

ANNUAL REPORT 2023–2024

Queensland Mental Health Commission



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Queensland Mental Health Commission Annual Report
2023–2024

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2023–2024

Queensland Mental Health Commission

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An electronic copy of this report is available at
[https://www.qmhc.qld.gov.au/about/our-performance/
annual-report](https://www.qmhc.qld.gov.au/about/our-performance/annual-report).

About this report

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2023–2024. It outlines the Commission's achievements in driving ongoing reform towards a more integrated, evidence-based, person-centred mental health, alcohol and other drugs, and suicide prevention 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.

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.



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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Further information about the Commission's activities is available on the website at qmhc.qld.gov.au.

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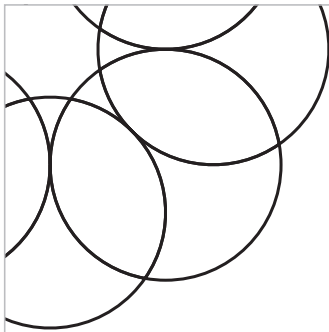
Acknowledgements

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 peoples 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-living experience of mental health difficulties, alcohol and other drugs use, trauma and suicidality to our work. We value the voice of lived-living experience, including families, carers and kin, and support people in everything we do.

Letter of compliance



Queensland
**Mental Health
Commission**

ABN 54 163 910 717

3 September 2024

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 2023–2024 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 4** on page 86 of this annual report.

Yours sincerely

Amelia Callaghan
Acting Chief Executive
Queensland Mental Health Commission

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From the Commissioner

Over the past year, we have seen great movement across the sector and reform in action. While there is still more to work to be done to ensure every Queensland can be mentally healthy, well and access the supports they may need, I have been encouraged by the significant progress made this year.

In particular, we launched *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028 (Shifting minds)*. This renewed strategic plan establishes the policy context for mental health, AOD and suicide prevention in Queensland, and builds on the past five years of achievements across the state, including an increased focus on prevention, early intervention, and a continued shift towards community-based services and supports.

One of the major highlights of the year was the development of a Queensland trauma strategy, which will establish a whole-of-government, whole-of-community approach to prevent, support, and heal from trauma and its impacts. The strategy will work towards creating the best possible conditions for individuals, families, carers and communities to thrive, and when required, receive the right support as early as possible in their community of choice.

This year, work was also undertaken to detail Queensland's commitment to mental health and wellbeing, alongside Health and Wellbeing Queensland, with a focus on promotion, prevention and early intervention. This will include the planned Mental Health and Wellbeing Grants—a new \$9 million investment over three years, which will be administered by the Commission and support our communities to deliver community-led and based initiatives that enhance mental health and wellbeing outcomes.

These activities do not operate in silos—they are closely aligned with a number of other plans and actions underway to help us reform the sector to intervene early, provide the right supports at the right time, and grow and develop the capacity of our workforces into the future.

Earlier this year, the *Pathways to mental wellbeing* report was released. The Commission developed this report in partnership with the Queensland Alliance of Mental Health to gain a comprehensive understanding of the non-government community mental health sector and its strengths, weaknesses, opportunities and challenges. Additionally, we made progress in our mission to embed lived-living experience at the Commission, establishing a team of designated positions—including a Lived-Living Experience Director—and beginning work on several initiatives to strengthen lived-living leadership and powerful partnership internally and externally.

Every life: The Queensland Suicide Prevention Plan 2019–2029 Phase Two was also released this year. Phase Two builds on the progress and outcomes achieved in Phase One, with a renewed focus on building lived experience leadership and supporting First Nations communities to lead suicide prevention activity. It also focuses on targeted approaches for over-represented population groups. This year the Commission also began implementing a reformed approach to suicide data and surveillance in Queensland, that saw the return of the Queensland Suicide Register and Interim Queensland Suicide Register to government ownership. This enabled the Commission to commence monthly reporting of suicide data in line with other states to support suicide prevention responses.

We continued with the implementation of *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*. A number of key actions came to fruition this year, including expanded drug diversion, as well as the introduction of drug checking within Queensland. These responses represent a substantial shift in Queensland drug policy and will reduce harm, help to rebalance the system towards health responses, and most significantly, offer the potential to save lives.

Finally, this year the Commission progressed some major work to support the Queensland Government to address housing and homelessness experienced by people with mental health and alcohol and other drugs concerns. The Commission, with the support of a range of key stakeholders, developed an evidence-based response for addressing the housing and support needs of people over the next five years. This brings together housing options with support from the government’s unprecedented \$1.645 billion investment in mental health. No clear commitment has yet been achieved but the Commission will continue to work with partners to progress the policy agenda around supportive housing.

My sincere thanks go to the Commission staff, the Queensland Mental Health and Drug Advisory Council, the Queensland Government, people with lived-living experience, and their families and carers, along with all our partners and supporters who have played a role in contributing to the reform agenda in this financial year.

It is wonderful to see the shared momentum we are building across the sector, and rather than rebuilding the old, seeing the new and innovative ways of working emerge to push the system forward.



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* (Qld) (the Act).

The Commission is an independent statutory agency 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 to develop and deliver reforms, and is advised and supported by the independent Queensland Mental Health and Drug Advisory Council comprised of lived-living 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 2023–24 the Commission contributed to the following objectives for the community:

- **Good jobs:** by investing in skills
- **Great lifestyle:** by growing our regions, and honouring and embracing our rich and ancient cultural history
- **Better services:** by backing our frontline services, and keeping Queenslanders safe.

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, alcohol and other drug (AOD) system in Queensland. The Commission's role and functions include the suicide prevention sector as a part of system reform. The Act sets out the Commission's functions, which underpin its Strategic Plan 2023–2027 and program of work.

The Commission's functions are:

- **Preparing, monitoring, reviewing and reporting on a whole-of-government strategic plan—*Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028* (*Shifting minds*).¹** The Commission's strategic planning also includes *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* (*Achieving balance*)² and *Every life: The Queensland Suicide Prevention Plan 2019–2029* (*Every life*).³
- **Evaluating, reviewing and reporting** on matters affecting people living with mental health, AOD use issues and/or suicidality, including their families, carers and kin, and support people. This function also includes people who are vulnerable to, or at significant risk of, developing mental health, substance use issues and/or suicidality. The Commission's research function is an important lever for reform, along with the sharing of evidence, knowledge and lived-living experience around system reform.
- **Supporting and promoting awareness, prevention and early intervention initiatives** that focus on community-wide mental health and wellbeing and intervening early in life, early in illness and early in episode, as well as reducing stigma and discrimination for mental health, substance use issues and suicide.
- **Engaging and enabling stakeholders to participate in and shape reform**, including people with lived-living experience of mental ill-health, AOD use, trauma and suicidality, and their families, carers and kin, 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 health difficulties, AOD use, trauma and suicidal distress.

¹ <https://www.qmhc.qld.gov.au/shifting-minds-2023-2028>

² <https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan>

³ <https://www.qmhc.qld.gov.au/every-life-suicide-prevention-plan>

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 principles outlined in the Act, which state that:

1. People living with a mental illness or alcohol and other drugs 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 tradition or custom and is culturally appropriate 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 the areas of 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 Plan 2023–2027⁴ outlines the objectives and strategies the Commission is employing to achieve outcomes against its legislative charter and related strategic plans.

In 2023–24, the Commission's work program aligned with the four objectives of our strategic plan:

- The wellbeing of Queenslanders is promoted and supported
- System reform is supported and advanced
- Policy and practice is grounded in evidence and best-practice
- Lived-living experience and First Nations expertise drives system reform.

Each objective 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.

People with lived-living experience of mental illness, AOD use, trauma 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 and service providers, in both government and non-government sectors.

⁴ <https://www.qmhc.qld.gov.au/about/publications/browse/corporate-plans-and-frameworks/qmhc-strategic-plan-2023-2027>

Reform context

The mental health and wellbeing system is a complex interplay of services and supports designed, funded and delivered through the Australian, state and territory governments. This system extends beyond the healthcare portfolio and encompasses the public, private, primary and non-government sectors, industry and academia.

Governments provide significant funding towards mental health, alcohol and other drugs, and suicide prevention treatment, care and support, however no one agency, level of government, group or community can improve the mental health and wellbeing of Queenslanders in isolation. Collective, coordinated, system-wide effort and ongoing reform is required to enhance outcomes for individuals, groups and communities.

Reform occurs within a broader context of national and state-level inquiries, reviews and implementation. In recent years, numerous inquiries have been undertaken, paving the way for new reforms and initiatives. To substantially improve quality of life outcomes for all Queenslanders, a more comprehensive and integrated approach is required—one that extends beyond traditional healthcare systems and addresses the social determinants of mental health and wellbeing. The challenge lies in better aligning all health and social systems to enhance capacity, coordination and collaboration across various sectors.

National context

The National Mental Health and Suicide Prevention Agreement and Bilateral Schedule on Mental Health and Suicide Prevention: Queensland

Implementation of the *National Mental Health and Suicide Prevention Agreement* and the *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland* continues to occur. A total of \$260 million has been committed under the agreement and schedule for mental health and suicide prevention support and services in Queensland, with \$52.5 million budgeted in 2023–24.

Investments agreed to under the 2023–24 national agreement and schedule include funding for child mental health, social and emotional wellbeing, universal perinatal mental health screening, additional suicide aftercare services and an ‘outside hospital trial’, a distress intervention trial program and postvention supports, adult mental health centres and enhancement and expansion of youth mental health services. Many of these initiatives were detailed in the Australian Government budget for 2023–24.

Queensland Health is the agency responsible for implementing initiatives under the national agreement and bilateral schedule and the Commission reports on behalf of Queensland Government agencies.

Federal Budget 2023–24

The 2023–24 Federal Budget provided \$586.9 million for mental health and suicide prevention. This investment included important initiatives to support system sustainability and reform. These included \$260 million over two years for psychosocial support for 18,000 people with severe mental illness outside the National Disability Insurance Scheme (NDIS), and \$33.6 million over two years to extend existing community alcohol and other drug programs.

The budget also included an investment of \$136 million over four years for mental health support for refugees and culturally and linguistically diverse communities; \$91 million to increase the psychology workforce; and \$17.8 million over five years from 2022–23 to build mental health skills across the broader health workforce to better respond to mental health issues and distress.

The budget also provided \$8.7 million for digital mental health services, including the Head to Health website.

Collectively, these initiatives help address key gaps and issues in the national mental health system.

Federal Budget 2024–25

The 2024–25 Federal Budget will contribute to reform of the mental health and suicide prevention system with an \$888 million mental health package invested over eight years. This includes funding to expand the range of free mental health services and respond to the recommendations of the Better Access initiative evaluation.

This includes:

- \$163.9 million for a free low intensity digital mental health service
- \$71.7 million over four years to provide wrap-around care for people with severe and/or complex needs

\$7.1 million over four years to build and support the lived experience peer mental health workforce, through the establishment of a national professional association for peer workers, delivery of a workforce census and exploration of further training pathways.

These initiatives continue to focus on delivering necessary reform across the mental health system.

Ongoing implementation of the *National Mental Health Workforce Strategy 2022–2032*

The implementation of the *National Mental Health Workforce Strategy 2022–2032* is ongoing. The strategy provides a high-level vision and roadmap to build a sustainable workforce that is skilled, well-distributed and supported to deliver mental health treatment, care and support that meets current and future population needs. The four strategic pillars of the strategy are: attract and train; maximise, distribute and connect; support and retain; and data, planning, evaluation and technology. In recognition of shared responsibility for the mental health workforce, implementation of the strategy is shared by governments, regulators, professional colleges, education providers and peak bodies, and is anticipated to complement other workforce strategies, including workforce initiatives being undertaken in Queensland.

Independent Mental Health Lived Experience Peak Bodies

The Australian Government announced \$7.5 million in funding in 2023 to establish and operate two new independent mental health lived experience peak bodies representing consumers and families, carers and kin. The peak bodies will work to ensure people with lived and/or living experiences of mental ill-health shape the policies and programs impacting them.

During the year, the Australian Department of Health and Aged Care undertook a co-design process to set up the two new national lived experience peak bodies and called for competitive grant applications to fund organisations to establish the bodies. The National Mental Health Consumer Alliance was selected to establish the consumer peak body and Mental Health Carers Australia to establish the carers, family and kin peak body. The renewal and strengthening of lived experience advocacy and leadership at a national level is key to ongoing system reform and supports work being undertaken in Queensland.

Social and Emotional Wellbeing Policy Partnership

In 2023, the Australian Government announced the establishment of the Social and Emotional Wellbeing Policy Partnership as part of the *National Agreement on Closing the Gap*. The partnership aims to develop a ‘joined-up approach’ between partner members, including First Nations representatives, the Australian Government and state and territory governments. The partnership is tasked with approaching social and emotional wellbeing in a broad and holistic way that looks at factors including prevention, protective factors, mental health, suicide prevention and support after suicide. The Commission will observe how this partnership will influence social and emotional wellbeing initiatives developed and delivered as part of its own work, including that of partner agencies.

National Disaster Mental Health and Wellbeing Framework

In 2023, the Australian Government released the *National Disaster Mental Health and Wellbeing Framework*. The framework guides how governments and recovery partners can consistently support the mental health and wellbeing of communities before, during and after disaster events, including emergency service workers. Disaster risk is increasing, and Queensland is the most disaster-prone state in Australia, with over 100 disaster events reported since 2011. The framework recognises that mental health needs are complex, and that support at the individual and community levels is needed during social recovery from disasters. The Australian Government is working with state and territory governments to implement the framework.

National Plan to End Violence against Women and Children – First Action Plan 2023–2027

In October 2022, the Australian, state and territory governments released the *National Plan to End Violence against Women and Children 2022–2032*. The national plan is supported by the *First Action Plan 2023–2027* and provides a roadmap for the first five-year effort towards achieving the vision of the National Plan. This plan is also supported by Queensland focused approaches, including *Hear her voice* reports, one and two and subsequent Queensland Government responses. The Queensland trauma strategy, developed by the Commission on behalf of the Queensland Government, also recognises the significant correlation between domestic, family and sexual violence and trauma and incorporates a number of actions to enhance trauma-informed responses and support for those impacted by domestic, family and sexual violence.

National reviews and inquiries

Independent Review of the National Disability Insurance Scheme

On 7 December 2023, the Australian Government released the final report of the Independent Review of the National Disability Insurance Scheme (NDIS). The *Working Together to Deliver the NDIS* report identified 26 recommendations and 139 actions to deliver on the three overarching objectives detailed in the terms of reference. The report provides a blueprint to renew the NDIS, including recovery-focused psychosocial supports in the NDIS and the broader mental health system, foundational supports to enhance community participation, and navigation support to enhance service accessibility. The NDIS review has significant implications for people living with psychosocial disability in Queensland, with or without an NDIS package, as well as implications for the mental health system more broadly.

Mid-Term Review of the *National Health Reform Agreement Addendum 2020–2025*

A Mid-Term Review of the *National Health Reform Agreement Addendum 2020–2025* was commissioned by federal, state and territory Health Ministers to report by December 2023. The review made 45 recommendations that seek to build on the strengths of the *National Health Reform Agreement* (NHRA).

The NHRA is aimed at improving efficiency and ensuring financial sustainability, delivering safe, high-quality care in the right place at the right time, prioritising prevention and helping people manage their health throughout their lifetime, and driving best practice and performance using data and research.

The review found there are significant opportunities to:

- broaden the scope of the NHRA to take a whole-of-health-system view (rather than hospital funding)
- better manage the interface between care sectors (for example between the acute, primary, disability and aged care systems)
- embed innovation, integration and long-term health reform into its operations
- incorporate the key system enablers of workforce and digital health, and
- establish priority actions in the areas of First Nations peoples, mental health, prevention, and rural and remote health.

The review is being implemented by Australian, state and territory governments and supports implementation of the *National Mental Health and Suicide Prevention Agreement*, including models of care, financing, innovation and performance monitoring in mental health.

Senate Select Committee on Cost of Living

On 28 September 2022, the Senate Select Committee on the Cost of Living was established by the Australian Parliament to inquire into and report on the cost-of-living pressures facing Australians. In May 2024, a second interim report was published. The report noted increased demands on charitable services, driven by rising costs of energy, housing, and groceries, and emphasised the need for more supply and policy reforms to expand housing, including community and social options. The work and outcomes of the Select Committee are important, as cost-of-living pressures, financial uncertainty and crisis represent a significant risk factor for mental ill-health, alcohol and other drug use, and suicidality.

Commonwealth Government COVID-19 Response Inquiry

On 21 September 2023, the Australian Government announced an independent inquiry into Australia's response to the COVID-19 public health pandemic. The scope of the inquiry included examining broader health supports for people impacted by COVID-19 and/or lockdowns, such as mental health and suicide prevention supports. A final report to Government is due by the end of September 2024.

Joint Select Committee on Social Media and Australian Society

The Joint Select Committee on Social Media and Australian Society was appointed in May 2024 to inquire into and report on the influence and impacts of social media on Australian society, including harmful or illegal content disseminated over social media and social media impacts on mental health. An interim report is due on 15 August 2024, with a final report due by 18 November 2024.

Royal Commission into Defence and Veteran Suicide

The Royal Commission into Defence and Veteran Suicide was first established in 2021 to consider the high rates of suicide in defence and veteran communities and make recommendations to government. An interim report was delivered on 11 August 2022 which 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.

In 2023–24, activities focused on private sessions and public hearings, and submissions to the Royal Commission were open until 13 October 2023. In December 2023, the Commission also had the opportunity to make a submission to the Royal Commission in response to its consultation paper on a proposed new entity to promote the wellbeing of defence members and veterans. The Royal Commission's final report is due to be delivered by 9 September 2024.

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

In September 2022, the House of Representatives Standing Committee on Social Policy and Legal Affairs (the Committee) adopted an Inquiry into online gambling and its impacts on those experiencing gambling harm to review of the evidence around online gambling harms, current regulations and consumer protections, education and support programs.

The Committee's report *You win some, you lose more* was tabled in June 2023 and provides 31 recommendations to reduce online gambling harm. Recommendations included developing and implementing a comprehensive national strategy on online gambling harm reduction, an online gambling ombudsman, a harm reduction levy on online wagering service providers (WSPs), a public education campaign and more independent research and improved data collection. It also made a number of recommendations around incorporating gambling harm into mental health and drug and alcohol assessments and research into vulnerable groups, best practice interventions, treatments and supports, and gambling-related suicides.

The impact of gambling harm on mental health, alcohol and other drug use, and suicide is an active policy consideration for the Commission. During the year, the Commission continued a watching brief regarding the Australian Government's response to the Committee's report.

State context

Budget 2023–24

The 2023–24 State Budget continues to contribute to reforms to the mental health, alcohol and other drugs, and suicide prevention system. This encompasses better services for all Queenslanders, including an approximate \$2.9 billion uplift to the overall health funding to address demand and cost pressures and support programs and initiatives. The budget included a \$301 million increase for mental health services to progress the implementation of the \$1.645 billion package under *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*. Funding included \$150 million for a new mental health facility at the Redland Hospital.

Putting Queensland Kids First: Giving our kids the opportunity of a lifetime

In 2024, the Queensland Government announced the *Putting Queensland Kids First: Giving our kids the opportunity of a lifetime* plan, investing \$501.98 million to improve the lives of Queensland children and families. This plan brings forth a range of actions with the aim of providing Queensland children with the optimal start in life, and recognising the substantial role the environments in which children learn, live, play and grow can have on life trajectories. Ensuring the best start to life is critical for lifelong learning, health and wellbeing. The Commission was consulted along with sector stakeholders and community as part of the plan's development.

Queensland Women and Girls' Health Strategy 2032

In 2023, the Queensland Government announced the *Queensland Women and Girls' Health Strategy 2032* and an investment plan to improve the health and wellbeing of all women and girls across their life course. This work also aligns with a number of other reform and strategic activities underway to address women's health and wellbeing and exposure to trauma, including the Queensland Trauma Strategy, in which women are identified as a priority area, the *National Plan to End Violence against Women and Children 2022–2032 – First Action Plan 2023–2027* and the New South Wales Select Committee on Birth Trauma.

Homes for Queenslanders

In February 2024, the Department of Housing, Local Government, Planning and Public Works released the *Homes for Queenslanders* housing plan, with a commitment to deliver one million new homes by 2046, including 53,500 new social homes. The commitment also features initiatives focused on boosting social housing and ending homelessness—recognising the interplay between the social determinants of health and mental wellbeing. The Commission continues to advocate for supported accommodation options for those with lived-experience of mental ill-health, alcohol and other drugs.

Independent Review into homelessness responses in Queensland

Under *Homes for Queenslanders*, the Queensland Government committed to an Independent Review of the response to homelessness in Queensland, which commenced in March 2024. The review will examine and assess the effectiveness of how the Queensland Government and other support services currently respond to homelessness and identify opportunities for improvement. In June 2024, an initial update on the review was shared outlining of the approach the review and initial recommendations. The review, and its final report are due to be delivered to the Queensland Government by January 2025. Those with experience of mental ill-health and alcohol and other drugs use are over-represented in homeless populations and the Commission will continue to monitor the progress and outcomes of the review.

