

# ANNUAL REPORT 2022–23



## About this report

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2022–23. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug system in Queensland. This report is a key accountability document and the principal way in which the Commission reports to Parliament and the Queensland community on its activities.

Queensland Mental Health Commission Annual Report  
2022–23

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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 **1300 855 945** or via email at [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au).



## Translation

The Queensland Government is committed to providing accessible information to Queenslanders from culturally and linguistically diverse backgrounds.

If you require an interpreter, please contact us on **1300 855 945** and we will arrange one for you.



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2022–23

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Further information about the Commission's activities is available on the website at [qmhc.qld.gov.au](https://qmhc.qld.gov.au).

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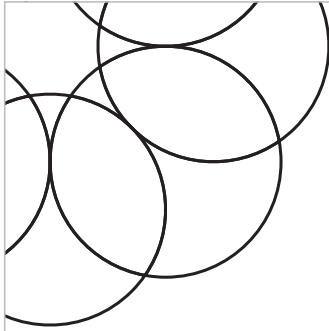
# Acknowledgements

The Queensland Mental Health Commission respectfully acknowledges the First Nations Traditional Owners and Elders of the lands and seas on which we meet, live, learn and work. We acknowledge those of the past, who have passed on their wisdom and whose strength has nurtured this land. We acknowledge those of the present for their leadership and ongoing efforts to protect and promote First Nations people and cultures.

We recognise that it is our collective effort and responsibility as individuals, communities and governments to ensure equality, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of reconciliation.

We recognise the contribution of people with a lived and living experience of mental health difficulties, problematic alcohol and other drug use, and suicidality to our work. We value the voice of lived experience, including families, carers and support people, in everything we do.

# Letter of compliance



Queensland  
**Mental Health  
Commission**

ABN 54 163 910 717

1 September 2023

The Honourable Shannon Fentiman MP  
Minister for Health, Mental Health and Ambulance Services and Minister for Women  
GPO Box 48  
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2022–23 and financial statements for the Queensland Mental Health Commission.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*, and
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements is provided at Appendix 3 on page 82 of this Annual Report.

Yours sincerely

**Amelia Callaghan**  
Acting Commissioner  
Queensland Mental Health Commission

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# From the Commissioner

In the past year, we have been grateful to move on from many of the immediate challenges experienced as a result of the COVID-19 pandemic. However, the residual human, social and economic impacts of the pandemic are still being felt by many Queenslanders.

In particular, we have seen an ongoing impact on the mental health system through continued high demand across public, non-government (NGO) and private mental health services, especially among adolescents and young people. This increased demand is particularly evident in general practice and psychology services, with longer wait times and increased complexity of people's needs when seeking support. While data collected during COVID-19 may not reflect a long-term trend, we do expect to see the continued impact of the pandemic on the system in the coming years.

The investment of \$1.645 billion over five years and a capital investment of \$28.5 million in the 2022–23 State Budget is a clear indication of the Queensland Government's commitment to addressing the increased demand for services and the broader needs of the community. This investment will translate to increased public mental health services, as well as an increase in funding for non-government and community-based mental health and alcohol and other drug (AOD) services across the state, as well as additional beds.

Funding from *The National Mental Health and Suicide Prevention Agreement* and the associated *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland (the Bilateral Agreement)* between the Australian and Queensland Governments has also led to the implementation and establishment of new community-based services across the state. The rollout of Head to Health Centres across Queensland has begun, with 20 services for adults in locations across Queensland, and two new services

for children and families being established on the Gold Coast and in Brisbane. The rollout of these services will continue into 2024 and offer a new community-based front door into mental health and wellbeing services.

One of the major achievements this financial year was the Queensland Government's endorsement of *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*. This new AOD plan for Queensland sets the strategic direction for reform over the next five years, with its focus on addressing individual vulnerability, community harm and safety, and improving the AOD system.

Following the release of *Achieving balance*, the Queensland Government announced two major drug reform initiatives. The first initiative included legislative amendments allowing police to expand the current diversion program for cannabis, to divert people with small quantities of any drug for personal use to a health response instead of the courts. The second initiative will see the introduction of drug checking services in Queensland for the first time.

Both initiatives were central features of *Achieving balance* and demonstrate a commitment to reduce the risks and harms associated with illicit drug use. These changes also represented the Queensland Government's commitment to implementing the recommendations from the Queensland Parliament's Mental Health Select Committee, Inquiry into opportunities to improve mental health outcomes for Queenslanders.

This year also saw the Commission begin work to renew *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds 2018–2023)*. The renewed whole-of-government and whole-of-community strategic plan will establish the future policy context for mental health, AOD and suicide prevention in Queensland, and builds on the past five years of achievements across the state.


Additionally, in the past year the Commission began development of Phase Two of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*. *Every life* is Queensland’s whole-of-government plan for reducing suicide and its impacts. We know that one life lost to suicide is too many, and Phase Two will build on the prevention initiatives and actions of Phase One of the plan.

Consultation was critical to the development of both plans, and the Commission spoke to over 600 Queenslanders across the state to help determine the next steps and outcomes that are needed at a system, community and individual level.

Finally, it was heartening to be able to engage with the sector and community in person again this past year. We reconvened the Leading Reform Summit, which the Commission hosts annually with leaders across the sector in Queensland. It was wonderful to see the momentum that this leadership group has in both supporting the reform agenda and taking responsibility for driving reform in their

own areas of influence. An extra day was spent focused on workforce needs, specifically recruiting, retaining and building the workforce that we know will be crucial for delivering reform over the coming years.

As always, my sincere thanks go to the Commission staff, the Queensland Mental Health and Drug Advisory Council, the Queensland Government, people with lived and living experience, and their families and carers, along with our partners and supporters—all of whom have played a role in contributing to the reform agenda in this financial year. I am grateful to have the opportunity to continue this important work together and I am eager to facilitate real change and continue advocating for all Queenslanders.



**Ivan Frkovic**  
Queensland Mental Health Commissioner

# About the Commission

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

The Commission is an independent statutory agency within the health portfolio that reports through the Mental Health Commissioner directly to the Minister for Health, Mental Health and Ambulance Services and Minister for Women. The Commission works alongside Queensland Health and other government agencies, and is advised and supported by the independent Queensland Mental Health and Drug Advisory Council comprised of lived experience, sector and community representatives.

The Queensland Government's objectives for the community (Good jobs, Better services and Great lifestyle), influence the Commission's strategic direction and program of work. In 2022–23 the Commission contributed to the following objectives for the community:

- **Good jobs:** Good, secure jobs in our traditional and emerging industries.
- **Great lifestyle:** Protect and enhance our Queensland lifestyle as we grow.
- **Better services:** Deliver even better services right across Queensland.

## Our role and functions

The Commission's role under the Act is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug (AOD) system in Queensland. The Act sets out the Commission's functions, which underpin its Strategic Framework 2020–2024<sup>1</sup> and program of work.

The Commission's functions are:

- **Preparing, monitoring, reviewing and reporting on a whole-of-government mental health, AOD, and suicide prevention strategic plan—*Shifting minds: Queensland Mental Health, Alcohol and other Drugs Strategic Plan 2018–2023***.<sup>2</sup> The Commission's strategic planning also includes *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*<sup>3</sup> and *Every life: The Queensland Suicide Prevention Plan 2019–2029*.<sup>4</sup>
- **Evaluating, reviewing and reporting** on matters affecting people living with mental health or substance use issues their families, carers and support people, and people who are vulnerable to, or at significant risk of, developing mental health or substance use issues. The Commission's research function is an important lever for reform, along with the sharing of evidence, knowledge and lived experience around systemic reform.
- **Supporting and promoting awareness, prevention and early intervention initiatives** that focus on community-wide mental health and wellbeing, including reducing stigma and discrimination for mental health and substance use issues.
- **Engaging and enabling stakeholders to participate in and shape reform**, including people with lived experience of mental ill-health, problematic AOD use and suicidality, and their families, carers and supporters. The Commission builds collaborative partnerships and engages within and across sectors to develop and implement reform.

The Commission works together with the government, non-government and private sectors across Queensland. The Commission's work reaches beyond the health system, acknowledging the social determinants of mental health, and the broader needs and issues faced by those experiencing mental ill-health, problematic AOD use and suicidal distress.

<sup>1</sup> [qmhc.qld.gov.au/about/our-work/strategic-framework](https://qmhc.qld.gov.au/about/our-work/strategic-framework)

<sup>2</sup> [qmhc.qld.gov.au/2018-2023-strategic-plan](https://qmhc.qld.gov.au/2018-2023-strategic-plan)

<sup>3</sup> [info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan](https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan)

<sup>4</sup> [qmhc.qld.gov.au/strategic-planning/action-plans/suicide-prevention](https://qmhc.qld.gov.au/strategic-planning/action-plans/suicide-prevention)



## Our vision

Queenslanders working together to improve mental health and wellbeing.

## Our values

The Commission's values encompass the five Queensland public service values and an additional value related to wellness:

- Customers first
- Ideas into action
- Unleash potential
- Be courageous
- Empower people
- Promote wellness

## Our principles

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

1. People living with a mental illness or problematic AOD use should:
  - have access to quality mental health or AOD services, care and support, wherever they live
  - be treated with respect and dignity
  - be supported to participate fully in the community and lead meaningful lives, and
  - have the same right to privacy as other members of society.
2. First Nations people should be provided with treatment, care and support in a way that recognises and is consistent with First Nations custom and is culturally safe and respectful.
3. Carers, family members and support people are integral to wellbeing, treatment and recovery, and should be respected, valued and supported, and engaged wherever possible in treatment plans.
4. An effective mental health and AOD system is a shared responsibility across the government and non-government sectors, and requires:
  - a coordinated and integrated approach across all areas of government including health, housing, employment, education, justice and policing
  - a commitment to communication and collaboration across public sector and publicly funded agencies, individuals and the community, and
  - strategies that foster inclusive, safer, healthier families, workplaces and communities.

## Objectives and performance

The Commission's Strategic Framework 2020–2024 outlines the objectives and strategies the Commission is employing to achieve outcomes against its legislative charter and related strategic plans.

In 2022–23, the Commission's work program aligned with the three focus areas of *Shifting minds*:

- *Better lives* through person-centred and integrated services
- *Invest to save* through improved population mental health and early intervention
- *Whole-of-system improvement* through a balanced approach and collective action

Each focus area outlines the strategic directions and priorities for cross-sector action and seeks to leverage the existing cross-agency policy, program and funding environment to achieve reform.

The Commission's performance is measured against a range of indicators, including stakeholder satisfaction with:

- opportunities to provide those with lived experience, support person and provider perspectives on mental health and problematic AOD issues
- extent to which those with lived experience 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.

People with lived experience of mental illness, problematic AOD use and suicidal distress are key stakeholders and partners of the Commission—engaged across all aspects of the Commission's work, including on the Queensland Mental Health and Drug Advisory Council.

To achieve reform the Commission also communicates, engages and works in partnership with others, including leaders and decision-makers, funders, advocates, frontline workers and service providers, in both government and non-government sectors.

# Reform context

No one agency, level of government, group or community can improve the mental health and wellbeing of Queenslanders alone. The Queensland and Australian Governments significantly invest in delivering mental health, alcohol and other drugs (AOD), and suicide prevention treatment, care and support. Constant review and reform are taking place to improve the services and system responses available to individuals and communities.

Reform of the mental health, AOD, suicide prevention and related systems in Queensland continues to occur within an environment of broad inquiry, review and reform implementation at the national and state levels. The challenge is to better align all health and social systems to improve capacity, coordination and collaboration across all levels of government and across a broad sector. Implementation will build on the efforts and contributions of all state government departments, in addition to joint action with a range of cross-sector and community partners.

## National context

### *The National Mental Health and Suicide Prevention Agreement*

*The National Mental Health and Suicide Prevention Agreement (the National Agreement)* was endorsed in March 2022 and is currently in its first year of implementation. The *National Agreement* recognises that mental health support and suicide prevention must reach beyond the mental health system into the critical environments that support and improve people's lives. This includes education, training and engagement with government and support services. The *National Agreement* further acknowledges that prioritising prevention and early intervention in life and illness can improve outcomes for individuals and communities.

### *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*

Queensland continues implementation of reforms under the *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland (the Bilateral Agreement)*, signed in March 2022.

More than \$260 million is being invested in mental health and suicide prevention support and services in Queensland over the next five years under the landmark agreement. The *Bilateral Agreement* is comprised of \$150.9 million from the Australian Government and more than \$109.5 million from the Queensland Government.

In April 2023, the Queensland Government announced an additional \$107.9 million to establish Head to Health services to increase access to free, quality mental health and wellbeing support. This funding supports the set-up and operation of 20 services for adults and two new services for children and families.

The new Head to Health kids and adult services will complement Queensland's existing mental health and wellbeing services, ensuring easier access to a comprehensive, multidisciplinary range of community-based mental health and AOD services. New services for adults in Ipswich and Kingaroy are expected to be operating later in 2023. They will be followed in 2024 by services in Cairns, Bundaberg, Rockhampton, Logan and the Redlands area, while an additional 12 locations for adult services will be announced following consultations.

The Head to Health services will build on existing services and capacity and will be tailored to local needs after consultation with people with lived experience, local communities and service providers, including Aboriginal Community Controlled Health Organisations. Services will be progressively rolled out and are expected to be operational by 2027.

## Federal Budget 2023–24

The 2023–24 Federal Budget continues to contribute to reforms to the mental health and suicide prevention system by addressing workforce shortages, extending critical services, addressing system gaps, and building the foundations for future reform.

Through a national package of \$586.9 million, the Australian Government continues to support and expand mental health and suicide prevention supports for:

- people with severe mental illness excluded from the National Disability Insurance Scheme who need psychosocial support
- children and young people
- people with eating disorders
- people bereaved by suicide
- people and communities impacted by disasters
- culturally and linguistically diverse communities, including refugees and migrants who have experienced torture and trauma, and
- First Nations people leading up to, during and following the referendum to enshrine an Aboriginal and Torres Strait Islander Voice in the Constitution.

In addition, commitments to strengthen Medicare will further benefit the mental health and suicide prevention system by increasing access and equity to care for all Australians.

The Australian Government has also sought to increase and enhance the workforce by increasing the number of postgraduate psychology places, internships and supervisor training sessions; and upskilling the broader health workforce so they have the knowledge and skills to recognise and respond to mental health issues.

## National inquiries

Over the past year, there have been a number of national inquiries across a range of areas that impact the mental health and wellbeing of people with lived experience, as well as the broader population.

### Inquiry into Workforce Australia Employment Services

On 2 August 2022, the House Select Committee on Workforce Australia Employment Services was established to inquire into and report on matters related to Workforce Australia Employment Services. The Committee is to report on:

- a) the implementation, performance and appropriateness of Workforce Australia Employment Services
- b) the extent to which Workforce Australia Employment Services delivers services in a way that is fair, leaves no one behind, respects individuals' diverse needs and supports job seekers into secure work in particular, its support for long-term unemployed and young people, and
- c) other matters in relation to Workforce Australia Employment Services.

The inquiry represents an opportunity to enhance employment outcomes for people with lived experience, which continues to be a key objective of *Shifting minds 2018–2023*.

The final report is due by 30 November 2023.

### Royal Commission into Defence and Veteran Suicide

On 11 August 2022, the Royal Commissioners delivered the *Royal Commission into Defence and Veteran Suicide Interim Report* to the Governor-General.

In the interim report, the Commissioners identified 13 recommendations for urgent address, including legislative reform to simplify and harmonise the veteran entitlement system, investment of resources to address the Department of Veterans' Affairs claims process, enhanced protections for Australian Defence Force (ADF) members to engage with the Royal Commission, address barriers which arise from parliamentary privilege and public interest immunity, and improve access to information for serving and ex-serving ADF members and their families.

The final report is due by 17 June 2024.

## Inquiry into the extent and nature of poverty in Australia

On 7 September 2022, the Senate referred an Inquiry into the extent and nature of poverty in Australia to the Senate Community Affairs References Committee for inquiry and report by 31 October 2023.

The inquiry seeks to determine the size and nature of poverty in Australia, with a particular focus on:

- a) the rates and drivers of poverty in Australia
- b) the relationship between economic conditions and poverty
- c) the impact of poverty on individuals concerning employment outcomes, housing security, health outcomes and education outcomes
- d) the impacts of poverty among different demographics and communities
- e) the relationship between income support payments and poverty
- f) mechanisms to address and reduce poverty, and
- g) any related matters.

Research shows that people's mental health outcomes are shaped by the social, economic and physical environment that people live in, starting from birth. Social inequality and poverty are known to increase the risks for mental ill-health, AOD use, and suicidality. Measures to address the structural barriers and root causes of poverty, including the social determinants of mental ill-health are essential if we are to improve outcomes for vulnerable groups and the broader population.

We also know that people with mental ill-health, problematic AOD use are more likely to have reduced access to health care due to financial barriers, and are less likely to own their own home, complete high school or have full-time employment.

The Commission will monitor the outcomes of this inquiry, as an important step in the national reform agenda.

## Inquiry into online gambling and its impacts on those experiencing gambling harm

On 15 September 2022, the House of Representatives Standing Committee on Social Policy and Legal Affairs adopted the Inquiry into online gambling and its impacts on those experiencing gambling harm.

The inquiry findings were handed down in June 2023. Titled *You win some, you lose more*, the inquiry identified 31 recommendations that apply a public health lens to online gambling to reduce harm to Australians.

Recommendations include the Australian and jurisdictional governments developing and implementing a comprehensive national strategy on online gambling harm reduction (supported by national regulation), an online gambling ombudsman, a harm reduction levy on online wagering service providers, a public education campaign, more independent research and improved data collection.

The Commission acknowledges the bi-directional nature of problematic gambling and mental ill-health. We support the outcomes of the national inquiry and will be working with state-based partners to increase action in this area under the renewed *Shifting minds*.

## Select Committee on Cost of Living

On 28 September 2022, the Senate established the Select Committee on the Cost of Living to inquire into and report on:

- the cost of living pressures facing Australians
- the government's fiscal policy response to the cost of living
- ways to ease the cost of living pressures through the tax and transfer system
- measures to ease the cost of living through the provision of government services, and
- any other related matter.

The Select Committee is required to report on findings by 30 November 2023 and the Commission will continue to monitor the progress and outcomes of the inquiry, due to the connection between cost of living and increased financial and mental distress.

## Review of the National Disability Insurance Scheme

On 18 October 2022, the Minister for the National Disability Insurance Scheme, the Honourable Bill Shorten MP, announced a Review of the National Disability Insurance Scheme (NDIS). Led by an independent review panel, the review will make findings and recommendations to the Disability Reform Ministers on the design, operation and sustainability of the scheme.

The review involves two parts:

- Part one examines the design, operation and sustainability of the NDIS.
- Part two examines ways to build a more responsive, supportive and sustainable market and workforce.

A final report will be provided by the Independent Review Panel to Disability Reform Ministers by October 2023. The Commission continues to advocate for the needs of people with lived experience who are both included and excluded from the NDIS.

## State context

### Inquiry into the opportunities to improve mental health outcomes for Queenslanders and Queensland Government final response

On 6 June 2022, the Mental Health Select Committee tabled Report No. 1, 57th Parliament, Inquiry into the opportunities to improve mental health outcomes for Queenslanders. The comprehensive review emphasised the need to support all pillars of the mental health, AOD, suicide prevention and related systems.

The inquiry's findings highlighted the Queensland Government's critical role in working across sectors to provide holistic responses and support for people, including working with people with lived experience, to reform and improve the system. The recommendations supported improvements to Queensland's state-funded mental health, AOD services system; and key recommendations to address the social determinants and influences of mental wellbeing, including preventing and reducing the impact of mental ill-health, problematic AOD use and suicide.

On 6 September 2022, the Queensland Government tabled its final response to the recommendations of the Inquiry. The Queensland Government supported 46 of the Mental Health Select Committee's 57 recommendations, with the remaining recommendations supported in principle with further consultation required.

