

Triennial Report

September 2026



Mental Health Alcohol and Other Drugs Quality Assurance Committee:
Triennial Report September 2026

Published by the State of Queensland (Queensland Health), September 2026



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) 2023

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Chair, Mental Health Alcohol and Other Drugs Quality Assurance Committee
Department of Health, GPO Box 48, Brisbane QLD 4001
email MHAODQAC@health.qld.gov.au

An electronic version of this document is available at

<https://www.clinicalexcellence.qld.gov.au/committees-and-networks/quality-assurance-committees/mental-health-alcohol-and-other-drugs-quality-assurance-committee>

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information).



Contents

<i>Establishment</i>	4
<i>Committee Functions</i>	4
<i>Key achievements</i>	4
Planning Day: Establishing the Committee’s strategic direction	4
Strengthening MHAODQAC identity and system engagement	5
Data sharing across agencies	6
<i>Summary of activities and outcomes</i>	7
Period 1: September 2023 – June 2024	7
Period 2: July 2024 – January 2026	8
Period 3: February 2026 – August 2026	12
<i>Privacy policy</i>	13
<i>Membership</i>	14
Chair	14
Deputy Chair	15
Current members	15
Retired members	18



Establishment

The Mental Health Alcohol and Other Drugs Quality Assurance Committee (MHAODQAC; the Committee) was established as a quality assurance committee by the Director-General of Queensland Health on 5 September 2017, pursuant to Part 6, Division 1 of the Hospital and Health Boards Act 2011.

Committee Functions

The purpose of the MHAODQAC is to assure the safety and quality of public mental health alcohol and other drug (MHAOD) services by exercising the following functions:

- obtain and review Queensland Health data on critical incidents as defined under relevant Chief Psychiatrist policies, including suspected suicides, and homicides of and perpetrated by a person with a mental illness, serious acts of violence, serious adverse clinical incidents and significant incidents involving consumers of public mental health, alcohol and other drugs services, to identify trends and system level improvements
- monitor and review qualitative and quantitative clinical and other information, including investigation documents (for example coronial reviews), as required, from relevant departments and entities to identify trends and system level improvements
- maintain clinical data, reports and findings in a secure and confidential manner
- make recommendations to the Minister for Health on policy, standards, guidelines and quality improvement for public mental health, alcohol and other drugs services with the intent of improving patient safety and the quality of public sector MHAOD services
- monitor the implementation of MHAODQAC recommendations
- guide and promote quality improvement activities by working in partnership with appropriate statewide, national, international key stakeholders, professional bodies and networks
- establish subcommittees to collect data/information, consider and make recommendations (where necessary).

Key achievements

Planning Day: Establishing the Committee's strategic direction

During this reporting period, the Committee underwent a significant transition in governance and leadership. Amendments to the Terms of Reference introduced a new process for appointing the Chair, replacing the previous ex officio arrangement and enabling appointment of a suitably qualified Chair for a defined three-year term. The appointment of Dr Kathryn Turner as the Committee's first selected Chair in July 2024 provided an opportunity to refresh the Committee's



strategic direction, strengthen member engagement and consider how the Committee could maximise its impact on safety and quality across Queensland MHAOD services

To support this transition, the Committee convened a face-to-face Planning Day in September 2024. Bringing together members from across Queensland, many of whom were in their first term of membership, the Planning Day established a shared understanding of the Committee's role, aspirations and future priorities. It also provided the foundation for many of the Committee's achievements during the remainder of the triennial period, including development of Mission and Vision statements, establishment of new subcommittees, implementation of a revised workplan and strengthening of communication and stakeholder engagement activities.

Using a strengths, opportunities, aspirations and results (SOAR) process, members developed a shared vision for the Committee and articulated aspirations for the MHAODQAC to act as a statewide resource, support system-wide learning, promote quality improvement and contribute to broader system change. This work directly informed the subsequent development of the Committee's Mission and Vision statements and strengthened alignment of Committee activities with stakeholder expectations and system priorities.

The Planning Day also established a shared, contemporary approach to safety and quality improvement through consideration of resilient healthcare, systems thinking, Safety II principles and learning from success. These concepts informed the Committee's future work, supporting a shift from an exclusive focus on adverse events toward a broader emphasis on system learning, continuous improvement and identification of effective practice.