Our Place: A First Nations Housing and Homelessness Roadmap to 2031

In April 2024, the Department of Housing, Local Government, Planning and Public Works in Queensland launched *Our Place: A First Nations Housing and Homelessness Roadmap 2031* with a \$61.3 million investment. This four-year plan, spanning 2024–2027, aims to create fairer housing and close the housing gap for First Nations peoples by 2031. First Nations peoples experience higher rates of homelessness and housing distress and the plan recognises the important role housing plays in social and emotional wellbeing, and community and economic participation and makes a number of commitments to address this.

Path to Treaty

On 26 April 2024, the Truth-telling and Healing Inquiry and First Nations Treaty Institute Council were established under the *Path to Treaty Act 2023*. This marks an important step for Queensland's truth-telling and healing process. Truth-telling processes and self-determination are critical to reconciliation and addressing the ongoing impacts of trauma, racism and discrimination that has accumulated across generations, and impacted on many aspects of First Nations peoples' lives, including their mental health and wellbeing.

Inquiry into the provision and regulation of supported accommodation in Queensland

On 26 October 2023, the Legislative Assembly directed the Community Support and Services Committee to inquire into and report on the provision and regulation of supported accommodation in Queensland. A final report outlining 12 recommendations was tabled in June 2024. The recommendations included a review of the *Residential Services (Accreditation) Act 2002*, a census of residents living in supported accommodation, and recommendations to improve accreditation, compliance, staff retention and supports and standards for those residing in supported accommodation. This inquiry was established in response to a report by the Public Advocate on the need for an inquiry into supported accommodation in Queensland and the importance of safe, secure and affordable housing for vulnerable Queenslanders.

Report into the use of seclusion, mechanical and physical restraint

In May 2023, the Office of the Chief Psychiatrist released a report into the use of seclusion, mechanical restraint and physical restraint in inpatient components of services of the Queensland mental health system. The review aimed to identify themes, lessons and actions which can be embedded at system and service levels to support improvement in clinical practice and reduction and, where possible, elimination of seclusion and restraint over time.

Key recommendations included elevating lived experience and First Nations input, enhancing the Office of the Chief Psychiatrist leadership role to support and assist services to reduce and where possible eliminate seclusion and restraint, and recommendations around environmental enhancements, workforces, models of care and information sharing. A Queensland Health response was issued in November 2023, which supported the recommendations from the report and noted their alignment with a number of system wide initiatives which are planned or have commenced which aim to reduce, and where possible, eliminate restrictive practices.

Pride in our Communities Action Plan 2024–2032

In June 2024, the Queensland Government released *Pride in our Communities 2024–2032*, Queensland's first strategy for supporting lesbian, gay, bisexual, trans, queer, intersex, asexual plus (LGBTQIA+) communities and a supporting initial two-year action plan. The strategy acknowledges that LGBTQIA+ people have and continue to face experiences of discrimination, prejudice, violence, abuse and judgement, significantly impacting mental health and wellbeing, and outlines a number of actions to support LGBTQIA+ communities. This strategy closely aligns with work underway at the Commission through the Queensland trauma strategy, which identifies LGBTQIA+ communities as a priority group. The Commission is also working to fund the expansion of Yarns Heal which supports Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy communities.

Queensland State Disaster Management Plan

Queensland is the most disaster-prone state in Australia and Queenslanders are increasingly facing exposure to more potentially traumatic circumstances and experiences due to more frequent and severe natural disasters. In March 2023, the *Queensland State Disaster Management Plan* was released outlining how Queensland will prevent, prepare, respond to and recover from disaster and identifying responsible agencies and their roles in natural disaster relief, response and recovery. The plan also addresses mental health and community resilience support. An addendum to plan was released in May 2024 to update responsible agencies. This work complements the Queensland trauma strategy, which supports trauma-informed disaster management frameworks and responses for individuals and communities.

Ongoing system challenges

In Queensland, 45.2 per cent of Queensland adults will experience a mental disorder at some point in their lives. Several factors contribute to the increasing demand for health services, including population growth, an ageing population, and the rising complexity of emergency presentations and mental health conditions.

In Australia, 18.6 per cent of people reported needing to see a health professional for mental health issues in 2022–23, similar to the previous year. However, 38.5 per cent delayed or did not see a health professional when needed, with 11.2 per cent not seeking help at all. Cost was a significant barrier, increasing to 19.3 per cent in 2022–23 from 16.7 per cent in 2021–22. Females and younger people were more likely to delay or forgo seeing a health professional due to cost. The National Mental Health Survey also shows that whilst the prevalence of mental illness among the Australian population has remained broadly similar, there was increased prevalence among young people which will require further monitoring and targeted responses.

Significant shortages of all professions in the mental health workforce impact the accessibility and sustainability of the system. In 2019, it was estimated there was a 32 per cent national shortfall in mental health workers compared to the targets set by the *National Mental Health Services Planning Framework*. Without appropriate measures, this shortage is expected to increase to 42 per cent by 2030.

Increasing demand on the health system has seen the Commission receive increasing consumer and community enquiries, requiring immediate support or assistance with navigating the system. A Clinical Advisor role was appointed in 2023–24, to support the Commission to respond to these enquiries and support individuals to access the information or supports they need.

Finally, the Commission is increasingly responding to global emerging challenges, trends and evidence in the sector to inform activities and reform work. In 2023–24, at a state and federal level there were increasing discussions around the potential impacts of social media on youth mental health and wellbeing, which the Commission continues to monitor. This year, the Commission's work in the AOD sector also saw a focus on synthetic opioids as the prevalence of nitazenes and fentanyl increased in Australian jurisdictions.

Objective 1

The wellbeing of Queenslanders is promoted and supported

Mental health and wellbeing is better understood, maintained and proactively supported in Queensland communities

Prioritising mental health and wellbeing

From January 2024, the Commission worked closely with Health and Wellbeing Queensland, the lead agency for the development of a Queensland Government commitment to mental health and wellbeing.

A statement of commitment was being developed in response to recommendation 19 of the Mental Health Select Committee's report on the Inquiry into the opportunities to improve mental health outcomes for Queenslanders, which recommended a population-based mental health and wellbeing strategy that works across human services portfolios and is aimed at improving community mental health and wellbeing.

This commitment represents the Queensland Government's initial step as part of a phased approach to delivering a mental health and wellbeing strategy. The commitment highlights existing Queensland Government action to support wellbeing and prevent mental ill-health, announces \$9 million in mental health and wellbeing grant funding to be administered by the Commission, and outlines the broad future direction for the promotion of population wellbeing in Queensland under three wellbeing focus areas: collective, community and individual.

A comprehensive process was undertaken to develop the commitment and ensure a broad understanding of the evidence, barriers, opportunities and priorities for improving mental health and wellbeing in Queensland. This included an extensive review of the literature and contemporary practices, working alongside leading subject experts, and gathering insights from community and stakeholder consultation sessions. This included 15 consultation sessions and a further 17 targeted stakeholder meetings hosted by Health and Wellbeing Queensland. Sessions were held across the state both in person and online, and included targeted sessions for youth, government and First Nations.

The Commission will continue to work with Health and Wellbeing Queensland to build on the comprehensive work already undertaken and support development of a detailed mental health and wellbeing strategy and action plan. To support early implementation of the commitment, the Commission will also administer the first round of grants under the Mental Health and Wellbeing Grant program in 2024–25.

Addressing stigma and discrimination

Stigma and discrimination profoundly impact people with a lived-living experience across mental health, alcohol and other drugs, and suicide—as well as families, carers and friends—in various and broad ways, across all life settings, and with serious and long-lasting effects. Stigma can be reflected by individuals, communities and systems through their attitudes, beliefs and behaviours.

Following the Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders, the Commission was granted \$10 million under *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027 (Better Care Together)* to deliver recommendation five of the inquiry.

The recommendation called for a public health campaign that reduces stigma associated with mental ill-health, alcohol and other drug issues, and eating disorders, and increases help-seeking and help-offering behaviours. A range of training tools and programs to use in the public, private, not-for-profit and education sectors was also recommended.

Over the past year, the Commission has undertaken initial research, detailed project planning and informal consultation to define and scope the work program. The project is being delivered through a multi-level, multi-faceted approach over a phased implementation, aiming to create lasting and ongoing impact in Queensland at the individual, community and structural levels. Work package deliverables will include a social marketing behaviour change campaign, as well as supporting capacity and capability building initiatives targeting key audiences in key settings. It is expected the campaign will be delivered in several phases from mid-2025.

Later in 2024, formal consultation, market and social research will be conducted with Queensland audiences to gather deeper local insights about people's lived and living experiences as well as community attitudes, beliefs, motivations and behaviours. People with lived-living experience will play a critical role in the development, implementation and evaluation of the communication and creative strategy, campaign and other activities, supported by research findings and input from sector stakeholders.

Developing a Queensland trauma strategy

It is important to create the best possible conditions for individuals, families, carers and communities to thrive, and when required, provide access to the right support as early as possible in their community of choice.

Over 2023–24, the Commission led the development of a Queensland trauma strategy. The trauma strategy will establish a whole-of-government, whole-of-community approach to prevent, support and heal from trauma and its impacts. Development of the strategy responds to recommendation six and the Queensland Government's response to the Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders.

A comprehensive consultation approach was undertaken to ensure the strategy was grounded in evidence and reflected the diverse perspectives and needs of Queenslanders.

In late 2023, the Commission engaged a range of experts to review literature and current practices to identify policy and reform opportunities for Queensland. The consultation papers, available on the Commission's website,⁵ cover diverse topics, including the importance of concepts and context, the impact of trauma across the life course, supporting diverse needs and experiences, and the impact of trauma within specific contexts and environments.

Over the first half of 2024, the Commission heard from over 800 Queenslanders, in person and online through webinars, online submissions and public survey responses. The Commission also consulted with representatives across government and non-government agencies.

⁵ <https://info.qmhc.qld.gov.au/queensland-trauma-strategy-research-portal>

Enhancing housing access and supports

Having a place to call home is foundational to good mental health and wellbeing. Safe and secure housing facilitates social inclusion, treatment and recovery, and access to support services—which is key to people remaining well, as well as recovering from mental ill-health and problematic alcohol and other drug use.

Conversely, housing instability and homelessness can contribute to mental ill-health and distress across the general population, and disproportionately affects people with pre-existing vulnerability.

Commission advocacy

In 2023–24, the Commission continued its advocacy for enhanced housing supports for people with lived-living experience of mental ill-health and/or problematic alcohol and other drug use, including contributing submissions to the *Inquiry into the Provision and Regulation of Supported Accommodation in Queensland* and the *Independent review on homelessness response in Queensland*.

In addition, the Commission has worked with a broad range of mental health, alcohol and other drugs, housing and homelessness service providers, and people with lived-living experience, to develop recommendations for the Queensland Government to better support people experiencing severe and complex mental ill-health and/or harm from alcohol and other drugs to establish and maintain long term housing.

The Commission continues to engage regularly with key housing and homelessness sector stakeholders, such as QShelter, and is working to develop further housing initiatives with partner agencies in 2024–25.

Common Ground Queensland

Common Ground Queensland (CGQ) is a community housing provider that integrates permanent, safe and affordable housing with tailored support services, to enable people to address the challenges they experience that contributed to their homelessness. In July 2023, the Queensland Government funded CGQ to employ a tenant engagement officer to work collaboratively with tenants to identify and implement innovative and effective strategies that contribute to a safe, healthy and inclusive community for tenants.

To support knowledge translation and evaluation, the Commission partnered with CGQ and The University of Queensland to undertake a participatory action research project at CGQ. Drawing on the Commission’s Stretch2Engage framework, the project will explore the definition, benefits, opportunities and limitations of tenant engagement.

The research report, expected in early 2025, will provide a contemporary information base for the broader social and supportive housing systems across Queensland to leverage meaningful engagement of people with lived-living experience in the delivery, governance and continuous improvement of community and supportive housing services.

Harm reduction and responsible drinking

Hi-Ground peer-led harm reduction

Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance) acknowledges the importance of lived-living experience leadership and peer-led initiatives and commits to building on existing harm reduction services to meet the needs of people who use alcohol and other drugs in Queensland. It also recognises that additional effort is required to reduce alcohol and other drug-related harm and enhance safety for key population groups.

In late 2023, the Commission began funding Hi-Ground, a project of the Queensland Injectors Voice for Advocacy and Action (QuIVAA), to deliver peer-led harm reduction initiatives and activities.

In 2023–24, Hi-Ground completed a range of educational resources targeted to priority populations, including young people, sight impaired, culturally and linguistically diverse communities, women, people who are pregnant and breastfeeding, and parents who use drugs. The Hi-Ground team also supported the new drug checking service through development of supporting resources and peer-led outreach activity.

This year, the peer-led project identified an increase in non-medical use of androgenic-anabolic steroids (AAS) among non-athlete populations and a lack of education among medical and health professionals. To support AAS users, Hi-Ground focused on building awareness of the impacts these substances can have on aspects of physical and psychological health, and harm reduction. This included developing peer-led and accessible harm reduction information for AAS users and trialling the checking of the composition and purity of AAS through the new drug checking service.

In 2024–25, Hi-Ground will focus on building a skilled and capable peer-led and volunteer harm reduction workforce through a range of training activities. Hi-Ground will also focus on festival and music event settings, training event organisers to respond to the health and safety needs of festival attendees.

Keep an eye on your drinking campaign

The Commission is committed to reducing the harms associated with risky alcohol consumption in Queensland. This year, the Commission continued to support the *Keep an eye on your drinking* campaign committing an additional \$1 million over two years for the implementation of phases three and four.

The social marketing campaign is designed to encourage positive behaviour change and is part of Queensland Health's strategy to improve healthy behaviours to reduce harms from risky alcohol consumption. It also aligns with *Achieving balance* priority actions to reduce alcohol-related harm through alcohol awareness campaigns.

Drinking alcohol is culturally ingrained among Queenslanders across all life stages and in 2022, one in three Queenslanders exceeded the risky drinking guideline.⁶ *Keep an eye on your drinking* aims to increase Queenslanders' knowledge and understanding of the harms of risky alcohol consumption, the benefits of reducing alcohol consumption, and awareness of the Australian recommended alcohol consumption guidelines. It targets Queenslanders who are typically consuming three or more drinks on a single occasion and drinking more than twice a week.

Phase three of the campaign began in mid-April 2024 and concluded in June. In phase three, the campaign website incorporated the drinking guidelines in a more engaging manner through a drinks calculator. Messaging was tailored to emphasise the benefits of reducing alcohol consumption, provide more information on both short- and long-term harms, and offer initial strategies to help reduce intake.

An evaluation on previous phases of the campaign found it successfully achieved campaign message recall, encouraged self-reflection about alcohol consumption and improved understanding of the recommended alcohol consumption guidelines. It is also anticipated that long-term outcomes would include a cultural shift towards positive perceptions of low risk drinking and promote healthier behaviours to change attitudes towards drinking.

Adis Alcohol and Other Drug Support online portal

Achieving balance is committed to supporting families and communities by providing the tools and resources needed to reduce harms associated with alcohol and other drug use.

Adis is Queensland's free 24/7 confidential support service for people in Queensland with alcohol and other drug concerns, their loved ones, and health professionals. Adis is a key point of information, contact and referral for people experiencing AOD-related concerns, with well-established links to treatment and harm reduction service providers across Queensland.

During the year Adis began work to enhance its online platform with self-guided intervention tools. The Commission partnered with Adis to build on this work to create an online portal to provide support for families and friends of people who use alcohol and other drugs. The portal aims to reduce barriers for families and communities seeking support, including through accessible interactive tools and increased cultural accessibility of the Adis platform.

Development of the online portal began in 2023–24 and is expected to be completed in August 2024.

Supporting gambling harm minimisation

The Queensland Government's *Gambling harm minimisation plan for Queensland 2021–25* (GHMP) aims to prevent and minimise gambling-related harm through a public health approach. Such interventions are aimed at individual and community levels, in the gambling and built environments, and in health and welfare support systems. The focus is on prevention and early intervention to minimise harm.

In 2023–24, the Commission continued to support both the Safer Gambling Advisory Committee (previously the Responsible Gambling Advisory Committee) and the GHMP working group (previously Leadership, Culture and Public Health) led by the Department of Justice and Attorney-General.

As part of the Safer Gambling Advisory Committee, the Commission provides advice on policies, strategies and regulatory measures to reduce gambling harm, particularly in the context of alcohol and other drugs and suicide. The Commission contributes to the development and implementation of responsible gambling strategies and initiatives in Queensland.

⁶ Queensland Health. *The Health of Queenslanders, Report of the Chief Health Officer, 2023*. Available from <https://www.choreport.health.qld.gov.au/archive/2023>

Objective 1: The wellbeing of Queenslanders is promoted and supported

The GHMP working group supports the implementation and monitoring of the GHMP. The Commission's role within this group is to identify initiatives and provide expertise that aligns with the GHMP key deliverables in the context of gambling, suicide prevention, and alcohol and other drugs.

The Department of Justice and Attorney-General, Relationships Australia Queensland and the Commission are continuing to partner to create better ways of engaging people with a lived-experience of gambling harm, and their families, friends and supporters, to inform the development of gambling policy and programs.

Since assuming temporary custodianship of the interim Queensland Suicide Register (iQSR) in September 2023, the Commission has redefined the scope of data captured in the iQSR to include information that was not previously collected. The aim of these changes is to better understand possible contributors of suicide, including gambling and alcohol and other drug use.

Strengthening mental health and wellbeing

Beyond Blue partnership

The Commission's ongoing support and partnership with Beyond Blue continued this year, under a five-year funding agreement on behalf of the Queensland Government.

Funding under the agreement contributed to the delivery of Beyond Blue programs, resources and services in Queensland, including the Beyond Blue Support Service, NewAccess for Small Business Owners, Speakers program, and Be You, the national mental health and wellbeing initiative for early childhood learning communities.

In addition, Beyond Blue continued to provide support for Queenslanders through a range of digital and telehealth services, including Beyond Blue's website, online chat forums and resources, a telephone support line, peer support community, and email support.

Between 1 July 2023 and 30 June 2024, there were more than 580,000 Queensland-based sessions on the Beyond Blue website and over 8000 resources downloaded. While website traffic from Queensland has declined since the height of the pandemic, Beyond Blue has seen a significant increase in engagement through its social media platforms and through community engagement events, including Beyond Blue's participation in the Brisbane Pride and the Royal Toowoomba Show. In March 2024, Beyond Blue also launched its new website.

Beyond Blue's speakers' 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. The program encourages important conversations about mental health through virtual and in-person events, along with media opportunities and projects, such as podcasts and videos.

There are 24 Beyond Blue speakers throughout Queensland, and in the last financial year, they spoke at 64 events, reaching an estimated audience of about 3500 people. This year, Beyond Blue implemented an anonymous audience survey to better understand the impact of the Speakers Program and received over 1100 responses. Survey results showed that after hearing a speaker share their story, 88 per cent of audience members had more awareness of signs and symptoms of mental health conditions and 87 per cent felt more informed about where to access mental health information.

Showcasing the partnership in action, Beyond Blue presented its innovative work focused on the link between financial stress and mental health challenges at the Commission's Leading Reform Summit in November 2023. This included an overview of Beyond Blue's Money and Mental Health Social Research Report and promoting mental health literacy in financial services organisations.

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

Queensland Mental Health Week

The Commission continues to fund the delivery of Queensland Mental Health Week (QMHW) and its accompanying grant program on behalf of the Queensland Government. The annual awareness initiative promotes individual and community mental health and wellbeing, boosts awareness of mental illness, helps address stigma and celebrates the contribution of the mental health and community sectors.

In 2023, QMHW and the Queensland Mental Health Week Community Events Grant Program were administered on behalf of the Commission by our not-for-profit partner, CheckUp.

Held from 7 to 15 October 2023 (encompassing World Mental Health Day on 10 October), QMHW includes hundreds of local and regional events held by non-government organisations, service providers, local councils, workplaces, schools and universities, sporting groups and clubs, community groups and individuals.

QMHW 2023 saw:

- a record 529 events registered
- \$130,000 funding awarded through the Queensland Mental Health Week Community Events Grant Program
- a 60 per cent increase in eligible applications since 2022
- positive feedback on the campaign's success in raising awareness, with 95 per cent of survey respondents either agreeing (40.7 per cent) or strongly agreeing (54.3 per cent) that QMHW raised awareness of the importance of good mental health and wellbeing for all Queenslanders.

In 2024–25, the Commission will again engage CheckUp to administer QMHW, due to take place from 5–13 October 2024.

Promoting mentally healthy workplaces

Recognising that the places we work can provide some of the earliest opportunities to promote wellbeing, prevent mental health challenges and intervene early should they occur, the Commission supported a number of workplace focused mental wellbeing initiatives in the 2023–24 financial year.

TAFE micro-credential

Funded as part of the Queensland Government's Back to Work Program, TAFE Queensland developed a micro-credential short course to upskill small business owners and employers to effectively support mental health in the workplace. In partnership with the Department of Employment, Small Business and Training, the Commission worked collaboratively with TAFE Queensland to provide mental health expertise and advice in developing course content.

The 'Supporting mental health in the workforce' micro-credential was launched by TAFE online in May 2024 and covers understanding of mental health promotion, workforce management strategies, team and culture, and training and support.

