

Information and consultation paper



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About this paper

The Queensland Government is committed to the establishment of an independent Queensland Mental Health Commission (QMHC) to drive changes to how mental health services are planned and delivered in Queensland. Following extensive consultation, the Government is proposing to establish the QMHC under separate legislation as an independent statutory body responsible for leading systemic reform, driving research and innovation, and promoting the mental health and wellbeing of all Queenslanders.

This paper provides information for interested stakeholders about the model proposed to be employed in establishing the QMHC, the reasons why the Government is proposing to use this particular model and how it will work in practice. The paper also gives details about how you can get involved in shaping the implementation of this model.

This paper is in the following three parts:

Part 1: The proposed model

- Outlines the case for establishing the QMHC
- Discusses the proposed model for the QMHC, based on the results of extensive consultation, research and analysis.

Part 2: The proposed model in practice

- Outlines the proposed scope, principles and functions of the QMHC
- Discusses how the QMHC is proposed to operate in practice
- Identifies a number of questions on which your feedback is sought.

Part 3: How to get involved

- Identifies the purpose of consultation
- Provides links to provide feedback on implementation of the proposed model for the QMHC. **Feedback closes on 1 November 2012.**

Part 1 The proposed model

1.1 The case for a mental health commission in Queensland

One in five Queenslanders will experience mental illness (including substance use disorders) in any one year, and almost one in two people between the ages of 16 and 85 at some point in their lives. The experience of living with mental health and alcohol and drug-related problems can have a devastating effect on people and their families. For many people, the disadvantage and social exclusion that often accompanies these issues can be very disabling. As well as discouraging help-seeking, stigma and discrimination have multiple and far-reaching impacts on the quality of life of people living with mental health and alcohol and other drug-related problems. These impacts may include interrupted education, employment and vocational opportunities, difficulty accessing secure housing, economic insecurity, and reduced community involvement and social connectedness.

Throughout Australia, including Queensland, significant issues remain in relation to access to, and delivery of, clinical and non-clinical mental health and alcohol and other drugs services, particularly the continuity of support from early intervention through to continuing care, if required. Services are often difficult to navigate for consumers, carers and their families, and there are ongoing challenges associated with coordination among the various clinical and non-clinical service providers. Consumers, carers and families continue to experience the mental health and alcohol and other drugs systems as fragmented and not sufficiently focused on the consumer recovery journey.

The growing prevalence of mental health and alcohol and drug related problems is matched by escalating demands on publicly funded agencies and various other human services. A focus on treatment alone will not reduce this demand. Rather, treatment should be seen as one part of an integrated, whole-of-lifespan system which also includes early intervention and prevention strategies, community education and coordinated action by Government, non-government and private sector human service delivery agencies. A cost effective and comprehensive approach to mental health reform includes both actions that promote mental health and wellbeing, resiliency and social inclusion at the individual and population levels through to coordinated whole-of-government, whole-of-system effort.

The Queensland Government shares the mental health sector's vision for a system which is community-based and recovery-oriented, and which is based securely on evidence, experience and best practice. The Government's goal is a coordinated and integrated system which brings together public and publicly-funded agencies and other appropriate human services, across the lifespan and the full continuum of recovery, and which promotes health and wellbeing and combats stigma and discrimination.

That is why the Government has committed to establish an independent QMHC to drive the necessary systemic reform and innovation. It will achieve this by bringing together and supporting the different agencies across all sectors which have a role to play in promoting the health and wellbeing of Queenslanders and reducing the impact of mental health and alcohol and other drugs issues. The QMHC will promote best practice by supporting knowledge sharing, research and innovation and evidence-based practice, and will seek to support prevention and early intervention initiatives and better educate the community about mental health and alcohol and other drugs issues.

1.2 Progress so far

The establishment of an independent QMHC is an election commitment of the current Government. Since March 2012, the Government has been consulting extensively with the sector and with interested stakeholders throughout Queensland on possible models and options for establishing the QMHC. The Government has examined the strengths and weaknesses of a range of models in operation in jurisdictions throughout Australia and the world, and has closely considered the results of research and consultation conducted by the previous Government into the possible form, functions and powers of a mental health commission.