Importantly, the Planning Day resulted in development of a structured workplan that shaped the Committee's activities over the remainder of the triennial period. Priority areas included use of incident data to identify system-level learning opportunities, deep dives into inpatient suicide and violence-related incidents, strengthening approaches to learning from incidents, and improving communication and stakeholder engagement. The workplan subsequently led to the establishment of dedicated subcommittees, including violence, inpatient incident review and learning from success workstreams, which became key mechanisms for progressing the Committee's strategic objectives.

Members also identified the importance of increasing the Committee's visibility and influence across the system. This informed subsequent initiatives including development of newsletters, communiques, stakeholder engagement activities and establishment of a SharePoint site to share Committee publications, all of which have strengthened awareness of the Committee and its role in supporting quality improvement across Queensland MHAOD services.

Collectively, the Planning Day strengthened relationships between members, established a shared strategic direction and created the foundations for much of the Committee's work undertaken throughout the remainder of the reporting period.

Strengthening MHAODQAC identity and system engagement

During this triennial period, the Committee undertook a coordinated program of work to strengthen its identity, visibility and engagement across Queensland Health. This work recognised that effective discharge of the Committee's functions relies not only on robust governance and analysis, but also on clear positioning within the system and meaningful connection with stakeholders.



A key component of this work was the development and adoption of formal Mission and Vision statements, providing clarity of purpose and articulating the Committee's role in improving the safety and quality of mental health, alcohol and other drug services. These statements established a shared understanding among members and stakeholders and provided a foundation for more strategic and aligned activity.

To support this positioning, a consistent corporate identity was established, including development of a Committee symbol, presentation materials and standardised communications. This contributed to improved recognition of the Committee and supported more professional and cohesive engagement across a range of forums.

A central element of the Committee's communication strategy was the establishment of a dedicated SharePoint site, accessible to Queensland Health staff. The site provides a single point of access to information about the Committee, including its functions, membership, work program and outputs, and supports improved transparency and accessibility of Committee activities.

This was complemented by the introduction of a biannual newsletter, which provided regular updates to stakeholders on Committee membership, key workstreams, emerging findings, and relevant system initiatives, reports and literature. The newsletter has supported ongoing engagement with Hospital and Health Services (HHS) and other stakeholders, and enhanced awareness of the Committee's role in driving system-level learning and improvement.

Collectively, these initiatives have strengthened the Committee's identity and presence within the system, positioning it to more effectively share insights, influence practice, and support continuous improvement in safety and quality across Queensland mental health, alcohol and other drug services.

Data sharing across agencies

The Violence Subcommittee of the MHAODQAC is currently undertaking a descriptive review of MHAOD data to identify themes and trends in the assessment, treatment and care of consumers who were charged with serious violent offences and who had contact with mental health, alcohol and other drug services at the time of, or in the six months prior to, the offence. This work reflects the Committee's function to review and analyse serious acts of violence and related clinical information to identify system-level opportunities to improve safety and quality of care.

The project involved the development of a multi-source dataset to better understand the characteristics, service engagement, and care pathways of this cohort. The analysis of this data is currently underway and aims to support a more detailed understanding of the frequency and nature of contact with services, as well as identify opportunities for earlier or more coordinated intervention.

To produce outcomes that are meaningful for treating teams and consumers, the subcommittee required access to information held by other government agencies. With the support of the Statistical Service Branch, and through the process of sharing information whilst maintaining consumer confidentiality, the subcommittee was able to receive data that can inform future work of the MHAODQAC and improve care of all consumers at risk of future violence.

Once analysis is complete, findings will be disseminated to services to support improved understanding of this cohort, strengthen clinical decision-making, and promote more consistent approaches to the assessment and management of violence risk.