Evidence supports an integrated model for workplace mental health and wellbeing that includes efforts to prevent and reduce psychosocial work-related risk factors and hazards; promote the positive aspects of work; and identify and intervene early when mental ill-health, problematic alcohol and other drug use, and suicidal distress arise.

TAFE's free micro-credential aims to assist small business employers identify potential signs of mental health issues early and support the needs of employees facing mental health challenges or illness. The short course also provides guidance about adjustment strategies within the business, how to remove stigma, resources on support services and mental health first aid training.

Stigma can be a major barrier to people seeking help and to engagement with services and support. Reducing stigma around mental ill-health in the workplace and gaining an insight into mental health and wellbeing is essential for providing a mentally healthy workplace and having a positive impact on employees.

The 'Supporting mental health in the workforce' course can be accessed on TAFE Queensland's website⁷ at no cost and is part of a collection of micro-credentials to support small businesses under the Queensland Back to Work Program.

Small business wellness package and evaluation

In 2022, the Queensland Government announced \$8.76 million in funding to support the wellbeing of small businesses, 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.

As a result, the Small Business Support Network (formerly the Small Business Wellness package) was established to support the mental health and wellbeing of Queensland small business owners, by providing wrap-around supports, including the Small Business Wellness Coaching Service, the Small Business Financial Counselling Service, and the \$3 million Small Business Support Service Fund. The expansion of the network of counsellors aimed to provide tailored support that would alleviate stress, enhance wellbeing, improve access to appropriate services and prevent mental ill-health for small business owners.

⁷ <https://coursegateway.tafeqld.edu.au/product?catalog=MCC00098>

The Commission contributed \$1.21 million to extend the additional wellness coaches to 30 June 2025, develop a capacity building strategy for the network of counsellors, and fund an independent evaluation of the Small Business Support Network.

An independent evaluation of the Small Business Support Network was completed in December 2023, and the final evaluation report published in February 2024. Overall, the evaluation found high levels of service satisfaction and perceived impact among clients, with results exceeding or comparing favourably with outcomes of similar programs in other jurisdictions.

Findings included:

- There were several strengths attributed to the network, including providing wrap-around support (i.e. financial and wellness coaching), tailored support to meet the needs of small business owners and that services were free. Further, empathetic support provided by coaches was valued by clients.
- Clients who were surveyed as part of the evaluation reported they would recommend the service to another business owner (96 per cent), the service was easy to access (94 per cent), that it improved their mental health and wellbeing (91 per cent), and that the service helped to reduce their workplace-related stress (88 per cent).
- Stakeholders and service providers who participated in interviews as part of the evaluation also identified enhanced community development and suicide prevention as positive impacts of the service beyond its aim to improve to the wellbeing of small business owners.
- There were also some challenges with the network, and areas for improvement, including: confusion and/or misunderstanding about what services were provided, limited access outside normal business hours, wait times for an appointment and limited capacity for face-to-face support.

The final evaluation report made several recommendations to address service challenges and enhance promotion, access and participation. As a member of the Small Business Support Network Governance Group, the Commission continues to work closely with the Department of Employment, Small Business and Training and other key stakeholders to assess the evaluation outcomes and prioritise recommendations for action.

Enabling workforces and organisations for thriving kids

Overwhelming evidence suggests that providing support to children and families at an early age leads to better outcomes.

The Commission has invested \$425,000 over 12 months to support Thriving Queensland Kids Partnership to deliver the ‘Enabling Workforces and Organisations for Thriving Kids’ project.

This project will support the development of a framework for a shared professional development program across Queensland Government agencies, to better equip organisations to respond to and support young Queenslanders and their families impacted by on the acute and long-term effects of adverse childhood experiences.

Addressing and preventing the impacts of trauma and adversity in childhood reduces the likelihood that the person will experience mental ill-health and/or distress, including suicidal behaviour. To prioritise the delivery of trauma-informed services to Queenslanders, it is important for all government agencies to have a shared understanding of the ongoing impacts of adverse childhood experiences, including building capabilities for organisations and workforces to support families and children to prevent and reduce the impacts of adversity and trauma.

This project aligns with commitments made in *Every life* Phase Two to establish a shared professional development framework across all government agencies to give all Queensland kids the best start in life. The project also supports achievement of strategic directions under *Shifting minds* that recognise the importance of strengthening workforce capacity and embedding prevention across the life course.

The project is being co-designed, developed and delivered through collaboration with Queensland Government agencies and authorities across the education, health and mental health, family wellbeing, child protection, disability, justice, community, housing, youth justice, and skills and training portfolios.

The first phase of this project began in March 2024, with a focus on government sector workforces and agencies, including engagement, mapping of existing resources and co-designing a workforce package with government agencies.

The second phase will be delivered from July 2024 to January 2025 and will involve using shared knowledge to develop an e-learning hub, piloting curricula and modules, and refining and embedding key learnings.

Objective 2

System reform is supported and advanced

Reform effort is coordinated and integrated across the mental health, alcohol and other drugs, suicide prevention and related systems

Driving reform

Shifting minds

In July 2023, a renewed strategic plan was released by the Commission—*Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028 (Shifting minds 2023–2028)*.

Shifting minds 2023–2028 is a whole-of-government plan that continues to improve the mental health and wellbeing of all Queenslanders and reduce the impact of alcohol and other drugs harm and suicidality. It sets the vision, guiding principles, directions and priorities for action that will provide the basis for reform to 2028 and is accompanied by two sub-plans (*Every life* and *Achieving balance*).

Implementation and Strategic Leadership Group

Implementation of *Shifting minds 2023–2028* began immediately following its release and involves a range of Queensland Government agencies in collaboration with cross-sector and lived-living experience partners.

The Commission plays a leadership, coordination and implementation role in *Shifting minds 2023–2028* and is responsible for convening the Strategic Leadership Group (SLG) which consists of government agency representatives, non-government peaks and lived-living-experience representative bodies to provide oversight and accountability for the implementation of *Shifting minds 2023–2028*.

During 2023–24, the SLG met on a quarterly basis to monitor the progress of activities, provide input to ensure coordinated approaches to implementation, and to share learnings as they relate to system-level changes that impact the social determinants of mental health and wellbeing. The Commission also established a process to collate quarterly progress updates from lead government agencies responsible

for implementation, and data dashboards have been developed to support high-level monitoring of progress.

Monitoring and evaluation

The Commission is also progressing work to evaluate *Shifting minds 2023–2028*. The evaluation will answer key questions about how well the plan has been implemented, the impacts and outcomes achieved, and whether the directions and priorities in *Shifting minds 2023–2028* were appropriate for achieving the desired outcomes.

Consultation and engagement with lived-living experience partners was undertaken this year and has been central to developing a monitoring and evaluation framework for *Shifting minds 2023–2028*. This partnership will move to the next stage of co-design and co-production as lived-living experience partners will work alongside an independent evaluator to conduct the evaluation in 2024–25.

In addition to a leadership and coordination role, the Commission has been funded to deliver several strategic initiatives under *Shifting minds 2023–2028* that are designed to drive and enable system-level reform. These include:

- developing a whole-of-government trauma strategy to prevent and reduce the impacts of trauma and adversity
- developing and delivering a social marketing campaign and supporting initiatives to reduce stigma related to mental health (including eating disorders), alcohol and other drugs, and suicidality
- developing a mental health and wellbeing commitment alongside Health and Wellbeing Queensland, and
- implementing a range of lived-living experience workforce development initiatives.

Achieving balance

In late 2022, the Commission launched *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*, a five-year sub-plan of *Shifting minds 2023–2028* that puts into action the Queensland Government’s commitment to preventing problematic alcohol and other drug use and reducing related harms.

Throughout 2023–24, the Commission progressed a number of implementation and evaluation activities.

Strategic Implementation Group

The Strategic Implementation Group (SIG) is a cross-agency and cross-sector group that provides collective leadership for *Achieving balance*. The group consists of senior representation from relevant government agencies, peak bodies from the non-government sector and people with a lived-living experience of alcohol and other drug use.

In 2023–24, the SIG met regularly and supported the implementation of *Achieving balance* through identifying gaps and priorities, coordination and information sharing, and monitoring progress.

The SIG will continue to support the implementation of *Achieving balance* throughout the life of the plan.

Monitoring and evaluation

In 2023–24, the Commission engaged an independent consultant to develop a monitoring and evaluation framework to assess the impact of *Achieving balance* across the five strategic priority areas:

- prevention and early intervention
- enhance treatment and support services
- expand diversion
- reduce stigma and discrimination, and
- reduce harm.

In 2024–25, an independent evaluator will be engaged to implement the monitoring and evaluation framework.

In addition to supporting the implementation of *Achieving balance* across government, the Commission has also received \$29.35 million over four years to deliver the work package ‘AOD outside the health system’.

In 2023–24, the Commission progressed a number of key initiatives under this work package that address actions in *Achieving balance* and drive system reform. This includes investment in:

- new initiatives that develop resources and programs to address alcohol and other drug harm in culturally and linguistically diverse communities
- an initiative supporting greater access to fetal alcohol spectrum disorder screening and assessment
- *Keep an eye on your drinking*, a social marketing campaign that aims to reduce alcohol-related harm
- new alcohol and other drug early intervention programs for First Nations communities
- peer-led programs supporting people with lived-living experience of alcohol and other drug use to lead the prevention of alcohol and other drug harm in their community
- new community-led alcohol and other drug prevention programs
- development of online resources and tools targeting families and loved ones of people who use alcohol and other drugs
- addressing stigma and discrimination towards people who experience alcohol and other drug harms across a range of contexts and settings
- initiatives aimed at preventing overdose in Queensland, including research to understand lived-living experience of overdose and exploring the establishment of an overdose monitoring system for Queensland.

Queensland Police Service (QPS) anti-stigma training module

Expanding drug diversion is a strategic priority under *Achieving balance*. There are a range of specific actions detailed in *Achieving balance* that broaden options for police diversion to health responses for people facing minor charges related to substance use and possession.

In 2023, Queensland announced the 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. The expanded diversion program was implemented in 2024.

To ensure the QPS was supported and equipped to implement diversionary options, in 2023–24, QPS developed and implemented a training program for police officers to support the rollout of the new Police Drug Diversion Program. The training program included education to address stigma against people who use drugs to support the successful implementation of this initiative.

The Commission partnered with QPS to support the development of the anti-stigma component of the training. An online training module was developed with input from people with lived-experience of alcohol and other drug use and covers topics such as the definition of stigma and its impacts, using non-stigmatising language, examples of stigma from the perspective of people with a lived-experience, and the role of a police officer in reducing stigma.

The anti-stigma module was rolled out in 2024 and is now a core component of police training to be completed by police officers across Queensland.

Culturally and linguistically diverse community AOD project

Achieving balance commits to reducing alcohol and other drug-related harm to culturally and linguistically diverse communities as a priority. The plan also acknowledges the crucial need for a comprehensive suite of culturally safe services and a culturally-responsive workforce.

Queensland has a large culturally and linguistically diverse population, with over one in five Queenslanders born overseas (22.7 per cent) and 13.5 per cent of Queenslanders speaking a language other than English at home.⁸

There is currently limited publicly available or peer reviewed data to determine the prevalence of AOD use and impacts in culturally and linguistically diverse communities. However, reports indicate that these communities are significantly under-represented in the AOD system, with a range of service barriers and sociocultural norms making it difficult for individuals and families to access support and services.⁹

Alongside barriers to accessing services like stigma and shame, many culturally and linguistically diverse communities remain unaware of the treatment services and options that exist in Queensland. In addition, lack of in-language culturally-tailored resources, sector-trained interpreters or bilingual workers, or culturally appropriate treatment options mean that people from culturally and

linguistically diverse backgrounds and their families do not have access to the same level of treatment or support compared to people born in English-speaking countries.

The Commission has committed \$500,000 to fund up to two providers to deliver an initiative aimed at reducing and preventing AOD-related harms within culturally and linguistically diverse communities, with a tender issued this year. The initiatives will involve organisations working with culturally and linguistically diverse communities to develop and deliver the approach over a 24-month timeframe.

The successful initiatives will contribute to building the evidence base in Queensland for effective strategies that improve pathways for diverse communities to access culturally safe AOD resources, programs and services. This work will also ensure that the needs of culturally and linguistically diverse people and communities are supported throughout the broader AOD sector.

Every life Phase Two

Phase Two of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* was released in September 2023 and includes 56 actions to build community resilience, respond to the needs of groups disproportionately impacted by suicide, and enhance the responsiveness of the service system for people in distress or crisis.

Implementation and Strategic Oversight Group

The Commission is leading implementation of 31 of the actions under *Every life* Phase Two.

The Queensland Government has invested \$11.5 million to deliver a range of actions across the plan. This was also supported by an additional \$2.38 million investment from *Better Care Together* to deliver a tailored First Nations suicide response to rural and remote communities in Far North Queensland.

Implementation of *Every life* in 2023–24 was supported by a Strategic Oversight Group, and the external Suicide Prevention Lived Experience Advisory Group (LEAG).

Monitoring and evaluation

In 2023–24, the Commission engaged the University of Melbourne to develop an evaluation of *Every life* across its 10-year lifespan, as well as a suicide prevention monitoring and outcomes framework for Queensland.

8 Queensland Health. *Exploring the health of culturally and linguistically diverse (CALD) populations in Queensland: 2016–17 to 2019–20 report*. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0028/1217593/QGV0439_CALD-Populations-Report_Full-Report.pdf

9 Victorian Alcohol and Drug Association. *CALD AOD Project: Final Report* March 2016. Available from: <https://www.vaada.org.au/wp-content/uploads/2018/03/CALD-AOD-Project-final-report.pdf>

Objective 2: System reform is supported and advanced

In 2023–24, the Commission initiated the following flagship projects under *Every life* Phase Two:

- \$425,000 to engage Thriving Queensland Kids Partnership to map and develop supports and professional development to better equip agencies to respond to adverse childhood experiences.
- \$2.38 million to pilot a community-led suicide prevention initiative in four rural and remote First Nations communities.
- \$250,000 to engage The Men’s Table to establish eight to 10 male-focused, peer-led tables across urban and regional Queensland.
- \$989,000 to fund the Queensland Council for LGBTI Health to expand the Yarns Heal suicide prevention campaign for LGBTIQ+ Sistergirl and Brotherboy people to six additional locations across Queensland.
- Development of a Suicide Prevention Research Agenda in collaboration with academics and people with lived experience of suicide, and the launch of the Suicide Prevention Research Scheme, supported by an investment of \$1.05 million to build the evidence base to understand what works to reduce suicide, with funding provided through Commission underspend.
- \$73,000 to investigate the relationship between exposure to domestic and family violence and youth suicide, and identify areas for system improvement.
- \$600,000 to develop a suicide prevention monitoring and outcomes framework for Queensland, and to evaluate *Every life* across all phases.

The Commission is also working to strengthen cross-jurisdictional collaboration across Queensland. This includes successfully establishing a working relationship with suicide prevention leads in Primary Health Networks, and community-led suicide prevention networks across Queensland to drive system integration.

Enhancing men’s wellbeing through peer-led support model

Men continue to experience disproportionately high rates of suicide. Male suicide prevention is a key focus area of *Every life* Phase Two. *Every life* recognises that targeted approaches to male suicide are required to better identify and support men experiencing distress or crisis.

The Men’s Table is a multi-impact program that centres on prevention and:

- increases awareness of men’s mental health, wellbeing and suicide prevention
- builds community resilience at the local level
- increases social connectedness
- embraces healthy masculinities, and
- enables help-seeking support pathways for men.

The program creates safe spaces and places for men to connect locally, share and belong.

During 2023–24, in partnership with The Men’s Table, the Commission invested \$250,000 to establish and evaluate eight men’s tables across Queensland. The tables will be rolled out across the state in multiple locations across Queensland, including urban and regional areas in 2024–25.

Funding innovative reform initiatives

Critical to system reform is developing new and innovative approaches. In late 2023, the Commission launched a \$1 million Better Futures Grant Program (Better Futures) to fund initiatives that trial innovative approaches and build the evidence base to drive reform of the mental health, alcohol and other drugs, and suicide prevention system.

Better Futures invited applications from NGOs, peak bodies, charities, not-for-profits, researchers and academics, and universities and research bodies.

Applications could include funding to:

- pilot innovations to service design or system reform
- evaluate or gather new evidence to support innovation in service or system planning and delivery
- develop resources for broadscale adoption and/or adaptation across the system, of innovative, evidence-based, best practice reforms, or
- build workforce capacity and capability.

The Commission received over 130 applications, and 12 were invited to submit a full application. Of the 11 that submitted a full application, four applications valued at \$250,000 were funded from the Better Futures grant pool.

Recognising the value and quality of applications received, an additional five initiatives that met the grant criteria were also able to be funded through retained earnings and *Every life* Phase Two funding.

Funding agreements with successful applicants are anticipated to be finalised early in the 2024–25 year.

Objective 3

Policy and practice is grounded in evidence and best-practice

Best-practice and knowledge translation is embedded in the mental health, alcohol and other drugs, and suicide prevention systems to improve quality and performance

Increasing suicide prevention data and evidence

Queensland suicide data

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.

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 only after a coronial investigation is finalised. The coronial process can take some time to finalise and confirm a death by suicide, which means QSR data is not as useful in guiding timely suicide prevention interventions. By contrast, the iQSR is a real-time suicide monitoring system that records interim data on suspected suicides after they occur.

In mid 2023, the Queensland Government returned Queensland's suicide surveillance systems into government custodianship, in response to key recommendations of an independent review into suicide surveillance in Queensland.

As part of this project, the management of both the QSR and iQSR transitioned to the Commission and the Commission is progressing the Reforming Suicide Surveillance Project.

As part of the Reforming Suicide Surveillance Project, the Commission:

- commenced autonomous operational management of the surveillance systems
- introduced monthly publication of Queensland's interim suicide data from October 2023, bringing Queensland into alignment with all major Australian jurisdictions
- introduced a streamlined engagement process to improve response times to key stakeholders seeking access to information in the iQSR and QSR
- completed a comprehensive analysis and assessment of Queensland's suicide surveillance systems, and as result,
- identified the need to improve and modernise both the iQSR and QSR systems, establishing a three-year work plan to 30 June 2027.

As part of the first stage of the work plan, the Commission is undertaking work to redesign and streamline the scope of the iQSR and QSR, replace the current data models, and develop an interim interface designed to improve data capture, quality and reporting.

Suicide Prevention Research Scheme

Suicide is a complex, universal public health issue and is one of the greatest preventable social challenges of our time—requiring comprehensive and collective effort. Effectively reducing suicide takes strong collaboration and leadership across all levels of government and the suicide prevention system, as well as the broader community.

Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life) outlines a range of actions to respond to suicide by improving the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention.

In 2023–24, the Commission invested \$1 million over two years to fund research into suicide and suicide prevention, via the Suicide Prevention Research Scheme (SPRS).

The SPRS will help build an evidence-base to understand what works to prevent suicide, inform future investments in suicide prevention and strengthen Queensland’s ability to deliver high-quality suicide prevention initiatives.

During 2023–24, the Commission undertook a co-design approach to develop and establish the SPRS, collaborating with Queensland-based universities and people with lived experience of suicide to ensure a diverse range of projects across various research domains could be supported.

The grant program, which is open to all Queensland research organisations, officially opened for applications on 27 June 2024. Successful applications will be notified and funding agreements issued in 2024–25.

Maranoa suicide prevention trial

Evidence suggests that people who live in regional, rural and remote Queensland communities can be at higher risk of mental ill-health, mental illness or suicide.

The Commission and Western Queensland PHN partnered a number of years ago to deliver the Maranoa Place-based Suicide Prevention Project trial. The trial aimed to reduce suicide and its impacts on the Maranoa region through a partnership approach between key service providers and community stakeholders.

Due to limited evidence of what enables and hinders place-based suicide prevention in rural and remote areas, an evaluation was also undertaken to contribute to the wider

field of place-based suicide prevention practice knowledge, as well as informing potential related future work in the Maranoa and other remote or rural areas.

Although the project was impacted by unanticipated challenges such as the COVID-19 pandemic and recruitment of staff, the evaluation of the trial identified key considerations and success factors when establishing place-based suicide prevention models in regional and rural Queensland communities.

The project officially concluded in 2023–24 and a ‘Considerations when establishing a place-based suicide prevention project model’ resource is now available on the Commission’s website¹⁰.

Supporting research into youth suicide and domestic violence

The Commission, in partnership with Griffith University, is investigating the link between exposure to domestic and family violence (DFV) in childhood and youth suicide. The initiative includes an investment of approximately \$83,000 across two years.

Research shows that exposure to DFV can have a range of negative impacts on children across the life course, including mental ill-health, alcohol and other drug use, homelessness, intergenerational transmission of violence, and contact with the criminal justice system in adulthood. However, by the time a young person comes into contact with services for presenting issues, the impact of exposure to DFV in childhood is hidden.