The Queensland Government's response reinforced the need for a whole-of-government approach to supporting the mental wellbeing of all Queenslanders, with actions detailed across multiple agencies, including the Commission.

### *The Queensland Health and Hospitals Plan*

The 2022–23 State Budget provided an additional \$1.645 billion over five years and a capital investment of \$28.5 million to improve mental health and AOD services, as well as providing for a range of initiatives to support suicide prevention and deliver additional beds.

This investment also included Queensland's contribution of \$109.5 million under the *Bilateral Agreement*, as well as government responses to the Inquiry into the opportunities to improve mental health outcomes for Queenslanders. This investment will support thousands of additional frontline staff, including doctors, nurses and paramedics.

### *Better Care Together*

In 2022, the Queensland Government released *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* (*Better Care Together*), which takes forward many of the key recommendations identified by the Mental Health Select Committee inquiry.

*Better Care Together* commits the Queensland Government to advance healthcare and outcomes for Queenslanders experiencing mental ill-health, AOD issues and suicide risk by transforming, optimising and growing state-funded treatment, harm reduction, care and support.

*Better Care Together* emphasises that without sufficient high-quality care and appropriate access to services, individuals experiencing a mental health crisis and/or problematic AOD use, risk worsening symptoms leading to longer stays in emergency settings and more hospital readmissions.

The *Better Care Together* funding will support new beds for adolescents, young adults, adults, perinatal, eating disorders and older persons mental health services. It also supports beds for new crisis response services and will provide more than 1,400 new staff to operationalise the plan. Additional funding is also being provided to assist enhanced provision of psychosocial support to be delivered by non-government providers.

In addition, *Better Care Together* emphasises the need to deliver improved services to First Nations people that are culturally capable and safe. *Better Care Together* acknowledges the need to uphold a self-determined and community-driven approach to mental health, AOD, and suicide prevention policies and programs. It will support increases to the Aboriginal and Torres Strait Islander workforce; improved mechanisms to empower and include the voice of First Nations peoples in policy, planning, design and delivery of services; build cultural safety across the mental health, AOD services system; and strengthen partnerships to redesign and better coordinate services at a statewide, regional and local level.<sup>i</sup>

*Better Care Together* contributes to achieving the objectives of *Shifting minds 2018–2023*, *Achieving balance* and *Every life*.

### ***Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027***

In October 2022, the Queensland Government announced *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*, which sets out the renewed whole-of-government approach to guide Queensland's efforts and commitment to reducing and preventing the individual, family, social and economic impacts.

As a sub-plan of *Shifting minds 2018–2023*, *Achieving balance* reinforces and expands the Queensland Government's commitment to minimise harm specifically through the three pillars of harm minimisation: harm reduction, demand reduction and supply reduction. *Achieving balance* seeks to balance systemic responses between the three pillars with a stronger emphasis on prevention, treatment and harm reduction. It focuses on measures to reduce cost, increase effectiveness and improve the safety of individuals, families and the broader community.

*Achieving balance* prioritises actions to reduce alcohol and drug-related harm by making more effective use of existing policies, growing a sustainable workforce, improving the balance of investment across the three pillars, enhancing prevention and early intervention, minimising alcohol-related harm and addressing stigma and discrimination.

In February 2023, the Queensland Government introduced drug checking services as part of its commitment to reduce risks and harms associated with illicit drug use. Introducing drug checking services in Queensland is a key priority under *Achieving balance* to reduce alcohol and drug-related harm and consider additional intervention strategies.<sup>ii</sup>

In addition, in April 2023, the Minister for Police and Corrective Services and Minister for Fire and Emergency Services announced that Queensland's Police Drug Diversion Program would be expanded to include the minor possession of all types of drugs by implementing a new tiered approach to address repeat offences.

### **Path to Treaty and reconciliation**

On 10 May 2023, the Queensland Parliament passed the *Path to Treaty Act 2023* to establish a First Nations Treaty Institute and a formal Truth-telling and Healing Inquiry.

Passed through bipartisan support from the Queensland Parliament, the Act creates the structures to prepare for negotiating a treaty or treaties between Aboriginal peoples and Torres Strait Islander peoples and the Queensland Government.

The institute is the body that will support First Nations people to prepare for and participate in treaty negotiations with the Queensland Government.<sup>iii</sup>

The Truth-telling and Healing Inquiry will run over three years and is tasked with investigating the true history of Queensland and the continuing impacts of colonisation on Aboriginal and Torres Strait Islander peoples in Queensland.

In May 2023, the Queensland Government also launched the Queensland Government's *Reconciliation Action Plan 2023–2025*, which outlines actions in four key areas—relationships, respect, opportunities and accountability. This plan articulates the whole-of-government approach and the steps for all government agencies over the next two years to advance equity through a reframed relationship with First Nations people.

The Commission recognises treaty, truth-telling, healing and reconciliation are fundamental to the social and emotional wellbeing of First Nations Queenslanders and these principles will also apply across the mental health, AOD, and suicide prevention systems.

## Psychosocial hazards at work Code of Practice

On 1 April 2023, the *Managing the risk of psychosocial hazards at work Code of Practice* commenced in Queensland. The code, developed by Workplace Health and Safety Queensland, is the first legally enforceable code of its type in Australia and was designed to empower Queensland businesses with practical information and guidance to create mentally healthy workplaces.

The code will address psychological health risks at work, from exposure to traumatic events to remote or isolated working. It includes advice on complying with existing health and safety obligations, practical examples of managing psychosocial hazards in the workplace, industry-specific case studies, and templates that may be tailored to different contexts.

This work aligns with the *Shifting minds 2018–2023* strategic priority to strengthen mentally healthy environments.

## Queensland Housing Summit

In October 2022, the Queensland Government hosted the statewide Queensland Housing Summit, which brought together all levels of government as well as the construction and real estate industries, planners, developers, community services organisations, homelessness advocates, and community housing providers.

In December 2022, an outcomes report was released alongside a schedule of key actions supported by \$56 million in new funding.<sup>iv</sup> The Outcomes Report focused on expanding housing supply and increasing housing support for Queensland. Key actions included:

- \$11.7 million to expand tenancy sustainment responses to support vulnerable people to maintain their tenancies
- \$10 million to expand private rental assistance products and services for people experiencing severe rental stress
- \$10 million to deliver more temporary emergency accommodation with onsite support
- \$8.5 million additional support for after-hours homelessness outreach services
- a further \$5 million boost to the Immediate Housing Response
- \$5 million for a Community Engagement and Awareness Campaign on growth and housing diversity
- \$3.3 million for cost of living relief, including emergency relief and food relief, and
- \$2.5 million to support the review of the South East Queensland Regional Plan.

Housing stress and homelessness contribute to mental ill-health and distress across the general population, and disproportionately affects people with pre-existing vulnerability. The Commission will continue its focus on housing for people with lived experience in the context of the renewed *Shifting minds*, the *Queensland Housing Strategy 2017–2027* and the *Queensland Housing and Homelessness Action Plan 2021–2025*.

## Small Business Wellness Package

In October 2022, the Queensland Government announced the \$8.76 million Small Business Wellness Package and campaign, which saw new wellbeing coaches located in Cairns, Mackay, Townsville, Toowoomba, and North and South Brisbane join the existing statewide network of over 40 rural, tourism and small business financial counsellors. The Commission contributed \$1.21 million to extend the additional wellness coaches for three years to 30 June 2025.

The package included a \$3 million Small Business Support Service Fund to support small business owners experiencing business challenges and stress. The Queensland Government extended the proactive small business education program Smile4Biz, developed by the Kingaroy Chamber of Commerce, that can be tailored to deliver mental health support appropriate to local needs across Queensland.

Additionally, in April 2023, the Queensland Government announced the Chamber Wellness Program, a collaboration between the Queensland Government and Business Chamber Queensland to support chambers of commerce and their business networks across Queensland. The program includes the Chamber Wellness Fund and the Business Chamber Queensland online mental health resources for chambers. The Chamber Wellness Program also forms part of the Queensland Government's \$8.76 million Small Business Wellness Package.<sup>v</sup>



## Ongoing system challenges

### Impact of COVID-19 and natural disasters on mental health and wellbeing

As the presence of the pandemic shifts from being an immediate concern to people, there has been a resultant decrease in urgency to respond to fluctuations in community infection rates and a sense that pre-pandemic activities are returning to normal. As a result, the full impacts of the pandemic on the mental health and wellbeing of Queenslanders are yet to be understood.

The measures taken to prevent the spread of COVID-19 have exacerbated social, economic and health-related disparities which have increased psychological distress for some people. Mental health support services such as Lifeline, Kids Helpline and Beyond Blue report significant increases in contact compared to pre-pandemic years. The Queensland Government has recently announced \$24 million over four years to support Kids Helpline and Lifeline to meet this increased demand for services.

Similarly, as time passes since the threat and experience of natural disaster, the concern is less evident for whole communities—but remains a priority for individuals and families directly impacted by these events. This is more evident in rural and remote regions where services and resources are not embedded in the infrastructure of the community, but are introduced for brief periods following significant events.

### Workforce

Workforce gaps that were already present pre-pandemic have been exacerbated by the COVID-19 pandemic. Despite the cessation of international travel restrictions and increased funding for mental health services and supports, these have come at a time when the workforce is stretched, and demand is high.

The proposed reforms outlined in *Better Care Together* and the Queensland Parliamentary Inquiry recommendations are reliant on an increasing workforce to implement the inquiry's recommendations.

Numerous reviews, inquiries and initiatives have sought to understand and address the barriers and challenges to a sustainable workforce. As is well established, the mental health and wellbeing workforce faces substantial and enduring staff resourcing challenges, evident across diverse sectors, professions and locations. Understanding the implications—including across skill sets—requires careful consideration, as workforce gaps across essential services may become further exacerbated.

There are a range of stakeholders (including Queensland Health and the Queensland Alliance for Mental Health), progressing strategies to:

- build the workforce supply
- build workforce skills, knowledge and capability
- support the wellbeing and retention of the workforce
- develop sustainable rural and remote workforce solutions, and
- strengthen system enablers.

There are also a range of workforce strategies in development to enhance and build the lived and living experience workforce, under recommendation 54 of the Queensland Parliamentary Inquiry into the opportunities to improve mental health outcomes for Queenslanders. The Commission continues to partner with the Queensland Lived Experience Workforce Network (QLEWN) to progress this work.

## Focus area 1

# Better lives

**All Queenslanders, including people with a lived and living experience of mental ill-health, problematic alcohol and other drug (AOD) use and suicidal distress, deserve lives with meaning and purpose with strong connection to family and community, and opportunities for social and economic participation and inclusion.**

The *Better lives* focus area is about concentrating on what matters to people. Having a place to live, opportunities for education and employment, and having good physical health and wellbeing are universal human needs. Supporting people to have better lives requires a strong service system that delivers person-centred, accessible, comprehensive and integrated care, with community-based services at the centre. A quality service system is also dependent on a diverse and skilled workforce that includes a strong and well-integrated peer workforce.

In 2022–23, the Commission continued to support housing and employment initiatives for Queenslanders with mental illness or problematic AOD use. Human rights matters such as compulsory treatment orders and restorative practices were also addressed.

## Work in partnership to expand integrated models of care

### Enhance housing access and supports

Having a place to call home is vital to everyone. Safe, secure and affordable housing coupled with connection to community is foundational to good mental wellbeing and to achieving other life aspirations. Having a home also facilitates access to treatment, care and support and creates better outcomes for people.

In 2022–23 the Commission contributed to the development of the *Towards ending homelessness for young Queenslanders 2022–2027* strategic plan, released in October 2022.

Under this plan, the Commission is partnering with other relevant agencies to prevent young people exiting government services into homelessness, and to assist them to obtain and sustain housing. Work will also be undertaken to co-design a community-based, multidisciplinary case management model of service delivery for young people.

In October 2022, the Mental Health Commissioner participated in the Queensland Housing Summit, hosted by the Premier and Minister for the Olympic and Paralympic Games, the Honourable Annastacia Palaszczuk. Participants at the summit discussed a range of ideas to address housing challenges, including using regulatory reforms to boost housing supply, better supporting and sustaining tenancies in the rental sector, and promoting a positive conversation about growing our communities through good design and diverse housing.

Following the summit, the Honourable Leeanne Enoch MP, formerly Minister for Communities and Housing, invited the Commissioner to become a member of a Ministerial Housing and Homelessness Council.

The Council is tasked with sharing its expertise and providing advice on how to address current and future housing and homelessness challenges. The Commissioner attended the first meeting in April 2023 and will continue to advocate for the needs of people experiencing mental ill-health, problematic AOD use and suicidal distress in this key forum. The Commission continues to support the *Queensland Housing Strategy 2017–2027* and initiatives identified in the *Queensland Housing and Homelessness Action Plan 2021–2025*.

In addition, the Commission has worked with QShelter over the past year to explore ways to increase the literacy, knowledge and capability of the housing and mental health workforce to facilitate connections and provide good quality services to people with mental health and housing issues. The Commission continues to engage regularly with key housing and homelessness sector stakeholders, such as QShelter, to seek ways to improve housing outcomes for people experiencing mental illness and problematic AOD use, and is working to develop further housing initiatives with partner agencies in 2023–24.

## Improve access to quality health care

### Supporting people living with psychosocial disability

The National Disability Insurance Scheme (NDIS) has been a life-changing reform designed to improve the quality of life for people living with permanent and significant disability, including psychosocial disability. The scheme provides funding to eligible people for a range of supports, including household tasks and daily personal activities, workplace support and therapy.

At 31 March 2023, the NDIS supported 60,864 participants nationally with a psychosocial disability as their primary disability—totalling 10 per cent of participants within the scheme. Of this total, there were 11,329 active Queensland NDIS participants with a primary criterion of psychosocial disability. However, it is well-documented that there are a large number of people with lived experience of mental ill-health who are not eligible for NDIS support, and either have no or limited access to psychosocial support. Under *Better Care Together*, the Queensland Government has recognised this gap and is investing in enhanced provision of psychosocial supports via the non-government community mental health sector for those Queenslanders ineligible for the NDIS.

The Mental Health Commissioner remains a member of the National Disability Insurance Agency’s Mental Health Sector Reference Group, representing all the state and territory mental health commissions. A key focus for this committee is the implementation of the NDIS Psychosocial

Disability Recovery-Oriented Framework, which includes a comprehensive suite of information, education and training materials for NDIS participants, families and carers, service providers and the sector.

The Queensland Alliance for Mental Health (QAMH) has been funded by the Department of Child Safety, Seniors and Disability Services as the Psychosocial Peak Body in Queensland. This role includes providing information and referral services online and over the telephone to assist people to find local support services and community resources; education and training to influence community attitudes and remove barriers to inclusion; and expert feedback and advice to the government on the NDIS and other matters impacting Queenslanders who are experiencing psychosocial challenges.

The Commission will continue to work with QAMH to improve the accessibility of psychosocial supports for those that need them.

## Strengthen social inclusion and human rights protections

### Human rights research

Despite the implementation of the *Mental Health Act 2016* and its intent to minimise coercion and enhance patient autonomy, the use of forensic treatment orders has increased in Queensland since 2000.

In response, the Commission funded the University of Canberra to undertake a three-year research project, which commenced in February 2022, titled *Intersections of Mental Health and Human Rights in Queensland*.

The project will identify reasons for the unintended increase in involuntary psychiatric treatment in Queensland. The project will also recommend strategies to implement evidence-informed alternatives to restrictive practices in Queensland’s mental health services.

In its second year, the research project included consultation forums with representatives from lived experience organisations, the Mental Health Lived Experience Peak Queensland and carer organisations, along with two focus groups with mental health clinicians.

## Restorative practice

In 2022, the Commission provided funding for an independent evaluation of an Australian-first restorative practice in mental health services trial at The Prince Charles Hospital. Restorative practice is a strategy that seeks to repair relationships that have been damaged through conflict or harm.

The final evaluation report of the trial concluded that the implementation of restorative practice at The Prince Charles Hospital was a significant achievement. Despite a relatively small group of participants, the evaluation gathered considerable evidence that the use of restorative practice in mental health services had generated a variety of benefits, including alternative strategies to prevent or respond to conflict in mental health settings. Consumers reported more positive engagement with each other, as well as with staff, avoiding repeating the behaviour that caused the harm.

Those who benefited included not only people who had been harmed but also the people who had caused the harm, together with a range of other stakeholders. Importantly, evaluation participants almost unanimously believed there was no downside to introducing restorative practice.

The evaluation findings offered learnings for further rollout of restorative practice to other mental health services. For example, they highlight the value of co-locating a restorative practice lead (project coordinator) within the teams where restorative practice is being implemented, and of persevering with this arrangement for at least several months. However, co-location needs to be managed carefully and actively supported by team leaders.

To overcome some of the barriers to its implementation at other mental health services, the report recommends a strong focus at the outset on the ways in which restorative practice could be used proactively to build a restorative ward and team culture, and how this might support people's recovery journeys.

Following the successful outcomes of the project, Queensland Health has confirmed that restorative practice will be implemented in other mental health services.

## Increase workforce participation

### Tailored employment initiatives for people with a lived experience

The Commission continues to work with government and non-government stakeholders to improve employment outcomes for people experiencing mental illness and problematic AOD use.

In 2022–23 the Commission continued to work with the now Department of Youth Justice, Employment, Small Business and Training (DYJESBT) to build on existing programs, such as Skilling Queenslanders for Work and Back to Work, to enhance employment pathways and opportunities for people experiencing mental illness and problematic AOD use.

The Social Enterprise World Forum was held in Brisbane on 28–29 September 2022. The event was sponsored by DYJESBT and co-hosted by White Box Enterprises. The World Forum is the global flagship event for the public, private and non-government sectors, including social enterprise practitioners, investors, policy makers, academics and social investors.

The theme for the World Forum was *co-creating the future*. The World Forum convened global participants to share principles and experiences around policy and systems, Indigenous social enterprise, and identified the strengths and opportunities of working collaboratively.

In support of the World Forum, the Commission sponsored the event and funded bursaries for Queensland Government senior executives and Strategic Leadership Group members to attend. The Commission also hosted a showcase event following the World Forum including a keynote address from Mr Seb Elsworth MBE, Chief Executive Officer of Access – The Foundation for Social Investment.

Mr Elsworth's address focused on lessons from the social enterprise movement in the United Kingdom and how they have unlocked funds to support non-profits and social enterprises to become more sustainable and deliver critical community services across the United Kingdom. The showcase event was attended by participants from 13 government departments, encouraging them to further consider how supporting social enterprise can provide employment opportunities for people traditionally disadvantaged in the labour market.

The Commission also continues to support the Queensland Government's social procurement objectives which uses the government's purchasing power to generate social benefits, particularly employment. The Commission has a long-established practice of procuring services from social enterprises wherever possible and will further enhance and expand these processes in the coming year.

## Support the workforce

### Training to address AOD stigma and discrimination

People who use drugs continue to experience stigma and discrimination in Queensland. Negative perceptions and behaviours, particularly in healthcare settings, cause significant harm because they create barriers to seeking and accepting treatment and support.

During the year, the Commission partnered with Queensland Injectors Health Network (QulHN) to deliver phase two of anti-stigma workforce training called Putting Together the Puzzle.

The training is targeted at health professionals and aims to reduce AOD-related stigma and discrimination by challenging negative attitudes and providing insight from the perspective of people with a lived experience.

From September 2022 to March 2023, QulHN delivered 18 face-to-face and online Putting Together the Puzzle workshops that reached 325 health professionals and community-based workers across the state.

### Leading Reform Summit Workforce Forum

On Friday 25 November 2022, the Commission's Leading Reform Summit 2022 Workforce Forum brought cross-sector leaders together to discuss critical workforce barriers and challenges facing the mental health, AOD, suicide prevention and related sectors. Delegates represented state and federal governments, the private sector, primary healthcare and non-government sectors, lived experience, allied health, peak and professional bodies, unions and academia.