Consideration of these matters has identified that the model used in establishing the Mental Health Commission of New South Wales (the NSW Commission), if appropriately tailored, would provide the most effective means of driving the coordinated, comprehensive reform needed in Queensland.

The NSW Commission commenced operations on 1 July 2012 as a statutory agency established under the special purpose *Mental Health Commission Act 2012* (NSW), and has those functions and powers given to it under that Act. The NSW Commission is largely modelled on the Mental Health Commission of New Zealand, one of the world's first mental health commissions and one with considerable success in driving systemic reform.

The Government is currently developing proposed legislation to appropriately tailor and adopt the NSW Commission model in Queensland. The advantages of this model include:

- It involves a body with a whole-of-government, whole-of-system mandate. Its focus is broader than simply the public mental health system, but encompasses general health and wellbeing and is intended to build a web of integrated partnerships and cooperative effort across governments, sectors and agencies
- It operates at a high, strategic level, driving the development of integrated planning, outcome setting and benchmarking across the government and non-government sectors while avoiding duplicating the operational functions of service delivery bodies
- It acts as a centre of excellence, driving service improvement across sectors through the promotion of evidence-based practice, research and innovation, including consumer recovery, carer identification and engagement, and social inclusion
- It is focused on engaging and empowering consumers, carers and families, and on acting on the views and needs of vulnerable groups.

1.3 The need for independence and transparency

The Government's intention in establishing a QMHC is to put in place a body which can drive reform by leading integrated planning across mental health and alcohol and other drugs services. To achieve this, it needs to be able to work closely with Government service delivery agencies, ensuring all Government bodies working with the public recognise that mental health and wellbeing and harm minimisation are part of their core business.

The Government has considered a range of options for ensuring the QMHC has the independence it needs to drive visionary reform without undermining its ability to build the rigorous partnerships with Government agencies that real reform needs. Taking this balance

into account, Government has decided to establish the QMHC as a statutory body within Government, reporting to the Minister for Health and staffed by Queensland Government employees.

While a body located outside Government would potentially have greater freedom of action, it would also have less capacity to influence meaningful, coordinated action by Queensland Government service providers. However, in order to provide the QMHC with a reasonable measure of independence, the Government is putting in place a number of important measures to ensure its activities are as transparent as possible. These include requiring the QMHC to:

- Publicly report about Ministerial directions it has received
- Report to the Mental Health Alcohol and Other Drugs Advisory Council (to be established under the legislation – see section 2.4 below) on the performance of its statutory functions
- Consult with an Advisory Council about the content of the whole-of-government strategic plan and any reports it prepares (see section 2.2 below), prior to submitting these to the Minister.

These measures will expose the QMHC to a very high level of public scrutiny. As a consequence, the QMHC will need to be able to show how its activities are consistent with best practice, the evidence base and the views and insights of consumers, carers, families, service providers and vulnerable groups.

1.4 The QMHC's proposed reform powers

The QMHC is intended to be a leader in the true sense of the word. It will bring together different agencies and sectors in a cooperative, coordinated effort, assisting them to strive towards the shared goals of mental health and wellbeing, recovery, social inclusion and, where possible, preventing and intervening early with mental health and alcohol and other drugs issues. It will look to drive coordinated, whole-of-government activity by all agencies involved in the delivery of mental health, alcohol and other drugs treatment and other human services to people with a mental illness, people who misuse alcohol or other drugs and their carers and families.