This research project will explore the hidden impact of DFV exposure in childhood by reviewing the coronial records of a number of young people who died in suicide in Queensland. The aim of the research is to:

- examine trends to identify how DFV plays out in the lives of young people, and current visibility and invisibility in different forms of service system contact
- identify opportunities to improve social and emotional outcomes for Queensland children, young people, and their families, and
- incorporate findings into future directions for early intervention and prevention strategies and trauma-informed responses related to DFV, mental health and suicide prevention.

¹⁰ <https://www.qmhc.qld.gov.au/awareness-promotion/suicide-prevention/place-based-suicide-prevention-trial>

The project is aligned with *Every life* Phase Two, which aims to reduce suicide, including youth suicide, through evidence-based suicide prevention approaches, with a focus on trauma-informed, holistic and collaborative responses to address intersecting risk factors.

This project is also aligned with the *National Plan to End Violence Against Women and Children 2022–2032* which stipulates that children growing up with DFV must be treated as victim-survivors in their own right and with their own unique support needs.

The Commission will promote outcomes of the investigation and ensure knowledge is translated into practice at multiple levels to improve outcomes for children, young people and their families.

Increasing AOD data and awareness

Overdose monitoring

Drug overdoses are a significant public health concern and contribute to a high number of drug-related deaths both in Australia and globally. Between 2017 and 2021, 1,150 Queenslanders died by an unintentional overdose.¹¹

Queensland does not have a system that readily captures, connects and responds to data about fatal and non-fatal overdoses. In response to this identified need, the Commission has initiated a project that explores the establishment of an overdose monitoring system for Queensland.

An overdose monitoring and surveillance system would bring together information about fatal and non-fatal, intentional and unintentional overdoses with the aim of:

- improving overdose data reporting, including collection and access
- helping track trends and provide more targeted prevention strategies and early intervention responses
- monitoring the impact of other system initiatives and challenges on overdose rates, and
- supporting more effective policy and planning, including informing other system reform initiatives under *Shifting minds 2023–2028* and *Achieving balance*.

In 2023–24, the Commission engaged the Queensland Network of Alcohol and other Drug Agencies (QNADA) to investigate options and approaches to overdose monitoring systems nationally and internationally. The paper provided a brief overview of the background, evidence and opportunities for establishing an overdose monitoring system in Queensland and identified key issues for consideration in establishing a system.

In 2024–25, the Commission will continue progressing the establishment of an overdose monitoring system in Queensland. This work will include early engagement of key stakeholders and establishment of a formal governance group to provide advice regarding the design of the model for Queensland and to support planning and implementation.

FASD tracking cube

The Commission is working to increase awareness and support for fetal alcohol spectrum disorder (FASD) across communities and sectors in Queensland.

FASD is a neurodevelopmental disorder resulting from prenatal exposure to alcohol. It is a significantly underdiagnosed condition in Queensland and the health and developmental problems associated with FASD impact the affected individuals, their families and the community in general.

In 2023–24, the Commission began a partnership with Griffith University to invest \$1.6 million in a pilot initiative called 'Expanding the Tracking Cube across sectors'. A scoping paper was developed to identify sites and a full project proposal provided for consideration during the year.

The tracking cube is an existing model that was co-designed by Griffith University to help communities monitor their children's neurodevelopmental health locally, identifying and supporting those with FASD sooner.

This pilot aims to demonstrate how the tracking cube can create a central point of coordination within communities, helping non-specialist organisations in the education, child safety and youth justice sectors integrate seamlessly into healthcare.

In 2024–25, the pilot will commence roll out to three regions (North West Queensland, Townsville and Gold Coast). It is expected the project will create new opportunities for collaboration, improved coordination and linkage across systems, improved identification of FASD, and strengthened locally-driven, community-led support to allow children to be diagnosed faster and supported sooner.

¹¹ Penington Institute. *Australia's Annual Overdose Report 2023*. Available from: https://www.penington.org.au/wp-content/uploads/2023/08/PEN_Annual-Overdose-Report-2023_FINAL.pdf

Examining opportunities for the NGO sector

Pathways to mental wellbeing report

The non-government community mental health sector occupies a unique place within the Queensland mental health system. It incorporates a wide range of non-profit, community-based psychosocial supports across the mental health continuum, offering practical supports to people experiencing mental distress within their own communities.

The sector delivers clear benefits for individuals and communities and has the potential to significantly reduce pressure on the acute and tertiary mental health system. However, there are significant challenges that impact the utilisation, effectiveness and sustainability of the sector.

This year the Commission continued its work in partnership with the Queensland Alliance for Mental Health (QAMH) to complete a systematic analysis of the non-government (NGO) community mental health services sector in Queensland.

The Commission had previously engaged researchers from Griffith University and QIMR Berghofer Medical Research Institute to undertake background research that was used to inform the systematic analysis. This research included a literature review and a series of focus groups, interviews and surveys with people with lived-living experience of mental illness, including carers, family, kin and other supporters, NGO staff, and other vulnerable population groups.

In April 2024, the Commission published the *Pathways to mental wellbeing report*¹² that explores and critically evaluates the current state of the sector and offers a roadmap for achieving systemic reform. The report outlines seven success imperatives including:

- sector visibility and identity
- lived-living experience
- data and evaluation
- integration and coordination
- funding reform
- workforce development, and
- innovative community-based responses.

The report and roadmap provide a contemporary blueprint for advancing the growth, development and sustainability of the sector. The Commission continues to work with the QAMH, Queensland Government and other stakeholders across the sector to implement the strategic directions of the report and support equitable access to integrated community-based services.

Stepping Stone Clubhouse

Stepping Stone Clubhouse is a non-clinical, member-based community organisation that provides a support system for people living with mental ill-health. The Clubhouse offers opportunities to increase economic and social participation through a suite of employment, education, housing and social connection programs.

From August 2022 to August 2023, the Commission supported an evaluation of the impact of Stepping Stone Clubhouse on members' physical and mental health and wellbeing, social participation and civic participation. 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 final evaluation report was released in May 2024.

The evaluation demonstrated the positive impact of the clubhouse model, with existing clubhouse members scoring higher across all progress domains, social connectedness and quality of life than new members. Moreover, existing members were found to have significantly lower rates of hospitalisation than new members. By comparison, new members experienced a meaningful reduction in hospitalisations and increased functional progress over three to six months.

One of the strengths of the model is the flexibility it offers for members who are empowered to engage as often or as little as they choose in the diverse range of opportunities provided by the clubhouse. As part of the evaluation, members described various stages of the 'Stepping Stone journey' which differs by length of membership, and the volume and types of services people engage with. These different patterns of engagement meet the varying needs of people at each stage and, as result, members largely experience similar positive outcomes across most stages.

The evaluation findings offered practical recommendations to strengthen the clubhouse's services, including embedding monitoring, evaluation and learning into ongoing practice. It also demonstrates the value of the clubhouse model in the Australian context and will help to support the growth, development and sustainability of the NGO community mental health services sector.

12 <https://www.qmhc.qld.gov.au/about/publications/browse/research-reports/pathways-to-mental-wellbeing-report-april-2024>

Strengthening human rights protections

Locked wards

The Commission has been advocating for the abolishment of the Queensland directive to lock all public acute mental health wards since it was introduced in 2013. The purpose of the directive was ‘to prevent involuntary patients from absenting themselves from adult acute mental health inpatient units without permission and causing a serious risk to their own life, health or safety, or a serious risk to public safety’.

The blanket directive was widely criticised because of its implications for patients’ human rights, especially the right to liberty and freedom of movement.

As part of its advocacy, the Commission facilitated a symposium ‘Opening the doors—Creating less restrictive alternatives’ at The Mental Health Services Conference in Adelaide in August 2023. The theme of the broader conference was ‘Bringing humanity and human rights into mental health’. Speakers from the Gold Coast and Cairns and Hinterland Hospital and Health Services presented their experience from their trials of a ‘discretionary locking’ model in selected mental health wards. Leading academic, Professor Neeraj Gill provided the historical and legal background to the discussion.

At the conference, it was noted the Queensland locked wards directive would cease on 1 July 2024. This was confirmed by a Queensland Health announcement that the blanket locked wards policy would end.

This ends many years of sustained advocacy to strengthen human rights protections for Queenslanders. Hospital and Health Services will now have the discretion to decide when the locking of a ward is required to ensure that safe care is provided, with human rights considerations integral to all decisions made.

Human rights research

In 2008, Australia signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

The CRPD challenges traditional mental health legislation by emphasising the respect for inherent dignity, universal legal capacity, and physical and mental integrity of persons with disabilities. The *Mental Health Act 2000* (repealed) was not

compliant with the CRPD. Queensland introduced the *Mental Health Act 2016* to align with the human rights framework adopted by the CRPD. The *Mental Health Act 2016* includes a number of ‘less restrictive alternatives’ to involuntary treatment, including supported decision-making provisions. Subsequently, Queensland enacted the *Human Rights Act 2019*.

Despite the intent of these legislative reforms to strengthen human rights protections by minimising coercion and enhancing patient autonomy, independent studies have been confirmed that compulsory treatment orders increased in Queensland after the implementation of the *Mental Health Act 2016*.

Reasons behind the unintended consequence of a rise in compulsory treatment may include a lack of well-resourced voluntary alternatives, a non-therapeutic and inflexible culture in mental health services, and risk aversion.

To identify reasons for the unintended increase in involuntary psychiatric treatment in Queensland and to provide recommendations to implement evidence-informed alternatives to restrictive practices in Queensland’s mental health services, the Commission provided funding for a three-year research project that commenced in February 2022. The project, led by Professor Neeraj Gill from the University of Canberra, is titled ‘Intersections of mental health and human rights in Queensland’ and is also supported by the Mental Health Review Tribunal and Arafmi Queensland.

The project aligns with the Commission’s reform priority of working towards a recovery-oriented and human rights focused mental health system. To date, the research has included:

- consultation forums with representatives from lived-living experience organisations, the Mental Health Lived-living Experience Peak Queensland and carer organisations
- focus groups with clinicians, legal representatives, and Mental Health Tribunal legal members, and
- interviews with carers, enabled by Arafmi Queensland.

In October 2023, the Commission held a stakeholder event at the Supreme Court, Brisbane where Professor Gill provided an overview of the human rights landscape in Queensland and an update of his research. The final project report and recommendations are expected towards the end of 2024.

Contributing to Government legislation and inquiries

In 2023–24, the Commission contributed to a number of state and national inquiries relating to housing and homelessness, defence and veteran suicide, human rights, and justice system responses to people experiencing mental ill-health, alcohol and other drug problems and suicidality.

Community Support and Services Committee Inquiry

In February 2024, the Commission welcomed the opportunity to make a submission to the Community Support and Services Committee *Inquiry into the provision and regulation of supported accommodation in Queensland*. State and national cost-of-living pressures are causing challenges for many Queenslanders, and while homelessness and housing insecurity can happen to anyone, for some groups of people there is greater risk.

The Commission's submission:

- highlighted the challenges to housing security faced by people experiencing mental ill-health and alcohol and other drug use, and advocated for greater investment in the supportive housing sector
- emphasised the need to ensure current and future planned housing and homelessness services are consistent with Housing First Principles, and
- highlighted that for people with psychosocial disability who are not eligible for the NDIS, there must also be greater access to foundational supports including non-clinical services to help with relationships, daily living skills, housing and educational needs.

The Commission was pleased the Community Support and Services Committee made recommendations to improve safeguards for people living in residential services and prioritise reform of the regulation, compliance and oversight framework for residential services, with a focus on human rights. The Commission looks forward to the Queensland Government's response to these recommendations.

Youth Justice Select Committee Inquiry

Queensland's justice system is undergoing a period of significant reform and the Commission provided input to a number of related parliamentary bills and inquiries, including the Youth Justice Select Committee *Inquiry into Youth Justice reform in Queensland*. The Commission was disappointed to see the committee dissolved in April 2024.

In its submission, the Commission:

- expressed concern about the Queensland Government's current 'tough on crime' approach to youth justice reforms, which appear to focus on detention and punishment rather than rehabilitation and addressing the underlying causes of youth offending
- noted that people with mental ill-health and problematic alcohol and other drug use are overrepresented in both the adult and youth justice systems
- highlighted the need to divert children and young people away from the criminal justice system, including by expanding treatment services and increasing access to health responses, which encompass a range of health-focused interventions
- suggested there are opportunities to enact a health response at all system touchpoints, particularly when children and young people offend or come into contact with police, and that trajectories of criminal offending can be interrupted by offering diversion to health responses to ensure children and young people receive appropriate education, support and treatment to address risk factors or the underlying causes of their antisocial and/or offending behaviour
- raised concern about the use of solitary confinement in youth detention centres, which can have damaging psychological effects on children and young people and is likely to increase risk of self-harm and suicide
- encouraged the Queensland Government to reconsider recent decisions made to override the *Human Rights Act 2019* and use adult watchhouses to detain children and young people awaiting bail or transfer to a youth detention centre.

Community safety is essential for the health and wellbeing of all Queenslanders, but equally important are rights and protections for our children and young people.

Royal Commission into Defence and Veteran Suicide

In December 2023, the Commission had the opportunity to make a submission to the Royal Commission into Defence and Veteran Suicide in response to its consultation paper on a proposed new entity to promote the wellbeing of defence members and veterans.

In its submission, the Commission broadly supported the proposed new entity and its purpose and provided a number of suggestions, including:

- an emphasis to ‘drive ongoing reform’ be incorporated into the purpose statement, and that functions and powers of the entity be revised to highlight a focus on systematically reviewing systemic or other issues affecting defence and veteran wellbeing, in addition to conducting investigations
- the design of the new framework includes consideration of partnering with the states and territories to explore opportunities to strengthen the connections with state-based mental health commissions, and to empower collaboration and information sharing
- the proposed entity could benefit from considering a systemic mortality review model, based on models in states and territories for domestic and family violence and child protection-related deaths
- enhancing data collection and elevating the voices of defence members, veterans and their families, including those who have a lived-living experience of mental ill-health, alcohol and other drug use, and suicide.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The Commission also provided a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, supporting recommendations to amend legislation to strictly prohibit the use of solitary confinement for children and young people, and clearly define safeguards to applying isolation or separation practices for children and young people with disability (including psychosocial disability).

All of these submissions are available on the Commission’s website.¹³

¹³ <https://www.qmhc.qld.gov.au/research-review/reform-submissions>

Objective 4

Lived-living experience and First Nations expertise drive reform

Lived-living and First Nations experience is embedded in governance

Embed lived-living experience leadership, advocacy and governance

The perspectives of people with a lived-living experience of mental ill-health, alcohol or other drug use, trauma and suicidality, as well as their families, carers and kin are critical to system reform. The Commission has progressed a range of activities this year to build its capability and capacity to embed lived-living experience perspectives, and enable meaningful partnership across its work program.

Establish lived-living expertise in the Commission

The Commission is committed to having lived-living experience designated positions to help ensure the lived-living experience perspective underpins and is central to all Commission planning, engagement, collaboration and partnership.

In late 2023, the Commission established its first Lived-Living Experience team with the appointment of a Director Lived-Living Experience, along with a Program Manager, Senior Policy Officer and a Senior Project Officer.

The team works to actively progress, support, grow and elevate lived-living experience advocacy, leadership, strategic development and implementation across the mental health, alcohol and other drugs, and suicide prevention systems in Queensland, including the peer workforce. This also includes elevating the voice of families, carers and kin in system reform.

An internal Lived-Living Experience Oversight Group was also established this year to provide direction to lived-living experience projects.

Lived-living experience governance and partnership with LELAN

Shifting minds 2023–2028 includes a focus on person-led, trauma-informed and culturally responsive care; as well as strengthening lived-living experience leadership, participation, co-design and co-production.

This year, the Commission commenced a partnership with the Lived Experience Leadership and Advocacy Network (LELAN)—which is recognised as Australia’s thought leader in lived-living experience governance. Work with LELAN is intended to enhance the Commission’s capability and capacity to embed partnership, co-production and lived-living experience governance across the organisation.

This work builds on the previous work of the Commission to develop resources to assist the sector more broadly through the Stretch2Engage project.

Work this year initially focused on understanding the Commission’s readiness and ability to meaningfully and purposefully engage in lived-living experience partnership and co-production. As part of this initiative, key external partners and Commission staff were invited to undertake a readiness, ability and willingness (RAW) audit, and participate in individual and team conversations with LELAN to explore the scope, dilemmas and possibilities for powerful partnerships and co-production at the Commission. The findings from this process will inform the creation of staff training and other development resources.

Through the LELAN partnership, the Commission also began implementing the *Lived-living Experience Governance Framework: Centring People, Identity and Human Rights for the Benefit of All*, a contemporary model with tools to develop lived-living experience leadership in systems to enable services where humanity and connection are centred and embedded.

Objective 4: Lived-living experience and First Nations expertise drive reform

In 2023–24, the Commission’s partnership with LELAN allowed Commission staff to access a range of capability building opportunities and supports, including:

- a ‘Holding Space’ training session for all staff on lived-living experience engagement and what this looks like across differing roles
- establishment of a Champions Program for passionate Commission staff to foster a deeper understanding of lived-living experience governance and ways to practically embed this across the Commission’s work, with a number of sessions held this year.

The Commission, supported by LELAN, also hosted a two-day ‘Deep Immersion’ workshop in May for 17 lived-living experience leaders across the mental health, alcohol and other drugs, and suicide prevention sectors to deepen understanding of lived-living leadership within the Commission and enhance networks across the sector.

In 2024–25, the Commission’s partnership with LELAN will continue with activities focused on developing a charter for how the Commission will partner with people with lived-living experience, through a co-design process due to take place over August to November 2024.

Embed lived experience of suicide

The Commission recognises lived experience of suicide as a foundational enabler in systemic reform and has partnered with Roses in the Ocean to pilot a dedicated Suicide Prevention Lived Experience Advisory Group (LEAG).

The purpose of the LEAG is to enable the perspectives of people with lived experience of suicide to be embedded in suicide prevention work across the Commission. Roses in the Ocean recruited people with lived experience of suicide to the LEAG, delivered orientation and upskilling workshops, and continued to provide ongoing support, mentoring and guidance.

In 2023–24, the LEAG operated under a co-chair model and its purpose was to:

- provide advice in relation to the integration of lived experience of suicide perspectives into the development and implementation of *Every life*
- promote and support lived experience engagement in key suicide prevention projects led by the Commission
- identify emerging issues and priorities relevant to suicide prevention from a lived experience of suicide perspective.

In 2023–24, the LEAG met regularly and provided advice to the Commission on a number of priority suicide prevention activities. This included the development of an evaluation

plan for *Every life* across all of its phases, the development of a suicide prevention monitoring and outcomes framework for Queensland, and the development of the Queensland Suicide Prevention Research Agenda.

The current LEAG’s term will conclude in August 2024. The Commission, in partnership with LEAG members and Roses in the Ocean, is scoping the next steps to embed lived experience of suicide perspectives in suicide prevention reform.

Lived-Living Experience Development Grant

The Commission’s Lived-Living Experience Development Grant 2023–25 Program provides opportunities for organisations to establish and/or strengthen their organisational capability and capacity to enhance Queensland’s lived-living experience participation and leadership in system reform and system advocacy activities.

QuIVAA grant

This year, the Commission provided funding for Queensland Injectors Voice for Advocacy and Action (QuIVAA) to increase their capacity to support lived-living experience participation. QuIVAA represents people who use illicit drugs through systemic advocacy about issues affecting people who use drugs in Queensland. Operating on a peer-based philosophy, QuIVAA encourages and supports current and former people who use drugs to be active in all levels of QuIVAA activity and provide input into strategic responses and policy development of drug use matters in Queensland.

The grant supports organisational development to strengthen QuIVAA’s ability to promote living experience participation, leadership and collaboration across system advocacy and reform. In 2023–24, QuIVAA successfully:

- strengthened its organisational governance and operational structures
- developed systems and processes to strengthen or support for people with lived-living experience
- expanded reach to include membership in rural, remote and regional areas
- strengthened organisational capacity and capability to support a diverse range of people, including First Nations people who use drugs.

In 2024–25, QuIVAA will continue to enhance its ability to participate in system advocacy and reform activities by further developing organisational capability and lived-living experience leadership skills. Activities will include training for staff in governance and leadership and progressing the organisation’s business planning, including a focus on long-term financial sustainability.

Objective 4: Lived-living experience and First Nations expertise drive reform

QLEWN grant

The Queensland Lived-living Experience Workforce Network (QLEWN) was also funded under the Commission's Lived-Living Experience Development Grant 2023–25 Program this year.

QLEWN is a member-based organisation seeking to represent the needs of the broader mental health peer workforce in Queensland. QLEWN has been providing advice and support on a volunteer basis to further advance system advocacy activities related to the mental health peer workforce since 2017 and was registered as an incorporated association in 2022.

The Commission provided \$60,000 for QLEWN to engage with a consultant to strengthen its core organisational governance. This will increase QLEWN's ability to enter into financial agreements and engage in contractual projects and membership recruitment and engagement.

The funding will support a seven-phase project over the next two years to enable QLEWN to:

- develop its governance and management structure
- build its risk management capability, and compliance and documentation procedures
- establish and develop its stakeholder engagement activities, and
- report and evaluation capabilities.

A project evaluation report will be developed to report on the outcomes of the funding.