The forum provided a platform to undertake a whole-of-system dialogue about the workforce to determine innovative solutions and areas for strategic focus. It also continued a conversation about how the broader system—within and beyond the healthcare sector—can better work together to leverage cross-sector opportunities and ensure that Queensland has the workforce needed now and into the future. Delegates focused on five topics: building workforce supply, building workforce skills, knowledge and capability, supporting the wellbeing and retention of the workforce, creating a sustainable rural and remote workforce, and strengthening system enablers. The forum outcomes will inform workforce strategic planning at the national, state and local levels.

## Focus area 2

# Invest to save

**Promoting mental health and reducing the incidence and impact of mental illness requires a population health approach that touches all the key settings and aspects that shape everyday life. It also requires a strong service delivery system and supportive economic and social policy.**

Community awareness and understanding of the factors that support mental health and wellbeing are important, as is understanding the signs and symptoms of vulnerability or illness, and where to get help if needed.

The service and support system must be oriented towards prevention and health promotion, as well as intervening early when the risk factors and social determinants of vulnerability and ill-health become evident.

In 2022–23 the Commission has continued to focus on strategies to strengthen mental health and wellbeing, starting from a child's early years through to the workplace and the community. Mental health, AOD and suicide prevention literacy is important, along with increasing early intervention responses to address diverse needs and experiences.

## Strengthen mental health and wellbeing

### Beyond Blue partnership

Beyond Blue has continued to deliver a range of national programs under an annual funding arrangement delivered in partnership with the Commission on behalf of the Queensland Government. The services provided under this agreement include the Beyond Blue Support Service, NewAccess for Small Business Owners, Be You and The Way Back Support Service.

Queenslanders can also access support through Beyond Blue's range of 24/7, on-demand services, including online chat forums and resources, a telephone support line, peer support community and email support. People contact Beyond Blue most commonly with concerns about anxiety, worry and depression. Between July 2022 and June 2023, there were more than 600,000 sessions on the Beyond Blue website from Queensland and there were over 8,000 resources downloaded from the website. While the overall website traffic numbers from Queensland are declining, Beyond Blue has seen a significant increase in engagement through its social media platforms.

Beyond Blue's Speakers Program is also active in Queensland. The program is designed to raise community awareness, reduce stigma and encourage help-seeking by engaging people with lived experience to speak about their experience of anxiety, depression or suicidality, and recovery. In the last year, Beyond Blue's Speakers Program has increased significantly and there are currently 23 speakers and two ambassadors throughout Queensland. In the last year, they spoke at 50 Queensland events, reaching an estimated audience of 14,000 people.

Beyond Blue and Queensland Health continue to deliver The Way Back Support Service across Queensland to provide aftercare support for people following a suicide attempt. Across Queensland, The Way Back Support Service operates in 10 sites across all seven Primary Health Networks. There were 3,306 referrals across Queensland to the service between July 2022 and June 2023.

Ongoing collaboration between the Commission and Beyond Blue, at all levels, ensures the needs of Queenslanders continue to be addressed, including through the Commissioner's membership on Beyond Blue's National Advisory Committee.

## Getting in early

### Promote the best start in life

The experiences and interactions that a child has during the early years has a significant impact on their social, emotional, physical and cognitive development. Research has shown children who have positive experiences during the first 2,000 days of life have better lifelong mental health outcomes, therefore investing in early development is essential for building a strong foundation for the wellbeing of Queensland children.

In August 2022 the Commission convened the Early Years Mental Health Roundtable of more than 30 experts from across Queensland to inform priority setting and strategic direction for the renewal of *Shifting minds 2018–2023*, with a focus on the early years (0–12 years). The roundtable was also designed to inform the development of a promotion, prevention and early intervention outcome and investment framework.

The roundtable created an opportunity for leaders from different sectors to jointly consider how to strengthen system enablers to support better mental health in the early years. Key themes emerging from the roundtable contributed to informing priority setting and strategic direction for the renewal of *Shifting minds 2018–2023*.

The roundtable heard from the Centre of Research Excellence in Childhood Adversity about research into preventing mental health morbidity among children living with adversity. The Queensland Centre for Perinatal and Infant Mental Health also presented its Nurture and Enhance Model which was developed with funding provided by the Commission. The model identifies the policy and program enhancements required to strengthen the integrated continuum of perinatal and infant mental health prevention and interventions available to Queensland families and infants. The Nurture and Enhance Model development is nearing completion and is due to be released in the coming months.

In addition to the roundtable, the Commission also funded the evaluation of a home-visiting parent program aimed at supporting parents to nurture and respond sensitively to foster development and form strong and healthy relationships with infants and toddlers who have experienced adversity. The Attachment and Biobehavioural Catch-Up (ABC) program was developed by the University of Delaware and piloted by Accoras across South East Queensland.

The evaluation identified opportunities to enhance workforce capacity in understanding the importance of infant mental health. Accoras won the Early Years and Earle Duus Awards at the Queensland Mental Health Week Achievement Awards in October 2022 for its work on this pilot program and supporting infant mental health. Continuing to develop and sustain systemic leadership in infant mental health is a priority for the Commission that can offer substantial benefits and returns.

## Increase early intervention responses

### Targeted responses for young people

The Commission continued to work with an external provider to develop a capability framework for non-health workers and volunteers engaging with young people experiencing vulnerability. This framework was developed through extensive consultation with key stakeholders and forms the foundation for a broader piece of work to develop further professional development resources in the next two years.

The Commission also progressed recommendations from the Child Death Review Board (CDRB). The CDRB was established on 1 July 2020 to review systems after the deaths of children known to the child protection system. The CDRB publishes an annual report identifying opportunities for continuous improvements and preventative measures, and makes specific recommendations to government agencies.

In response to recommendation eight from the CDRB Annual Report 2020–21, the Commission and the Queensland Family and Child Commission (QFCC) partnered to develop and deliver a youth-friendly micro-campaign to raise awareness about mental health services for children and young people, and about their right and ability to consent to and access them.

The campaign included a new series of youth-focused videos that aim to:

- encourage help-seeking from young people experiencing mental health challenges or mental ill-health
- improve awareness about the availability of specialised, free and confidential youth mental health services
- encourage peer-to-peer support, and
- educate children and young people about their right and ability to consent to and access mental health services without requiring parental consent.

Young people were involved throughout the video development process, including with the QFCC Youth Advocates on the key issues. Young people were engaged to obtain input and ideas and the videos were storyboarded and designed by young people. The videos were also provided to young people for testing and feedback (including on the script and style).

These videos were shared across various Commission and QFCC channels (including websites, social media pages and newsletters) from June 2023 and promoted to relevant networks and stakeholders.

The Commission also partnered with the QFCC to host a High-Risk Behaviours Forum on 15 November 2022, bringing together over 50 Queensland stakeholders from government, non-government and academia to explore how this small cohort of young people can be better supported. This information informed the development of the renewed *Shifting minds 2018–2023* and will continue to inform the work the Commission is progressing in relation to youth suicide prevention over the coming years.

## Strengthen mentally healthy environments

### Staying well in small business

Queensland has more than 452,000 small businesses, which represent 97 per cent of businesses statewide. Evidence shows that the level of psychological distress among people in small businesses is higher than the general population, with owners and staff facing work-related stressors unique to small business including long work hours, social isolation, cash flow issues, job and financial insecurity, and lack of administrative support.

Additionally, many small business owners have experienced distress in response to the challenges created by COVID-19 and the ongoing financial impacts, as well as rising cost of living pressures experienced across the community. Small business owners and staff have reported facing difficulties in accessing support, including a lack of expertise in human resources issues and difficulty taking time off work.

The Commission continues to support initiatives for small business owners and sole traders through the activities outlined below.

### Small Business Support and Wellness Package

In partnership with the now Department of Youth Justice, Employment, Small Business and Training (DYJESBT), the Commission has progressed funding of \$1.21 million over two years to enhance the availability of wellbeing support for small business owners across Queensland. This funding has enabled the extension of wellness coaches across Queensland from two to three years.

Wellness coaches help small business owners with unique and personal business challenges, needs and opportunities in a free one-on-one, supportive environment. Wellness coaches are available to work with business owners and their family members who are employed in the business. A coach can help connect individuals with services and refer individuals to specialist providers for support to reduce stress, improve wellbeing and provide flexible business support. The coaches work with the Rural, Small Business and Tourism Financial Counsellors Network across Queensland.

The Commission's funding has also enabled an independent evaluation to understand the mental health impacts of services provided through the statewide network of counsellors supporting small businesses. The evaluation has commenced and is due for completion in late 2023.



### Small Business Mental Wellbeing Initiative

As Queensland's peak industry representative, Business Chamber Queensland (previously Chamber of Commerce) has a lead role in recognising and supporting the mental health and wellbeing of Queensland small businesses in partnership with state and local governments and local chambers.

During 2022–23, the Commission provided funding of \$150,000 to Business Chamber Queensland to deliver a series of forums across Queensland to increase awareness of the resources and tools available to support the mental health and wellbeing of small businesses.

Almost 400 people attended the forums across Queensland during February and March 2023. Participants reported that the events provided information and resources to support their understanding of mental health and wellbeing, with 98 per cent of participants who provided feedback stating that they found value in attending.

### The Chamber Wellness Fund

The Chamber Wellness Fund is helping Queensland Chambers of Commerce to build awareness of mental health services and to upskill chambers and its members to support business owners. More than 30 Queensland Chambers of Commerce were successful in receiving grants of up to \$5,000 to develop and implement local mental health wellness initiatives tailored to the small business owners and operators in their area. This is part of the Queensland Government's Small Business Wellness Package and is a partnership between the Commission, DYJESBT and Business Chamber Queensland.

### Community leadership for wellbeing

Mentally Healthy City Townsville (MHCT) is a place-based approach to strengthening mentally healthy environments and community wellbeing that commenced in 2018. The initiative aims to address the systemic conditions required for an effective and sustainable place-based approach to mental health and wellbeing.

MHCT's priority areas include First Nations people, culturally and linguistically diverse people, and older people—with a focus on education settings and their role in building mental health and wellbeing.

The Commission provided funding to support the initiative with specific actions focused on achieving a sustainable model of local leadership for MHCT, and increasing local systemic capacity to enhance mental health at the individual, organisational and system levels.

The Commissioner attended the MHCT Community Leaders Forum on 16 December 2022, which brought together regional and local leaders to develop a shared commitment to secure the sustainability of this place-based initiative to mental health and wellbeing. The Commission continues to support the initiative into 2023, as it nears completion.

### Focus area 3

# Whole-of-system improvement

**Collective action, leadership and accountability is needed to drive whole-of-system change. All sectors have an important but different role to play, and shared leadership and accountability is required to deliver an improved, integrated system that better provides a mix of services across a continuum of care.**

Under *Shifting minds 2018–2023*, representation and participation of people with a lived experience of mental ill-health, alcohol and other drug (AOD) use, and suicide is critical to ensuring informed whole-of-system service design and delivery.

## Build on reform

### Positioning the non-government sector for the future

Community-managed mental health organisations provide practical supports to people experiencing mental distress within their own communities. This sector provides early, responsive, whole-of-person care with clear benefits to individuals and communities; and has the potential to significantly reduce pressure on the acute and tertiary mental health system.

The Commission has continued its work in partnership with the Queensland Alliance for Mental Health to undertake a systematic analysis of the non-government organisation (NGO) community mental health services sector.

The Commission engaged researchers from Griffith University and QIMR Berghofer Medical Research Institute to gain a comprehensive understanding of the sector, and to inform the development of a roadmap for the growth, development and sustainability of the sector. The research partners:

- Completed a rapid review of literature, policy and data sources, including submissions to the Inquiry into the opportunities for improving mental health outcomes for Queenslanders.
- Conducted focus groups with consumers and carers, people from multicultural and First Nations backgrounds, and interviews with NGO representatives.
- Administered surveys about consumer and carer experiences with NGOs, and perceived challenges, opportunities and priorities of NGO staff.

Data analysis has highlighted key areas for sector reform including strengthening the visibility and identity of the sector, workforce development, funding models, and service integration and coordination.

The report and roadmap, currently being finalised, will provide a contemporary information base for the Commission, government and the NGO community mental health sector on ways to advance and support the growth, development and sustainability of the sector.

## Stepping Stone Clubhouse evaluation

The Commission continues to support Stepping Stone Clubhouse and Queensland Health in the evaluation of the clubhouse's services. This support stems from a \$1.4 million investment by the Queensland Government over two years from 2020 to fund the clubhouse and undertake an evaluation.

The evaluation will provide an analysis of the social and economic value of the clubhouse model in Australian contexts and will indicate the potential for it to be leveraged at scale. The Commission's support of the evaluation complements work to support the growth, development and sustainability of the NGO community mental health services sector. The evaluation is well underway and due for completion in 2024.

## Reducing gambling-related harm

Gambling-related harm impacts are wide-reaching, affecting the individual experiencing problem gambling, their families, friends, workplaces and the broader community. The social costs of gambling include adverse financial impacts; physical, emotional and psychological distress; relationship and family impacts; and study, productivity and work-related costs.

The Commission acknowledges the complexities of gambling-related harm, and that people experiencing gambling-related harm may also be experiencing mental illness, suicidal distress or problematic AOD use. Approaches to prevent gambling-related harm, including early intervention, care, treatment and support need to consider the complexity of gambling harm, and the impact of broader social, psychological and economic determinants that contribute to harm.<sup>5</sup>

As a member of both the Responsible Gambling Advisory Committee and the Leadership, Culture and Public Health Working Group, the Commission plays a leadership role in implementing the Queensland Government's *Gambling Harm Minimisation Plan for Queensland 2021–2025*.

The plan aims to prevent and minimise gambling-related harm through a public health approach with interventions aimed at individual and community levels, in the gambling and built environments, and in health and welfare support systems, with greater focus on prevention and early intervention.

The Commission, Department of Justice and Attorney-General and Relationships Australia Queensland are co-leading the development of mechanisms to better engage people with a lived experience of gambling harm, and their families, friends and supporters to inform the development of gambling policy and programs.

The Commission is exploring ways to increase and improve gambling harm reduction initiatives to reduce gambling-related harm, problematic AOD use and suicidal distress, and improve mental health outcomes and the financial resilience of Queenslanders who gamble.

5 Livingstone, C, Rintoul, A, de Lacy-Vawdon, C, Borland, R, Dietze, P, Jenkinson, R, Livingston, M, Room, R, Smith, B, Stooove, M, Winter, R & Hill, P 2019, *Identifying effective policy interventions to prevent gambling-related harm*, Victorian Responsible Gambling Foundation, Melbourne. Accessed 9 March 2023 at <https://responsiblegambling.vic.gov.au/resources/publications/identifying-effective-policy-interventions-to-prevent-gambling-related-harm-640/>

## Drive reform through strategic leadership

### Evaluation of *Shifting minds 2018–2023*

The current *Shifting minds 2018–2023* concluded in June 2023 and an evaluation of the plan was completed by an independent consultant in 2022. The evaluation found that *Shifting minds 2018–2023* set a strong reform foundation for the mental health, AOD and suicide prevention portfolio areas and that it was a progressive and appropriate plan remains valid and relevant. The evaluation noted there is strong cross-agency awareness of, and agreement to, the mental health, AOD and suicide prevention reform agenda; stakeholders saw value in a whole-of-system approach; and there is momentum to be leveraged.

The evaluation identified an opportunity to be more catalytic in the next phase of the plan, and to capitalise on the commitment across government for cross-agency and collaborative efforts. It also identified a need to improve the way data, evidence and evaluation is shared across government to build a more comprehensive response to mental health, problematic AOD use and suicide prevention.

In consideration of these findings, the Commission adopted an approach to renew *Shifting minds 2018–2023*, rather than to develop an entirely new strategic plan. The recommendations from the evaluation will be addressed in the accompanying implementation plan for the renewed *Shifting minds 2018–2023*.

### Development of *Shifting minds 2023–2028*

During 2022–23 the Commission began the renewal of *Shifting minds 2018–2023*.

The development of the new *Shifting minds 2023–2028* was informed by consultation with people with lived experience and their families and carers as well as stakeholders across sectors, evidence and research, recent state and national system reviews and inquiries, a thematic analysis of the Queensland Parliamentary Inquiry into the opportunities to improve mental health outcomes for Queenslanders,<sup>vi</sup> and an independent evaluation of *Shifting minds 2018–2023*.

In line with the *Queensland Mental Health Commission Act 2013*, the Commission consulted a wide range of stakeholders during the renewal of *Shifting minds 2018–2023*. Throughout 2022–23, the Commission undertook a participatory, inclusive and comprehensive consultation process with over 640 people throughout Queensland. The Commission sought and considered the views and needs of diverse groups

and communities, including First Nations Queenslanders, culturally and linguistically diverse communities, regional and remote communities, LGBTIQ+ people, people with disability, and other groups at risk of marginalisation and discrimination.

### Strategic Leadership Group

Cross-sector leadership is vital to drive Queensland's mental health, AOD, and suicide prevention reform agenda. The Strategic Leadership Group (SLG) was created in 2019 as a leadership and governance mechanism to monitor support the progress of the reforms detailed in *Shifting minds 2018–2023*. The group includes senior government officers from a range of agencies, who oversee delivery of the strategic objectives and actions of *Shifting minds*, but also look for synergies across government to support collaborative initiatives.

During 2022–23 the SLG provided input and oversight into the renewal of the *Shifting minds 2018–2023*. Early in 2023 the SLG reviewed its governance arrangements and highlighted its remit within the terms of reference to provide strategic oversight of the sub-plans under *Shifting minds*, including *Every life* and *Achieving balance*.

### Mental Health Lived Experience Peak

The Mental Health Lived Experience Peak Queensland (MHLEPQ) registered as an independent organisation in 2021 as an outcome of the Queensland Mental Health Consumer Representative Peak Establishment project. The Commission continued as an auspicing body until January 2023, with the MHLEPQ now directly contracted by Queensland Health.

The MHLEPQ has over 100 members and is governed by a seven-member board. The MHLEPQ's function is to provide policy and system advocacy for and with consumers in Queensland. Its strategic direction is guided by lived experience expertise, with a vision for 'a mental health system every Queenslanders deserves'.

The MHLEPQ has been proactive in its advocacy role including submissions to the Queensland Parliamentary Inquiry into the opportunities to improve mental health outcomes for Queenslanders and the draft National Stigma and Discrimination Reduction Strategy.

Although the auspice relationship has ended, the Commission continues to work with the MHLEPQ as a key partner in system reform.

## National Mental Health Consumer and Carer Forum

Supported by Mental Health Australia, the National Mental Health Consumer and Carer Forum (NMHCCF) provides a mechanism for consumers and carers to inform mental health policy reform at the national level.

In 2022–23 the Commission continued to support the NMHCCF through its annual funding contribution on behalf of the Queensland Government, and provided support to Queensland’s consumer representative and carer representative.

Three face-to-face meetings of the NMHCCF were held, as well as additional online working group meetings to progress the work of the forum. Highlights include:

- Submissions to the:
  - Department of Social Services on proposed revisions to the *Disability Services Act 1986*
  - National Mental Health Commission on the development of the National Stigma and Discrimination Reduction Strategy
  - panel co-chairs Professor Bruce Bonyhady and Ms Lisa Paul for the Independent Review of the National Disability Insurance Scheme (NDIS)
  - Australian Government Treasury regarding the Employment White Paper Terms of Reference
  - Joint Standing Committee on the NDIS inquiry into the capability and culture of the National Disability Insurance Agency (NDIA).
- Position statements on the:
  - establishment of a National Peer Workforce Association
  - establishment of National Mental Health Consumer and Carer Peak Bodies.

To assist Queensland’s jurisdictional representatives in maintaining currency around the mental health sector, and to provide an opportunity to further build their networks, the Commission supported their attendance at the 23rd International Mental Health Conference in September 2022.