The proposed legislation establishing the QMHC will therefore include a number of measures aimed at giving the QMHC the standing and authority it needs to support agencies in making a real contribution to this reform. These measures include:

- Allowing the QMHC to issue formal recommendations to public sector agencies about systemic issues, and requiring agencies to report to the QMHC about actions they have taken to address these issues
- Requiring the QMHC to publicly report on its recommendations and on the actions taken by agencies in response
- Providing for the QMHC to bring the Government, non-government and private sectors together in the preparation of a whole-of-government strategic plan
- Requiring public and publicly funded agencies to take the whole-of-government strategic plan into account when exercising their functions. The proposed legislation will also require agencies to periodically report to the QMHC on what activities they are undertaking to implement the plan

- Providing for the QMHC to function as a centre of excellence by facilitating knowledge sharing, undertaking research and promoting evidence-based policy development and practice.

1.5 The QMHC's proposed relationship with the Mental Health Alcohol and Other Drugs Branch

From 1 July 2012, Queensland Health commenced the process of transitioning to become the system manager for the public health system. This will involve the department focusing its activities on supporting mental health services delivered through Hospital and Health Services, including by:

- Setting system-wide policies and standards, including clinical standards relating to patient safety
- Translating the Government's policy directions into concrete objectives and targets for public health services
- Providing system-wide planning and forecasting the system's future needs
- Purchasing clinical services from Hospital and Health Services
- Performing a range of regulatory and legislative compliance functions, including the Director of Mental Health functions under the *Mental Health Act 2000*.

The Mental Health Alcohol and Other Drugs Branch (the MHAOD Branch) of Queensland Health will have lead responsibility for the delivery of these system manager functions in relation to public mental health and alcohol and other drugs services—including inpatient and community-based services—and services provided by the non-government sector.

This allows scope for a body whose role includes providing high level leadership and building partnerships across the Government, non-government and private sectors. The QMHC is intended to perform this role by:

- Driving whole-of-government and whole-of-system strategic planning
- Building cooperative partnerships and fostering understanding across all human service delivery agencies that protecting mental health and wellbeing and preventing and intervening early in mental illness are part of their core business
- Ensuring all activities in the Government, non-government and private sectors which impact on mental health and wellbeing are informed by evidence and best practice
- Leading reform to place consumer, carer and family issues at the heart of service delivery.

The QMHC will therefore complement the MHAOD Branch's role within the system manager by leading implementation of the broader mental health and alcohol and other drugs reform agenda across the whole-of-government and whole-of-system. The MHAOD Branch will be one of the QMHC's key partners, and will work closely with the QMHC to pursue the agencies' shared agenda as it impacts on the public mental health system.

1.6 Responsibility for the mental health and alcohol and other drugs services budget

Queensland Health will continue to manage the budget for mental health and alcohol and other drugs services, including community mental health services, and will distribute funding

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to Hospital and Health Services and non-government organisations under service agreements. The QMHC will not be involved in the administration of the service delivery budget.

The Government's intention in establishing the QMHC is to put in place a body which can lead strategic and systemic reform across the Government, non-government and private sectors. To achieve its objectives around the recovery, social inclusion and wellbeing of consumers, carers and families, this reform process must involve the active engagement of all agencies involved in the delivery of services that impact on the mental health and wellbeing of the Queensland community.

To give it the global perspective and focus it needs to drive this fundamental, all-encompassing reform, the QMHC must be distanced from day-to-day operational service delivery. It cannot be involved in making complex, localised decisions around the funding and delivery of services, which should remain the responsibility of Queensland Health, the Hospital and Health Services and other funding and service delivery bodies.

However, a significant part of the QMHC's focus will be on guiding how mental health and alcohol and other drugs funding is invested broadly, as well as on the funding of other human services impacting on consumers, carers and families. The proposed legislation will include the following measures to support this focus:

- The whole-of-government strategic plan to be developed by the QMHC will provide high level direction regarding the long term goals, priorities and intended outcomes of the Government's investment in the mental health and alcohol and other drugs system
- The plan will also outline the high level benchmarks and outcomes measures against which the effectiveness of the mental health and alcohol and other drugs system is to be evaluated
- The QMHC will be empowered to report to Parliament via the Minister on the funding of mental health and alcohol and other drugs services
- The QMHC will engage with the relevant publicly funded agencies to monitor their expenditure and initiatives and how they might relate to the whole-of-government strategic plan

The QMHC may issue formal recommendations to public sector agencies involved in the delivery of services to people with a mental illness or who misuse alcohol or other drugs, including regarding the funding and delivery of services. These agencies will be required to report on the implementation of formal recommendations received.