Arafmi grant

In 2023–24, Arafmi Queensland was provided funding through the Commission's Development Grant Program, with a total of \$250,000 to be provided over two years.

Arafmi is a lived-living experience organisation that advocates with and on behalf of family, carers and kin supporting people with mental ill-health.

In 2023–24, the grant supported Arafmi to implement activities to strengthen its ability to promote and support mental health carers in participation, leadership and collaboration across system advocacy and workforce reform.

Activities the grant has supported included:

- Statewide carer consultations (which included over 500 responses via online survey, short questionnaire and focus group activities) which led to the development of *At what cost? The experiences of unpaid mental health carers in Queensland 2023 – 2024*.¹⁴ *At what cost* provides stories and insights into carer experiences and is a foundation for Arafmi's ongoing advocacy work.
- Employing a Lived-Living Experience Advocacy Lead position at the organisation.
- Working with mental health carers to design principles and processes for establishment of a Lived-Living Experience Leadership Group that will help to guide Arafmi's advocacy work.
- Beginning the re-development of the Arafmi website to become a central hub of information and opportunities for mental health carers.

The grant in 2024–25 is expected to:

- support promotion of *At what cost* and further engagement with stakeholders to identify priorities over the next 12 months
- enable an expression of interest process for the Lived-Living Expertise Leadership Group and its establishment
- establish a Community of Practice for mental health carers to help build advocacy skills, and
- support ongoing participation in systemic advocacy activities and initiatives to help address the needs of mental health carers across the state.

Roses in the Ocean grant

Roses in the Ocean has been providing system advocacy and emotional support to people with a lived experience of suicide since 2011. The organisation focuses on empowering individuals to leverage their lived experience to drive awareness, support communities to better recognise and respond to suicide, and advocate for reform informed by people with a lived experience of suicide.

The funding agreement allocates \$250,000 over two years to support Roses in the Ocean to:

- strengthen organisational governance and operational structures
- further develop lived experience leadership and capability, including increasing accessibility of training
- enable enhanced participation in system advocacy activities to expand the organisation's reach to rural and regional areas

¹⁴ Arafmi. *At what cost? The experiences of unpaid mental health carers in Queensland 2023 – 2024*. Available from: arafmi.com.au/at-what-cost

Objective 4: Lived-living experience and First Nations expertise drive reform

- build organisational capacity to support a diverse range of people, such as increased First Nations participation.

These activities will continue into 2024–25, with progress reports and a final report due as part of the funding agreement.

National Mental Health Consumer and Carer Forum

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 2023–24, 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.

Strengthen the lived-living experience workforce

Lived-living experience workforce package

The Australian and Queensland Governments have invested significantly to support lived-living experience (peer) workforce development. The *Fifth Mental Health and Suicide Prevention Plan* released in 2017 and the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* (inquiry) reinforced the health benefits and positive outcomes to a person’s recovery journey achieved by the peer workforce.

The Queensland Government has provided \$8 million funding over four years under *Better Care Together* to meet recommendation 54 of the inquiry. The inquiry recommended Queensland expands and regulates its peer workforce. The Mental Health Select Committee recommended the Queensland Government:

- progresses work to develop Queensland’s lived-living experience (peer) workforce, including:
 - the standardisation and regulation of the lived-living experience workforce
 - the evaluation and quality assurance of lived-living experience professional training and development.
- works with rural and remote mental health and alcohol and other drugs services to develop and support lived-living experience practitioner roles in rural and remote communities.

- increases the number of lived-living experience (peer) service roles in Aboriginal and Torres Strait Islander communities.
- investigates ways to encourage the uptake of lived-living experience roles by working to remove barriers, for example providing scholarships and reducing TAFE costs for requisite qualifications for lived-living experience (peer) mental health and alcohol and other drugs roles.

The Commission is supporting the delivery of these recommendations via the *Better Care Together* funding, with a number of activities undertaken in 2023–24 detailed below.

QLEWN Workforce Summit 2025

The Commission is addressing the recommendation to improve the availability and quality of professional development of the peer workforce by supporting the Queensland Lived-living Experience Network (QLEWN) to host a Queensland-based workforce summit in early 2025 for up to 300 participants.

The summit format, including focus topics and key themes, is being determined by a co-design process to ensure it meets the needs of and provides value to the peer workforce. The co-design process began with consultation in 2023–24 and will continue into 2024–25.

It is expected the summit will:

- provide a professional development and networking opportunity for peer workers
- allow peer workers, their organisations and advocacy organisations to connect and build relationships, including services that may have a strong interest in developing peer workforces
- provide a learning opportunity for the peer workforce that enables reflective conversations and engagement with keynote speakers.

QLEWN is leading the development and delivery of the summit project, and partnering with representatives from lived-living experience and system advocacy groups, services and networks that have a strong interest and expertise in lived-living experience (peer) workforce development. This includes organisations such as the Mental Health Lived-living Experience Peak Queensland, Roses in the Ocean, BrookRed, Queensland Injectors Voice for Advocacy and Action (QuVVA), Arafmi (for families, carers and kin in mental health) and the Queensland Network of Alcohol and other Drug Agencies (QNADA).

Enhance sector readiness and standardised peer training

The Commission's Lived-Living Experience team undertook extensive scoping work and engagement of additional specialist expertise this year to scope sector readiness to support the peer workforce, and help inform the allocation of funding under the *Better Care Together* lived-living experience-focused initiatives.

These activities confirmed there is limited sector-wide understanding and valuing of the peer workforce despite increased demand—a barrier to realising the full benefits of the peer workforce across Queensland.

Research indicates exposure to lived-living experience concepts leads to increased understanding, valuing and willingness to engage with and embed the peer workforce, and that building whole of sector literacy is the foundational step to developing organisational readiness.

Currently, there is no accessible standardised or recognised sector-wide, broad-based training for Queensland community sector organisations to support peer workforce development. Lack of understanding and valuing of the peer workforce results in the potential health and sector benefits being unrealised or under-realised, as well as elevated risks of psychosocial hazards in the workplace, particularly in rural and remote locations.

The demand for, and growth of, the Queensland peer workforce has highlighted the urgent need for a comprehensive, standardised peer supervisor training model and resources to support the development of the workforce. The Commission began work this year to explore options to develop and standardise a peer supervisor training program and resources for Queensland.

Commonwealth Peer Scholarship program

The Australian Government has established a peer scholarship program to support the growth and development of the peer workforce, provide a formalised career pathway for people with lived-living experience, and address workforce shortages.

This program provided 390 scholarships to support peer workers to undertake formal vocational training across Australia. The Department of Health and Aged Care partnered with the Commission to deliver the largest scholarship pool—178 scholarships—from 2023 to 2025 for Queenslanders to undertake Certificate IV in Mental Health Peer Work training.

The Commission also provided an additional \$260,000 in 2023–24 to engage the Queensland Alliance for Mental Health (QAMH) to administer and support the Queensland scholarship program, and for peer organisation BrookRed to provide peer mentoring and workforce induction to scholarship recipients. The program also offers \$1,000 to each successful applicant for study-related expenses to remove possible barriers to successful completion of the course.

In the last financial year, over 124 scholarships were awarded with:

- 14 per cent of recipients residing in the target rural and remote areas
- 7 per cent of recipients identified as Aboriginal and/or Torres Strait Islander peoples
- 46 per cent of recipients identified having a personal lived-living experience
- 8 per cent identified as carers, and
- 46 per cent identifying as having both lived-living experience and carer lived-living experience.

Insights and partnerships developed through this program will benefit the development of the First Nations, and regional, rural and remote peer workforce.

Develop the AOD peer workforce

The Commission acknowledges there are multiple AOD peer workforce practices, organisational frameworks, guidelines, networks and training activities developed across Queensland through previous one-off resourcing opportunities or by individual services' dedicated efforts.

However, the sector has not been resourced to leverage on the existing work to elevate, enhance visibility, guide, grow and support the AOD peer workforce to the extent needed and to fully realise the potential of this growing workforce.

In 2023–24, the Commission began liaising with Queensland Injectors Voice for Advocacy and Action (QuIVAA), Queensland's AOD lived-living experience advocacy peak, and other AOD organisations to explore options to develop an AOD peer workforce framework and supporting materials. This work will continue in 2024–25, as part of the Commission's broader lived-living experience workforce package.

Identify barriers facing the AOD peer workforce

Through the Commission's engagement with AOD peer workforces and services this year, it has gained valuable perspectives on the employment challenges faced by those currently in, or aspiring to join, the peer workforce. Among these challenges are disclosures or assumptions made around drug use, criminal history screening and blue and yellow card applications, which create barriers to education pathways including student placements and employment opportunities.

As a result, the Commission will engage specialised expertise to identify and define barriers to the development of the peer workforce in order to better support this emerging workforce, and deliver the Commission's broader lived-living experience workforce package.

Implement lived-living experience-driven reforms

Understanding overdose experiences in Queensland

Opioid overdoses pose significant public health concern and contribute to a high number of drug-related deaths both in Australia and globally. Despite this, there is currently a lack of peer-reviewed evidence representing the voices of lived-living experience of overdose.

In 2023–24, the Commission funded QuIVAA to undertake qualitative research exploring firsthand accounts of those who have experienced overdose, including experiences of overdose preventive measures and interactions with the healthcare system.

Many individuals reported this project was their first opportunity to openly discuss and, at times, emotionally confront their experiences of overdose, offering a therapeutic outlet for the often-challenging process of revisiting trauma. The research findings show that overdoses are common, widely accepted within communities of people who use drugs and are often treated as 'just another day'. Various factors, including the unknown potency of substances, availability and accessibility of harm reduction services, and the need to manage acute withdrawal symptoms can increase the risk of overdoses. Stigma, especially in the context of law and health settings, can also prevent people from seeking timely medical assistance.

System reform options from a lived-living experience perspective are also presented in the research paper. These include implementing a comprehensive, layered harm reduction approach involving easy access to naloxone, drug checking services and supervised consumption rooms. The paper suggests there should be thorough harm reduction education and active involvement of individuals with lived-living experience in policy-making.

The Commission is committed to ensuring that alcohol and other drug system reform is informed by the experiences of people with a lived-living experience of alcohol and other drug use, and this research will contribute to ongoing work of the Commission to advance overdose prevention in Queensland. *Voices of lived experience: understanding overdose narratives among people who use drugs*¹⁵ in Queensland is available via the QuIVAA website.

First Nations expertise drives system reform

Shifting minds 2023–2028 recognises the rich and resilient culture of First Nations peoples, grounded in strong connection to community, family and Country, that is essential to sustaining and strengthening Aboriginal and Torres Strait Islander social and emotional wellbeing.

Shifting minds 2023–2028 seeks to improve the capacity, coordination and collaboration between services and communities to achieve reform and better outcomes for First Nations peoples.

First Nations suicide prevention

In 2023–24, the Commission secured \$2.38 million funding through *Better Care Together* to address the increasing mental health and suicide prevention needs of remote and discrete First Nations communities in North Queensland. The funding enabled the development of the community-led First Nations Suicide Prevention Response Pilot Project in Coen and three other remote First Nations communities.

The project provides funding to employ two locally-identified community members to be upskilled to provide social and emotional wellbeing supports. The pilot project also provides supervision, community capacity building and support from an external, culturally-appropriate service—however, the final support model is designed by the local community.

¹⁵ Griffith University and Queensland Injectors Voice for Advocacy and Action. *Voices of lived experience: understanding overdose narratives among people who use drugs*. Available from: https://quivaa.org.au/app/uploads/2024/03/Overdose_Report_29022024.pdf

Coen has already employed two local social and emotional wellbeing workers, with support provided by Thirili. Lockhart River, Doomadgee and Mornington Island have agreed to participate in the project and the Commission has been working with each community to confirm their preferred approaches.

An independent evaluation of the initiatives will also be undertaken, utilising the principles of data sovereignty and self-determination. The evaluation will measure impact and outcomes of the initiatives and develop an evidence base to support the longer-term sustainability of these initiatives.

Yarns Heal expansion

First Nations and LGBTQIA+ people have a disproportionately higher risk of suicide compared with the broader population, with experiences such as stigma and discrimination significantly affecting social and emotional wellbeing.

The Commission is supporting the Queensland Council for LGBTI Health to expand the Yarns Heal and Talking Heals suicide prevention project to six locations in Queensland. The initiative is underpinned by the Council's 2Spirits Program that is aimed at supporting Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy communities with an investment of almost \$1 million in funding across 2023–24.

The six locations for the project are:

1. Inala/Toowoomba/Dalby/Ipswich
2. Rockhampton/Gladstone/Bundaberg
3. Yarrabah/Cairns/Hinterland/Townsville
4. Sunshine Coast/Fraser Coast/Brisbane North
5. Gold Coast/Beaudesert/Moreton Bay Islands
6. from Thursday Island to Mt Isa.

The expansion of the Yarns Heal initiative supports the development and implementation of community-led and place-based suicide prevention initiatives. This includes empowering local communities to identify and respond to Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy social and emotional wellbeing needs through safe community conversations, suicide prevention training and resources, and therapeutic activities.

The six community locations will enhance the availability of support across Queensland and bring visibility.

The program has an early focus on sustainability along with culturally appropriate evaluation to develop an evidence base and understand the impact of this project for First Nations LGBTQIA+ people and communities.

Supporting innovation in community-led First Nations services

Strengthening First Nations social and emotional wellbeing

Local Thriving Communities (LTC) is a long-term holistic reform and a critical step towards achieving a reframed relationship with Aboriginal and Torres Strait Islander peoples and investing in First Nations excellence. The LTC reform is about engaging with local leaders at the community level, to ensure that service design and delivery better meet the needs of each community.

The Commission has continued to partner with Queensland Government agencies and local communities to support this reform.

Through a partnership with the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA) the Commission is investing \$2 million over two years to co-design initiatives to improve mental health and wellbeing in First Nations communities.

Grants up to \$400,000 will be allocated to initiatives that are co-designed with local leadership to improve mental health and social and emotional wellbeing outcomes, reduce harm, and increase safety associated with alcohol and other drug use, and reduce rates of suicide in Aboriginal and Torres Strait Islander communities. The grant program was established and promoted during the 2023–24 financial year, with successful applicants to be notified and funding agreements issued in 2024–25.

The Commission has also committed to investing in an evaluation of the funded initiatives to build the evidence base of what works to strengthen social and emotional wellbeing. This knowledge will be used to drive continuous improvement in prevention policies, programs and initiatives and to inform future investment decisions.

This work supports priority reforms and targets identified in the National Agreement on Closing the Gap, and actions under the whole-of-government *Shifting minds 2023–2028*, *Every life* and *Achieving balance* plans.

Pinangba Research Project

The Commission-funded Pinangba Research Project successfully concluded on 31 March 2024. The Commission commenced the project in 2020–21 and contributed \$170,000.

The project was led by the Aboriginal and Torres Strait Islander service delivery arm of Uniting Care and aimed to understand and improve the ways Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation treatment services collect and collate clinical data, for ongoing service improvement and service outcome evaluation.

The research centred on Pinangba’s two residential AOD rehabilitation services, the Cape York Family Centre at Cooktown and 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 substance use—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.

The research was completed by leading AOD specialists Dr Katinka van de Ven, at the time a researcher with University of New England’s Centre for Rural Criminology and now working as a Principal Consultant at 360Edge; and University of New South Wales Professor Alison Ritter alongside Ms Erin Cunningham, who looked at the processes and quality of data collection and evaluation at both services.

The research validated the family systemic therapy model in Aboriginal and Torres Strait Islander alcohol and substance use treatment, and also provided valuable evidence for what works to keep Aboriginal and Torres Strait Islander people engaged in culturally informed treatment, care and recovery.

Queensland Mental Health and Drug Advisory Council

About the Council

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

The Advisory Council's function under the Act is to:

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

Membership

Advisory Council appointments are made by the Minister for Health, Mental Health and Ambulance Services and Minister for Women.

The membership terms for the Deputy Chair Gabrielle Vilic, Professor Brett Emmerson AM and Karyn Walsh expired on 30 June 2024. The reappointment of these members is under consideration.

The terms for two members, Professor Robert Bland and Sue Scheinplug, ended on 8 August 2023. Paul Martin elected to resign from the Advisory Council effective 17 December 2023 due to his relocation from Queensland.

The Chair, Professor Cindy Shannon am, and remaining members, Sanam Ahmadzada, Naraja Clay, Professor Jason Ferris, Edward Fewings, Jorgen Gullestrup, Professor David Kavanagh, Emma Kill and Jane Williams are expected to continue their terms in the 2024–25 financial year. The terms for each of these members is due to end on 14 December 2025.

Meetings

The Advisory Council met five times in 2023–24, on 27 October 2023, 12 December 2023, 8 February 2024, 18 April 2024 and 20 June 2024. The meetings were held in a variety of locations across Queensland. As required by the Act, the Queensland Mental Health Commissioner attended each meeting and the Commission provided secretariat support.

Advisory Council remuneration

Table 1 provides a full summary of the Advisory Council's 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 2023–24

Queensland Mental Health and Drug Advisory Council					
Act or instrument	Part 5, <i>Queensland Mental Health Commission Act 2013</i>				
Functions	See page 42				
Achievements	See the message from the Queensland Mental Health and Drug Advisory Council from page 44				
Financial reporting	Transactions are included in the financial statements from page 59				
Remuneration					
Position	Name	Meetings/ sessions/ attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received ¹
<i>Members whose term is from 15 December 2022 to 14 December 2025</i>					
Chair	Professor Cindy Shannon AM	4	\$4,000	N/A	\$0 ²
Member	Ms Sanam Ahmadzada	5	\$2,500	N/A	\$2,500
Member	Ms Naraja Clay	4	\$2,500	N/A	\$2,500
Member	Professor Jason Ferris	3	\$2,500	N/A	\$2,500
Member	Mr Edward Fewings	3	\$2,500	N/A	\$2,500
Member	Mr Jorgen Gullestrup	4	\$2,500	N/A	\$2,500
Member	Professor David Kavanagh	5	\$2,500	N/A	\$2,500
Member	Ms Emma Kill	5	\$2,500	N/A	\$3,942 ³
Member	Mr Paul Martin ⁴	Nil	\$2,500	N/A	\$1,346
Member	Ms Jane Williams	2	\$2,500	N/A	\$0
<i>Members whose term was from 4 August 2023 to 30 June 2027</i>					
Deputy Chair	Ms Gabrielle Vilic	4	\$2,500	N/A	\$2,500
Member	Professor Brett Emmerson AM	3	\$2,500	N/A	\$2,500
Member	Ms Karyn Walsh	4	\$2,500	N/A	\$2,500
<i>Members whose term was from 4 August 2020 to 3 August 2023</i>					
Member	Professor Robert Bland	Nil	\$2,500	N/A	\$192
Member	Ms Sue Scheinpflug	Nil	\$2,500	N/A	\$192
<i>Ex officio</i>					
Queensland Mental Health Commissioner	Mr Ivan Frkovic	5	N/A	N/A	N/A
Number of scheduled meetings/sessions		5			
Total out of pocket expenses		\$9,383			

¹ Fees are rounded to the nearest dollar.

² Professor Cindy Shannon AM elected not to receive fees for her membership on the Queensland Mental Health and Drug Advisory Council.

³ Fees include back-pay from the previous financial year.

⁴ Mr Paul Martin resigned from the Queensland Mental Health and Drug Advisory Council effective 17 December 2023 due to his relocation from Queensland.

Message from the Chair

Queensland Mental Health and Drug Advisory Council

The 2023–24 financial year was a busy one for the Council. Our contribution primarily focused on informing and advising on the implementation of the *Shifting minds 2023–2028*, *Achieving balance* and *Every life* Phase Two plans, along with the monitoring and evaluation frameworks for each plan.

The Council was pleased to see the Commission has strengthened its approach to lived-living experience governance, leadership and partnering. This includes establishment of its first Lived-Living Expertise team with the appointment of a director and additional designated roles. The Council looks forward to seeing this program of work progress, including the development of a Lived Experience Governance Framework.

Our meetings in 2023–24 centred on a range of systemic reform priorities, including:

- strengthening human rights across the mental health, alcohol and other drugs, and suicide prevention systems
- access to safe and secure housing in the context of homelessness for people living with mental illness and problematic alcohol and other drug use
- prioritising and strengthening the social and emotional wellbeing of First Nations Queenslanders, and
- embedding trauma-informed responses across systems and services.

To enable the Council to connect with regional stakeholders and service providers, we met in a range of locations across Queensland, including in Cairns and at Robina Hospital on the Gold Coast, which was followed by a visit to the Crisis Stabilisation Unit.

During the year, matters raised by the Council included, but were not limited to:

- the ongoing use of seclusion and restraint in mental health services
- the need to enhance harm reduction practices in Queensland correctional centres in relation to blood-borne viruses and injecting-related infections
- utilising data on drug overdose rates in Queensland to develop evidence-based approaches.

Communiqués for each of the Council meetings are published on the Commission's website¹⁶.

I would like to acknowledge and sincerely thank my fellow Council members for their commitment and valuable contribution throughout the year. On behalf of the Council, we look forward to continuing to support the important work of the Commission and drive reform to improve the mental health and wellbeing of all Queenslanders.