Summary of activities and outcomes

The following activities and outcomes have been separated out into three periods based on the Chair of the Committee. Period one includes September 2023 to June 2024, during which time the inaugural Chair, Dr John Reilly, led a review of the Terms of Reference. The original Terms of Reference indicated that the Chief Psychiatrist would be *ex officio* Chair of the Committee. These were amended to allow the selection of a suitably qualified Chair for a three-year term. An expression of interest and selection process ensued, and Dr Kathryn Turner was appointed as Chair of the Committee commencing July 2024. Dr Turner resigned from the Committee in February 2026, consequently period two stretches from July 2024 to February 2026. Associate Professor Balaji Motamarri was Deputy Chair of the Committee from July 2024 and, following Dr Turner's resignation, was appointed as Chair from March 2026. Period three therefore runs from March to September 2026.

Period 1: September 2023 – June 2024

The Committee met five times between September 2023 and June 2024. One of these meetings did not meet quorum. One meeting was cancelled.

Specific activities and outcomes for Period 1 are summarized in Table 1 below.

Table 1. Period 1 activities and outcomes

Administrative activities

- Mental Health Alcohol and Other Drugs Quality Assurance Committee Triennial Report (September 2023) published, marking the completion of the previous reporting period.
- Triennial Review of Functions completed and endorsed by the Committee, reaffirming alignment with legislative requirements and Committee purpose.
- 2022–2023 Annual Activity Statement submitted.
- Recruitment, selection, induction and orientation of nine new members completed, strengthening capability and supporting continuity of Committee functions.
- Terms of Reference comprehensively revised, endorsed, and submitted to Patient Safety and Quality (PSQ) to strengthen governance, clarify leadership arrangements and support sustainability. Key amendments included:
 - introduction of an expression of interest process for appointment of the Chair
 - establishment of a defined three-year Chair term, with planned succession to the Deputy Chair
 - removal of restrictions limiting reappointment of existing members, enabling retention of experience and capability
 - alignment of membership tenure with the triennial reporting period
 - introduction of a trigger for interim recruitment following resignation or termination of four members, supporting quorum and operational continuity.

- Recruitment, selection and appointment of the Chair and Deputy Chair completed, operationalising revised governance and succession arrangements.

Consultation activities

- **Quality Assurance Committee Improvement Subcommittee Terms of Reference:** The Committee provided feedback on the draft Terms of Reference for the proposed Quality Assurance Committee Improvement Subcommittee, established under the Tier 2 System Quality, Safety and Performance Management Committee in response to recommendations from the Deloitte Touche Tohmatsu review of Quality Assurance Committees. Through this engagement, the Committee contributed to broader system-level reforms aimed at strengthening the effectiveness, governance and strategic alignment of Quality Assurance Committees. The Quality Assurance Committee Improvement Subcommittee subsequently transitioned to the Quality Assurance Committee Strategic Advisory Committee (QACSAC) following disbandment of Tier 2 Committees as part of a Department of Health business case for change.

Work activities initiated and progressed

- **Learning from Incidents:** The Committee progressed the Learning from Incidents initiative to support improvement in the quality and consistency of clinical incident reviews across HHSs. Building on work from previous triennial periods, a revised Learning from Incidents Questionnaire (LFIQ-2) was distributed to HHSs for consultation. Four responses were received, with feedback collated and presented to the Committee to inform further refinement of the tool.
- **Data Subcommittee:** The Committee continued to advance a statewide approach to identifying and analysing homicide and attempted homicide cases involving individuals in contact with public mental health services. Building on the comprehensive dataset from the Consumer Integrated Mental Health and Addictions application (CIMHA) obtained in the previous triennial period, the Subcommittee progressed further refinement of the dataset. This work identified the need for significant data cleansing, particularly in relation to accurately distinguishing incident dates and dates of charges, to improve data integrity and analytical reliability.
- **Clinical Incident Analysis Subcommittee:** Following the departure of the Subcommittee lead at the conclusion of the previous triennial period, the Committee re-established leadership and focus for this workstream. The Committee endorsed a revised priority focus on inpatient suicide sentinel events. A new Subcommittee lead was appointed from within Committee membership, and the Secretariat supported initial scoping activities, including identification of relevant incidents and procurement of associated clinical incident analysis reports to enable systematic review.

Period 2: July 2024 – January 2026

The Committee met on twelve occasions between July 2024 and February 2026. Two meetings did not meet quorum, and no meetings were cancelled. In addition to scheduled meetings, a planning day was held in September 2024 to support strategic prioritisation and progression of the Committee's workplan.