## Contribute to national leadership

The Commission regularly participates in national reform and policy setting activities through submissions to inquiries and policy reviews, and by frequent engagement with its interstate and national counterparts.

This includes participating in regular Joint Commissioners’ meetings that bring together interstate commissions, the National Mental Health Commission and New Zealand representatives to discuss initiatives and issues of mutual interest. The Commission is also represented on the National Disability Insurance Agency’s National Mental Health Sector Reference Group, the Oceania Mental Health Advisory Committee, the Commonwealth Schedule A (of the National Mental Health and Suicide Prevention Agreement) Working Group and the Beyond Blue Board.

## Increase Queensland’s lived experience workforce

The *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* (the Framework), funded by the Commission, was released in 2019. The Framework, developed by lived-experience researchers, arose in response to the findings of Commission-funded research undertaken by Dr Louise Byrne in 2016–17 published in *Identifying barriers to change: The lived experience worker as a valued member of the mental health team*. The Commission has engaged with the sector, including the peer workforce sector, to seek input on readiness and progress implementation of the Framework.

The Commission also partnered with the Queensland Lived Experience Workforce Network (QLEWN) and Brook RED to deliver a lived experience workforce day at the Commission’s Leading Reform Summit 2022. The aim of the forum was to develop sector leadership and advocacy, strengthen peer knowledge exchange and networking, support workforce skill development, and identify and address key workforce issues (such as professionalising the workforce, workforce safety and wellbeing, and practice supervision).

The day brought together more than 100 peer leaders and the frontline lived experience workforce to discuss the key priorities and opportunities to strengthen the future direction of the existing and emerging lived experience workforce. Priority areas included training, leadership, supervision and mentoring, networks, pathways, and influence for the Queensland lived experience workforce.

The Commission funded the lived experience workforce event and provided bursary support to over 30 people with lived experience from across Queensland to attend the summit in person. The Commission received funding in the 2022–23 State Budget to further promote and develop the lived experience workforce and will be progressing initiatives to further support the implementation of the Framework in 2023–24.

## Focus area 3: Whole-of-system improvement

### Mental Health Peer Scholarship program

The Australian Government has partnered with the Commission to deliver 178 scholarships from 2023 to 2025 for Queenslanders to study for the Certificate IV in Mental Health Peer Work. This opportunity supports the growth and development of Queensland's peer workforce.

The Commission has engaged the Queensland Alliance for Mental Health to administer the scholarships, and to offer support to successful applicants through peer supervision, mentoring and community of practice. Brook RED will provide peer mentoring to all scholarship recipients in Queensland.

The scholarship funds each recipient up to \$4,000 towards course fees, and \$1,000 to support attendance and study material to remove possible barriers to successful completion of the course. The first intake commenced in April 2023 with 55 scholarships offered, with a focus on attracting applications from First Nations people and people who live in rural and remote areas.

### Renew cross-sector AOD responses

#### Release of *Achieving balance*

The Commission works with stakeholders and partner agencies to drive reform to reduce AOD-related harm. The Commission is responsible for collaboratively developing, monitoring and reporting on the renewed whole-of-government, cross-sector AOD plan on behalf of the Queensland Government.

*Achieving balance* was released in October 2022 by then Minister for Health and Ambulance Services, the Honourable Yvette D'Ath MP.

*Achieving balance* is a whole-of-government plan that puts into action the Queensland Government's commitment to prevent and reduce problematic AOD use. It sets the direction for a more coordinated system to achieve balance across the pillars essential to minimising harm: demand reduction, harm reduction and supply reduction.

The plan has five strategic priorities for improving AOD-related outcomes for Queenslanders and each priority is complemented by a set of evidence-based cross-sector actions:

1. Prevention and early intervention
2. Enhance treatment and support systems
3. Expand diversion
4. Reduce stigma and discrimination
5. Reduce harm

In the past year, early implementation has progressed across agencies. Achievements include:

- expansion of the Police Drug Diversion Program to include diverting people who possess small quantities of any illicit substance for personal use away from the criminal justice system to a health response
- approval for a statewide drug checking trial for fixed and mobile sites
- consultation on proposed measures to develop a new regulatory framework for online alcohol sales and deliveries in Queensland
- two phases of the Keep an Eye on Your Drinking public awareness campaign that focuses on reducing alcohol-related harm, and
- progress with the renewed approach to alcohol management in discrete First Nations communities.

The Commission will continue to work with key agencies, stakeholders and communities to progress implementation of *Achieving balance*. Implementation is supported by robust governance, including the *Achieving balance* Strategic Implementation Group. An independent consultant has been engaged to develop a monitoring and evaluation framework which is due for completion in September 2023. This will guide ongoing measurement of progress and impact.

#### *Achieving balance* Strategic Implementation Group

Robust governance and collective leadership are critical for creating an authorising environment that enables effective action.

Overall implementation of *Achieving balance* is overseen by the Shifting Minds Strategic Leadership Group (SLG). To support the SLG in this function, in early 2023 the Commission established a cross-sector Strategic Implementation Group (SIG) tasked with championing, embedding, and providing collective leadership for the implementation of *Achieving balance*. The SIG identifies system barriers, gaps and opportunities and facilitate system coordination to support the implementation of the priority actions.

The SIG comprises senior representation from relevant government agencies, peak body representatives from the non-government sector and Aboriginal and Torres Strait Islander Community Controlled Health Organisations, and people with a lived experience of AOD use.

The SIG will continue to meet regularly for the life of the plan and will be an important mechanism for monitoring progress and impact.

## Expanded Police Drug Diversion Program

Alongside many key stakeholders, the Commission has advocated for expanded diversion from the justice system for people possessing illicit drugs for personal use. Within *Achieving balance*, priority actions include the expansion of eligibility criteria of the current Police Drug Diversion Program and increasing the availability of health responses for people experiencing problematic AOD use.

In April 2023, the Queensland Parliament passed the *Police Powers and Responsibilities and Other Legislation Amendment Bill 2023*.

The amendment includes expansion of the Police Drug Diversion Program to include eligibility for people in possession of small quantities of any illicit substance for personal use. A tiered approach has been introduced, which includes a warning for the first minor drug-possession offence and referral to a Drug Diversion Assessment Program for the second and third minor drug-possession offence. A police officer will issue the person a notice to appear in court at the fourth minor drug-possession offence.

The Commission welcomes this expansion of the diversion program, aligning with research that drug diversion programs that move people away from the criminal justice system and towards a health response are more effective at addressing underlying factors that influence drug use. Intervening early with health-based pre-court actions can reduce drug use, and improve individual physical, mental and social wellbeing outcomes.

Harsh and punitive approaches to personal drug use and AOD dependence are ineffective and often counter-productive, with criminal justice responses exacerbating social, financial and legal harm. Diversion approaches also reduce the burden on police, courts and other areas of the criminal justice system.

Close monitoring and evaluation of the expanded Police Drug Diversion Program is required to understand the impacts of the policy change, as well as identification of additional reforms required to optimise the approach.

## Drug checking approved in Queensland

On 25 February 2023, the Queensland Government announced the introduction of drug checking for fixed and mobile sites. Introduction of drug checking services is a key action under the *Achieving balance* priority to reduce harm.

Drug checking is a voluntary, free and confidential harm reduction service that engages people intending to use substances in a brief health intervention combined with results of chemical analysis of their substances. The service empowers the person with information about the substance, the likely risks associated with that particular substance and the harms they may experience if the drug is consumed. This approach allows people to make informed choices about their substance use, including opting not to consume drugs.

Drug checking has been trialled and tested both in Australia and internationally and proves to be an effective intervention. Making this service accessible in Queensland is a positive step forward and enhances Queensland's efforts to reduce drug-related harm.

## Alcohol management

The Commission continues to support the alcohol management approach led by the now Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA). The objective of the renewed approach is to ensure remote communities are safe, thriving and self-empowered to manage and reduce alcohol-related harm. The process is co-designed and community-led, using tailored strategies to suit each community's unique characteristics and aspirations.

The Commission has supported the development of the *Sly Grog Strategy 2022–2023* (the Strategy). The Sly Grog Working Group is the community advisory body responsible for identifying suitable options for addressing the impact of sly grog in remote and discrete First Nations communities with alcohol restrictions.

The Strategy aligns with the harm minimisation framework of the *National Drug Strategy 2017–2026*, *Achieving balance's* focus on reducing alcohol-related harm and the approach to alcohol management.

The Commission participates as a special advisor and an agency partner to support several joint actions of the Strategy. These joint actions focus on reducing both demand and harm in remote First Nations communities. The actions supporting demand reduction include co-designing early intervention programs focused on at-risk groups, and supporting communities to develop locally-led, culturally sensitive public health campaigns. The actions supporting harm reduction include the establishment of a working group to support liquor licensees to promote responsible service of alcohol and safe onsite consumption. The Commission has partnered with Queensland Health, Torres Cape Indigenous Council Alliance and local councils, and Primary Health Networks to support these joint actions.

### Keep an Eye on Your Drinking alcohol campaign

The Commission provided funding of \$500,000 for the Keep an Eye on Your Drinking campaign which has been developed, and continues to be delivered, by Queensland Health. The campaign is part of Queensland Health’s *Improving healthy behaviours to reduce harms from risky alcohol consumption communications strategy 2021–2026* and aligns with *Achieving balance* priority actions to reduce alcohol-related harm through alcohol awareness campaigns.

The aim of the campaign is to:

- increase understanding of the Australian recommended alcohol consumption guidelines
- increase knowledge of the harms of risky alcohol consumption
- increase understanding of the benefits of reducing alcohol consumption
- increase adoption of strategies to help reduce risky alcohol consumption, and
- increase awareness and knowledge around help seeking, information and resources to ensure the audience know where to go for help and support.

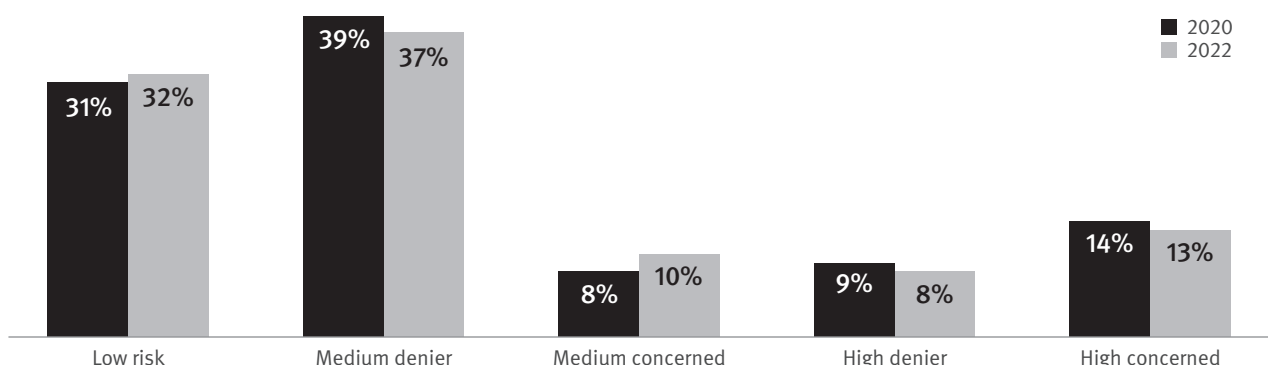
Drinking alcohol is culturally ingrained among Queenslanders across all life stages. More than 80 per cent of Queenslanders have had an alcoholic drink in the past 12 months and 38 per cent exceed the National Health and Medical Research guidelines to reduce the risk of alcohol-related harm.<sup>6</sup> Alcohol has contributed to deaths and caused many injuries and health conditions such as chronic liver disease, liver and other cancers and neoplasms, coronary heart disease and others. In Australia, the estimated healthcare costs attributable to alcohol range from \$1.9 billion to \$2.6 billion per year.<sup>7</sup>

Between 19 September 2022 and 5 October 2022, an online survey was conducted by Queensland Health to research attitudes and behaviours associated with alcohol use. Respondents included 1,558 Queensland residents aged 18 years and over. Respondents were placed in segments based on their reported engagement in ‘risky’ drinking and their amenability towards changing their behaviour (refer to Figure 1).<sup>8</sup>

Based on the above data, the campaign selected the following target audiences who represent the largest proportion of at-risk drinkers and those who are ready to change their drinking behaviour:

- individuals drinking at a medium-risk level, but do not think their drinking is a problem (deniers) (approximately 32 per cent of Queensland population)
- individuals drinking at high-risk levels who are concerned about their drinking (approximately 12 per cent of Queensland population).

Figure 1: From the evaluation of phase one of the campaign



6 Health of Queenslanders 2020, Report of the Chief Health Officer Queensland.

7 Ibid

8 Kantar Public. (2022). *Reducing Harms From Risky Alcohol Consumption Campaign Evaluation Report*.



Campaign messaging is tailored to the attitudes and behaviours of each group, to ensure they resonate with and reach the intended audiences effectively.

The strategy has been designed to guide the development of annual communication plans and tactics over five years. It is hoped that this will lead to a cultural shift towards positive perceptions of low-risk drinking and healthier behaviours to change attitudes so excessive drinking becomes less socially acceptable.

An evaluation of the first phase of the campaign found it was successful in achieving campaign message recall, encouraging self-reflection about alcohol consumption, and improved understanding of the recommended alcohol consumption guidelines. Actions taken after seeing the campaign indicated positive behaviour change with both medium and high-risk audiences.

## Whole-of-government and cross-sector suicide prevention reform

### Review of *Every life* Phase One

*Every life* is Queensland's whole-of-government and whole-of-community plan to reduce suicide and its impacts. *Every life* was released in 2019 and is a sub-plan of *Shifting minds 2018–2023*.

*Every life* was designed to be implemented over three phases across 10 years. Phase One consisted of 60 actions implemented across 15 Queensland Government agencies between 2019 and 2022.

In May 2022, the Commission engaged an independent review of *Every life* Phase One, with a focus on the systemic impact of the plan and implementation progress. The review found solid and positive engagement and support for *Every life* across government, non-government, community and industry sectors. The review found the areas with positive momentum were reducing access to lethal means, making every contact with government agencies an opportunity for intervention, and supporting Queensland children and families to thrive.

The review also identified opportunities to broaden the focus of suicide prevention efforts to address the social determinants of mental health and wellbeing, and recognised the value of increased collaboration and enhanced support for community-based and peer support activities. While most of the 60 actions were completed in Phase One, some actions will be continued in Phase Two of the plan. Common barriers to advancing actions were the scale of the challenge and the lack of a framework for collaboration.

Finally, the review found there is a need to improve the collection, use and sharing of data to drive reform, monitor changes over time and inform prevention activities. Findings from the review have assisted in shaping priorities for *Every life* Phase Two and will be utilised during implementation.

Phase One of *Every life* was successful in embedding a whole-of-government approach to suicide prevention and creating a shared sense of ownership across government and beyond the health system. Annual progress reporting against the actions from Phase One has confirmed that many actions have been embedded into business-as-usual for agencies, creating a solid foundation to build upon.

### Development of *Every life* Phase Two

To develop Phase Two of *Every life* (from 2023 to 2026), the Commission engaged with a broad cross-section of Queenslanders to review the whole-of-government strategic directions and priorities for suicide prevention in Queensland. This included people with lived experience of suicide and those who support them, First Nations people, people in rural and remote communities, people from culturally and linguistically diverse communities, LGBTIQ+ people, peak bodies, non-government and sector organisations and government agencies, as well as members of the general community.

Consultations commenced in October 2022, and activities included a series of community forums that were held in metropolitan, rural, regional and remote locations throughout Queensland. A separate consultation process to support the renewal of *Shifting minds* provided additional opportunities for gathering suicide prevention information and insights.

Key themes that emerged from consultations were:

- There is a need to broaden the model for suicide and suicide prevention to include the social determinants of health and wellbeing, and consider the influences and factors that shape people's daily lives.
- People who are seeking help in times of distress require responses that consider their culture, age and life stage, sexuality and past experiences of trauma.
- The voices of people with lived experience of suicide should be central in the design and delivery of services.
- It is vital for community members to have the capability, confidence and capacity to provide place-based responses to those in distress.
- Assumptions about mental ill-health and suicide should be replaced with evidence-based approaches that emphasise wellbeing.
- Suicide prevention needs to start before a person reaches a crisis point, and there should be an increased focus on and investment in early intervention to address psychosocial risk factors for suicide, such as housing and employment insecurity.
- Community-led responses and the role of the suicide prevention peer workforce should be elevated.

Suicide is complex, with no one cause or solution. *Every life* Phase Two provides a plan of action for preventing suicide through a comprehensive set of initiatives, including building resilience to prevent suicide, intervening early in distress and vulnerability, providing intensive responses at crisis points, and whole-of-system supports during key life stages and pivotal life events.

Based on the outcomes of consultation, Phase Two of the plan was adjusted to focus on building and supporting joint initiatives, collective effort, and partnerships across agencies and sectors. The four action areas in Phase Two (2023–26) to support ongoing reform are:

1. Building resilience—improving wellbeing in people and communities
2. Reducing vulnerability—strengthening support to people disproportionately impacted by suicide
3. Enhancing responsiveness—enhancing responses to people in distress or suicidal crisis
4. Enabling reform—strengthening the systemic enablers for reform.

### Understanding and responding to male suicide

In Queensland, throughout Australia and internationally, men continue to have disproportionately high rates of suicide. *Every life* includes a range of strategies to better understand, respond to, and reduce and prevent suicide among high-risk groups.

As part of this commitment, the Commission funded an independent systemic review of male deaths by suicide in Queensland to examine any patterns, contribute new knowledge and build understanding to assist suicide prevention efforts. This project was delivered in partnership between the Commission and the Coroners Court of Queensland.

An independent expert was granted access to coronial investigation material to undertake an in-depth review of male suicide cases. The Coroners Court of Queensland provided case records for 155 male deaths by suicide for examination. This focal group included all males aged 25 years and over who died by suicide in Queensland over approximately three months in 2021.

The review focused on moving understanding beyond the well-established information about who dies by suicide to better understand why suicide among men occurs, and how it may be more effectively prevented. The findings challenge the perception that men do not seek help and suggest that help-seeking may not currently result in effective responses to the underlying needs and circumstances of men experiencing suicidality.

The review strongly suggests that a one-size-fits-all response is unlikely to successfully reduce or prevent male suicide, and that the help men currently receive may not be the help they want or need. The Commission is exploring ways to enhance system responsiveness to men's needs through the ongoing implementation of *Every life*.

The report also found there were relatively few indicators of early intervention and/or holistic responses across agencies or services. Improving early intervention and whole-of-community responses to men in distress will be an area of focus for the Commission going forward.

The review has been shared on the Commission's website and with other agencies and is helping them to develop and implement tailored responses to male suicide.

## Improving suicide surveillance

The Commission recognises that high-quality data about suicide provides the foundation for effective suicide prevention. As part of *Every life* Phase Two, the Commission has committed to improving the way that data is gathered and used to drive suicide prevention efforts.

Monitoring suicide, suicide attempts and crises gives crucial information about changes in trends and risk factors over time. Timely and accurate data plays a vital role in detecting emerging issues and informing place-based responses, including suicide postvention measures. Having comprehensive information enables assessment of whether suicide prevention activities are having an impact and helps to identify opportunities for improving systems.

To ensure that suicide prevention responses are as effective as possible, Queensland's suicide surveillance systems need to be fit for purpose. The surveillance system must be able to meet stakeholders' evolving information needs, provide reliable data and support early intervention.

The Commission engaged an independent review of the current suicide surveillance systems to make recommendations for improvement. The review identified several ways to strengthen suicide surveillance in the future and highlighted key opportunities for reform. These include taking a more comprehensive approach to suicide surveillance in Queensland, improving information sharing between agencies that hold relevant data, and building stronger partnerships with agencies that collect data on suicide deaths, attempts and crisis events.