Professor Cindy Shannon AM

Chair

Queensland Mental Health and Drug Advisory Council

16 <https://www.qmhc.qld.gov.au/about/management-structure/advisory-council-communications>

Our next steps

The past year has seen the Commission establish a number of key reform priorities for the mental health, alcohol and other drugs, and suicide prevention systems in Queensland. Looking forward, we have a strong foundation and real opportunities to bring the sector forward and implement reform.

Queensland finds itself in arguably the best position it has ever been to enact reform, with record investment in the sector and a clear path forward following the recommendations of the Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* and the Queensland Government's \$1.645 billion investment over five years via *Better Care Together*.

The year has also seen the Commission progress the reform agenda through the renewal of *Shifting minds* and its sub-plans, *Every life* and *Achieving balance* (launched the previous year). These plans set the direction and outline where we need to focus action and implementation to be able to achieve better mental health and alcohol and other drugs (AOD) outcomes for Queenslanders, as well as continuing to focus our efforts on reducing the rates of suicide.

The ongoing challenge for reform is implementation, which will take resolve and coordinated action across government, non-government, private, and primary and community sectors. The Commission's major priority over the coming year will be continuing its focus on reforms that result in better outcomes for people and working with partners in government, the NGO sector, community and individuals to progress commitments outlined in *Shifting minds* and its sub-plans.

The next year will also see an increasing focus on addressing stigma and discrimination, as the Commission's stigma campaign and capacity building program of work starts to be delivered, including commissioning social market research, undertaking stakeholder engagement, and planning activities for the campaign rollout in 2025.

Stigma and discrimination can profoundly impact those with lived-experience of mental ill-health, AOD use and suicide, and their loved ones, and reduce help-seeking behaviours. To improve the mental health and wellbeing of Queenslanders, it is critical we address stigma and discrimination and the Commission looks forward to developing this important piece of work.

Additionally, in the next year the Commission will lead implementation of a Queensland trauma strategy, a whole-of-government, whole-of community approach for integrating trauma-informed practice across Queensland. Following widespread consultation in 2023–24, the strategy will seek to ensure we create the best possible conditions for individuals, families and carers, and communities to receive the right support as early as possible. We thank all who contributed to this important work.

We will also be progressing activities to strengthen the evidence base around suicide and suicide prevention. This includes continuing work on the Queensland Suicide Register (QSR) and interim Queensland Suicide Register (iQSR) systems to support robust suicide data and surveillance and to strengthen suicide prevention efforts across the system. Our Suicide Prevention Grants Scheme will also facilitate research to advance understanding of what works to prevent suicide and strengthen Queensland's ability to deliver high-quality suicide prevention initiatives.

There is also increasing recognition that the social, economic and cultural determinants of mental health, AOD use, and suicidal distress are beyond the scope of the healthcare system alone. In 2024–25, we will continue to consider how we can contribute to discussions and recommendations regarding the determinants of health. This includes a focus on housing and housing supports for those with experience of mental ill-health and AOD, youth justice, and early intervention and prevention activities to ensure all Queenslanders have the opportunity to thrive and be mentally well.

The 2023–24 year has been one of great momentum in mental health, alcohol and other drugs, and suicide prevention reform and we look forward to working with our stakeholders to continue that into 2024–25.



Corporate performance

Agency effectiveness

Performance measures

The Commission’s Strategic Plan 2023–2027¹⁷ and the 2023–24 Service Delivery Statement¹⁸ for Queensland Health outline the indicators and effectiveness measures to consider the organisation’s performance in the 2023–24 year. The Commission’s annual Pulse Survey, conducted in May to June 2024, provides stakeholder data to measure the Commission’s performance over the year.

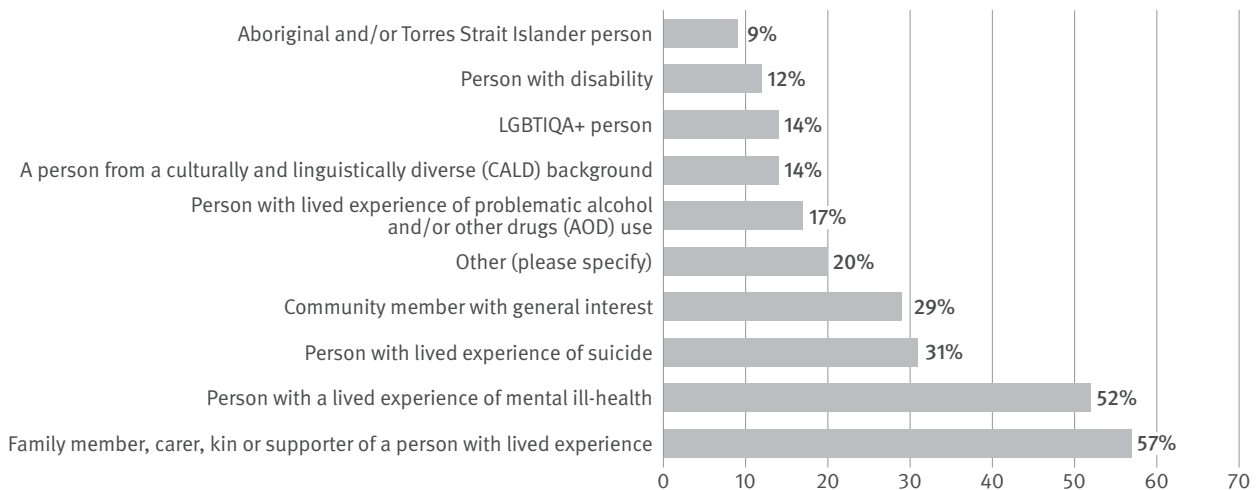
2023–24 survey

The Commission’s annual Pulse Survey provides data to measure stakeholder perspectives on the Commission’s effectiveness. The survey gathers feedback from stakeholders who have interacted or worked with the Commission over the previous two years.

The 2023–24 survey opened in May 2022 and was distributed to 2800 stakeholders, with 625 responses received (up from 519 in 2022–23), reflecting a 22 per cent response rate (compared to 24 per cent in 2022–23). A total of 51 per cent of respondents were moderately familiar with the Commission and its work, and 22 per cent were very familiar with the Commission’s work.

Survey respondent identities, role descriptions and work sectors are detailed in Figure 1, Figure 2 and Figure 3, while Figure 4 indicates the various forms of engagement respondents had with the Commission in the 2023–24 year.

Figure 1: Nominated group identity of survey respondents



¹⁷ <https://www.qmhc.qld.gov.au/about/our-work/qmhc-strategic-plan>

¹⁸ https://budget.qld.gov.au/files/Budget_2024-25_SDS_Queensland_Health.pdf

Figure 2: Best role description of survey respondents

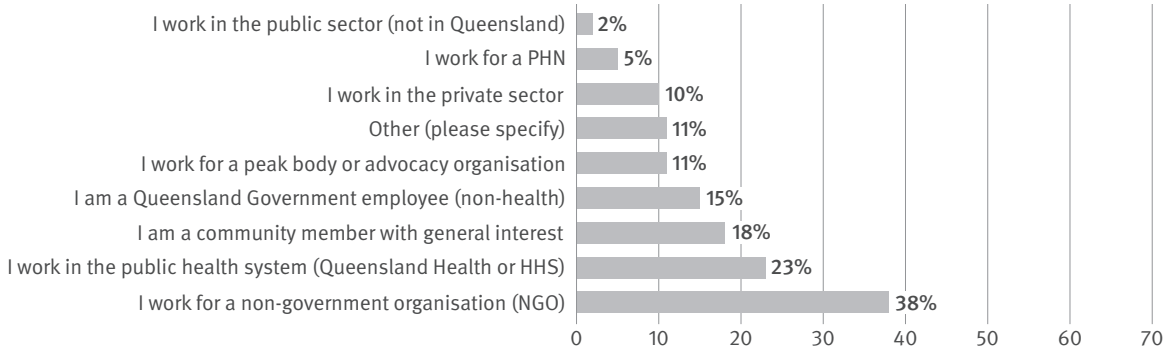


Figure 3: Work sectors of survey respondents

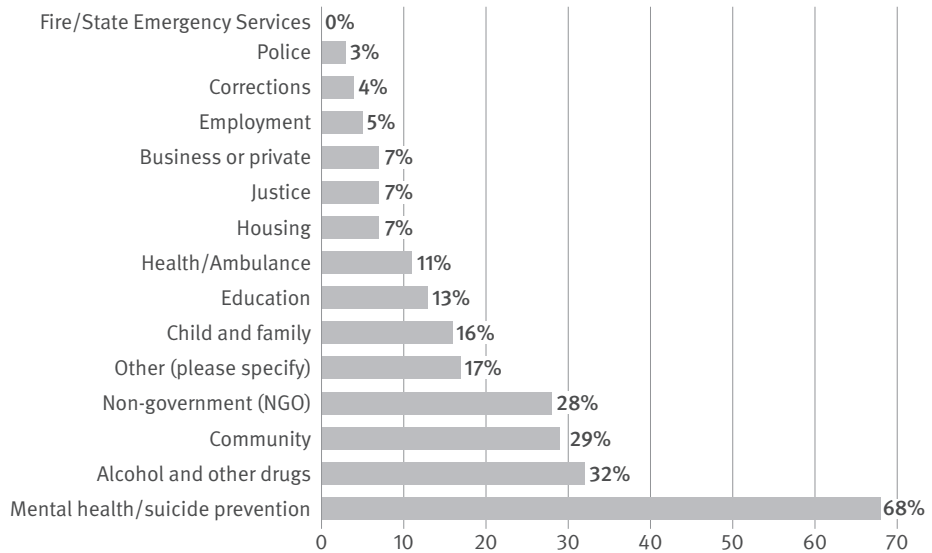


Figure 4: Forms of engagement with the Commission

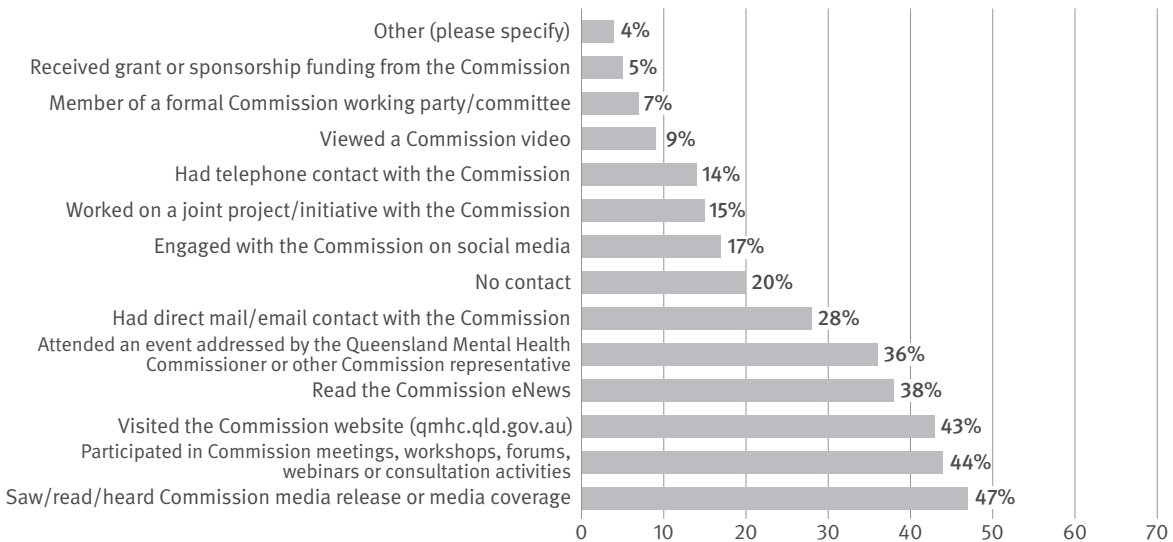


Table 2: Queensland Mental Health Commission performance indicators

	2022–23	2023–24
Stakeholder satisfaction with:		
• The Commission’s credibility as an independent body	81%	81%
• Opportunities to provide those with lived-living experience, support person and provider perspectives on mental health and substance misuse issues	48%	71%
• Appropriateness of reform focus / the Commission’s work identifies and responds to current and emerging issues and trends	66%	73%

Table 3: Queensland Mental Health Commission service standards

Service area	Notes	2023–24 target/estimate	2023–24 actual
Effectiveness measures			
Stakeholder satisfaction with:			
• Opportunities to provide those with lived-living experience, support person and provider perspectives on mental health and substance misuse issues	1	50%	71%
• Extent to which those with lived-living experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system	2	65%	69%
• The range of stakeholders involved in developing and implementing solutions	3	50%	53%
Efficiency measure			
Not identified			

Notes

1. This result is stronger than the previous year and likely reflects the nature of the Commission’s work during 2023–24, which has involved considerable consultation and engagement activity, particularly related to the renewal of the *Shifting minds* strategic plan, *Every life* Phase Two and extensive work to develop a trauma strategy for Queensland.
2. This measure is an improvement over 2022–23, potentially reflecting the extent of consultation and engagement undertaken in 2023–24, particularly around the trauma strategy.
3. This result is an improvement over 2022–23, possibly due to increased stakeholder engagement in the Commission’s work in 2023–24. This measure may also indicate that stakeholders are not fully aware of the diverse range of stakeholders the Commission engages with across its work program.

Communication and engagement

Stakeholder engagement

External communication and stakeholder engagement continue to be essential elements of the Commission's work. The agency has a strong commitment to communication, partnership and collaboration with people with lived-experience, their families and carers, as well as the public and non-government sector, and the broader community.

Effective external communication and engagement helps build robust relationships with partner organisations and enhances the Commission's work by understanding diverse stakeholder needs and perspectives, knowledge and expertise.

The Commission participates in a number of engagement and governance forums to support its work, including the Queensland Mental Health and Drug Advisory Council, Sector Leaders Group, Strategic Leadership Group, Suicide Prevention Lived Experience Advisory Group and the Better Care Together governance committee. These forums provide the opportunity to monitor the progress of reform actions under *Shifting minds*, *Achieving balance*, and *Every life* Phase Two, promote collaboration and partnership, develop shared responsibility for reform, and explore issues and opportunities for joint action.

Key activities

During the year, the Commission embarked on a major program of work to enhance engagement with people with lived experience, families and carers. This work includes the development of a Lived Experience governance framework and charter co-designed with people with lived experience.

In 2023–24, an extensive program of stakeholder consultation and engagement was also undertaken to support development of a trauma strategy for Queensland. This was the largest engagement activity ever undertaken by the Commission, resulting in more than 800 people providing input into strategy development through a multi-channel strategy.

The Commission also hosted a number of events to engage with stakeholders during 2023–24 including:

- **Mental health, human rights and Queensland's legal landscape:** Held in October 2023, this event promoted research underway by Professor Neeraj Gill and provided an overview of the human rights landscape in Queensland. The in-person event was well attended by sector colleagues and had 54 registrations.
- **NDIS Psychosocial Reforms Forum:** Delivered in partnership with the Queensland Alliance of Mental Health, this event brought Queensland NDIS psychosocial service providers and service users together to unpack the NDIS Review report and discuss what it means for providers. This hybrid event offered both online and in-person attendance and had a total of 327 registrations.
- **Launch of *Pathways to mental wellbeing*:** This in-person event was held in Cairns to launch the *Pathways to mental wellbeing* NGO systematic analysis report in April alongside the Queensland Alliance of Mental Health and was capped at 32 registrations.

Leading Reform Summit

In November 2023, the Commission held its annual Leading Reform Summit. The summit is the Commission's major annual stakeholder event to drive shared vision, leadership and action for reform across the mental health, alcohol and other drugs, suicide prevention and broader human services sectors.

The summit's objectives are to discuss solutions, introduce new strategies, promote collaboration and innovation, present best practice, understand the evidence base, and engage leaders to drive the reform agenda forward. Stakeholders and delegates include people with lived-experience, carers, frontline clinicians and workers, service providers, policy-makers, funders, planners and decision-makers. In 2023, there were over 350 registered delegates and 39 local, national and international speakers across the two-day event.

In 2023, the summit focused on some of the key shifts and enablers that are necessary to drive reform over the next five years, including:

- Implementing reform
- Collective action and joint responsibility
- Prevention and getting in early
- Community-based and community-led
- Social determinants, and
- Person-first and person-led approaches.

The 2023 summit also had strong representation from people with lived-living experience, with the Commission providing a bursary program specifically for people with lived-living experience and for families and carers that allowed 21 people to attend.

In total, there were 377 registered summit attendees in 2023 across the two-day event, and 39 local, national and international speakers.

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

Sponsorship program

During the 2023–24 financial year, the Commission continued administering its quarterly sponsorship program, which experienced a significant increase in application volume. A full list of sponsored events is available in [Appendix 2](#).

The Commission transitioned to the SmartyGrants platform for sponsorships this year, moving away from offline printed forms to an electronic application process, and with a dedicated staff member in place to administer these types of programs and assist applicant organisations. All Commission grants and sponsorships will be administered through SmartyGrants moving forward; this may also be extended to our bursary program in the future. Accordingly, the Commission will further review all related guidelines and policies in 2024–25 and publish new versions of any relevant documents to its website once available.

Community events

Queensland Mental Health Week (QMHW) continues to be the major community engagement activity supported by the Commission, administered by our partners CheckUP. The 2023 week was the largest ever held, with over 500 registered community events across the state and \$130,000 in small grants for QMHW community events.

The Commission continues to be the major funder of Queensland Mental Health Week, with the relationship with contracted partner CheckUP. CheckUP coordinates the mental health week working group, as well as the marketing strategy and campaign activity for the week.

The Commission's investment in the Queensland Mental Health Week Community Event Grants, administered for the Commission by CheckUP continues to contribute to a diverse range of inclusive mental health and wellbeing events across Queensland.

More information about Queensland Mental Health Week 2023 is on page 24.

Commissioner engagement

The Queensland Mental Health Commissioner leads the Commission's engagement activity through a schedule of regular meetings with key stakeholders, supported by multi-level stakeholder engagement by Commission staff. These opportunities enable the Commissioner to directly hear the perspectives and experiences of diverse stakeholders, and discuss, promote and consult on the Commission's work program.

The Commissioner engages with people with lived-living experience and their families and carers, government ministers, Members of Parliament, senior leaders across government, service providers in the government, non-government and private sectors, professional and peak bodies, research bodies and universities, unions and the general community.

Some of the activities and organisations the Commissioner has engaged with this year include:

- Australian Housing and Urban Research Institute
- Alcohol and Drug Foundation
- Arafmi's National Carer's Week Forum

- Australian Association of Social Workers
- Beyond Blue's National Advisory Committee
- Brisbane Youth Foyer
- Carers Gateway
- Cherbourg Health Council
- Children's Health Queensland Infant Health Symposium
- Common Ground
- Country to Coast PHN Clinical Society Series
- Darling Downs Aboriginal and Torres Strait Islander Health Services
- Darling Downs Suicide Prevention Network Mental Health and Wellbeing Forum
- Department of Agriculture Mental Health Roundtable
- Department of Employment, Small Business and Training Senior Leaders Group
- Doomadgee Shire Council
- Eating Disorders Families Australia
- Eating Disorders Queensland
- eMental Health International Collaborative
- Everymind Prevention in Practice Summit
- Family Drug Support
- Gaven Youth Advisory Council
- Gold Coast Crisis Stabilisation Unit
- Health and Wellbeing Queensland
- Homelessness Queensland
- Homelessness Review Government Workshop
- Jack's Place Foundation
- Life Promotion and Suicide Prevention Far North Queensland
- Life Without Barriers
- Mates in Construction
- Mental Awareness Foundation
- Metro North Hospital and Health Service
- Metro South Hospital and Health Service
- Micah Projects
- Mind Australia
- Mind Blank
- National Employment Services Association
- NDIS Mental Health Sector Reference Group
- Open Minds Queensland
- QShelter
- Queensland Alliance for Mental Health AGM, member forums and Wellbeing First events
- Queensland Ambulance Services Mental Health Response Program
- Queensland Corrective Services
- Queensland Council of Social Service
- Queensland Family and Child Commission
- Queensland Family and Child Commission Youth Summit
- Queensland Primary Healthcare Networks
- Queensland Program of Assistance to Survivors of Torture and Trauma
- Safer Gambling Advisory Committee
- Southern Downs Suicide Prevention Network
- Stepping Stone Clubhouse
- Sydney University, Brain and Mind Centre
- TheMHS Conference – Mental Health Commissioners' session
- Thriving Queensland Kids Partnership
- Wandjina
- Wesley Lifeforce Suicide Prevention Network
- Windsor Group's annual Mental Health Forum
- Women's Safety and Justice Taskforce
- Yarns Heal
- Youth and Family Services
- Youth Empowered Towards Independence
- Youth Flourish Outdoors
- Youth Insearch
- Youth Step Up Step Down Centre

Agency governance

Overview

The Commission is an independent statutory body that reports to the Minister for Health, Mental Health and Ambulance Services and Minister for Women. The *Queensland Mental Health Commission Act 2013* details the Commission's legislative functions and obligations.