Specific activities and outcomes for Period 2 are summarised in Table 2 below.



Table 2. Period 2 activities and outcomes

Administrative activities

- A targeted membership drive was undertaken, resulting in the recruitment, selection, and onboarding of five new members to strengthen Committee capability and support continuity of functions.
- Mission and Vision statements were developed and adopted, providing greater clarity of purpose and alignment of Committee activities with system priorities.
- Recruitment of 24 Relevant Persons was completed, expanding the Committee's capacity to access specialist expertise and undertake the work of each Subcommittee.
- A coordinated communication approach was implemented, including establishment of a SharePoint site accessible by all Queensland Health staff, development of corporate branding and presentation materials, and distribution of newsletters in January and July 2025.
- Annual Activity Statements and Annual Reviews of Function for 2024 and 2025 were completed and submitted.
- Content on the Committee's public-facing website was updated as part of a broader Clinical Excellence Queensland initiative, improving transparency and accessibility of information about the Committee.
- Information was provided to support QACSAC activities, including advice relating to funding, data use and the development of recommendations.
- A proposal for restructuring of the Committee restructure was developed and endorsed with the aims of strengthening governance and supporting effective discharge of functions.
- A review of the Terms of Reference was undertaken to support the Committee restructure and align with broader Quality Assurance Committee reforms. Consideration and progression of the restructure was placed on hold pending approval of a statewide Terms of Reference framework through QACSAC.

Consultation activities

- **Mission and Vision development:** Consultation was undertaken with senior leaders in MHAOD Branches and HHSs to inform the development of the Committee's Mission and Vision statements, ensuring alignment with system priorities and stakeholder expectations.
- **Overdose Monitoring System:** The Committee invited the Queensland Mental Health Commission to present on the proposed Overdose Monitoring System, supporting awareness of emerging system-level data and surveillance initiatives.
- **MHAOD Branch engagement:** The Committee sought further information from the MHAOD Branch regarding internal clinical incident review processes, to ensure clarity of roles and avoid duplication. A request for associated data was also made to support the Committee's functions. Finally, executive leaders were invited to provide consultation feedback on the draft Review of Inpatient Clinical Incident Analysis reports prior to endorsement by the Committee.
- **Coronial engagement:** A meeting was held with the State Coroner, Deputy State Coroner and a Coroner with expertise in mental health. Opportunities were identified to strengthen system learning, including access to insights from non-inquest findings that are not routinely published. The State Coroner proposed ongoing engagement with the Committee



Chair to support exchange of learnings. The Chair and Secretariat also contributed a session at the Coroner's Education Day to promote awareness of the Committee's role.

- **Clinician Expert Panel:** PSQ consulted with the Committee on the development of a Clinician Expert Panel to support HHSs in undertaking clinical incident reviews, enabling the Committee to contribute its expertise to emerging system supports.
- **Chief Psychiatrist policy review:** The Committee was represented on the Subject Matter Expert Group for the Chief Psychiatrist's review of the *Notifications of Critical Incidents and Significant Non-Compliance* policy. The broader Committee also provided feedback on proposed changes, including expansion of the definition of critical incidents and amendments to reporting requirements.
- **Learning dissemination:** The Committee invited Insight Centre for Alcohol and Other Drug Training and Workforce Development to collaborate on communiques to support effective and engaging approaches to sharing learnings with frontline services.
- **QACSAC engagement:** The Committee contributed to QACSAC initiatives, including consultation on a consumer engagement survey, development of a statewide Terms of Reference, and a fact sheet regarding disclosure of information.
- **Quality Assurance Committee Community of Practice:** the Chair, Deputy Chair and Secretariat participated in the Quality Assurance Committee Community of Practice, including consultation on its Terms of Reference.
- **Committee restructure consultation:** A structured consultation process was undertaken to inform the proposed Committee restructure and revised Terms of Reference. Feedback was sought from the MHAOD Branch, Executive Directors, Clinical Directors and Directors of Nursing of MHAOD Services, as well as the MHAOD Clinical Network.
- **Suicide reporting:** The Committee invited the Queensland Mental Health Commission to present on the *Suicide in Queensland Annual Report 2024*, supporting ongoing awareness of trends and priorities.
- **Queensland Sexual Safety Guidelines:** The Committee provided input into consultation on the Queensland Sexual Safety Guidelines, contributing to broader safety and quality initiatives.
- **Stakeholder engagement and awareness:** Committee representatives delivered sessions on the role and functions of the Committee to the Investigations Steering Committee and Sunshine Coast Continuing Care Unit, supporting increased awareness and engagement across the system.