To implement these changes, the Commission has commenced the Reforming Suicide Surveillance Project. This is a comprehensive program of work that contains a range of short, medium and long-term reforms. The reforms will be implemented across the duration of *Every life* Phase Two.

## Strengthening the Queensland Suicide Register

The Commission is committed to building the evidence base around suicide and suicide prevention and supporting the collection and use of high-quality data to inform policy and practice.

As part of the Reforming Suicide Surveillance Project, in January 2023 the Commission commenced a program of work to enhance the availability and scope of data about suicide in Queensland. As part of this, the Commission is acting on the independent review into suicide surveillance to return Queensland's suicide surveillance systems into government custodianship.

Queensland's primary surveillance systems are the Queensland Suicide Register (QSR) and the interim Queensland Register (iQSR). The QSR records all suspected and apparent suicides by Queensland residents after the coronial investigation is finalised. The iQSR is a real-time suicide monitoring system that records interim data on suspected suicides after they occur.

Since the 1990s, the QSR and iQSR have been operated by Griffith University on behalf of the Queensland Government. In recognition of the evolving suicide prevention and surveillance landscape and the needs of end users, management of the QSR and iQSR is now being transitioned into government. The Commission is working with key stakeholders to facilitate this reform.

The new arrangement paves the way for further strengthening the timeliness and quality of information about suicide in Queensland, and will enhance the translation of evidence into whole-of-system responses, policy development and operational planning. It will also bring Queensland into alignment with other Australian jurisdictions that maintain suicide registers within government, and will support national collaborations in suicide prevention.

### Suicide prevention governance

Greater governance and accountability for suicide prevention reform is identified as a priority area for *Every life* implementation. Overall responsibility for Queensland's mental health, AOD and suicide prevention reform rests with the Shifting Minds SLG. The SLG is supported by Queensland's cross-government suicide prevention governance structure, which has been renewed to include a Suicide Prevention Strategic Oversight Group (SPSOG), a Lived Experience Advisory Group (LEAG), and a broader consultative Queensland Suicide Prevention Network (QSPN) to act as a forum for collaboration and information sharing.

The renewed Queensland SPSOG was established to provide collective leadership, strategic advice, guidance and oversight of *Every life* and Queensland's whole-of-government approach to suicide prevention. The SPSOG meets regularly and consists of senior representation of government agencies, Primary Health Networks, the Queensland Aboriginal and Islander Health Council, the National Suicide Prevention Office and lived experience representation.

The LEAG is representative of the wider community and consists of community members who have a lived experience of suicide. In February 2023, the Commission engaged Roses in the Ocean to assist in the recruitment of members to the LEAG as well as the establishment and ongoing coordination and support of this important group. The recruitment process was finalised in May 2023 with onboarding and orientation in progress.

The QSPN is a broader consultative engagement mechanism that meets biannually and serves as a forum for communication, engagement and collaboration between government, non-government and the broader suicide prevention sector. In October 2022, the QSPN met as a forum to consult on the content and strategic direction of Phase Two of *Every life*. The Commission will continue to use the QSPN to influence collaboration and support in the implementation of *Every life* Phase Two.

### Renewed approaches to social and emotional wellbeing

#### *Healing strategy*

The Queensland Government commenced the Path to Treaty journey in 2019 to recognise the shared future of First Nations people and non-Indigenous Queenslanders. The Path to Treaty journey emphasises truth-telling as a foundation for healing and restoration of relationships built on equal partnerships. The treaty and healing process also recognises the significant contribution First Nations people make to the wider community through history, language and culture.

The *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040* was jointly funded by the Commission and the now Department of Child Safety, Seniors and Disability Services, and developed by The Healing Foundation. The strategy links research and knowledge about Aboriginal and Torres Strait Islander social and emotional wellbeing and trauma, with the outcomes from yarning about healing with Aboriginal peoples and Torres Strait Islander peoples across the state.

A twenty-year strategy spanning from 2020–2040, the *Queensland Aboriginal and Torres Strait Islander Healing Strategy* was developed through a co-design process that included consultation and yarning with more than 400 First Nations people throughout Queensland. The *Keeping spirit strong* research and co-design report, completed in July 2020, shares the knowledge and evidence of those conversations.

Released in June 2023, the *Queensland Aboriginal and Torres Strait Islander Healing Strategy* will assist the whole-of-government treaty readiness planning with a focus on truth-telling and healing.

## Improving social and emotional wellbeing in First Nations communities

The Commission and DTATSIPCA continue to work in partnership to support local, co-designed responses in First Nations communities. This partnership included funding from the Commission to support local communities to undertake activities to strengthen mental health outcomes, address problematic AOD use and prevent suicide.

The Queensland Government's Local Thriving Communities reform is a whole-of-government commitment, led by DTATSIPCA, to enable self-determination and local decision-making in the design and delivery of services, programs and policies that will impact First Nations people and communities.

This year, DTATSIPCA supported communities and projects including:

- Bwgcolman Youth Program (Palm Island)
- Galangoor Child and Youth Connect (Maryborough)
- Napranum Aboriginal Shire Council Social and Emotional Wellbeing Coordinators Role (Weipa)
- Yulu-Burri-Ba Aboriginal Corporation out-of-hours Youth Social and Emotional Wellbeing Program (North Stradbroke Island)
- Inala Wangarra Seventy7 Youth Hang Out, and
- Coen Men's Crisis and Service Centre.

The initiatives focus on improving access to culturally safe mental health treatment and support, and culturally informed suicide prevention and AOD services within the First Nations community-controlled sectors.

The Commission will continue to work along with DTATSIPCA towards improving social and emotional wellbeing outcomes for First Nations people throughout Queensland and exploring opportunities for ongoing collaboration.

## Community-led First Nations AOD residential rehabilitation services

The Commission continues the reform agenda through research that informs the evidence-base. In particular, the Commission has continued its support for a research project by Pinangba, the Aboriginal and Torres Strait Islander-led service delivery arm of Uniting Care.

The Pinangba research project aims to understand and improve the ways Aboriginal and Torres Strait Islander AOD residential rehabilitation treatment services operate, with a focus on how services routinely collect and collate clinical data, for ongoing service improvement and service outcome evaluation.

Recently extended to March 2024 and currently in phase two, the project supports self-determination through community-led and place-based approaches to social and emotional wellbeing, focusing on Pinangba's two residential AOD rehabilitation services—the Cape York Family Centre in Cooktown, and the Stagpole Street Drug and Alcohol Rehabilitation Unit in Townsville.

Both services have implemented a unique model of care that utilises systemic family therapy in a modified therapeutic community setting to facilitate healing from the harms caused by addiction—and its underlying causes—in people's lives. This model of care takes into consideration the individual within their family, as well as the family in relation to the broader social, political and historical systems.

Early learnings of this research include peoples' preference for survey interviews to be completed in person and one-on-one. The key themes emerging from the project following phase one include an interest in addressing:

- physical needs alongside AOD treatment and support
- relationships
- parenting goals, and
- employment, including training and development opportunities.

It is noted that relationship development and time spent building rapport during data collection interviews as being very important for people using the services and is evidenced by the quality of data collected during this process.

Additional project goals include enhancing the local workforce capability and capacity, strengthening cross-sector approaches to problematic AOD use, and improving evaluation of these services to enhance the evidence base around culturally led residential rehabilitation treatment services.

# Queensland Mental Health and Drug Advisory Council

The Queensland Mental Health and Drug Advisory Council (the Advisory Council) was established under the *Queensland Mental Health Commission Act 2013* (the Act) on 1 July 2013.

The Advisory Council's functions under the Act are to:

- provide advice to the Commission on mental health or problematic alcohol and other drug (AOD) issues, either on its own initiative or at the Commission's request, and
- make recommendations to the Commission regarding the Commission's functions.

With most Advisory Council members' terms ending in February 2022, the Commission engaged social enterprise agency Windsor Group to independently conduct a recruitment process to nominate new members to the Advisory Council. All Advisory Council appointments are made by the Minister for Health, Mental Health and Ambulance Services and Minister for Women.

The Ministerial appointments for the new Chair Professor Cindy Shannon AM, new members Paul Martin and Sanam Ahmadzada, and the reappointment of Naraja Clay, Professor Jason Ferris, Edward Fewings, Jorgen Gullestrup, Professor David Kavanagh, Emma Kill and Jane Williams were made in December 2022. They joined continuing members Professor Robert Bland, Professor Brett Emmerson, Gabrielle Vilić (Deputy Chair) and Sue Scheinpflug who met in September 2022 with Professor Brett Emmerson as acting chair.

Table 1 provides a full summary of Advisory Council membership, attendance and remuneration as set by the Governor in Council, in line with the Queensland Government's *Remuneration Procedures for Part time Chairs and Members of Queensland Government Bodies*.

Table 1: Queensland Mental Health and Drug Advisory Council 2022–23

Queensland Mental Health and Drug Advisory Council					
Act or instrument	Part 5, <i>Queensland Mental Health Commission Act 2013</i>				
Functions	See page 36				
Achievements	See the message from the Queensland Mental Health and Drug Advisory Council from page 38				
Financial reporting	Transactions are included in the financial statements from page 53				
Remuneration					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received*
<i>Members whose term is from 4 August 2020 to 3 August 2023</i>					
Member	Professor Robert Bland	2	\$2,500	N/A	\$1,346
Member	Professor Brett Emmerson AM	3	\$2,500	N/A	\$1,346
Member	Ms Sue Scheinpflug	1	\$2,500	N/A	\$1,346
Deputy Chair	Ms Gabrielle Vilic	Nil	\$2,500	N/A	\$1,346
Member	Ms Karyn Walsh	3	\$2,500	N/A	\$1,346
<i>Members whose term is from 15 December 2022 to 14 December 2025</i>					
Chair	Professor Cindy Shannon AM	2	\$4,000	N/A	\$0 <sup>^</sup>
Member	Ms Sanam Ahmadzada	2	\$2,500	N/A	\$1,538
Member	Ms Naraja Clay	1	\$2,500	N/A	\$1,538
Member	Associate Professor Jason Ferris	2	\$2,500	N/A	\$1,538
Member	Mr Edward Fewings	Nil	\$2,500	N/A	\$1,538
Member	Mr Jorgen Gullestrup	2	\$2,500	N/A	\$1,538
Member	Professor David Kavanagh	Nil	\$2,500	N/A	\$1,538
Member	Ms Emma Kill	1	\$2,500	N/A	\$0
Member	Mr Paul Martin	2	\$2,500	N/A	\$1,538
Member	Ms Jane Williams	1	\$2,500	N/A	\$0
<i>Ex officio</i>					
Queensland Mental Health Commissioner	Mr Ivan Frkovic	3	N/A	N/A	N/A
Number of scheduled meetings/sessions		3 <sup>#</sup>			
Total out of pocket expenses		\$1,046			

\* Fees are rounded to the nearest dollar.

<sup>^</sup> Professor Cindy Shannon AM elected not to receive fees for her membership on the Queensland Mental Health and Drug Advisory Council.

<sup>#</sup> Three meetings were held during the reporting period: September 2022 (prior to the December 2022 appointments), February 2023 and June 2023.

## Message from the Chair

### Queensland Mental Health and Drug Advisory Council

I was pleased to see the release of *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* and *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* and the allocation of \$1.645 billion in the 2022–23 State Budget to support the implementation of these plans and the recommendations from the Queensland Parliamentary Inquiry into the opportunities to improve mental health outcomes for Queenslanders.

I was also pleased to see the government's expansion of the Queensland Police Drug Diversion Program to include the minor possession of all types of drugs by diverting people from the criminal justice system to health and education services, and the introduction of fixed and mobile site drug checking services to reduce the risks and harms associated with illicit drug use.

Our meetings centred on a range of systemic reform priorities, including the renewal of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* and the development of Phase Two of *Every life: The Queensland Suicide Prevention Plan 2019–2029*.

The Council did not make any specific recommendations to the Commission; however, discussions were held at the meetings on key issues of concern, including, but not limited to:

- people being unable to access Opioid Replacement Therapy in Queensland
- the need for greater regulation regarding medicinal cannabis
- the importance of the National Mental Health Commission strategy on stigma discrimination and reduction, and
- a requested update from the Chief Psychiatrist on the impact of Queensland's locked mental health wards.

In our most recent meeting, the Council also noted that the recruitment materials for a new Commissioner should have included an encouragement for people with a lived experience of mental health, suicide or alcohol or other drugs to apply and we wrote to the Minister to endorse this as a valued criteria when assessing applications.

I acknowledge and sincerely thank my fellow members for their dedication and valuable contributions during their terms. Together we will continue our earnest support for the Commission's important work toward improving outcomes for Queenslanders.

**Professor Cindy Shannon AM**

Chair

Queensland Mental Health and Drug Advisory Council



# Our next steps

Over the last year, a great deal of movement has occurred in the mental health, alcohol and other drugs, and suicide prevention system in Queensland.

Looking forward, there is much to be positive about. Queensland has established a consistent and constructive authorising policy environment to continue to move the system forward. We also have an unprecedented investment of funds from the Queensland Government, as well as contributions from the Australian Government via the *Bilateral Agreement*, which provides a strong resource base to achieve further system reform.

Additionally, the Queensland Government has demonstrated its commitment to mental health with the appointment of a new Minister for Mental Health. This dedicated focus on mental health will help drive vital outcomes for all Queenslanders and progress the significant work ahead to implement the required reforms.

A priority focus for the next five years will be on implementing the Queensland Government's investment of \$1.645 billion through the Queensland Health plan *Better Care Together* and *Achieving balance*, and commitments in response to the Queensland Parliamentary Inquiry into the opportunities to improve mental health outcomes for Queenslanders.

Implementing the recommendations will involve challenges, and will take resolve and coordinated action across government, non-government, private, and primary and community sectors. However, in the current economic climate, being able to build new facilities and beds will be more challenging and may take more time.

The release of *Achieving balance*, and the subsequent announcements of two major drug reform initiatives, demonstrated a balanced and contemporary approach based on harm minimisation that will improve outcomes for individuals, families, carers and communities—and better ease system pressures. In the coming year and beyond, the Commission will be focused on the staged implementation of actions under the *Achieving balance* plan, up to 2027. This includes actions to enhance the

AOD treatment system in Queensland as well as targeting effective prevention efforts to reduce future harms and demand for services.

In addition to the implementation of *Better Care Together* and recommendations from the Parliamentary inquiry, we will very soon publish a renewed strategic plan for Queensland mental health, AOD, and suicide prevention reform for the next five years.

The renewal of *Shifting minds 2018–2023* and the development of *Every life* Phase Two establishes the future policy context for mental health, AOD, and suicide prevention in Queensland across the whole-of-government and whole-of-community. These plans set the direction and outline where we need to focus actions and implementation to be able to achieve better mental health and AOD outcomes for people in Queensland, as well as continuing to focus our efforts on reducing the rates of suicide in Queensland.

In the coming year, the Commission will continue its focus on reforms that result in better person-centred services and supports. In 2023–24, this focus area will align with the priorities and actions outlined in the renewed *Shifting minds* of accessible, coordinated and integrated support, care and treatment; person-led, trauma-informed and culturally responsive care; and active social and economic participation.

Workforce issues will continue to be another challenge to implementation and will require shared action across the sector. Ensuring that we attract the right workforce for the new facilities that are built as well as for the expansion of community mental health services across Queensland will be a priority. It is encouraging to see that the Queensland Government has commenced work to look at ways to address workforce issues across the state, through programs such as the Workforce Attraction Incentive Transfer Scheme.

The Commission will also continue strengthening integrated and collaborative approaches for infant and child services and progress the development and early implementation of a whole-of-government trauma strategy. Our work will continue to focus on strengthening community resilience and raising mental health awareness by working with Health and Wellbeing Queensland to develop the Queensland Mental Health and Wellbeing Strategy, and by progressing initiatives to address stigma and discrimination.

The Commission looks forward to working with the Queensland Government and the broader sector to support the comprehensive implementation of the plans and ensure that implementation is guided and informed by people with lived experience, families and carers.

The Commission hosts a regular Sector Leaders meeting that will continue to facilitate strategic conversations among leaders in mental health, AOD and suicide prevention from the public, private and NGO sectors. The Commission will continue to work to enhance its engagement with people with lived experience in everything we do, as well as our network of partners and stakeholders, government and non-government agencies and the Queensland community, to drive meaningful and ongoing reform.

# Corporate performance

# Agency effectiveness

## Performance measures

The Commission's performance indicators are derived from its [Strategic Framework 2020–2024](#)<sup>9</sup> and its effectiveness measures are detailed in the 2022–23 Service Delivery Statement for Queensland Health. Data to measure the Commission's effectiveness is taken from its annual Taking the Pulse survey, conducted in June 2023.

## 2023 survey results

The Commission's Taking the Pulse survey is targeted at stakeholders who have interacted or worked with the Commission in the previous year.

An invitation to complete the survey was distributed to over 2,100 stakeholders, with 519 responses received. This was a marginal increase in the number of responses over 2021–22, where there were 500 survey respondents. The overall response rate to the survey was 24 per cent, compared to 21 per cent in 2021–22.

Of the total 519 responses, 352 respondents were known to the Commission and directly invited to complete the survey, while 167 respondents were forwarded the invitation. Ten per cent of respondents said they were not at all familiar with the Commission and the work it does, while 31 per cent indicated they were only slightly familiar. Fifty-nine per cent were moderately or very familiar with the Commission and its work.

Survey respondents consisted of a range of groups, noting respondents were able to select more than one category to describe themselves (see Figure 2). The remaining respondents included researchers and university academics, teachers, and primary health network employees.

Respondents were also asked to indicate all the forms of engagement they had with the Commission over the previous year (see Figure 3). There were notable increases in the number of respondents who had participated in Commission meetings, workshops, forums and webinars (up 11 per cent), and the number of respondents who attended an event addressed by the Commission (up nine per cent).

## Key findings

The performance indicators in the [Strategic Framework 2020–2024](#)<sup>10</sup> include stakeholder satisfaction with the support and achievements of the Commission, particularly in relation to:

- its credibility as an independent body
- opportunities to provide lived experience and provider perspectives on mental health, suicide prevention, and problematic AOD use issues
- appropriateness of reform focus and progress.

Results relating to the Strategic Framework are:

- 81 per cent agreed the Commission is seen as a credible organisation
- 48 per cent were satisfied with opportunities to provide those with lived experience, support person and provider perspectives on mental health and substance use issues
- 68 per cent agreed that overall, there is positive reform underway in the Queensland mental health, AOD and suicide prevention systems
- 87 per cent agreed the Commission correctly identifies necessary reforms for the mental health, AOD and suicide prevention systems.

Survey results relating to the Commission's Service Delivery Statement can be found in Table 2 (overleaf).

