-Ildes, Queensland Transcultural Mental Health Centre and Tracy Worrall, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)</li> </ul>
10	<ul style="list-style-type: none"> <li>Meeting with Dr Peggy Brown, Chair Mental Health and Drug Advisory Council</li> </ul>	24	<ul style="list-style-type: none"> <li>Police and Mental Health Strategic Conversation</li> </ul>
14	<ul style="list-style-type: none"> <li>Budget Briefing by Minister for Health</li> </ul>	27	<ul style="list-style-type: none"> <li>Teleconference with Ailsa Rayner re consumer issues</li> <li>Meeting with Clare O'Connor, Director-General, Department of Aboriginal and Torres Strait Islander Partnerships and Michael Hogan, Director-General, Department of Communities, Child Safety and Disability Services re Aboriginal and Torres Strait Islander matters</li> <li>Meeting with Clare O'Connor, Director-General, Department of Aboriginal and Torres Strait Islander Partnerships re social and emotional wellbeing</li> </ul>
15	<ul style="list-style-type: none"> <li>Keynote address at Canefield Clubhouse re Corporate Response to Mental Health</li> </ul>	28	<ul style="list-style-type: none"> <li>Attendance at Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Second Strategic Conversation meeting</li> </ul>
16	<ul style="list-style-type: none"> <li>Forum 'On the Couch' with Megan Houghton, Director-General of the Department of Tourism, Major Events, Small Business and the Commonwealth Games</li> <li>Teleconference with Neil Scales, Director-General, Department of Transport and Main Roads</li> </ul>	29	<ul style="list-style-type: none"> <li>Meeting with Phil Pareezer, Grant Thornton re mental health funding project</li> <li>Attended farewell to Deputy Chief Executive Officer, Jeff Cheverton, Brisbane North Primary Health Network</li> </ul>
17	<ul style="list-style-type: none"> <li>Queensland Mental Health and Drug Advisory Council Meeting</li> </ul>	30	<ul style="list-style-type: none"> <li>Hosted Ministerial meeting with the alcohol and other drugs sector</li> <li>Meeting with Peter Shmigel, Chief Executive Officer, Lifeline Australia and Bronwen Edwards, Roses in the Ocean</li> </ul>
20	<ul style="list-style-type: none"> <li>Opening Ceremony of Gailies Community Care Unit (CCU), West Morton Hospital and Health Service</li> <li>Mental Health Act Inter-Departmental Executive Committee Meeting</li> <li>Meeting with Bronwen Edwards, Roses in the Ocean and Jacinta Hawgood, Griffith University re Suicide prevention</li> <li>CIFA Event (Canadian Institute for Advanced Research) "Building Better Lives: New Thinking on How Social Interactions Shape Human"</li> </ul>		
21	<ul style="list-style-type: none"> <li>Meeting with Noel Muller, National Mental Health Consumer and Carer Forum Meeting with Mark McArdle MP, Member for Caloundra</li> </ul>		
22	<ul style="list-style-type: none"> <li>Meeting with Prof Sheena Reilly, Menzies Health Institute Queensland</li> <li>Meeting with Selwyn Button, Department of Education Training and Employment re Queensland Aboriginal and Torres Strait Islander social and emotional wellbeing</li> </ul>		

# Appendix 2

## Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 8 3
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> </ul>	ARRs – section 10.1 1
	<ul style="list-style-type: none"> <li>Glossary</li> </ul>	110
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 10.2 111
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 10.3 111
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968</i> ARRs – section 10.4 111
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 10.5 111
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 11.1 6
	<ul style="list-style-type: none"> <li>Agency role and main functions</li> </ul>	ARRs – section 11.2 6
	<ul style="list-style-type: none"> <li>Operating environment</li> </ul>	ARRs – section 11.3 6
	<ul style="list-style-type: none"> <li>Machinery of government changes</li> </ul>	ARRs – section 11.4 N/A
Non-financial performance	<ul style="list-style-type: none"> <li>Government’s objectives for the community</li> </ul>	ARRs – section 12.1 6
	<ul style="list-style-type: none"> <li>Other whole-of-government plans / specific initiatives</li> </ul>	ARRs – section 12.2 10-15
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 12.3 7, 62-64
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 12.4 63-64
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 13.1 56
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 14.1 62
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 14.2 61
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 14.3 N/A
	<ul style="list-style-type: none"> <li><i>Public Sector Ethics Act 1994</i></li> </ul>	<i>Public Sector Ethics Act 1994</i> ARRs – section 14.4 64
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 14.5 7

Summary of requirement	Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 15.1 65
	• Audit committee	ARRs – section 15.2 65
	• Internal audit	ARRs – section 15.3 65
	• External scrutiny	ARRs – section 15.4 62
	• Information systems and recordkeeping	ARRs – section 15.5 65
Governance – human resources	• Workforce planning and performance	ARRs – section 16.1 66
	• Early retirement, redundancy and retrenchment	<i>Directive No.11/12 Early Retirement, Redundancy and Retrenchment</i> ARRs – section 16.2 66
Open Data	• Consultancies	ARRs – section 17 ARRs – section 34.1 57-58
	• Overseas travel	ARRs – section 17 ARRs – section 34.2 59
	• Queensland Language Services Policy	ARRs – section 17 ARRs – section 34.3 66
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 18.1 96
	• Independent Auditors Report	FAA – section 62 FPMS – section 50 ARRs – section 18.2 97
Legislative requirements of the <i>Queensland Mental Health Commission Act 2013</i>	• Ministerial directions	<i>QMHC Act 2013</i> – section 13 Nil
	• Recommendations in each ordinary report	<i>QMHC Act 2013</i> – section 33 23
	• Recommendations by the Mental Health and Drug Advisory Council	<i>QMHC Act 2013</i> – section 51 39

## Appendix 3

# Glossary

Act	Queensland Mental Health Commission Act 2013
ADCQ	Anti-Discrimination Commission Queensland
AISRAP	Australian Institute of Suicide Research and Prevention
ARC	Australian Research Council
CALD	Culturally and linguistically diverse
Commission	Queensland Mental Health Commission
Council	Queensland Mental Health and Drug Advisory Council
CYMHS	Child and Youth Mental Health Service
Early Action Plan	Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17
FPMS	Financial and Performance Management Standard 2009
FTE	Full time equivalent
HHS SRAMP	Hospital and Health Service Suicide Risk Assessment and Management Project
iQSR	Interim Queensland Suicide Register
MHiMA	Mental Health in Multicultural Australia
NDIS	National Disability Insurance Scheme
NEP	National Empowerment Project
QSR	Queensland Suicide Register
Suicide Prevention Plan	Queensland Suicide Prevention Action Plan 2015–17

### **About this report**

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2015-16. It records the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system.

The Commission's performance is measured against the objectives and targets in the *Strategic Framework 2015–2019* and the *Queensland Health Service Delivery Statements 2015–2016*.

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

Electronic copies of this report are available at [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au). Printed copies of the report are available on request.

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### **Feedback**

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



### **Translation**

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



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2016