Work activities initiated and progressed

- **Planning Day and revised workplan:** The September 2024 Planning Day was convened to establish a shared vision, strengthen collaboration and define strategic priorities to guide the Committee's future work. The Planning Day achieved alignment on strategic direction, including development of draft Mission and Vision statements and endorsement of a structured, phased workplan. Key priorities were identified across data-driven quality improvement, including use of SAC1, SAC2 and violent incident data, alongside targeted deep dive projects to generate system-level learnings. Five subcommittees were formed to progress these workplan items. A shared understanding of systems thinking and resilient healthcare was embedded, and mechanisms for communication, stakeholder engagement and measuring impact were agreed to strengthen the Committee's influence on safety and quality outcomes.

- 
- **Learning from Incidents:** The Committee completed the consultation process for the revised Learning from Incidents Questionnaire (LFIQ-2). Following consideration at the Planning Day, a strategic decision was made not to proceed with LFIQ-2 in its current form, with a shift toward alternative approaches to deriving and disseminating system-level learnings.
 - **SAC1 Data and Support for Incident Reviews Subcommittee:** The Subcommittee progressed initial scoping, including seeking engagement with the MHAOD Branch to clarify roles and responsibilities and minimise duplication. This included requests for data and clarification regarding existing theming processes for clinical incident analysis reports. These requests could not be resolved and so the Subcommittee sought SAC1 data and analysis reports from PSQ.
 - **SAC2 Data Subcommittee:** The SAC2 Subcommittee progressed analysis of reported SAC2 clinical incidents in Riskman to identify aggregated themes for Committee consideration. A dataset of SAC2 incidents from the 2024 calendar year was obtained from PSQ, and a dashboard was developed to support analysis. Initial work focused on determining whether available data supported meaningful thematic analysis, alongside exploration of appropriate theming methodologies and consideration of access to additional clinical incident analysis reports.
 - **Violence Subcommittee:** The Violence Subcommittee undertook redevelopment of its analytical approach, discontinuing use of an existing dataset due to identified reliability issues in recording of charges. A revised dataset was sought from another government department, with support from Statistical Services Branch to enable data linkage. A case review tool was developed and applied by subcommittee members, with all case reviews completed. Data analysis was subsequently progressed in collaboration with the Queensland Forensic Mental Health Service Research and Evaluation team.
 - **Review of Inpatient Clinical Incident Analysis Reports Subcommittee:** The Clinical Incident Analysis Subcommittee re-established its work program with a focus on inpatient suicide sentinel events. A project protocol was developed to support a thematic and meta-synthesis approach, including exploration of software options for analysis. A review of 23 incidents and 20 clinical incident analysis reports was undertaken, examining factors such as timing, location, diagnostic profile and family involvement in review processes. Reports and a communicate were prepared and circulated for consultation. They were amended in response to feedback and progressed to the broader Committee for review.
 - **Learning from Success Subcommittee:** A scoping exercise was undertaken to explore the application of Learning from Excellence (subsequently reframed as Learning from Success) approaches within the MHAOD context. The Subcommittee established a proposed focus on transfer of care practices as an initial area for application.
 - **Coronial learnings:** The Committee progressed consideration of mechanisms to incorporate coronial learnings into its work, including setting up a database to record coronial findings relevant to MHAOD services. Lessons learnt from one coronial finding were identified as important for statewide sharing and a working group was formed to develop a communicate about safe transfer from MHAOD services to primary care. This work reflects a broader intent to strengthen system learning from both inquest and non-inquest findings.
 - **Development of Communiques:** The Committee developed a draft Communique Development Guide to support a structured and consistent approach to synthesising and



disseminating learnings to HHSs, enhancing the Committee's ability to translate analysis into system improvement.