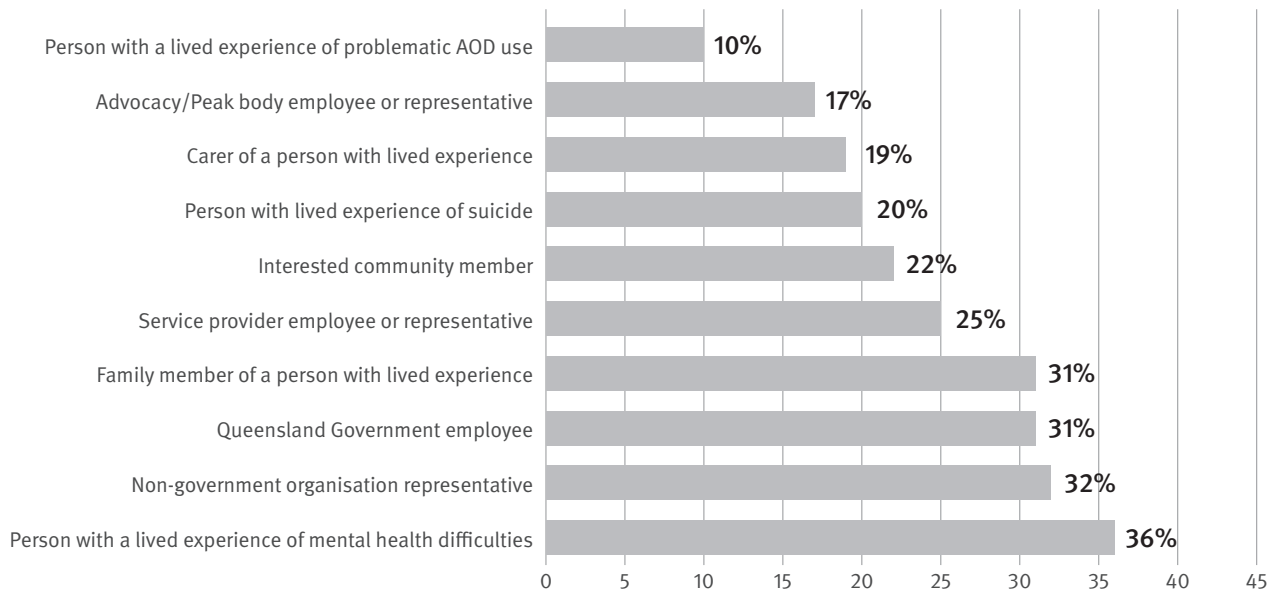
Other survey results include:

- 80 per cent of respondents agreed the Commission is an important driver of reform of the mental health, AOD and suicide prevention systems in Queensland
- 77 per cent of respondents agreed the Commission elevates government focus and support for the mental health, AOD, and suicide prevention systems in Queensland
- 73 per cent agreed the Commission promotes and facilitates the sharing of knowledge and ideas.

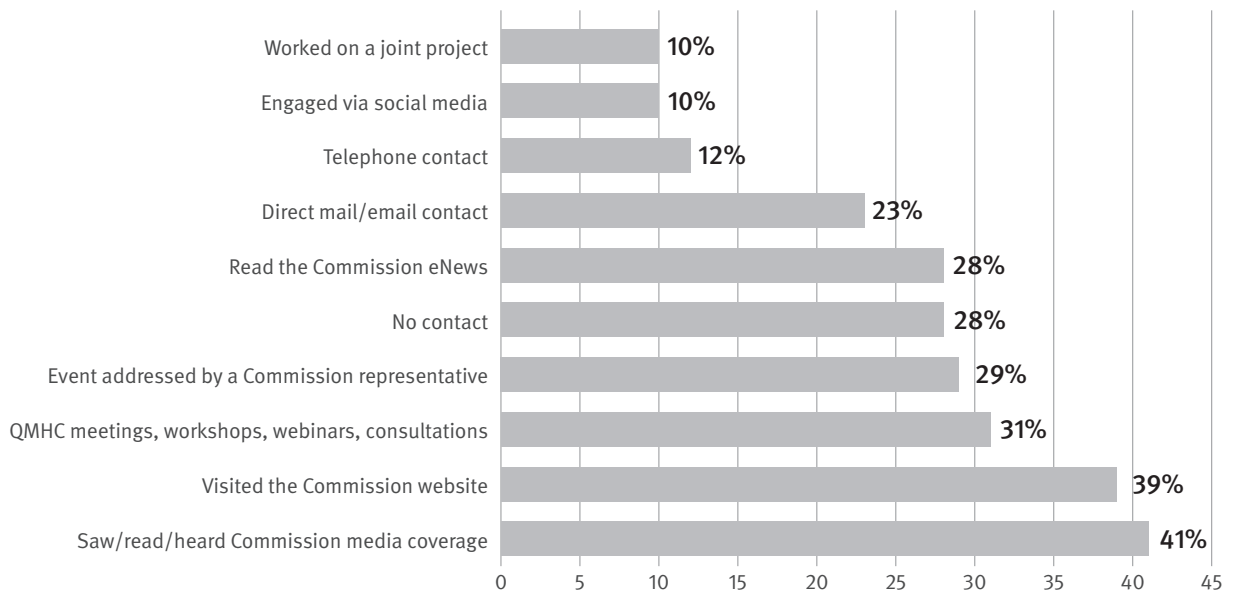
9 [www.qmhc.qld.gov.au/about/our-work/strategic-framework](http://www.qmhc.qld.gov.au/about/our-work/strategic-framework)

10 [www.qmhc.qld.gov.au/about/our-work/strategic-framework](http://www.qmhc.qld.gov.au/about/our-work/strategic-framework)

**Figure 2: Respondent roles (multiple select)**



**Figure 3: Forms of engagement with the Commission (multiple select)**



**Table 2: Queensland Mental Health Commission service standards**

Service area	Notes	2022–23 target/estimate	2022–23 actual <sup>1</sup>
<b>Effectiveness measures</b>			
Stakeholder satisfaction with:			
<ul style="list-style-type: none"> <li>opportunities to provide those with lived experience, support person and provider perspectives on mental health and substance use issues</li> </ul>	2	60%	48%
<ul style="list-style-type: none"> <li>extent to which those with lived experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system</li> </ul>	3	65%	62%
<ul style="list-style-type: none"> <li>the range of stakeholders involved in developing and implementing solutions</li> </ul>	4	60%	46%
<b>Efficiency measure</b>			
Not identified		N/A	N/A

**Notes**

1. These results are not comparable to the 2021–22 survey as some questions were slightly reworded in 2022–23 and adjustments were made to the survey to include a ‘neither agree nor disagree’ category. This increased the proportion of respondents who indicated they ‘neither agree nor disagree’ to these questions. These results have been left in the analysis, however the proportion of respondents who were ‘unable to comment’ were removed as per 2021–22 results.
2. Adjusted for individuals who were ‘unable to comment’ and ‘neither agreed or disagreed’, this result is 68 per cent.
3. Adjusted for individuals who were ‘unable to comment’ and ‘neither agreed or disagreed’, this result is 81 per cent.
4. Adjusted for individuals who were ‘unable to comment’ and ‘neither agreed or disagreed’, this result is 64 per cent.

The Commission intends to revise its performance framework and indicators in the coming year to more effectively and objectively measure its performance on a continuous basis.

# Communication and engagement

In 2022–23, the Commission has continued its focus on informing, collaborating and engaging with its key stakeholders, as a key function outlined in the Commission’s legislation.

## Stakeholder engagement

During the year, the Commission began a sector leaders meeting to inform and engage key stakeholders in the Commission’s work, as well as providing a forum to discuss issues affecting the mental health, AOD, and suicide prevention systems.

It also established a Sector Consultative Group with lived experience representation as well as peak bodies to support the development of the program for the annual Leading Reform Summit.

These groups are in addition to engagement with the Queensland Mental Health and Drug Advisory Council, and formal engagement with stakeholders through governance mechanisms including the Strategic Leadership Group, Queensland Suicide Prevention Network, Queensland Suicide Prevention Strategic Oversight Group, the Suicide Prevention Lived Experience Advisory Group and the Achieving Balance Strategic Implementation Group.

The Commission maintains regular informal liaison with the full range of its stakeholders and audiences through a range of mechanisms, including the website, eNewsletter, social media, media releases, media responses and opinion pieces, and the *Leading reform* blog. Implementation of the Commission’s engagement strategy continued to progress during the year, including completion of a communication and engagement toolkit and staff training in engagement approaches and techniques.

## *Shifting minds and Every life*

During 2022–23, the Commission undertook significant stakeholder consultation and engagement as part of the process to renew *Shifting minds* and to develop *Every life* Phase Two. The Act requires the Commission to consult a range of stakeholders when reviewing the whole-of-government strategic plan, including:

- the Queensland Mental Health and Drug Advisory Council
- people living with mental illness and problematic AOD use
- Hospital and Health Service Boards
- government and non-government agencies and the private sector
- other members of the community.

This involved the establishment of a new reference group for *Shifting minds* and utilising the existing Queensland Suicide Prevention Strategic Oversight Group for *Every life* Phase Two, comprised of peak bodies (including lived experience) and cross-sector representatives drawn from public, private, non-government and primary healthcare.

Key stakeholders across the sector were also engaged in facilitated workshops and consultation sessions, as well as statewide webinars to reach diverse audiences around the state, and community forums held in Cairns, Ipswich, Longreach, Mackay, Rockhampton and Toowoomba.

In total, over 640 people participated in diverse engagement activities to renew the two plans, identifying common themes for reform that were included in the revised plans.

## Leading Reform Summit

In November 2022, the Commission held its first summit since 2019, after being deferred due to the COVID-19 pandemic. The summit is the Commission's primary sector engagement activity, offering the opportunity to bring sector participants from the mental health, AOD, and suicide prevention systems together and develop a shared understanding of reform priorities.

The 2022 summit also had stronger representation from people with lived experience, due to the Commission supporting a full-day forum for the lived experience workforce, as well as a bursary program specifically for people with lived experience and for families and carers.

The Leading Reform Summit continues to receive strong support from the sector, against measures of overall satisfaction, appropriate themes, alignment of leaders around reform, identifying system challenges and sharing evidence and best practice.

## Community events

The Commission continues to be the major funder of Queensland Mental Health Week (QMHW), with our contracted partner CheckUP delivering 450 registered events in 2022. CheckUP coordinates the QMHW Working Group, as well as the marketing strategy and campaign activity for the week.

The Commission's investment in the QMHW Community Event Grants Program (administered for the Commission by CheckUP) continues to contribute to a diverse range of inclusive mental health and wellbeing events across Queensland.

## Sponsorship

During the year, the Commission reviewed and updated its sponsorship policy, in line with the revised Queensland Government sponsorship policy, and continued its quarterly sponsorship program, which experienced significant demand. A full list of sponsored events is available in [Appendix 2](#).

## Commissioner engagement

The Queensland Mental Health Commissioner maintains a full schedule of sector events to engage with people with lived experience, and their families, carers and supporters, as well as a diverse range of sector stakeholders, from peak bodies and government agencies, to public, private and non-government service providers—and across mental health, AOD, suicide prevention and other related human services systems.

A summary of the organisations, meetings and events that the Commissioner engaged with or participated in this year include:

- Achieving Balance Strategic Implementation Group
- Arafmi Mental Health Carer Forum
- Australian Drug Foundation
- Australian Productivity Commission
- Australian Winter School Conference
- Better Care Together Assurance Committee
- Beyond Blue Board
- Brisbane Common Ground Celebrations and Launch Events
- Brisbane Southside Mental Health Professional's Network (MHPN)
- BuildUp
- Business Chamber Queensland
- Chamber of Commerce and Industry Queensland Roadshow
- Cherbourg Health Council Forum
- Connections Inc
- ConNetica
- Catherine's House for Mothers, Babies and Families
- 'Decriminalisation of Drugs' event
- DVConnect
- Eating Disorders Families Australia
- Griffith University
- Health and Wellbeing Queensland (HWQld)
- Indigenous Housing Conference



- International Family Drug Support Day
- International Initiative for Mental Health Leadership (IIMHL)
- Leading Reform Summit
- Lived Experience Workforce Development meetings
- Lives Lived Well (LLW)
- MATES in Construction
- Mental Awareness Foundation (MAF) Walk for Awareness
- Mental Health and Specialist Services, Gold Coast Health
- Mental Health Joint Commissioner meetings, including the National Mental Health Commission and representatives from states and territories that do not have a commission
- Mental Health Lived Experience Peak Queensland Board
- Momentum Arts and Big Anxiety Research Centre
- National Disability Insurance Scheme Queensland
- National Disability Insurance Agency
- National NDIS and Mental Health Conference 2023
- National Mental Health Commission
- NDIS Mental Health Sector Reference Group
- North and West Remote Health (NWRH)
- Nous Group
- Oceania Mental Health Advisory Committee
- Office of the Public Guardian
- Open Declare
- Open Minds Queensland Mental Health Week Achievement Awards
- Queensland Alliance for Mental Health (QAMH) – Wellbeing First Events and Meetings
- Queensland Network of Alcohol and other Drug Agencies (QNADA), including QNADA 2022 Annual General Meeting
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Queensland Family and Child Commission (QFCC) Advisory Council
- Queensland Government Directors-General and departments
- Queensland Housing Summit
- Queensland Lived Experience Workforce Network and Brook RED – Lived Experience Workforce Day
- Queensland Mental Health and Drug Advisory Council (QMHADC)
- Queensland Seniors
- Queensland Small Business Commissioner
- Queensland Trucking Association (QTA)
- Queensland University of Technology
- QuIVAA
- QSEC's 10th Anniversary Social Enterprise: Making it Count webinar
- QShelter
- Renewal of Shifting minds Reference Group
- Resource Consulting Services Australia
- Responsible Gambling Advisory Committee
- Roses in the Ocean
- Schedule A Working Group Establishment
- Sector Leaders Meetings
- Shifting minds consultations and community forums
- Shifting Minds Strategic Leadership Group
- Sly Grog Working Group
- Small Business Wellness Package – Governance Group Meetings
- Social Enterprise World Forum
- Springfield City Group – Future of Health Seminar
- Suicide Prevention Australia
- Suicide Prevention Strategic Oversight Group
- The Loop Australia
- The University of Queensland
- Thriving Multicultural Communities
- Townsville Mental Health Forum/Mentally Healthy City Townsville
- White Box Collaborative Partners
- White Cloud Foundation
- Wild Health Canberra – Australian Health Leaders' Summit

# Agency governance

## Overview

The Commission is an independent statutory body within the portfolio of the Minister for Health, Mental Health and Ambulance Services and Minister for Women. The Commission's legislative functions and obligations are outlined in the *Queensland Mental Health Commission Act 2013*.

## Legislative obligation

In addition to the Commission's legislative functions and obligations, it must also comply with a range of public administration legislation that includes:

- *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*
- *Human Rights Act 2019*
- *Multicultural Recognition Act 2016*
- *Queensland Public Sector Act 2022*
- *Industrial Relations Act 2016*
- *Statutory Bodies Financial Arrangements Regulation 2007*
- *Crime and Corruption Act 2001*

## Management and staffing

### Executive leadership team

The Commission has an executive leadership team (ELT) that is responsible for strategic leadership and accountability for its legislative obligations. The ELT is also responsible for maintaining corporate governance around the Commission's operations, including its financial, human resources and management systems. The ELT includes a Finance Sub-Committee that reviews the Commission's financial performance and accountability in detail. Additionally, the ELT liaises with the Queensland Mental Health and Drug Advisory Council as appropriate.

See Table 3 and [Appendix 1](#) for further information about the ELT members and roles.

**Table 3: Executive leadership team membership**

Position	Name
Mental Health Commissioner	Ivan Frkovic
Executive Director	Amelia Callaghan
Director, System Reform (Policy and Program Delivery)	Nicci Goulter
Director, System Reform (System Planning and Response)	Meagan Killer
A/Manager Communication and Engagement	Kate Southwell
Manager Corporate Governance and Service Delivery	Michael Corne
A/Project Manager Office of the Commissioner	Giovanna Franze

## Staffing

As at 30 June 2023, the Commission had a staffing complement of 23 full-time equivalent (FTE) comprised of permanent and temporary staff. The Commission’s staffing fluctuates from year-to-year to maximise flexibility and agility with regards to operational demand, staffing profile and the skill sets required.

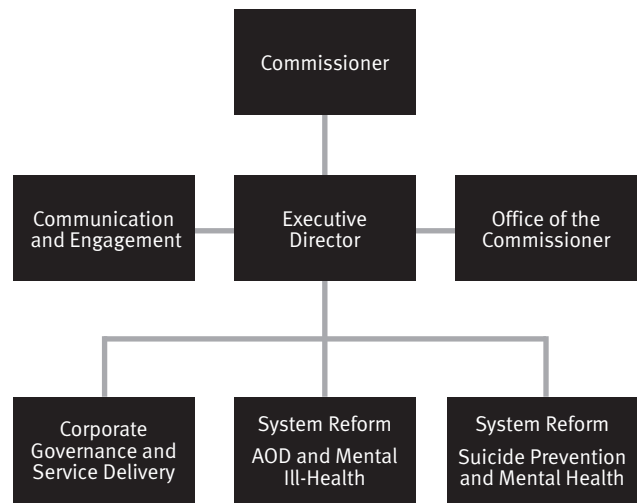
A core establishment of 20 permanent positions is currently filled by 15.3 permanent FTE and provides the primary expertise and skill base necessary to undertake the Commission’s functions. This is augmented by additional temporary staff as required to deliver specialist expertise and capacity to progress specific work packages.

No redundancy, early retirement or retrenchment packages were paid during the period.

**Table 4: Workforce profile**

Profile	Status
Total staffing (FTE)	23
Total staffing (headcount)	23
Occupation types by FTE	100% corporate
Appointment type by FTE	66% permanent, 34% temporary
Employment status by headcount	87% full-time, 13% part-time

**Figure 4: Organisational structure**



**Table 5: Gender<sup>1</sup>**

<b>Gender</b>	<b>Number (headcount)</b>	<b>Percentage of total workforce (calculated on headcount)</b>
Woman	18	78.3%
Man	5	21.7%
Non-binary	0	0%

**Table 6: Diversity target group data<sup>1</sup>**

<b>Diversity groups</b>	<b>Number (headcount)</b>	<b>Percentage of total workforce (calculated on headcount)</b>
Women	18	78.3%
Aboriginal peoples and Torres Strait Islander peoples	<5	N/A
People with disability	<5	N/A
Culturally and linguistically diverse – speak a language at home other than English <sup>2</sup>	<5	N/A

**Table 7: Target group data for Women in Leadership roles<sup>1</sup>**

	<b>Women (headcount)</b>	<b>Women as percentage of total leadership cohort (calculated on headcount)</b>
Senior Officers (classified and s122 equivalent combined)	<5	N/A
Senior Executive Service and Chief Executives (classified and s122 equivalent combined)	<5	N/A

1. To ensure privacy, in tables where there are fewer than 5 respondents in a category, specific numbers are replaced by <5.

2. This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home.

## Training

The Commission has a variety of staff training opportunities throughout the year, focusing on core skills as well as mandatory Queensland Government courses via the ELMO learning platform. This year, the Commission's training program included Writing for Government, Project Management and Mental Health First Aid. There is also a detailed staff refresher training program undertaken throughout the year that targets corporate governance and operational responsibilities. Staff are also provided opportunities to attend sector conferences and workshops in consideration of their learning and development goals.

## Workplace flexibility

Following a successful trial in 2022, the Commission adopted a policy allowing staff to work from home one day a week, contingent on the requirements of different roles. This policy is supplemented by access to flexible work arrangements as required, including variable working hours and staggered start and finish times.

## Public sector ethics

The Code of Conduct for the Queensland Public Service applies to the Commission's staff, who receive Code of Conduct training to ensure community and legislative expectations of ethical standards are met. Code of Conduct training is also incorporated into induction processes for new staff and into performance management plans.

## Human rights

The Commission did not receive or refer any complaints relative to the *Human Rights Act 2019* this year.

## Risk management

The Commission's risk management approach aligns with the requirements of the *Financial Accountability Act 2009* and is outlined in its Risk Framework, which identifies strategic and operational risks and defines the organisation's risk appetite when undertaking its work. Those risks with a rating of high or above are formally reviewed quarterly by the ELT to either reassess the risk or implement appropriate mitigation strategies. Risk management is also a standing item on the ELT's monthly agenda.

## Audit committee and internal audit

The Commission does not have a separate audit committee due to its size, however, audit responsibility is incorporated into the ELT's charter and monthly meeting agenda. In addition, an annual internal audit function and program is delivered by the Corporate Administration Agency.

The 2022–23 internal audit program focused on recruitment and contract management. The internal audit found continuing sound management practices with only minor material observations for system improvement.

## Information management and record-keeping

The Commission's information management and record-keeping practices support its obligations under the *Public Records Act 2002*, enhance operational efficiency, and document a range of corporate decisions, transactions and activities. Information and records are captured electronically as public and corporate assets, with the electronic records management system overseen by the Corporate Administration Agency. All staff are trained in records management, which is also included as part of the Commission's induction processes.