Part 2 The proposed model in practice

2.1 The proposed scope and principles of the QMHC

The QMHC will operate at a systemic and strategic level, driving the development of policy, programs and integrated planning across all relevant Government, non-government and private sector agencies.

Scope

Based on the analysis of existing commission models nationally and internationally and the views of stakeholders throughout Queensland, it is proposed that the QMHC be established as an independent statutory body to drive mental health reform across the whole-of-government, non-government and private sectors, including by:

- Having a broad scope, dealing with both mental health and alcohol and other drugs issues
- Having a systemic focus rather than duplicating the functions of agencies which are responsible for delivering services or actively responding to complaints
- Addressing the mental health and wellbeing needs of the population and of consumers, carers and their families across the spectrum of interventions and across all ages
- Being an authentic champion, maintaining strong ongoing engagement with consumers, carers, their families and key stakeholders
- Undertaking and promoting actions that build social inclusion, community understanding and capacity for improved mental health and wellbeing.

Principles

It is proposed that the QMHC reflect the following principles:

- People who have a mental illness or who misuse alcohol or other drugs, wherever they live, should have access to quality mental health or alcohol and other drugs treatment, care and support
- People with a mental illness and people who misuse alcohol or other drugs; their carers and families should be treated with respect and dignity
- The ultimate goal of the mental health and alcohol and other drugs system should be to support people with mental health and alcohol and other drugs issues to participate fully in community life and lead meaningful lives
- The promotion of good mental health, early intervention and the effective provision of mental health and alcohol and other drugs treatment services are the shared responsibility of the government, non-government and private sectors
- An effective mental health and alcohol and other drugs system requires:
 - A coordinated and integrated approach across all levels of government and the private and non-government sectors, including in the areas of health, housing, employment, education and justice
 - Communication and collaboration between people who have a mental illness, people who misuse alcohol or other drugs, and their family and carers, providers of mental health and alcohol and other drugs treatment services and the whole community
- Treatment, care and support should be provided to Aboriginal or Torres Strait Islander people in a way that recognises, and is consistent with, Aboriginal tradition

or Island custom, and should be delivered in a culturally appropriate and respectful manner

- A person with a mental illness and a person who misuses alcohol or other drugs has the same right to privacy as other members of society

The important contribution of carers, family members, support persons and significant others to the wellbeing, treatment and recovery of people with a mental illness should be recognised, respected, valued and supported.

Question for consideration:

1. ***Are there additional matters which should be considered in determining the scope and principles of the QMHC?***

Go to the online survey available at www.health.qld.gov.au/mentalhealth to have your say.

2.2 The proposed functions of the QMHC

The QMHC's functions are proposed to include the following:

Reform

- Provide independent advice to the Queensland Government via the Minister for Health and via reports dealing with systemic and funding issues which are tabled in Parliament
- Drive system innovation and evidence based policy development in relation to mental health and alcohol and other drugs issues
- Undertake and commission research
- Facilitate the sharing of knowledge and ideas.

Strategic integration and planning

- In consultation with key stakeholders, prepare and regularly review a whole-of-government strategic plan for the improvement of mental health and the limiting of the harms associated with alcohol and other drugs use in Queensland. This plan is to:
 - Provide guidance and direction regarding the long term goals and intended outcomes of investment in the mental health and alcohol and other drugs system
 - Outline the high level benchmarks and outcome measures against which this system is to be evaluated
 - Foster the development and strengthening of partnerships, cooperative action and integration across government, non-government and private sector agencies
 - Foster the development of evidence-based policy and practice and promote the uptake of innovation and evidence-based practice by service delivery agencies
 - Includes strategies for:
 - Increasing consumer, carer and family participation to the greatest extent possible
 - Supporting and promoting community mental health and wellbeing and prevention and early intervention initiatives

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- Promoting the general health and wellbeing of people with a mental illness and their families and carers and people who misuse alcohol or other drugs
- Educating the community, including in order to reduce stigma and discrimination.