Period 3: February 2026 – August 2026

The Committee met four times between February 2026 and August 2026. One of these meetings did not meet quorum.

Specific activities and outcomes for Period 3 are summarised in Table 3 below.

Table 3. Period 3 activities and outcomes

Administrative activities

- An amendment to the Terms of Reference was endorsed to update the PSQ ex-officio member from Director of Analytics and Systems to Nursing Director, Clinical Governance, strengthening alignment with clinical governance functions.
- A targeted membership drive was undertaken to recruit a Deputy Chair and seven additional members, supporting Committee capacity and succession planning.

Consultation activities

- **QACSAC engagement:** The Committee contributed to QACSAC initiatives, including consultation on Smarter Recommendations and reporting templates to support consistency and quality of outputs across Quality Assurance Committees.
- **Clinical incident management:** PSQ consulted with the Committee regarding clinical incident management nomenclature and definitions, supporting alignment and clarity across the system.
- **MHAOD Branch engagement:** the Committee invited feedback from the Clinical Governance Unit on the safe transfer from MHAOD services to primary care communique to ensure alignment with the [Queensland Safety Priorities in Mental Health Alcohol and Other Drugs Care](#) and other bodies of work.

Work activities initiated and progressed

- **SAC1 Data and Support for Incident Reviews Subcommittee:** Work commenced to better understand current access to SAC1 data and the theming approaches utilised by other Quality Assurance Committees, supporting development of a more consistent and coordinated analytical approach.
- **SAC2 Data Subcommittee:** The SAC2 Data Subcommittee work was on hold this period following the resignation of the Subcommittee lead and members from the Committee.
- **Violence Subcommittee:** The Violence Subcommittee continued data cleansing activities to improve dataset quality and support robust analysis of the case reviews completed by members in the previous period.
- **Review of Inpatient Clinical Incident Analysis Reports Subcommittee:** The Committee endorsed the Review of Inpatient Clinical Incident Analysis reports and Communique. Publication was deferred pending an External Expert Assurance Review commissioned by the Deputy Director-General, Clinical Excellence Queensland who was aware of the Subcommittee's work.

- 
- **Learning from Success Subcommittee:** The Learning from Success Subcommittee progressed work focused on 1–7 day follow-up, identifying high-performing teams for inclusion in focus groups to better understand effective practices. Correspondence was issued to relevant HHSs to support engagement.
 - **Coronial learnings:** The Committee progressed a Communique on the safe transfer from MHAOD services to primary care communique arising from coronial findings. This Communique is currently undergoing a process of targeted stakeholder consultation with a view to publish early in the next triennial period.

Privacy policy

- Members of the MHAODQAC receive information that is clinically confidential, has privacy implications or may be commercial in confidence. All members of the MHAODQAC acknowledge their responsibility to maintain confidentiality of information by signing a Department of Health privacy and confidentiality statement /non-disclosure agreement.
- Pursuant to s.23 of the *Hospital and Health Boards Regulation 2012*, MHAODQAC has adopted, by resolution, a written privacy policy.
- Members of MHAODQAC and relevant persons are prohibited from making a record of, divulging or communicating to any other person, information obtained in the course of their involvement in the MHAODQAC activities, unless this is undertaken for the sole purpose of enabling MHAODQAC to perform its functions.
- Data and/or information released by MHAODQAC while performing its function will not disclose the identity of an individual who is a provider or recipient of mental health alcohol and other drugs services.



Membership

The Committee's members were selected to reflect the diversity of services, geographical regions, disciplines, professional groups, consumers and carers and other stakeholders involved in the operation of public mental health alcohol and other drugs services and patient safety and quality programs.

Chair

Name	Dates undertaking role	Position	Qualifications	Experience relevant to Committee functions
Associate Professor Balaji Motamarri	March 2026 to August 2026	Director of Medical Services, Metro South Addiction and Mental Health Services, Metro South HHS	MBBS, MD, FRANZCP	Psychiatrist with experience in medical leadership roles, medical teaching and supervision, and safety and quality.
Dr Kathryn Turner	July 2024 to February 2026	Executive Director, Metro North Mental Health, Metro North HHS	MBBS, FRANZCP, Post Graduate Certificate of Medical Education	Psychiatrist with experience in medical leadership roles, restorative just and learning culture and assessing the safety and quality of mental health alcohol and other drugs services.
Dr John Reilly	September 2023 to June 2024	Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland	MB, BS, DPM, GradDipEpid and Biostats, FRANZCP	Psychiatrist with experience in mental health legislation and mental health alcohol and other drug service clinical governance.

