

## 1.2 Summary of Recommendations

Recommendation	Rationale
<b>QMHC Organisational Enablers</b>	
<b>Recommendation 1:</b> The Commission should work with QLD Health to consider restructuring the QMHC's governance structure to include a Deputy Commissioner (or multiple Deputy Commissioners focusing on specific areas).	<ul style="list-style-type: none"> <li>The Commission's governance could be strengthened to assist in spreading the load for the current Commissioner.</li> <li>Would be consistent with governance of other MHCs.</li> </ul>
<b>Recommendation 2:</b> When the MHDAC membership is renewed, consideration should be given to ensure appropriate representation of the needs of CALD communities.	<ul style="list-style-type: none"> <li>Some stakeholders expressed that the views and input of people with mental health or alcohol or other drug issues from multicultural communities are not being adequately considered in the work of the QMHC.</li> </ul>
<b>Recommendation 3:</b> The Commission should continue to monitor and actively manage its own organisational culture.	<ul style="list-style-type: none"> <li>A strong and collegiate internal culture is essential to support the effective operation of the Commission.</li> </ul>
<b>QMHC Partnerships</b>	
<b>Recommendation 4:</b> The Commissioner should work with government departments to convene, and engage periodically, a cross-governmental committee (e.g. housing, justice, communities child and family, education, employment) (Directors General) to facilitate discussion on the delivery and ownership of activities under the Strategic Plan.	<ul style="list-style-type: none"> <li>Stakeholders saw a need to improve the degree of ownership amongst all sectors that mental health and alcohol and other drug issues are 'everyone's' responsibility (e.g. not just health).</li> </ul>
<b>Recommendation 5:</b> The Commission should prioritise the establishment of formal partnerships and complementary work with groups representing CALD communities in Queensland.	<ul style="list-style-type: none"> <li>CALD communities reported that they were not as engaged as other groups.</li> </ul>
<b>Recommendation 6:</b> The Commission should identify tangible initiatives around which to foster the building of effective communities of practice that include service providers from different sectors to identify, and jointly design solutions to, the key service delivery issues facing their respective service users.	<ul style="list-style-type: none"> <li>While there was progress at the policy and government levels, it was identified that there is now a need to drive reform down to the service provision level and assist in fostering greater integration between the various service systems.</li> </ul>
<b>QMHC Profile</b>	
<b>Recommendation 7:</b> The Commission should continue to enhance opportunities for consumers, families and carers to engage with, and contribute to, the work of the QMHC.	<ul style="list-style-type: none"> <li>As a core part of its mandate, the Commission must ensure that consumers, families and carers are engaged in all its work.</li> </ul>
<b>QMHC Key Result Areas</b>	
<b>Strategic Planning</b>	
<b>Recommendation 8:</b> Develop and implement a strategy for targeted dissemination of, and communication around, the Strategic Plan to Frontline service providers.	<ul style="list-style-type: none"> <li>Frontline service providers were least likely to have received and read the Strategic Plan.</li> </ul>
<b>Recommendation 9:</b> Further promote the message that implementing the Strategic Plan is 'everyone's responsibility'.	<ul style="list-style-type: none"> <li>Supports Recommendation 4.</li> </ul>
<b>Recommendation 10:</b> Continue to work with partners to deliver the objectives of the Strategic Plan and, where necessary, develop specific Action Plans to assist in clearly defining the activities (and responsible parties) to address	<ul style="list-style-type: none"> <li>Implementation of the plan was seen to require more specificity in the form of detailed Action Plans, which are a key component of the Strategic Plan.</li> </ul>

Recommendation	Rationale
the shared commitments to action.	
<b>Review, Research and Reporting</b>	
<b>Recommendation 11:</b> Continue to identify and invest in targeted research that builds the evidence base around mental health, drug and alcohol issues.	<ul style="list-style-type: none"> <li>The research, review and reporting activities of the Commission were seen as valuable highly relevant and useful in bringing together multiple stakeholders from different sectors to collaborate.</li> </ul>
<b>Recommendation 12:</b> Research leading practice approaches for the effective dissemination of knowledge products and develop product-specific strategies for release and communication of all future knowledge products.	<ul style="list-style-type: none"> <li>The main gaps identified with respect to the Commission's research products was the effective dissemination to the targeted audiences and wider promotion and awareness of their findings.</li> </ul>
<b>Promotion and Awareness</b>	
No recommendations identified at this stage.	
<b>Systemic Governance</b>	
<b>Recommendation 13:</b> The Commission should publish the MHDAC's terms of reference on the QMHC website and communicate its role and function as often as appropriate in other forums to increase awareness.	<ul style="list-style-type: none"> <li>Stakeholders were generally unclear of the role of the MHDAC and its relationship and interface with the Commission.</li> </ul>
<b>Recommendation 14:</b> The Commission should develop and communicate a simple graphic depicting the relationships between the Commission, the MHDAC (and the ATSI and CFC committees), Minister for Health and QLD Health to improve the wider understanding its role and governance.	<ul style="list-style-type: none"> <li>Some stakeholders were unclear of the Commission's broader governance</li> </ul>
<b>Recommendation 15:</b> Increase communication about how the QMHC is involving consumers, their families and carers in planning and decision-making.	<ul style="list-style-type: none"> <li>While the Commission undertook many initiatives that specifically focused on consumer, family and carer engagement, there was negligible improvement in the proportion of 2015 survey respondents that felt that it was utilising the views of consumers, families and carers to inform planning and decision-making.</li> </ul>
<b>Collective Impact</b>	
<b>Recommendation 16:</b> Continue to progress and complete planned initiatives and collect data to allow the key evaluation questions in this domain to be answered in Stage 3 of the QMHC evaluation.	<ul style="list-style-type: none"> <li>Too early to measure many collective impacts at this stage.</li> </ul>
<b>Recommendation 17:</b> Ensure the performance indicators being designed to assess progress of the Strategic Plan implementation enable measurement of the Collective Impacts achieved.	<ul style="list-style-type: none"> <li>These indicators will be key to understanding the effectiveness of the Strategic Plan over the long term.</li> </ul>
<b>Recommendation 18:</b> Ensure the Commission continues to collect information relevant to identifying, justifying and communicating its contribution to the achievement of Collective Impacts for the mental health, drug and alcohol sectors.	<ul style="list-style-type: none"> <li>It is important that this information continues to be collected and monitored to support not just this evaluation but ongoing communication of the Commission's achievements to government and all the Commission's stakeholders.</li> </ul>