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*
- *Public Sector Act 2022*

Management and staffing

Executive leadership team

The Commission is led by the Executive Leadership Team (ELT), that consisted of the following staff members at 30 June 2024:

Table 4: Executive leadership team membership

Position	Name
Mental Health Commissioner	Ivan Frkovic
Executive Director	Amelia Callaghan
Executive Director	Vacant
A/Director, Alcohol and Other Drugs	Sean Popovich
Director, Lived-Living Experience	Michelle Sanders
A/Director, Mental Health and Wellbeing Reform	Deborah Pratt
A/Director, Suicide Prevention Reform	Jordan Cotter
Manager, Business Services	Carmel-Lee Skinner
Manager, Communications and Engagement	Kate Southwell

The ELT is responsible for strategic leadership and accountability for the Commission's legislative obligations. The ELT is also responsible for maintaining corporate governance around the Commission's operations, including its financial, human resources and information management systems.

During the year, the Commission established an internal Finance and Risk Committee (FRC), that will formally commence in 2024–25 to regularly review the Commission's financial position, audit program and risk management.

Staffing

As at 30 June 2024, the Commission had a core staffing establishment of 13 permanently appointed positions (a further 27 FTEs are temporary positions). The Commission engages fixed-term temporary and temporary agency staff as required to provide additional expertise and capacity to progress specific programs of work.

In June 2024, the Commission reported 33.38 paid FTEs against a total staffing complement of 40 FTEs, due to staff with part-time working arrangements and ongoing recruitment processes. At 30 June 2024, 40 employees were employed at the Commission.

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

Table 5: Workforce data profile as at 30 June 2024

Profile	Status
Total staffing FTE	46
Total staffing (headcount)	40
Occupation types by FTE	100% corporate
Appointment type by FTE	Permanent 13.00 FTE Temporary 27.00 FTE
Employment status by headcount	Full-time 75% Part-time 25%

Figure 5: Organisational structure

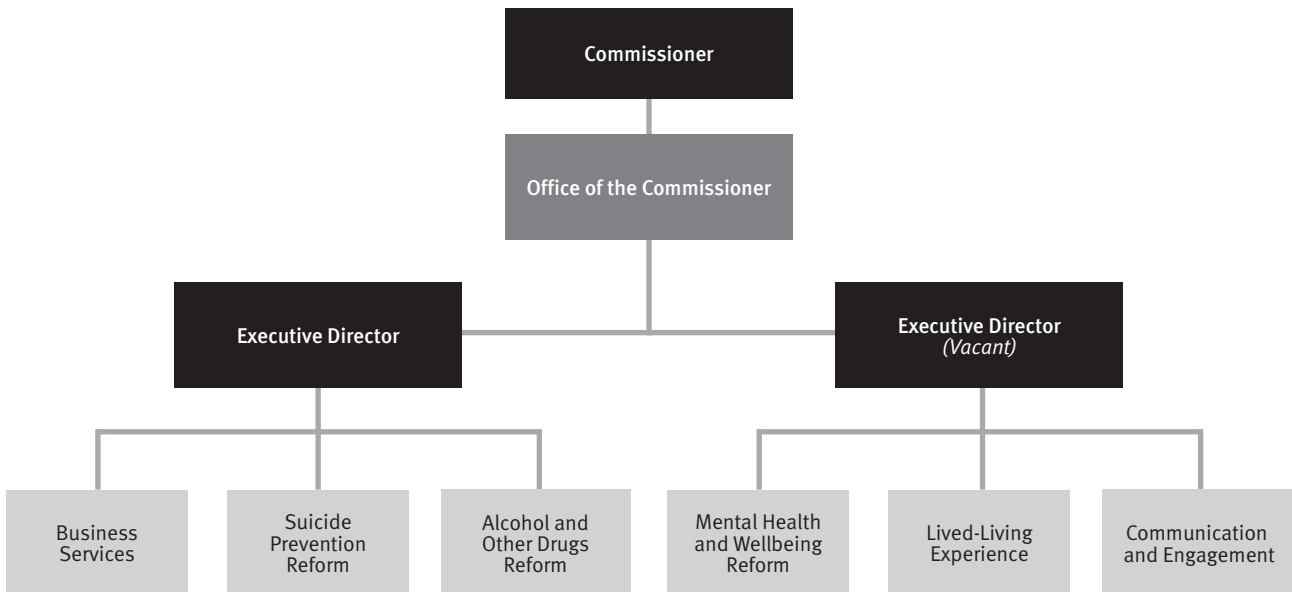


Table 6: Gender, diversity and women in leadership as at 30 June 2024¹

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Female	30	75%
Male	10	25%
Non-binary	0	0%

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	30	75%
Aboriginal peoples and Torres Strait Islander peoples	<5	5.26%
People with disability	<5	10.53%
Culturally and linguistically diverse – speak a language at home other than English ²	7	15.79%

	Women (headcount)	Women as percentage of total leadership cohort (calculated on headcount)
Senior Officers (classified and s122 equivalent combined)	<5	50%
Senior Executive Service and Chief Executives (classified and s122 equivalent combined)	<5	50%

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 facilitates a variety of professional development training opportunities for staff throughout the year, focusing on core skills in regular internal training sessions, as well as mandatory Queensland Government courses via the ELMO online learning platform.

This year, the Commission's training program included courses such as IAP2 Engagement Essentials, Writing for Government, Mental Health First Aid, Who's Who in the Policy Zoo, as well as several lived-living experience-led training and workshops.

The Commission also provides ongoing training for staff in various corporate governance and operational responsibilities and skills covering topics such as budget management, project management and recruitment practices. Staff are also provided frequent opportunities throughout the year to attend sector conferences and workshops in consideration of their learning and development goals.

Cultural Capability Action Plan

In 2023–24, the Commission drafted its First Nations Cultural Capability Action Plan 2024–26. This is expected to be finalised and published in the 2024–25 financial year.

Queensland's Path to Treaty journey began with the release of the Statement of Commitment¹⁹ in 2019, to reframe the relationship between the Queensland Government and Aboriginal and Torres Strait Islander peoples. The Statement of Commitment provides the guiding principles to assist in reframing the relationship:

- Recognition of Aboriginal and Torres Strait Islander peoples as the First Peoples of Queensland
- Self-determination
- Respect for Aboriginal and Torres Strait Islander cultures
- Locally led decision-making
- Shared commitment, shared responsibility and shared accountability
- Empowerment
- Free, prior and informed consent
- A strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities

The Commission supports all Queenslanders working together to improve overall mental health and wellbeing. The Commission's First Nations Cultural Capability Action Plan draws upon the Queensland Government Aboriginal and Torres Strait Islander Cultural Capability Framework, which has been established to guide agencies to support the Queensland Government's efforts towards reconciliation and Path to Treaty. The Commission's plan outlines the steps the Commission will take to increase cultural competency and intelligence across its workforce and system reform work.

Workplace flexibility

The Commission supports flexible working arrangements for all staff, including telecommuting, part-time working arrangements, flexible working agreements, and compressed working hours (all subject to operational requirements).

Public sector ethics

The Code of Conduct for the Queensland Public Service is adhered to by all Commission staff, who receive Code of Conduct training through the ELMO online learning portal to ensure community and legislative expectations of ethical standards are met.

Code of Conduct knowledge and obligations are also incorporated into induction processes and built into the Commission's Performance and Development Agreements.

Human rights

The Commission did not receive or refer any complaints relative to the *Human Rights Act 2019* in 2023–24.

Risk management

The Commission's risk management approach is consistent with the requirements of the *Financial Accountability Act 2009* and is outlined in its Risk Management Framework corporate standard, that identifies strategic and operational risks and calibrates the organisation's risk appetite across its program of work.

Identified risks with a rating of high or above are formally reviewed quarterly by the FRC, to either reassess the risk or implement appropriate mitigation strategies. The Commission's Risk Register is reviewed on a six-monthly basis.

¹⁹ <https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/atsip/reform-tracks-treaty/tracks-to-treaty-soc.pdf>

Risk management is also a standing item on the ELT's monthly agenda, in addition to the reviews conducted by the FRC to ensure compliance.

Audit committee and internal audit

The FRC will meet on a quarterly basis to review topics including:

- financial performance
- financial strategy
- financial systems and training
- audit management (including internal and external audit schedules)
- complaints and compliments
- risk management, and
- business continuity planning and emergency response.

The Corporate Administration Agency (CAA) also administers an internal audit program each year, in addition to the Commission's own work plan regarding the ongoing review and improvement of internal controls and management assurance measures. The 2023–24 internal audit program focused on the administration of the Commission's sponsorship program (completed) and procurement (continued into 2024–25).

Information management and record-keeping

The Commission's information management and record-keeping practices support its obligations under the *Public Records Act 2002*. Records management enhances operational efficiency and documents a range of corporate decisions, transactions and activities.

The Commission's electronic information and records management system is delivered by CAA.

All staff are internally trained in records management, which is also included as part of the Commission's induction processes.

Open data

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

The Queensland Mental Health Commission has no Open Data to report on overseas travel.

Overseas travel

No Commission officers travelled overseas in 2023–24.

Queensland Language Services Policy

Interpreter services are available on request for Commission on site meetings, publications, online information, events and activities delivered by third parties on behalf of the Commission and is provided by TIS National. In 2023–24, there were no requests for interpreter services, only live-captioning.

Consultancies and contractors

The Commission engages a range of consultancies and contractors to supplement staff expertise and capacity across its broad responsibilities, and to maximise flexibility in the way it achieves its work program. It may engage consultancies or contractors to deliver specialist advice and expertise, deliver specific initiatives, meet challenging timeframes, conduct research, draft technical reports, enhance opportunities for sector partnership and collaboration, and to build sector capacity. Consultancies or contractors may include academic and research organisations, peak bodies and people with lived-living experience in systems reform.

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

- Memorandum of Understanding (MOU) agreements with other government agencies to consult and/or deliver certain pieces of work or to formalise shared funding arrangements
- Service Level Agreements (SLA) with bodies such as CAA to outsource the delivery of a range of corporate support services, and
- general contracts with external suppliers such as CheckUP to administer and deliver Queensland Mental Health Week grants and activities.

Financial performance

Income

The Commission's total revenue for 2023–24 was \$31.727 million, which consisted of:

- The Commission's total operating budget of \$8.847 million, which is provided through an annual Queensland Health portfolio funding grant, plus annual interest received against the Commission's retained funds. The total expected income for the Commission's operations was \$8.897 million in 2023–24; however, due to additional funds retained, including *Better Care Together* funding from 2022–23, the Commission received a total of \$1.274 million in interest revenue this financial year.
- \$18.78 million contribution from Queensland Health to implement the initiatives under *Better Care Together*.
- \$3.07 million from Queensland Health to launch and administer a new Mental Health and Wellbeing Community Grant Program, also under *Better Care Together*.

The Commission also returned unspent funding of \$192,000 to Queensland Health, which was remaining after the establishment of the Mental Health Lived Experience Peak (MHLEPQ).

Expenses

In the 2023–24 financial year, the Commission's expenditure was \$12.190 million, which consisted of:

- employee expenses of \$4.773 million to maintain core staffing and the engagement of required temporary staff throughout the year
- contractor expenses of \$2.37 million to inform and support operational plan delivery and implement initiatives
- outsourcing of corporate service services to a government third party (CAA) of \$0.436 million
- accommodation costs of \$0.38 million for office accommodation leasing at 400 George Street
- sponsorships, bursaries, and grants of \$2.86 million; these are key mechanisms to support and collaborate with the non-government sector to drive reform, and
- other supplies and services of \$1.36 million.

Bursaries

A bursary is a grant used by the Commission, or a third party acting on behalf of the Commission, to pay for an eligible individual to attend a specified event (e.g. a relevant conference) and costs associated with attending the event.

During the year, the Commission supported three bursary event programs at a total value of \$45,226.36.

Financial statements

for the financial year ended 30 June 2024

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 info@qmhc.qld.qld.gov.au or visit the Commission's website qmhc.qld.gov.au.

Financial Statements 2023–2024
for the year ended 30 June 2024

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Statement of Comprehensive Income for the year ended 30 June 2024

		2024 Actual	2024 Original Budget	Budget Variance*	2023 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Income from Continuing Operations					
Grants and contributions	3.	30,453	8,847	21,606	17,443
Interest		1,274	50	1,224	298
Total Income from Continuing Operations		31,727	8,897	22,830	17,740
Expenses from Continuing Operations					
Employee expenses	4.	4,773	3,724	1,049	3,809
Supplies and services	5.	4,884	2,637	2,247	2,826
Grant expenses	6.	2,894	2,367	527	1,794
Depreciation		-	20	(20)	3
Other expenses	7.	316	149	167	347
Total expenses from Continuing Operations		12,867	8,897	3,970	8,780
Operating result from Continuing Operations		18,860	-	18,860	8,960
Total Comprehensive Income		18,860	-	18,860	8,960

*An explanation of material variances is included at note 14.

The accompanying notes form part of these financial statements.

Statement of Financial Position as at 30 June 2024

	Notes	2024 Actual \$'000	2024 Original Budget \$'000	Budget Variance* \$'000	2023 Actual \$'000
Current Assets					
Cash and cash equivalents	8.	32,817	5,434	27,383	13,372
Receivables	9.	166	166	-	160
Prepayments		-	10	(10)	-
Total Current Assets		32,983	5,610	27,373	13,532
Non-current Assets					
Plant and equipment		-	(35)	35	-
Total Non-current Assets		-	(35)	35	-
Total Assets		32,983	5,575	27,408	13,532
Current Liabilities					
Payables	10.	1,012	1,492	(480)	457
Accrued employee benefits		160	90	70	125
Total Current Liabilities		1,172	1,582	(410)	581
Total Liabilities		1,172	1,582	(410)	581
Net Assets		31,811	3,993	27,818	12,951
Equity					
Contributed equity		230			230
Accumulated surplus		31,581			12,721
Total Equity		31,811			12,951

*An explanation of material variances is included at note 14.

The accompanying notes form part of these financial statements.

Statement of Changes in Equity for the year ended 30 June 2024

	Contributed Equity \$'000	Accumulated Surplus \$'000	Total \$'000
Balance as at 1st July 2022	230	3,761	3,991
<i>Operating result</i>			
Operating result from continuing operations	-	8,960	8,960
Balance as at 30 June 2023	230	12,721	12,951
Balance as at 1st July 2023	230	12,721	12,951
<i>Operating result</i>			
Operating result from continuing operations	-	18,860	18,860
Balance as at 30 June 2024	230	31,581	31,811

The accompanying notes form part of these financial statements.

Statement of Cash Flows

for the year ended 30 June 2024

	Notes	2024 Actual \$'000	2024 Original Budget \$'000	Budget Variance*	2023 Actual \$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and Contributions		30,408	8,847	21,561	17,415
GST collected from customers		4	-	4	2
GST input tax credits from ATO		648	-	648	428
Interest receipts		1,274	50	1,224	298
<i>Outflows:</i>					
Employee expenses		(4,701)	(3,724)	(977)	(3,761)
Supplies and services		(4,329)	(2,637)	(1,692)	(3,864)
GST paid to suppliers		(645)	-	(645)	(395)
GST remitted to ATO		(4)	-	(4)	(2)
Grant expenses		(2,894)	(2,367)	(527)	(1,795)
Other		(316)	(149)	(167)	(347)
Net cash provided by operating activities		19,445	20	19,425	7,979
Net increase in cash held		19,445	20	19,425	7,979
Cash at beginning of financial year		13,372	5,414	7,958	5,393
Cash at end of financial year	8.	32,817	5,434	27,383	13,372

*An explanation of material variances is included at note 14.

The accompanying notes form part of these financial statements.

Reconciliation of Operating Result to Net Cash from Operating Activities

Operating surplus/(deficit)	18,860	8,960
Depreciation expense	-	3
Changes in assets and liabilities:		
(Increase)/decrease in receivables	(6)	6
Increase/(decrease) in accounts payable	555	(1,038)
Increase/(decrease) in accrued employee benefits	36	39
Increase/(decrease) in prepayments	-	9
Net cash provided by operating activities	19,445	7,979

Notes to and forming part of the Financial Statements 2023–2024 for the year ended 30 June 2024

Section 1: Financial Statement Preparation and Objectives

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: Grant Expenses

Note 7: Other Expenses

Section 3: Notes about our Financial Position

Note 8: Cash and Cash Equivalents

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

Section 5: Notes about our Performance Compared to Budget

Note 14: Budgetary Reporting Disclosures

Section 6: Other Information

Note 15: Key Management Personnel (KMP) Disclosures

Note 16: Related Party Transactions

Note 17: First Year Application of New Accounting Standards

Note 18: Taxation

Note 19: Climate Risk Disclosure

1. Basis of Financial Statement Preparation

1.1 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 2023.

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.

1.2 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 2022-23 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.

1.3 Authorisation of Financial Statements for Issue

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

1.4 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.

1.5 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 second whole-of-government *Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan (Shifting minds) 2023-28* and its sub-plans *Every life: The Queensland Suicide Prevention Plan (2018-2029)* and *Achieving Balance: The Queensland Alcohol and Other Drugs Plan (2022-2027)*, by supporting their 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.

	2024 \$'000	2023 \$'000
3. Grants and Contributions		
Department of Health	30,453	17,443
Total	30,453	17,443

Accounting Policy - Grants and Contributions

Grants and contributions 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 \$8.847M (2023: \$9.037M) from the Department of Health in 2023-24 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 \$18.780M in 2023-24 from the Department of Health to continue the Better Care Together work program (Mental Health Alcohol and other Drug Plan Implementation) in addition to new funding of \$3.070M for the Better Care Together Mental Health and Wellbeing Community Grant Program. \$0.192M was also returned to the Department of Health by the Commission this year, for unspent funds in the establishment of Mental Health Lived Experience Peak Queensland. These deliverables have been recognised in accordance with AASB 1058 and recognised on receipt as they fall outside the scope of AASB 15.

4. Employee Expenses

	2024 \$'000	2023 \$'000
Employee Benefits		
Wages and salaries	3,470	2,828
Employer superannuation contributions	500	385
Annual leave levy/expense	398	337
Long service leave levy/expense	95	72
Employee Related Expenses		
Workers' compensation premium	26	12
Payroll tax and fringe benefits tax	184	137
Other employee related expenses	99	38
Total	4,773	3,809

4. Employee Expenses (cont'd)

	2024	2023
	No.	No
Full-Time Equivalent Employees	34	23

The number of employees as at 30 June 2024 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. Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised.

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 15.

	2024	2023
	\$'000	\$'000
5. Supplies and Services		
Consultants and contractors	2,987	1,489
Administration costs	570	337
Corporate service charges	458	298
Lease expenses	357	377
Travel	167	51
Building Maintenance and Services	112	67
Information and Communication Technology	98	76
Other	76	58
Advertising and promotion	59	71
Total	4,884	2,826

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 Housing, Local Government, Planning and Public Works (DHLGPPW), 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 Housing, Local Government, Planning and Public Works (DHLGPPW).

Notes to and forming part of the Financial Statements 2023–2024
for the year ended 30 June 2024

	2024 \$'000	2023 \$'000
6. Grant Expenses		
Grant payments	2,894	1,794
Total	2,894	1,794

Accounting Policy - Grant Expenses

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.

	2024 \$'000	2023 \$'000
7. Other Expenses		
Sponsorships	293	341
Queensland Audit Office - external audit fees for the audit of financial statements *	21	6
Insurance	2	-
Total	316	347

Disclosure relating to Other Expenses

- * Total audit fees payable to the Queensland Audit Office relating to the 2023-24 financial statements are \$23,600 (2023: \$20,780). 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 Program requests and support priorities outlined in the *Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan (Shifting minds) 2023-28*. Supporting Sponsorships are an important mechanism for engaging with and promoting collaboration within the mental health, alcohol and other drugs and lived-living experience sectors. They can be an effective communication tool for the Commission to demonstrate a positive association, showcase new policies, and connect with specific audiences. The Commission considers such requests using an open, transparent, fair, and equitable process, which has been administered online via SmartyGrants since 2023-24.

	2024 \$'000	2023 \$'000
8. Cash and Cash Equivalents		
Cash at bank	32,817	13,372
Total	32,817	13,372

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.

Notes to and forming part of the Financial Statements 2023–2024
for the year ended 30 June 2024

	2024	2023
	\$'000	\$'000
9. Receivables		
Annual leave reimbursements	127	82
GST receivable	27	29
Long service leave reimbursements	7	8
Trade debtors	5	41
	166	160
Total	166	160

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.

	2024	2023
	\$'000	\$'000
10. Payables		
Current		
Accrued expenses	980	347
Payroll tax	20	24
Trade creditors	12	85
	1,012	457
Total	1,012	457

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 2024.

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	2024 \$'000	2023 \$'000
Financial Assets			
Cash and cash equivalents	8.	32,817	13,372
Financial assets at amortised cost:			
<i>Receivables</i>	9.	166	160
Total Financial Assets		32,983	13,532
Financial Liabilities			
Financial liabilities measured at amortised cost:			
<i>Payables</i>	10.	1,012	457
Total Financial Liabilities		1,012	457

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:

Risk Exposure	Exposure
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, where possible, 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. The Commission does not trade in foreign currency and is not materially exposed to commodity price changes or other market prices. The Commission does not invest in the equity market and is not exposed to any associated risk.