Monitoring, evaluation and reporting

- Monitor and report on the implementation of the whole-of-government strategic plan
- Review, evaluate, report and advise on:
 - Mental health, alcohol and other drugs treatment and other human services provided to people with mental health or alcohol and other drugs issues, and to their carers and families
 - Other issues affecting people with mental health or alcohol and other drugs issues and their carers and families
- Prepare reports for tabling in Parliament on:
 - The development and implementation of the whole-of-government strategic plan
 - Systemic issues impacting on consumers, carers and families
 - The funding of mental health and alcohol and other drugs treatment services
- Provide formal recommendations to service delivery agencies.

Engagement, integration and advocacy

- Promote collaboration and communication between consumers, carers, families, service providers and the broader community
- Engage with consumers, carers, families and other key stakeholders
- Advocate for the needs and rights of people with mental illness or who misuse alcohol or other drugs, and for their carers and families
- Support and promote the general health and wellbeing of people with a mental illness or who misuse alcohol or other drugs, and of their carers and families.

Community awareness

- Promote social inclusion
- Raise public awareness and understanding of mental health, alcohol and other drugs issues
- Tackle stigma and discrimination.

It is also proposed that the legislation will require the QMHC, in exercising its functions, to:

- Focus on systemic mental health and alcohol and other drugs issues
- Take into account co-morbid issues associated with mental illness and alcohol and other drugs misuse, such as disability and homelessness
- Take into account issues related to the interaction between people with mental illness or alcohol or other drugs issues and the criminal justice system
- Engage and consult with:
 - People who have a mental illness and their families and carers and people who misuse alcohol or other drugs
 - Hospital and Health Boards
 - The government, non-government and private sectors
 - The whole community

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- Take into account the particular views and needs of different sections of the Queensland community, including, but not limited to, Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and regional and remote communities.

While determination of the QMHC's initial priorities will be a matter for the inaugural Commissioner in consultation with the Minister and interested stakeholders, the following are several of the issues which the QMHC might consider focusing its efforts on during its first year of operation:

- Commencing consultation with key stakeholders on the development of the whole-of-government strategic plan
- Implementing measures to monitor the consumer and carer journey
- Developing evidence-based strategies to address the overrepresentation of mental illness and alcohol and other drugs misuse in high risk populations (including prisoners, homeless persons and children in care)
- Developing a whole-of-government framework for the prevention of mental illness, alcohol and other drugs misuse and suicide
- Monitoring and reporting on the use of evidence-based treatments
- Developing best practice indicators for mental health, alcohol and other drugs treatment and other human services
- Monitoring implementation of the *National Standards for Mental Health Services 2010*.

Questions for consideration:

- 2. Are there additional matters which should be considered in determining the functions of the QMHC?**
- 3. Are there additional matters which should be considered in determining the QMHC's initial priorities?**

Go to the online survey available at www.health.qld.gov.au/mentalhealth to have your say.

2.3 The proposed composition and role of the Advisory Council

It is proposed that a Mental Health Alcohol and Other Drugs Advisory Council be established to be the primary means through which the sector can contribute directly to setting the QMHC's strategic priorities and activities. Rather than being involved in the day-to-day operation of the QMHC, the Government's vision for the Advisory Council is of a high level, strategic body through which the sector can be involved in shaping the long term agenda and activities of the QMHC. It will be an important mechanism by which stakeholders, such as consumers, carers and their families, can influence the Government's mental health and alcohol and other drugs policy settings and expenditure.

Stakeholders may have some reservations about the Advisory Council being established as an advisory body only, rather than as a governance body. While it is recognised that stakeholders—as represented by the Advisory Council—have a genuine stake in the operation of the QMHC, it is the Government is ultimately accountable to the people of Queensland for the expenditure of public money by bodies like the QMHC. That is why the Government is proposing to place the QMHC operationally under the control of a

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Commissioner, who will be accountable to the Government for the management of the QMHC's budget and staffing and for reporting regularly on the QMHC's activities.