During the year all paper-based records were reviewed, recorded, archived and sent to secondary offsite storage.

## Open data

Information about consultancies, overseas travel and the Queensland Language Services Policy is available at the Queensland Government Open Data website ([data.qld.gov.au](https://data.qld.gov.au)).

## Overseas travel

During 2022–23, the Commission had nil expenditure to report on overseas travel.

## Queensland Language Services Policy

Interpreter services are available on request for Commission publications, online information, events and activities delivered by third parties on behalf of the Commission. During 2022–23, the Commission engaged Deaf Connect on three occasions to deliver AUSLAN interpreting services for the *Shifting minds* consultations. The Commission also accessed the Translation and Interpreting Service (TIS National) on one occasion in the last reporting period, with expenditure incurred in this financial year.

## Consultancies

As a small policy organisation with broad responsibilities, the Commission engages consultancies to provide specialist advice and expertise, deliver particular initiatives, meet challenging timeframes, draft technical reports, and supplement staff expertise and capacity. This enables the Commission to be flexible in the way it manages and delivers its work, as well as enhancing opportunities for collaboration with sector partners and to build sector capacity. Examples of consultancies may include academic and research bodies, peak bodies, people with lived experience, and peer workforce consultants.

The Commission enters a range of other contractual arrangements to deliver its work program, including:

- memoranda of understanding with other government agencies to consult and/or deliver certain pieces of work
- the Corporate Administration Agency to deliver a range of corporate support services
- CheckUP to administer and deliver QMHW grants and activities, and
- the Queensland Alliance for Mental Health to deliver peer work scholarships.

## Financial performance

### Income

The Commission's tenth-year original operating budget of \$8.8 million was principally administered as a grant through the health portfolio. The remaining income of \$8.64 million was mainly derived from:

- \$1.2 million contribution from the Australian Government Department of Health for the Mental Health Peer Scholarship program
- \$5 million contribution from Queensland Health as the initial payment for work to implement initiatives under *Better Care Together*
- \$2.38 million contribution from the First Nations suicide prevention program.

### Expenses

Employee expenses of \$3.8 million relate directly to maintaining a full-time equivalent (FTE) staffing of 23 that were engaged during the financial year.

General supplies and services expenses of \$2.826 million include \$0.298 million for corporate services support outsourced to the Corporate Administration Agency, \$0.377 million on accommodation costs, and \$1.489 million on consultancy and contractor activities. Note that the Commission often engages external third-party subject matter experts or sector partners to provide advice, conduct research and prepare reports. This practice both enhances credibility and increases the opportunity for sector collaboration and capacity building, which informs and supports the Commission's reform agenda.

This year the Commission also invested approximately \$1.794 million in grants and support activity, including sponsorships and bursaries totalling \$341,000. Grants and sponsorship are key mechanisms to support and collaborate with the non-government sector to drive reform.

# Financial statements

for the financial year ended 30 June 2023

## General information

The Queensland Mental Health Commission 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 24, 400 George Street  
BRISBANE QLD 4000

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

**Financial Statements 2022–2023**  
for the year ended 30 June 2023

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# Statement of Comprehensive Income for the year ended 30 June 2023

		2023 Actual	2023 Original Budget	Budget Variance	2022 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
<b>Income from Continuing Operations</b>					
Government contributions	3.	17,443	8,847	8,596	9,402
Interest		298	50	248	51
Other revenue		0	-	0	35
<b>Total Income from Continuing Operations</b>		17,740	8,897	8,844	9,489
<b>Expenses from Continuing Operations</b>					
Employee expenses	4.	3,809	3,650	159	3,206
Supplies and services	5.	2,826	2,711	115	1,767
Grants and contributions	6.	1,794	2,367	(573)	3,688
Depreciation		3	20	(17)	19
Other expenses	7.	347	149	198	222
<b>Total expenses from Continuing Operations</b>		8,780	8,897	(116)	8,902
<b>Operating result from Continuing Operations</b>		8,960	-	8,960	586
<b>Total Comprehensive Income</b>		8,960	-	8,960	586

*\*An explanation of material variances is included at note 15.*

*The accompanying notes form part of these financial statements.*

# Statement of Financial Position as at 30 June 2023

		2023 Actual	2023 Original Budget	Budget Variance*	2022 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
<b>Current Assets</b>					
Cash and cash equivalents	8.	13,372	3,755	9,617	5,393
Receivables	9.	160	98	62	165
Prepayments		-		-	9
<b>Total Current Assets</b>		13,532	3,853	9,679	5,567
<b>Non-current Assets</b>					
Plant and equipment		-	(16)	16	3
<b>Total Non-current Assets</b>		-	(16)	16	3
<b>Total Assets</b>		13,532	3,837	9,695	5,570
<b>Current Liabilities</b>					
Payables	10.	457	251	206	1,488
Accrued employee benefits		125	179	(54)	91
<b>Total Current Liabilities</b>		581	430	151	1,579
<b>Total Liabilities</b>		581	430	151	1,579
<b>Net Assets</b>		12,951	3,407	9,543	3,991
<b>Equity</b>					
Contributed equity		230			230
Accumulated surplus		12,721			3,761
<b>Total Equity</b>		12,951			3,991

\*An explanation of material variances is included at note 15.

The accompanying notes form part of these financial statements.

# Statement of Changes in Equity for the year ended 30 June 2023

	Contributed Equity	Accumulated Surplus	Total
	\$'000	\$'000	\$'000
<b>Balance as at 1st July 2021</b>	230	3,175	3,405
<b><i>Operating result</i></b>			
Operating result from continuing operations	-	586	586
<b>Balance as at 30 June 2022</b>	230	3,761	3,991
<b>Balance as at 1st July 2022</b>	230	3,761	3,991
<b><i>Operating result</i></b>			
Operating result from continuing operations	-	8,960	8,960
<b>Balance as at 30 June 2023</b>	230	12,721	12,951

*The accompanying notes form part of these financial statements.*

# Statement of Cash Flows

## for the year ended 30 June 2023

	Notes	2023 Actual \$'000	2023 Original Budget \$'000	Budget Variance \$'000	2022 Actual \$'000
<b>Cash flows from operating activities</b>					
<i>Inflows:</i>					
Government contributions		17,415	8,847	8,568	9,388
GST collected from customers		2	-	2	5
GST input tax credits from ATO		428	-	428	310
Interest receipts		298	50	248	51
Other		-	-	-	35
<i>Outflows:</i>					
Employee expenses		(3,761)	(3,650)	(111)	(3,339)
Supplies and services		(3,864)	(2,711)	(1,153)	(531)
GST paid to suppliers		(395)	-	(395)	(326)
GST remitted to ATO		(2)	-	(2)	(4)
Grants and subsidies		(1,795)	(2,367)	572	(3,688)
Other		(347)	(149)	(198)	(222)
<b>Net cash provided by operating activities</b>		<b>7,979</b>	<b>20</b>	<b>7,959</b>	<b>1,679</b>
<b>Net increase in cash held</b>		<b>7,979</b>	<b>20</b>	<b>7,959</b>	<b>1,679</b>
<b>Cash at beginning of financial year</b>		<b>5,393</b>	<b>3,735</b>	<b>1,658</b>	<b>3,714</b>
<b>Cash at end of financial year</b>	<b>8.</b>	<b>13,372</b>	<b>3,755</b>	<b>9,617</b>	<b>5,393</b>

\*An explanation of material variances is included at note 17.

The accompanying notes form part of these financial statements.

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

Operating surplus/(deficit)	8,960	586
Depreciation expense	3	19
Changes in assets and liabilities:		
(Increase)/decrease in receivables	6	(30)
Increase/(decrease) in accounts payable	(1,038)	1,236
Increase/(decrease) in accrued employee benefits	39	(132)
Increase/(decrease) in prepayments	9	-
<b>Net cash provided by operating activities</b>	<b>7,979</b>	<b>1,679</b>

# Notes to and forming part of the Financial Statements 2022–2023 for the year ended 30 June 2023

## **Section 1: About the Commission and this Financial Report**

Note 1: Basis of Financial Statement Preparation

Note 2: Objectives and Principal Activities of the Queensland Mental Health Commission

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

Note 3: Grants and Contributions

Note 4: Employee Expenses

Note 5: Supplies and Services

Note 6: Grants and Contributions

Note 7: Other Expenses

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

Note 8: Cash at Bank

Note 9: Receivables

Note 10: Payables

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

Note 11: Contingencies

Note 12: Events After the Balance Date

Note 13: Financial Risk Disclosures

Note 14: First Year Application of New Accounting Standards

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

Note 15: Budgetary Reporting Disclosures

## **Section 6: Other Information**

Note 16: Key Management Personnel (KMP) Disclosures

Note 17: Related Party Transactions

Note 18: Taxation

Note 19: Climate Risk Disclosure

# Notes to and forming part of the Financial Statements 2022–2023 for the year ended 30 June 2023

## 1. Basis of Financial Statement Preparation

### 1.1 General Information

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

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

The head office and principal place of business of the Commission is Level 30, 400 George Street, Brisbane QLD 4000.

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

### 1.2 Compliance with Prescribed Requirements

The Commission prepared these statements in compliance with s39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with the Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2022.

The Commission is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the Statement of Cash Flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

New accounting standards applied for the first time in these financial statements are outlined in Note 14.

### 1.3 Presentation

#### Currency and Rounding

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.

#### Comparatives

Comparative information reflects the audited 2021-22 financial statements except where restated for a prior period error. No prior period errors have been detected in the current year.

#### Current/Non-Current Classification

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

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

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

### 1.4 Authorisation of Financial Statements for Issue

The financial statements are authorised for issue by the Acting Chief Executive and the Manager Corporate Governance and Service Delivery at the date of signing the management certificate.

### 1.5 Basis of Measurement

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

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

### 1.6 The Reporting Entity

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

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

The Commission 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, Alcohol and Other Drugs Strategic Plan 2018-2023 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 the Queensland Mental Health and Drug Advisory Council and promoting engagement of people with lived experience in system reform.

	2023 \$'000	2022 \$'000
<b>3. Grants and Contributions</b>		
Department of Health	17,443	9,402
<b>Total</b>	<b>17,443</b>	<b>9,402</b>

### Accounting Policy - Grants and Contributions

Grants, contributions and donations arise from non-exchange transactions where the Commission does not directly give approximate equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations for the Commission to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied.

Otherwise, the grant is accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding.

The Commission received \$9.037 million (2022: \$9.402 million) from the Department of Health in 2022-23 year to undertake its legislative obligations. This funding has been recognised as revenue on receipt as the Commission's obligations are not sufficiently specific. The grant is used to meet the Commission's operational objectives, and the Commission has full discretion on how the funds are to be distributed. The Commission has also received a further \$7.38 million throughout the year from the Department of Health to undertake Mental Health Alcohol and other Drug Plan Implementation and Indigenous Suicide Postvention Program activities. \$1.2M was also provided by the Federal Government for a Scholarship Initiative. Deliverables are not sufficiently specific for AASB 15 consideration.

## 4. Employee Expenses

	2023 \$'000	2022 \$'000
<b>Employee Benefits</b>		
Wages and salaries	2,828	2,396
Employer superannuation contributions	385	317
Annual leave levy/expense	337	242
Long service leave levy/expense	72	64
<b>Employee Related Expenses</b>		
Workers' compensation premium	12	26
Payroll tax and fringe benefits tax	137	85
Other employee related expenses	38	76
<b>Total</b>	<b>3,809</b>	<b>3,206</b>

#### 4. Employee Expenses (cont'd)

	2023 No.	2022 No
Full-Time Equivalent Employees	23	21

The number of employees as at 30 June 2023 are measured on a full-time equivalent basis.

#### Accounting Policy - Employee Expenses

##### 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.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken and no liability is recognised for accumulated sick leave entitlements.

##### Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central (ALCS) and Long Service Leave Central schemes (LSLCS), 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

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's defined benefit plan (the former QSuper defined benefit categories now administered by the Government Division of the Australian Retirement Trust) as determined by the employee's conditions of employment.

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

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

##### Workers' Compensation Premiums

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

Key management personnel and remuneration disclosures are detailed in Note 16.



	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>5. Supplies and Services</b>		
Consultants and contractors	1,489	763
Corporate service charges	298	341
Lease expenses	377	274
Administration costs	337	164
Travel	51	7
Other	58	6
Building Maintenance and Services	67	114
Advertising and promotion	71	38
Information and Communication Technology	76	60
<b>Total</b>	<b>2,826</b>	<b>1,767</b>

#### **Accounting Policy - Distinction between grants and procurement**

For a transaction to be classified as supplies and services, the value of goods or services received by the Commission must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant.

#### **Office Accommodation**

Payments for non-specialised commercial office accommodation under the Queensland Government Accommodation Office (QGAO) framework arise from non-lease arrangements with the Department of Energy and Public Works (DEPW), who has substantive substitution rights over the assets used within these schemes. Payments are expensed as incurred and categorised within office accommodation line items.

#### **Lease Expenses**

Lease expenses include lease rentals for leases of low value assets and lease rentals for non-specialised commercial office accommodation with the Department of Energy and Public Works (DEPW).

Notes to and forming part of the Financial Statements 2022–2023  
for the year ended 30 June 2023

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>6. Grants and Contributions</b>		
Grants and contributions	1,794	3,688
<b>Total</b>	<b>1,794</b>	<b>3,688</b>

**Accounting Policy - Grants and Contributions**

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. Grant expense is recognised when payment is made by the Commission or when the Commission has entered into an enforceable undertaking for which the Commission is obligated to make future payments as part of the agreement.

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>7. Other Expenses</b>		
Queensland Audit Office - external audit fees for the audit of financial statements *	6	31
Sponsorships	341	191
<b>Total</b>	<b>347</b>	<b>222</b>

**Disclosure relating to Other Expenses**

\* Total audit fees payable to the Queensland Audit Office relating to the 2022-23 financial statements are \$20,780 (2022: \$19,000). There are no non-audit services included in this amount.

**Sponsorships**

The Commission seeks and receives requests (quarterly) for financial or in-kind support for conferences and other external events and initiatives from a wide range of sources. The majority of these are considered sponsorship requests and support priorities outlined in the Shifting minds: Queensland Mental Health, Alcohol and Drugs Strategic Plan. Supporting sponsorship are an important mechanism for engaging with and promoting collaboration within the mental health and alcohol and other drugs sector. They can be an effective communication tool for the Commission to demonstrate a positive association, showcase new policies and connect with specific audiences. Regardless of the potential benefits, the Commission considers such requests using an open, transparent, fair, and equitable process.

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>8. Cash at Bank</b>		
Cash at bank	13,372	5,393
<b>Total</b>	<b>13,372</b>	<b>5,393</b>

**Accounting Policy - Cash at Bank**

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.

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>9. Receivables</b>		
Trade debtors	41	14
GST receivable	29	62
Long service leave reimbursements	8	10
Annual leave reimbursements	82	79
<b>Total</b>	<b>160</b>	<b>165</b>

#### Accounting Policy - Receivables

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

The Commission's trade debtors are from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 13 for the Commission's credit risk management policies.

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>10. Payables</b>		
<b>Current</b>		
Trade creditors	85	410
Accrued expenses	347	1,060
Payroll tax	24	18
<b>Total</b>	<b>457</b>	<b>1,488</b>

#### Accounting Policy - Payables

Trade creditors are recognised upon receipt of the goods or services and are measured at the nominal amount i.e. agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured.

#### 11. Contingencies

There are no legal or any other contingencies that are known to the Commission at 30 June 2023.

#### 12. Events After the Balance Date

There were no significant events occurring after balance date.

### 13. 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	2023 \$'000	2022 \$'000
<b>Financial Assets</b>			
Cash and cash equivalents	8.	13,372	5,393
Financial assets at amortised cost:			
<i>Receivables</i>	9.	160	165
<b>Total Financial Assets</b>		13,532	5,558
<b>Financial Liabilities</b>			
Financial liabilities measured at amortised cost:			
<i>Payables</i>	10.	457	1,488
<b>Total Financial Liabilities</b>		457	1,488

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

#### Risks Arising from Financial Instruments

##### (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.

**13. Financial Risk Disclosure (cont'd)**

**Risks Arising from Financial Instruments (cont'd)**

**(a) Risk Exposure (cont'd)**

The Commission is exposed to a variety of financial risks as set out in the following table:

<b>Risk Exposure</b>	<b>Exposure</b>
Credit Risk	Credit risk is the potential for financial loss arising from the Commission's debtors defaulting on their obligations. Credit risk is measured through use of management reports. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer Note 9. Credit risk is considered minimal for the Commission as debtors are state and federal government entities.
Liquidity Risk	Liquidity risk refers to the situation when the Commission may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through use of management reports. The Commission's liquidity risk is minimal as the Commission ensures that minimum levels of cash are held to meet employee and supplier liabilities in the short term.
Market Risk	The Commission has interest rate exposure on the operating account with the Commonwealth Bank. The Commission does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of the Commission and sensitivity analysis is not required.

**14. First Year Application of New Accounting Standards**

**Accounting Standards Applied for the First Time**

No new accounting standards or interpretations that apply to the commission for the first time in 2022-23 had any material impact on the financial statements.

**Accounting Standards Early Adopted**

No Australian Accounting Standards have been early adopted for 2022-23.

**15. Budgetary Reporting Disclosures**

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

<i>Government Contributions:</i>	Significant increase of \$8.6M reflects Department of Health late FY approved 2022/23 contribution (\$5M) towards a 4 year whole of Government Mental Health Alcohol and Other Drug Implementation Plan and (2.38M) for an Indigenous Suicide Postvention Program. A further \$1.2M was provided by the Federal Government for a Scholarship Initiative.
<i>Interest</i>	\$250K increase in interest received resulted from an initial low financial year estimate, coupled with the interest derived from the significant increase in Government Contributions for the year.
<i>Employee Expenses:</i>	Employee expenses based on 23 paid FTE were marginally higher this year due to an EB back pay not included in the original budget.
<i>Grants and subsidies</i>	Lower than expected Grants expenditure (\$875K) primarily due to a mid FY review that saw several budgeted programs of work either rescheduled for FY 2023/24 or withdrawn.

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

<i>Cash and cash equivalents:</i>	Apart from the late receipt of \$8.6M of Government Contributions for work now to be undertaken in FY 23/24, the start of FY Cash at Bank of \$5M was further increased by \$400K, primarily due to an underspend in Grant activity. This has resulted in a \$13.4M EOFY cash at bank position.
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**(c) Explanations of major variances - Statement of Cash Flows**

<i>Government Contributions:</i>	Significant increase of \$8.6M reflects Department of Health late FY approved 2022/23 contribution (\$5M) towards a 4 year whole of Government Mental Health Alcohol and Other Drug Implementation Plan and (2.38M) for an Indigenous Suicide Postvention Program. A further \$1.2M was provided by the Federal Government for a Scholarship Initiative.
<i>GST input tax credits from ATO</i>	Variation due to non original budget load.
<i>Interest</i>	\$250K increase in interest received resulted from an initial low financial year estimate, coupled with the interest derived from the significant increase in Government Contributions for the year.
<i>Employee expenses</i>	Employee expenses based on 23 paid FTE were marginally higher this year due to an EB back pay not included in the original budget.
<i>Supplies and services</i>	The \$1.4M outflow variation reflects an aged payables reduction of a similar amount that was recorded at end FY 21/22, reducing end FY debt position by the same.
<i>Grants and subsidies</i>	Lower than expected Grants expenditure (\$875K) primarily due to a mid FY review that saw several budgeted programs of work either rescheduled for FY 2023/24 or withdrawn.