Notes to and forming part of the Financial Statements 2023–2024 for the year ended 30 June 2024

14. Budgetary Reporting Disclosures

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

Grants and Contributions: The Commission received \$8.847M core funding from the Department of Health in 2023-24, in addition to the 2023-24 allocation of Better Care Together work program (Mental Health Alcohol and other Drug Plan Implementation (\$18.780M) and new funding for the Better Care Together Mental Health and Wellbeing Community Grant Program (\$3.070M). This additional grant funding was not formalised at the date of budget completion.

\$0.192M was also returned to the Department of Health by the Commission for unspent funds in the establishment of Mental Health Lived Experience Peak Queensland.

Interest: The Commission received additional funding from Queensland Health for a number of initiatives, including Better Care Together, later than planned in the 2022-23 and 2023-24 financial years. These retained funds, in addition to core retained funds, have generated significantly higher than expected interest this financial year to date.

Employee Expenses: The Commission is carrying a large number of temporary FTE to undertake work programs and deliverables under Better Care Together, with the majority of the newly created positions recruited from January 2024. All temporary roles have been extended through to 30 June 2026 in line with the Better Care Together work program.

The \$1.049M variance in expenditure is due to unphased revenue received in 2023-24, as the Commission holds more than sufficient funds to offset this cost.

Grant expenses: The Commission paid out a number of grants to both industry and government in 2023-24. This included new initiatives, such as the *Keep an eye on your drinking campaign* for \$1.000M under Better Care Together, and recurrent grants, such as Beyond Blue for \$0.645M (year 3 of 4).

The \$0.501M variance in expenditure is due to unphased revenue received in 2023-24, as the Commission holds more than sufficient funds to offset this cost.

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

Cash and cash equivalents: The Commission has historically retained all core operational funding from previous financial years; these funds have been reviewed and committed and/or allocated to various work programs from 2024-25, to reduce and manage the total cash balance.

The variance is comprised of all cash retained from 2022-23 under Better Care Together (MHAODPI), Better Care Together Assurance Committee (Paper 5.0 Suicide Postvention) and Federal funding for Lived Experience Scholarships (now fully expended in 2023-24) allocations, which have been held over to meet future commitments and program plans for the relevant bodies of work.

(c) Explanations of major variances - Statement of Cash Flows

Grants and Contributions: The Commission received \$8.847M core funding from the Department of Health in 2023-24, in addition to the 2023-24 allocation of Better Care Together work program (Mental Health Alcohol and other Drug Plan Implementation (\$18.780M) and new funding for the Better Care Together Mental Health and Wellbeing Community Grant Program (\$3.070M).

\$0.192M was also returned to the Department of Health by the Commission for unspent funds in the establishment of Mental Health Lived Experience Peak Queensland.

GST input tax credits from ATO Nil

Interest: The Commission received additional funding from Queensland Health for a number of initiatives, including Better Care Together, later than planned in the 2022-23 and 2023-24 financial years. These retained funds, in addition to core retained funds, have generated significantly higher than expected interest this financial year to date.

Employee expenses: The Commission is carrying a large number of temporary FTE to undertake work programs and deliverables under Better Care Together, with the majority of the newly created positions recruited from January 2024. All temporary roles have been extended through to 30 June 2026 in line with the Better Care Together work program.

The \$1.049M variance in expenditure is due to unphased revenue received in 2023-24, as the Commission holds more than sufficient funds to offset this cost.

Supplies and services: The \$1.758M variance in expenditure is due to unphased revenue received in 2023-24, as the Commission holds more than sufficient funds to offset this cost.

Grants expenses: The \$0.501M variance in expenditure is due to unphased revenue received in 2023-24, as the Commission holds more than sufficient funds to offset this cost.

15. 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 2023-24 and 2022-23. 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, guides the strategic direction of the Commission, and is a member of the Executive Leadership Team.
Executive Director (2)	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. Note: One position is new and was not appointed to in 2023-24.
Director, Lived-Living Experience	The Director leads the Lived-Living Experience functions, and is a member of the Executive Leadership Team.
Director, Mental Health and Wellbeing Reform	The Director leads the Mental Health and Wellbeing Reform functions, and is a member of the Executive Leadership Team.
Director, Suicide Prevention Reform	The Director leads the Suicide Prevention Reform functions, and is a member of the Executive Leadership Team.
Director, Alcohol and Other Drugs Reform	The Director leads the Alcohol and Other Drugs Reform 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 Sector Commission* following repeal of legislation on 1 March 2023, as provided for under the *Public Sector Act 2022*, 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.

Notes to and forming part of the Financial Statements 2023–2024
for the year ended 30 June 2024

15. 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.

2023-24

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000
Mental Health Commissioner	258	8	7	36	309
Executive Director	232	8	6	33	279
Director, Mental Health & Wellbeing Reform	153	6	4	20	183
Director, Lived-Living Experience (Identified) (from 21 August 2023 to 30 June 2024)	151	5	4	17	177
Director - Suicide Prevention Reform	143	7	3	17	170
Director, Alcohol & Other Drugs Reform (from 10 February 2024 to 30 June 2024)	56	1	2	8	67
Total Remuneration	993	35	26	131	1,185

2022-23

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'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
Total Remuneration	704	21	19	83	827

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

16. Related Party Transactions

Transactions with people/entities related to KMP

There are no transactions to disclose for the 2023-24 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 (\$8.847M). The Commission also receives funding for work it undertakes on behalf of the Department of Health (\$18.780M, plus a further \$3.070M) (refer to Note 3).
- The Commission contributed funding to initiatives undertaken in partnership with other departments, which for this year included the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA) for \$900K (of a total \$2.000M contribution) and Queensland Health for \$630K (of a total \$1.000M contribution, Keep an Eye on your Drinking Campaign, Better Care Together).

\$0.300M was committed in Period 12 for a two-year MOU signed with the Department of Tourism and Sport, through to 2024-26 and funded under the Mental Health and Wellbeing Community Grant funding received by the Commission.

- The Commission incurred (\$330K) 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 Housing, Local Government, Planning and Public Works (DHLGPPW). Lease expense for the year was \$297K (refer to Note 5).
- All other transactions in the year ended 30 June 2024 between the Commission and other Queensland Government-controlled entities were on commercial terms and conditions.

17. 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 2023-24 had any material impact on the financial statements.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2023-24.

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

Whole-of-Government climate-related reporting

The State of Queensland, as the ultimate parent of the Commission, has published a wide range of information and resources on climate related risks, strategies and actions accessible via <https://www.energyandclimate.qld.gov.au/climate>.

The Queensland Sustainability Report (QSR) outlines how the Queensland Government measures, monitors and manages sustainability risks and opportunities, including governance structures supporting policy oversight and implementation. To demonstrate progress, the QSR also provides time series data on key sustainability policy responses. The QSR is available via Queensland Treasury's website at <https://www.treasury.qld.gov.au/programs-and-policies/queensland-sustainability-report>.

Departmental accounting estimates and judgements – climate-related risks

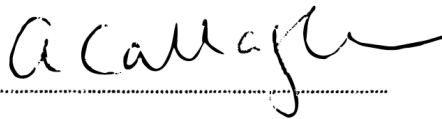
No adjustments to the carrying value of assets were recognised during the financial year as a result of climate-related risks impacting current accounting estimates and judgements. No other transactions have been recognised during the financial year specifically due to climate-related risks impacting 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's Queensland 2035 Clean Economy Pathway, and other Queensland Government climate-related policies or directives.

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 2024 and of the financial position of the Commission at the end of that year; and
- (c) we acknowledge 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 Officer
Queensland Mental Health Commission

Date: 27.08.24



Bretine Curtis
Executive Director
Queensland Mental Health Commission

Date: 28.08.24

INDEPENDENT AUDITOR'S REPORT

To the Commissioner 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.

The financial report comprises the statement of financial position as at 30 June 2024, 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 material accounting policy information, and the management certificate.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2024, and its financial performance and cash flows for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

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 Standard's Boards APES 110 *Code of Ethics for Professional Accountants (including independence standards)* (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 Commissioner 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 Commissioner determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Commissioner 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:
https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of my auditor's report.

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2024:

- 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.

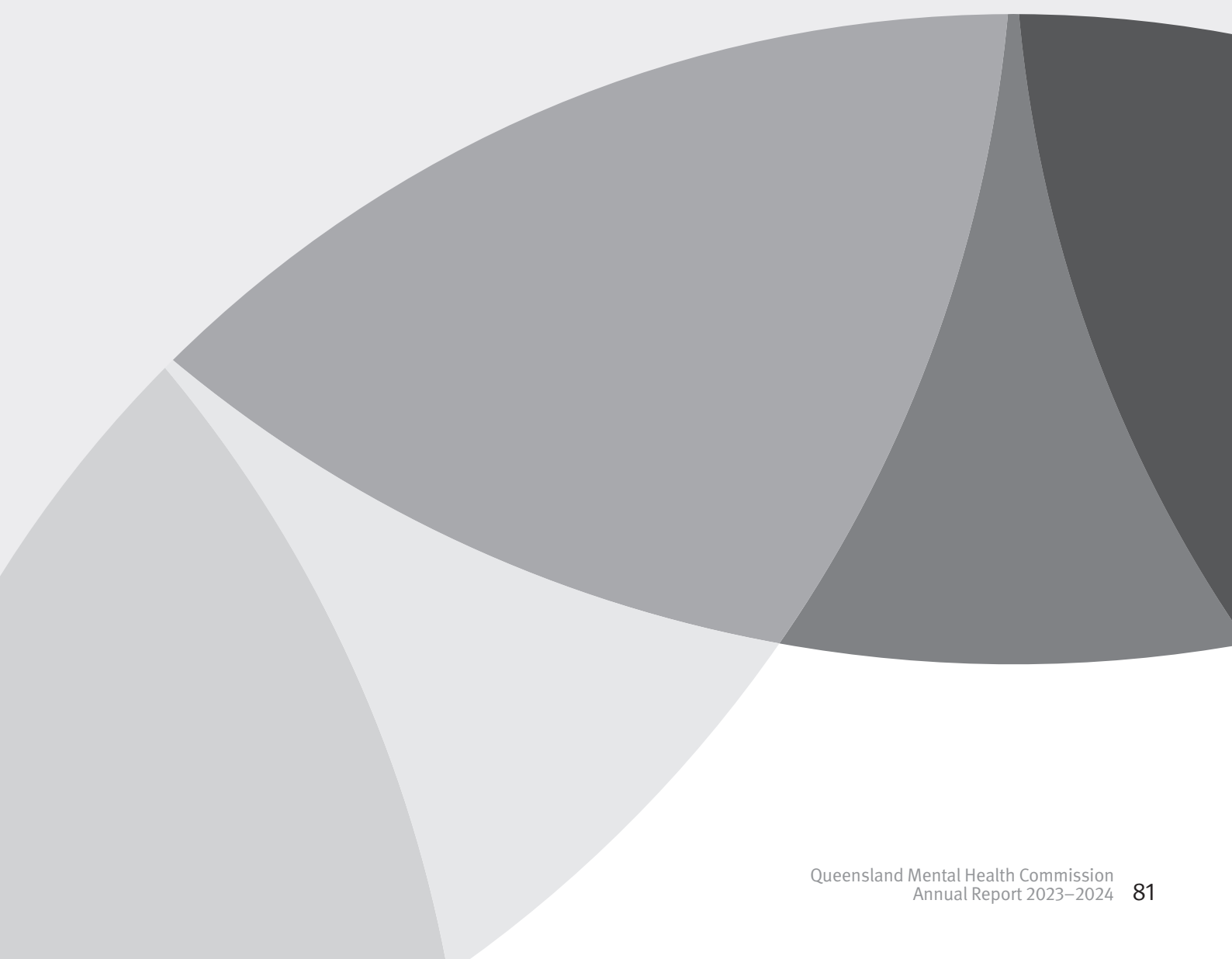
A handwritten signature in black ink, appearing to read "D J Toma", is written over a faint, light-colored signature line.

30 August 2024

D J Toma
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. 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 patient-centred experience to the role, having worked in the Queensland mental health system for over 30 years. With a focus on strengthening partnerships and collaboration, he oversees delivery and implementation of *Shifting minds* and its accompanying sub-plans, *Every life* and *Achieving balance*. 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 *Shifting minds* and its accompanying sub-plans, *Every life* and *Achieving balance*.

Amelia Callaghan 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 services 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.

A/Director, Mental Health and Wellbeing Reform

Deborah Pratt

Deb Pratt has more than 25 years' experience influencing system reform across a range of social policy areas within the Queensland Government. As a social worker Deb is passionate about social justice and creating a system that supports and builds mental wellbeing for everyone. In her role at the Commission, Deb is responsible for leading reform around mental health promotion, prevention and early intervention, mental health service system issues, sector workforce issues, addressing social determinants, supporting First Nations-led social and emotional wellbeing, and supporting implementation of the whole-of-government *Shifting minds* plan.

Director, Lived-Living Experience

Michelle Sanders

Michelle Sanders has 27 years' experience working in designated lived-living experience roles across a variety of locations and services, specialising in Lived-Living Experience (peer) Workforce development in the community and non-government sectors as well as public mental health and alcohol and other drugs services. She is the Commission's first Director of Lived-Living Experience, appointed in August 2023, and leads a newly established designated Lived-Living Experience team to support the Commissions' commitment and activities to strengthen Lived-Living Experience leadership, peer workforce development and lived-living experience engagement.

A/Director, Alcohol and Other Drugs Reform

Sean Popovich

Over the last 15 years, Sean Popovich has worked in a range government and non-government alcohol and other drugs (AOD) treatment, workforce development, and policy settings at both frontline and senior levels. Before joining the Commission, as a member of the Queensland AOD sector network, Sean led the development of the Queensland AOD Treatment and Harm Reduction Outcomes Framework (2019) and the renewal of the Queensland AOD Treatment Service Delivery Framework (2022). In his role at the Commission, Sean is responsible for leading the AOD reform and trauma strategy portfolios.

A/Director, Suicide Prevention Reform

Jordan Cotter

Jordan Cotter has almost 10 years’ experience working in the government and not-government sectors in a range of policy and frontline roles. This includes five years leading death prevention in the areas of domestic and family violence and suicide prevention. Jordan studied criminology and criminal justice and began his career as a frontline probation and parole officer. In his role at the Commission, Jordan is responsible for leading the implementation of the whole-of government suicide prevention plan *Every life*, as well as the Commission’s suicide data and analytics team.

Manager, Communications and Engagement

Kate Southwell

The Manager, Communication and Engagement leads the Commission’s integrated communication, engagement and marketing portfolio. Kate Southwell has over 25 years’ experience delivering communication outcomes in government and the private sector including major campaigns. As a director in several Queensland Government agencies, she has led multi-disciplinary communication functions and successfully delivered communication for complex policy areas. Kate has strong knowledge of and commitment to mental health, alcohol and other drugs, and suicide prevention reform, having been with the Commission since October 2014.

Manager, Business Services

Carmel-Lee Skinner

The Manager, Business Services manages a high performing corporate team and oversees the key functions of governance compliance, budget and financial management, procurement advice and administration of contract management, human resource management, records management, management of the CAA service agreement, correspondence management and coordination, and general administrative support to the Commission. Carmel-Lee has over 16 years’ of experience in the Queensland Government and rich expertise in business services. Prior to joining the Commission, Carmel held roles at the Coroners Court of Queensland, Department of Youth Justice and the Department of Justice and the Attorney-General Queensland. She was also recipient of the Justice Services Divisional Excellence Innovation Award in 2022.

Appendix 2 2023–2024 sponsorships

The below table lists the sponsorships approved in 2023–24 financial year, however the sponsorship may be expensed in the next financial year.

Recipient	Activity	Value (excl. GST)
Assorted Grains Inc	Safe Space Logan Workshop – Making our city a welcome space for our LGBTIQAP+ community.	\$9,888.30
Central Queensland Rural Health	Mental Health First Aid training for the Banana Shire community	\$10,000.00
Community Accommodation & Support Agency Inc	Homeless Expo	\$9,999.00
Gladstone Regional Council	Intervention Plus – Facilitator Training	\$10,000.00
GroWG Association Inc	Western Women's Wellness Weekend	\$10,000.00
Kanyini Connections Ltd	Seeing The Soul Art Prize & Exhibition	\$10,000.00
MCI Australia Pty Ltd	The Australian Association of Psychologists Inc. (AAPi) Conference	\$10,000.00
Momentum Arts	Exploring Men's mental health and suicide prevention needs in Warwick	\$15,000.00
Noosa Film Academy Pty Ltd	Connecting Remote Queensland Youth impacted by Bush Fire through Video Therapy Screen Production and Community Screening Events	\$10,000.00
NQ Ummah Care	Learn and Speak Out (LASO) One day Workshop: Celebrating Mental Health Week for Townsville CALD Communities	\$10,000.00
Queensland Centre for Perinatal and Infant Mental Health	Queensland Infant Mental Health Symposium	\$20,000.00
QNADA	Australian Winter School	\$25,000.00
Singular Solutions Pty Ltd	Sing Sing Sing at the Movies	\$11,660.00
The Lighthouse Toowoomba	“The Tree of Ecstasy and Unbearable Sadness” by award-winning artist/author/composer Matt Ottley	\$10,000.00
The Migrant Centre Organisation Inc	Youth Matters – Mental Wellness and Resilience	\$10,000.00
The Noledge House	Trauma-Informed Practices Symposium	\$10,000.00
Upbeat Arts Ltd	Upbeat Arts in Concert – celebrating Queensland Mental Health Month	\$10,000.00
Youth Flourish Outdoors Ltd	The Adventure & Outdoor Therapy Mental Health Summit	\$9,090.91

Appendix 3 Glossary

Achieving balance	<i>Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027</i>	MHLEPQ	Mental Health Lived Experience Peak Queensland
AOD	alcohol and other drugs	NDIS	National Disability Insurance Scheme
ARRs	Annual report requirements for Queensland Government agencies	NGO	non-government organisation
Better Care Together	<i>Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027</i>	NMHCCF	National Mental Health Consumer and Carer Forum
CAA	Corporate Administration Agency	QAMH	Queensland Alliance for Mental Health
DESBT	Department of Employment, Small Business and Training	QFCC	Queensland Family and Child Commission
DTATSIPCA	Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	QLEWN	Queensland Lived Experience Workforce Network
Every life	<i>Every life: The Queensland Suicide Prevention Plan 2019–2029</i>	QMHW	Queensland Mental Health Week
ELT	Executive Leadership Team	QNADA	Queensland Network of Alcohol and Other Drug Agencies
FAA	<i>Financial Accountability Act 2009 (Qld)</i>	QSPN	Queensland Suicide Prevention Network
FPMS	<i>Financial and Performance Management Standard 2019</i>	QSR	Queensland Suicide Register
FRC	the Commission's internal Finance and Risk Committee	QuIHN	an independent not-for-profit providing specialist social and medical services relating to alcohol and other drug use and mental health
GP	general practitioner	QuIVAA	Queensland Injectors for Advocacy and Action is a peer-based organisation which aims to represent injectors and illicit drug users.
iQSR	interim Queensland Suicide Register	Shifting minds	<i>Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028</i>
LEAG	lived-living experience advisory group	SLG	Strategic Leadership Group a Queensland Government cross-agency group providing oversight for <i>Shifting minds</i>
Lived-living experience	The term 'lived experience' to refer to individuals with either a current or ongoing (living) or previous (lived) personal experience of mental ill-health, problematic alcohol and other drug use, and/or suicidal distress, and experience of engaging with services, supports and the broader health and wellbeing sector.	TQKP	Thriving Queensland Kids Partnership

Appendix 4 Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7 page 3
Accessibility	• Table of contents	ARRs – section 9.1 page 1
	• Glossary	Appendix 3
	• Public availability	ARRs – section 9.2 inside front cover
	• Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 inside front cover
	• Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4 inside front cover
	• Information Licensing	QGEA – Information Licensing ARRs – section 9.5 inside front cover
General information	• Introductory Information	ARRs – section 10 page 4
Non-financial performance	• Government’s objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1 page 6
	• Agency objectives and performance indicators	ARRs – section 11.2 page 8
	• Agency service areas and service standards	ARRs – section 11.3 page 49
Financial performance	• Summary of financial performance	ARRs – section 12.1 page 58
Governance – management and structure	• Organisational structure	ARRs – section 13.1 page 54
	• Executive management	ARRs – section 13.2 page 53 Appendix 1
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3 page 42
	• Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 page 56
	• Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5 page 56
	• Queensland public service values	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 56
	• Audit committee	ARRs – section 14.2	page 57
	• Internal audit	ARRs – section 14.3	page 57
	• External scrutiny	ARRs – section 14.4	N/A
	• Information systems and recordkeeping	ARRs – section 14.5	page 57
	• Information Security attestation	ARRs – section 14.6	N/A
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	pages 53–54
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i>	page 54
		ARRs – section 15.2	
Open Data	• Statement advising publication of information	ARRs – section 16	page 57
	• Consultancies	ARRs – section 31.1	data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62	page 78
		FPMS – sections 38, 39 and 46	
		ARRs – section 17.1	
	• Independent Auditor’s Report	FAA – section 62	page 79
		FPMS – section 46	
		ARRs – section 17.2	

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