However, the proposed legislation establishing the QMHC will include a range of measures to ensure the QMHC is also answerable to the Advisory Council. These include:

- Requiring the QMHC to report to the Advisory Council regarding its activities, both periodically and when requested
- Requiring the Commissioner to attend Advisory Council meetings, unless excused by the chair
- Requiring the QMHC to consult with the Advisory Council on the content of any draft reports, and on the content of the draft whole-of-government strategic plan
- Enabling the Advisory Council to issue formal recommendations to the Commissioner, and requiring the QMHC to respond to these. The QMHC will also be required to report publicly on how it has responded to these recommendations.

The Advisory Council will operate autonomously from the QMHC. The Chair will be responsible for calling meetings, and the Advisory Council will be given the authority to establish time-limited sub-committees to consider specific issues. The Advisory Council will also be able to have its own say on key issues through the inclusion of a standalone section in any reports prepared by the QMHC.

While determination of the Advisory Council's initial priorities will be a matter for the inaugural members in consultation with their communities and sectors, the following are several of the issues which the Advisory Council might consider focusing its efforts on during its first year of operation:

- Developing strategies to continuously engage with consumers, carers, families and service providers and with vulnerable communities
- Providing expert input into the development of the whole-of-government strategic plan
- Recommending long term outcome indicators for the QMHC to consider measuring and reporting on
- Identifying possible priorities for increasing community awareness and addressing stigma and discrimination
- Determining the frequency of meetings of the Advisory Council and the roles of individual members
- Consulting with the Commissioner about the frequency and contents of the QMHC's reports to the Advisory Council.

Question for consideration:

4. *Are there additional matters which should be considered in determining the Advisory Council's initial priorities?*

Go to the online survey available at www.health.qld.gov.au/mentalhealth to have your say.

2.4 Engaging and supporting consumers, carers and families

The Government's goal in establishing the QMHC is to ensure that the wellbeing of the community and the best interests of consumers, carers and their families are recognised as paramount in the planning and delivery of mental health, alcohol and other drugs treatment

and other human services. So seriously does the Government take this goal that it intends to enshrine it as the overriding objective of the proposed legislation.

The proposed legislation will include a range of measures to make this objective a reality. These include:

- Recognising that supporting recovery is the ultimate goal of service delivery and is a shared responsibility across sectors and agencies
- Requiring services to be delivered in a way which respects the privacy and dignity of consumers, carers and family
- Recognising the importance of supporting and valuing carers, family members, support persons and significant others
- Giving the QMHC broad functions to be exercised on behalf of consumers, carers and families, including supporting and promoting consumers', carers' and families' health and wellbeing and educating the community about mental health and alcohol and other drugs issues
- Requiring the QMHC to continuously engage with consumers, carers and families in performing its functions
- Providing for the whole-of-government strategic plan developed by the QMHC to include strategies for maximising consumer, carer and family participation in all aspects of the development, delivery and evaluation of policies, programs and services
- Providing that members of the Advisory Council are to be selected in part for their ability to represent the diversity of the Queensland community and for their skills, knowledge and experience regarding mental health and alcohol and other drugs issues, including those affecting key vulnerable groups. This will allow members to be selected because of their lived experience of the different mental health and alcohol and other drugs issues affecting different parts of the diverse Queensland community.

Questions for consideration:

- 5. Are there additional matters which should be considered in determining the QMHC's overriding objectives?**
- 6. What steps should the QMHC take to fully engage with consumers, carers and families?**

Go to the online survey available at www.health.qld.gov.au/mentalhealth to have your say.