## 16. Key Management Personnel (KMP) Disclosures

### Details of key management personnel

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of the Commission during 2022-23 and 2021-22. Further information about these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Mental Health Commissioner	The Mental Health Commissioner directs the overall efficient, effective and economical administration and guides the strategic direction of the Commission.
Executive Director	The Executive Director provides strategic leadership for the Commission's policy and program and research functions and is a member of the Executive Leadership Team.
Director - System Planning and Response	The Director leads the System Planning and Response functions and is a member of the Executive Leadership Team.
Director - Policy and Program Delivery	The Director leads the Policy and Program Delivery functions and is a member of the Executive Leadership Team.

### KMP Remuneration Policies

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The Commission does not bear any cost of remuneration of Ministers. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

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

Remuneration expenses for KMP comprise 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 a KMP position.
- non-monetary benefits - consisting of provision of car parks together with fringe benefits tax applicable to the benefit.

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

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

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

**16. Key Management Personnel (KMP) Disclosures (cont'd)**

**Performance Payments**

No performance payments were made to the KMP of the Commission.

**Remuneration Expenses**

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

**2022-23**

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	270	9	7	34	-	320
Executive Director	216	9	6	23	-	254
Director - System Planning and Response (1/7/22 to 11/2/23)	60	-	2	7	-	69
Director - System Planning and Response (6/3/23 to 30/6/23)	51	1	2	7	-	61
Director - Policy and Program Delivery (1/7/22 to 12/8/22)	23	-	-	2	-	25
Director - Policy and Program Delivery (3/1/23 to 30/6/23)	84	2	2	10	-	98
<b>Total Remuneration</b>	<b>704</b>	<b>21</b>	<b>19</b>	<b>83</b>	<b>-</b>	<b>827</b>

\* Director Communication and Engagement position not filled and has been temporarily replaced with a Manager level role not considered a KMP.



16. Key Management Personnel (KMP) Disclosures (cont'd)  
Remuneration Expenses (cont'd)

2021-22

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	274	9	7	32	-	322
Executive Director (21/3/22 to 30/6/22)	61	9	2	6	-	78
Director - Communication and Engagement (3/7/21 to 30/6/22)	127	-	3	15	-	145
Director - System Planning and Response	147	9	4	18	-	178
Director - Policy and Program Delivery (1/7/21 to 16/7/21)	18	-	-	2	-	20
Director - Policy and Program Delivery (19/7/21 to 10/9/21)	28	-	1	3	-	32
Director - Policy and Program Delivery (13/9/21 to 30/6/22)*	116	-	4	15	-	135
<b>Total Remuneration</b>	<b>771</b>	<b>27</b>	<b>21</b>	<b>91</b>	<b>-</b>	<b>910</b>

## 17. Related Party Transactions

### Transactions with people/entities related to KMP

There are no transactions to disclose for the 2022-23 year.

### Transactions with other Queensland Government-controlled entities

- The Commission's ongoing source of funding from the Government for services is provided by grant from the Department of Health (\$8.9M). The Commission also receives funding for work it undertakes on behalf of the Department of Health (\$7.38M) and grant funding from the Federal Government for (\$1.2M) (refer to Note 3).
- In the 22/23 year, the Commission contributed funding of \$625K to initiatives undertaken in partnership with other departments, which included the Department of Employment Small Business and Training (DESBT) and Metro North Health<sup>1</sup>. An additional \$302k accruals was recorded in the 22/23 year to recognise further funding yet to be paid with DESBT (refer to Note 6).
- The Commission incurred (\$298K) of corporate services charges with the Corporate Administration Agency, Department of Communities, Housing and Digital Economy (refer to Note 5).
- The Commission has entered into a lease (via a letter of financial commitment) for the premise at 400 George Street with the Department of Energy and Public Works. Lease expense for the year was \$377K (refer to Note 5).
- All other transactions in the year ended 30 June 2023 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

## 18. 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).

## 19. Climate Risk Disclosure

The State of Queensland, as the ultimate parent of the Commission, has published a wide range of information and resources on climate change risks, strategies and actions (<https://www.qld.gov.au/environment/climate/climate-change>) including the following key whole-of-Government publications:

- Climate Action Plan 2020-30 (<https://www.des.qld.gov.au/climateaction>)
- Queensland Energy and Jobs Plan (<https://www.epw.qld.gov.au/energyandjobsplan>)
- Climate Adaptation Strategy (<https://www.qld.gov.au/environment/climate/climate-change/adapting/strategy>)
- Queensland Sustainability Report (<https://www.treasury.qld.gov.au/programs-and-policies/esg/>)

### Accounting estimates and judgements – climate-related risk

The Commission considers climate-related risks when assessing material accounting judgements and estimates used in preparing its financial report. Key estimates and judgements identified include the potential for changes in asset useful lives, changes in the fair value of assets, impairment of assets, the recognition of provisions or the possibility of contingent liabilities.

No adjustments to the carrying value of assets were recognised during the financial year as a result of climate-related risks impacting current accounting estimates and judgements. No other transactions have been recognised during the financial year specifically due to climate-related risks impacting the Commission.

The Commission continues to monitor the emergence of material climate-related risks that may impact the financial statements of the Commission, including those arising under the Queensland Government Climate Action Plan 2020-2030 and other Government publications or directives.

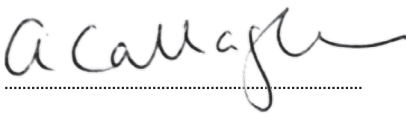
# Management Certificate for Queensland Mental Health Commission

## Management Certificate for Queensland Mental Health Commission

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009* (the Act), s.39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with s.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 2023 and of the financial position of the Commission at the end of that year; and

The Commissioner, as the Accountable Officer of the Commission, acknowledges responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



**Amelia Callaghan**  
Acting Chief Executive  
Queensland Mental Health Commission



**Michael Corne**  
Manager Corporate Governance and Service Delivery  
Queensland Mental Health Commission

Date: 18.08.23

Date: 18.08.23

# Independent Auditor's Report



## INDEPENDENT AUDITOR'S REPORT

To the Board of Queensland Mental Health Commission

### Report on the audit of the financial report

#### Opinion

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

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2023, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2023, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

#### Basis for opinion

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

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

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

#### Responsibilities of the entity for the financial report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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



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

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

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

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

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

### **Statement**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2023:

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



**Prescribed requirements scope**

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.

A handwritten signature in black ink, appearing to read "D Adams".

22 August 2023

David Adams  
as delegate of the Auditor-General

Queensland Audit Office  
Brisbane

# Appendices

## Appendix 1

# Executive leadership team profiles

### Queensland Mental Health Commissioner

*Ivan Frkovic*

The Queensland Mental Health Commissioner is the chief executive and accountable officer, appointed by the Governor in Council and reporting directly to the Minister for Health, Mental Health and Ambulance Services and Minister for Women. The Commissioner is responsible for the management and performance of the Commission's functions in accordance with its legislative obligations outlined in the *Queensland Mental Health Commission Act 2013*, and guides the strategic direction of the Queensland Mental Health Commission.

Ivan Frkovic was appointed Commissioner from 1 July 2017 and brings substantial policy, academic and person-centred experience to the role, having worked in the Queensland mental health system for over 20 years. With a focus on strengthening partnerships and collaboration, he oversees delivery and implementation of *Shifting minds*. Ivan's experience across government and non-government organisations provides valuable insight to help bring all sectors together to focus on delivering better mental health outcomes for Queenslanders. He has made a significant contribution to community mental health through published papers and articles.

### Executive Director

*Amelia Callaghan*

The Executive Director provides strategic leadership in policy and program direction and is responsible for ensuring the implementation of the *Shifting minds*, *Achieving balance* and *Every life* plans.

Amelia Callaghan is a registered psychologist and has worked in the health sector for over 25 years, with experience in both government and non-government services. She has a background in service delivery in both mental health services and alcohol and other drugs services and is a passionate advocate for early intervention aimed at reducing the long-term impact of mental illness on children, young people and families. Amelia has also held national, state and territory management roles prior to joining the Commission.

### Directors System Reform

The Directors System Reform lead small teams to progress work across a number of the Commission's five key focus areas: mental health and wellbeing, mental illness, alcohol and other drugs, suicide prevention and lived experience.

The Director works with their team to:

- plan and deliver actions to improve mental health and wellbeing, prevent mental illness and harmful substance use and facilitate early intervention
- identify barriers, issues and gaps in the system
- collaborate to codesign systemic solutions and advocate for reform
- enable, build capacity for and pilot system change, and
- monitor, review and evaluate the impact.

### Director, System Reform – Suicide Prevention and Promotion Prevention and Early Intervention

*Meagan Killer*

Meagan Killer has more than 15 years' experience working in the government and not-for-profit sectors leading policy and program responses in the areas of early childhood, community services and education. Meagan studied psychology and commenced her career as a child safety officer. In her role at the Commission, Meagan is responsible for leading the promotion, prevention and early intervention portfolio, the whole-of-government suicide prevention plan *Every life*, and key whole-of-government approaches to reducing stigma, the development of a trauma strategy, and a mental health and wellbeing strategy.

### Director, System Reform – Mental Ill-Health and Alcohol and Other Drugs

*Nicci Goulter*

Nicci Goulter holds more than 25 years' experience in mental health care in the public health and not-for-profit sectors. Nicci is a mental health nurse and has a background in healthcare leadership, strategy, operations and stakeholder relationships. As a member of the Commission's executive team, Nicci is responsible for leading the reform of the mental ill-health and alcohol and other drug systems, which support people who engage with the health treatment system and implementation of activities under *Achieving balance*.



### Manager Communication and Engagement

*Kate Southwell*

Kate Southwell leads the Commission’s integrated communication, engagement and marketing activities and has almost 30 years’ experience delivering communication outcomes in government contexts, including complex policy areas. She brings skills in leadership, strategy and planning, project management, risk management and budget administration. Kate has strong knowledge and commitment to mental health, alcohol and other drugs, and suicide prevention reform, having been with the Commission since 2014.

### Manager Corporate Governance and Service Delivery

*Michael Corne*

The Manager Corporate Governance and Service Delivery manages a small team and oversees the key functions of governance compliance, budget and financial management, procurement advice and contract management and administration, human resource management, records management, management of the Corporate Administration Agency (CAA) service agreement, correspondence management and coordination, and general administrative support to the Commission.

Michael Corne has 10 years’ experience in the role, being appointed at the Commission’s inception in July 2013. He brings considerable general management and leadership skills developed through a 25-year career as a military officer. He has a further 23 years of experience in the Queensland public sector employed across numerous agencies, focused on business operations. He has developed a wealth of knowledge of the Commission’s corporate governance practices and business operations.

### Project Manager Office of the Commissioner

*Giovanna Franze*

The Project Manager Office of the Commissioner leads the function and staff of the Office of the Commissioner team, providing high-level advice and support to the Commissioner on relevant policy, legislation and programs. This role also manages the annual estimates process, coordinates the Commissioner’s strategic engagement, and liaises and consults with government and non-government organisations on the Commissioner’s behalf.

Giovanna Franze has over 15 years’ experience working across government, non-government and higher education sectors. Her background includes strategic policy and service delivery in Aboriginal affairs, Aboriginal housing, homelessness, housing, international higher education, human rights, mental health, education and Aboriginal higher education. Giovanna is a passionate advocate of human rights and social justice.

## Appendix 2 2022–23 Sponsorships

The below table lists the sponsorships approved in 2022–23 financial year, however the sponsorship may be expensed in the next financial year.

Recipient	Activity	Value (excl. GST)
Momentum Arts	Perinatal Dreaming – Understanding Country event and documentary	\$5,000
Open Minds Australia	Queensland Mental Health Week Achievement Awards 2023	\$5,000
Arafmi	Ninth Carer Forum	\$10,000
Team Indigenous	Rockhampton Indigenous Cricket Carnival	\$5,000
Blackall Cultural Association	Twist, Dine and Design mental health promotion event	\$4,500
Global Organisation of People of Indian Origin (GOPIO)	Multicultural Mental Health Community Forum	\$10,000
Mental Illness Fellowship Australia	Out from the Mist photography, film and music competition	\$10,000
Recovered Futures Queensland	Recovered Futures Art Exhibition 2022	\$10,000
Arafmi	Arafmi Carers Forum	\$10,000
Australasian Society of Lifestyle Medicine	2022 Lifestyle Medicine Conference (preventative healthcare)	\$7,500
Upbeat Arts	Queensland Mental Health Week concert	\$10,000
North Burnett Community Service	Alcohol and other drugs peer support event	\$10,000
Little Dreamers	Young Carers Festival	\$10,000
Bulimba Community Centre	Sing Sing Choir for Dementia	\$10,000
Roses in the Ocean	Lived Experience of Suicide Summit 2023	\$20,000*
Mind Australia	Mind Art Exhibition for Mental Health 2022	\$10,000
Parenting and Family Research Alliance	The International Congress on Evidence-Based Parenting Support 2023	\$20,000*

Recipient	Activity	Value (excl. GST)
Mindfull Aus	Mindfull Shift – More than just a Gig	\$10,000
Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)	Series of multicultural mental health events 2022	\$20,000*
Brisbane Pride/Qld Council for LGBTI Health	LGBTI Mental Health Symposium 2023	\$10,000
Multicap/Open Minds	Mental Health Week Achievement Awards 2022	\$5,000
Mareeba & Communities Family Healthcare	Black Cockatoo Foundation community-based mental health supports for Mareeba community	\$10,000
Deep Ep Pty Ltd	Be Social Festival Mackay – Be Kind Initiative	\$5,000
Open Doors Youth Service Inc	Parent Support Group for parents of young LGBTI people initiative	\$8,020
Red Nose Australia	Queensland Wellbeing for Bereaved Parents Workshop trial	\$8,910
Peach Tree Perinatal Wellness Inc	First 2,000 Days Conference 2023	\$20,000*
Gayndah Development Association	Art therapy group sessions	\$9,091
Calm Consulting Pty Ltd	Suicide prevention and resilience training program	\$10,000
Article One	The Big Anxiety film/Taking Action exploring community-led mental health approaches in Warwick	\$9,091

\* The sponsorship requests for the Lived Experience of Suicide Summit 2023, the International Congress on Evidence-Based Parenting Support, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) multicultural events and the First 2,000 Days Conference exceeded the Commission’s sponsorship threshold of \$10,000. These requests were considered by exception using the Commission’s standard sponsorship evaluation framework and taking into account their strategic importance and national and international reach.

## Appendix 3 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 7	page 3
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> </ul>	ARRs – section 9.1	page 1
	<ul style="list-style-type: none"> <li>Glossary</li> </ul>		Appendix 4
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	inside front cover
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i>	inside front cover
		ARRs – section 9.3	
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968</i>	inside front cover
	ARRs – section 9.4		
Information Licensing	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	QGEA – Information Licensing	inside front cover
		ARRs – section 9.5	
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10	page 4
Non-financial performance	<ul style="list-style-type: none"> <li>Government’s objectives for the community and whole-of-government plans/specific initiatives</li> </ul>	ARRs – section 11.1	page 6
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.2	page 8
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.3	Page 44
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	page 52
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	page 49
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	page 78
			Appendix 1
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	page 36
	<ul style="list-style-type: none"> <li>Public Sector Ethics</li> </ul>	<i>Public Sector Ethics Act 1994</i>	page 51
		ARRs – section 13.4	
	<ul style="list-style-type: none"> <li>Human Rights</li> </ul>	<i>Human Rights Act 2019</i>	page 51
	ARRs – section 13.5		
<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.6	page 7	

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	page 51
	• Audit committee	ARRs – section 14.2	page 51
	• Internal audit	ARRs – section 14.3	page 51
	• External scrutiny	ARRs – section 14.4	N/A
	• Information systems and recordkeeping	ARRs – section 14.5	page 51
	• Information Security attestation	ARRs – section 14.6	N/A
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	pages 48–49
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i>	page 49
		ARRs – section 15.2	
Open Data	• Statement advising publication of information	ARRs – section 16	page 52
	• Consultancies	ARRs – section 31.1	<a href="http://data.qld.gov.au">data.qld.gov.au</a>
	• Overseas travel	ARRs – section 31.2	<a href="http://data.qld.gov.au">data.qld.gov.au</a>
	• Queensland Language Services Policy	ARRs – section 31.3	<a href="http://data.qld.gov.au">data.qld.gov.au</a>
Financial statements	• Certification of financial statements	FAA – section 62	page 73
		FPMS – sections 38, 39 and 46	
		ARRs – section 17.1	
• Independent Auditor’s Report	FAA – section 62	page 74	
	FPMS – section 46		
	ARRs – section 17.2		

FAA *Financial Accountability Act 2009*  
 FPMS *Financial and Performance Management Standard 2019*  
 ARRs *Annual report requirements for Queensland Government agencies*

## Appendix 4 Glossary

<b>ABC</b>	<b>Attachment and Biobehavioural Catch-Up</b> an international program for supporting caregivers and infants who have experienced adversity	<b>MHLEPQ</b>	Mental Health Lived Experience Peak
<b>Achieving balance</b>	<i>Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027</i>	<b>NDIA</b>	National Disability Insurance Agency
<b>AOD</b>	alcohol and other drugs	<b>NDIS</b>	National Disability Insurance Scheme
<b>ARRs</b>	<i>Annual report requirements for Queensland Government agencies</i>	<b>NGO</b>	non-government organisation
<b>Better Care Together</b>	<i>Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027</i>	<b>NMHCCF</b>	National Mental Health Consumer and Carer Forum
<b>CAA</b>	Corporate Administration Agency	<b>QAMH</b>	Queensland Alliance for Mental Health
<b>CDRB</b>	Child Death Review Board	<b>QFCC</b>	Queensland Family and Child Commission
<b>DYJESBT</b>	Department of Youth Justice, Employment, Small Business and Training	<b>QLEWN</b>	Queensland Lived Experience Workforce Network
<b>DTATSIPCA</b>	Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	<b>QMHW</b>	Queensland Mental Health Week
<b>Every life</b>	<i>Every life: The Queensland Suicide Prevention Plan 2019–2029</i>	<b>QNADA</b>	Queensland Network of Alcohol and Other Drug Agencies
<b>ELT</b>	Executive Leadership Team	<b>QPC</b>	Queensland Productivity Commission
<b>FAA</b>	<i>Financial Accountability Act 2009 (Qld)</i>	<b>QSPN</b>	Queensland Suicide Prevention Network
<b>FPMS</b>	<i>Financial and Performance Management Standard 2019</i>	<b>QSR</b>	Queensland Suicide Register
<b>GP</b>	general practitioner	<b>QuIHN</b>	an independent not-for-profit providing specialist social and medical services relating to alcohol and other drug use and mental health
<b>iQSR</b>	interim Queensland Suicide Register	<b>Shifting minds</b>	<i>Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018–2023</i>
<b>LEAG</b>	lived experience advisory group	<b>SLG</b>	<b>Strategic Leadership Group</b> a Queensland Government cross-agency group providing oversight for <i>Shifting minds</i>
<b>MHCT</b>	Mentally Healthy City Townsville	<b>SPSOG</b>	Suicide Prevention Strategic Oversight Group

## References

- i Queensland Government (Queensland Health) 2022, *Queensland Government final response: Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, 6 September 2022, viewed 18 July 2023, <https://documents.parliament.qld.gov.au/tp/2022/5722T1277-5322.pdf>.
- ii Queensland Government 2023, *New approach to save lives*, viewed 7 July 2023, <https://statements.qld.gov.au/statements/97611>.
- iii Queensland Government 2023, *Historic Path to Treaty legislation passes Parliament*, viewed 7 July 2023, <https://statements.qld.gov.au/statements/97711>.
- iv Queensland Government 2023, *Queensland Housing Summit Outcomes Report* released, viewed 7 July 2023, <https://statements.qld.gov.au/statements/96704>.
- v Queensland Government 2023, *\$8.76m Small Business Wellness Package at work: Chambers help support good mental health for small businesses*, Friday 28 April 2023, <https://statements.qld.gov.au/statements/97635>.
- vi Productivity Commission 2020, *Mental Health, Inquiry Report*, Report no. 95, Canberra.