2.5 Recognising and responding to the needs of Aboriginal and Torres Strait Islander peoples

Mental health and alcohol and other drugs issues affecting Aboriginal and Torres Strait Islander communities can often pose different challenges to service provision than those affecting other Queensland communities. To be effective, human services delivered to Aboriginal and Torres Strait Islander communities must be able to take account of issues associated with remoteness, access to health care, different understandings of health and wellbeing and varied social and cultural practices.

To ensure the QMHC remains responsive to these challenges in performing its functions, the proposed legislation will provide that:

- The QMHC must take into account the views and needs of Aboriginal and Torres Strait Islander communities. The QMHC will need to be able to demonstrate the steps it has taken to meet this proposed statutory requirement
- The Minister must have regard to the mental health and alcohol and other drugs issues affecting Aboriginal and Torres Strait Islander communities in appointing members to the Advisory Council.

In addition, one of the principles of the proposed legislation will be that treatment, care and support should be provided to Aboriginal or Torres Strait Islander people in a way that recognises, and is consistent with, Aboriginal tradition or Island custom, and should be delivered in a culturally responsive and respectful manner. All public sector and publicly-funded agencies will be required to have regard to this principle in delivering services.

Question for consideration:

7. *What steps should the QMHC take to ensure services recognise and act on the needs of Aboriginal and Torres Strait Islander peoples?*

Go to the online survey available at www.health.qld.gov.au/mentalhealth to have your say.

2.6 Recognising and responding to the needs of other vulnerable groups

The Government recognises that Queensland's significant geographical and cultural diversity, as well as being a source of great strength to the State, will be a considerable challenge to the QMHC's efforts to implement systemic reform. In addition, people with mental health and alcohol and other drugs issues continue to be overrepresented in certain vulnerable groups, including homeless and prison populations, recipients of social services such as child protection and youth justice, and suicide deaths.

That is why a number of measures are proposed to be included in the legislation to ensure the QMHC remains well aware of the impact that mental health and alcohol and other drugs issues can have on vulnerable and diverse groups, and that it engages with the particular views and needs of these groups. These include:

- Requiring the QMHC to take into account a range of matters in exercising its functions, including:
 - Co-morbid issues associated with mental illness and alcohol or other drugs misuse, such as disability and homelessness
 - The views and needs of culturally and linguistically diverse communities and regional and remote communities
 - Issues related to the interaction between people who have a mental illness and/or who misuse alcohol or other drugs and the criminal justice system
- Requiring the Minister to have regard to Queensland's diversity and to the mental health and alcohol and other drugs issues affecting key vulnerable communities in appointing members to the Advisory Council.

Question for consideration:

- 8. *What steps should the QMHC take to ensure services recognise and act on the needs of other vulnerable groups, such as culturally and linguistically diverse communities and regional and remote communities?***

Go to the online survey available at www.health.qld.gov.au/mentalhealth to have your say

Part 3 How to get involved

Since March 2012, the Government has been consulting extensively throughout Queensland on options for establishing the QMHC. This consultation has revealed widespread backing across the sector for Queensland adopting a tailored version of the model employed in establishing the NSW Mental Health Commission to establish the QMHC. This view has also been supported by the Government's examination of a range of commission models in operation in jurisdictions throughout Australia and the world, and is evident in research and consultation conducted by the previous Government.

There is also overwhelming support for the QMHC to be established soon. Stakeholders want to see the Government get on with the important job of reforming the way mental health and alcohol and other drugs services are delivered in Queensland.

The Government is therefore proposing to employ an appropriately tailored version of the NSW Commission model in establishing the QMHC. Legislation providing the statutory basis for the QMHC's operation is proposed to be introduced into Parliament shortly.

As part of the ongoing consultation process, the Government is now seeking your views on the steps we can take in implementing the proposed model to ensure the QMHC is as effective as possible. You are therefore asked to consider and provide your feedback on the "questions for consideration" raised in the discussion above by completing the online survey available from www.health.qld.gov.au/mentalhealth.

Please ensure your comments are received before 1 November 2012.

Stakeholders' insights, experience and considered advice have helped shape the proposed model for the QMHC. Your views will be just as important in ensuring the model is implemented effectively.