Deputy Chair

Name	Dates undertaking role	Position	Qualifications	Experience relevant to Committee functions
Associate Professor Balaji Motamarri	March 2026 to August 2026	Director of Medical Services, Addiction and Mental Health Services, Metro South HHS	MBBS, MD, MHM, FRANZCP	Psychiatrist with experience in medical leadership roles, medical teaching and supervision, and safety and quality.

Current members

Name	Date appointed	Position	Qualifications	Experience relevant to Committee functions
Alana Smith	July 2024	Director of Clinical Governance and Strategy, Addiction & Mental Health Services, Metro South HHS	Bachelor of Nursing Science, Master of Mental Health Nursing, Master of Health Service Management	Registered nurse with experience in mental health nursing, patient safety and quality improvement, restorative just and learning culture, involvement of families and carers in incident response processes.
Dimity Jones	September 2023	Clinical Nurse Consultant, MH Call Telephone Triage, Metro South HHS	Bachelor of Arts/Social Science, Bachelor of Social Work, Certificate of Alternative Dispute Resolution, Diploma of Professional Legal Studies, Cert IV in Workplace	Registered nurse, social worker and lawyer with experience working in mental health and aged care. Participation in investigation of clinical incidents.



Name	Date appointed	Position	Qualifications	Experience relevant to Committee functions
			Training and Assessment, Juris Doctor, LLM (alternative dispute resolution), Graduate Certificate Australian Migration and Law Practice	
Eliza Valentine	January 2021	Consumer Representative, Health Consumers Queensland		Consumer representative with experience working with consumers as a Peer Worker and involvement in various advisory and operational committees.
Elizabeth Chenoweth	April 2026	Nursing Director, Clinical Governance, Patient Safety and Quality, Clinical Excellence Queensland	Master of Science (Public Health), Bachelor of Nursing	Registered nurse with experience in consumer engagement, statewide committee coordination, together with departmental leadership roles in healthcare improvement and patient safety.
Joanne Wild	September 2023	Director, Clinical Governance and Informatics, Metro North Mental Health, Metro North HHS	Diploma of Higher Education (Mental Health Nursing), Postgraduate Diploma of High Intensity Psychological Therapies, Master of Healthcare Leadership, Master of Mental Health Nursing	Credentialed mental health nurse with experience in child and youth mental health, adult mental health, and alcohol and other drugs nursing.



Name	Date appointed	Position	Qualifications	Experience relevant to Committee functions
Dr Jon Paul Teo	August 2024	Consultant Psychiatrist, Queensland Transcultural Mental Health Centre, Addictions and Mental Health Services, Metro South HHS	Bachelor of Science (Hons), Bachelor of Medicine, Bachelor of Surgery, Masters of Psychiatry, FRANZCP Cert. Psychotherapy Psych., AFRACMA	Psychiatrist with experience in transcultural mental health.
Dr Leah Havighurst	August 2024	Statewide Workforce Development Coordinator, Queensland Forensic Mental Health Service	Bachelor of Science, Bachelor of Arts (Hons), Master of Science, Doctor of Psychology (Forensic)	Forensic psychologist with experience in project management, clinical governance, and safety and quality improvement.
Meredith McMahon	September 2023	Program Manager, Safety, Education, Risk and Quality Unit, Mental Health Services Group, Townsville HHS	Bachelor of Occupational Therapy	Health leadership roles, with a focus on governance, safety and quality; background in occupational therapy.
Rachael Trott	September 2023	Operations Director, Child and Youth Mental Health, Cairns and Hinterland HHS	Bachelor of Occupational Therapy, Graduate Certificate of Community Mental Health Practice, Graduate Diploma of Child Psychotherapy Studies, Master of Applied Mental Health (Child and Adolescent), Graduate	Occupational Therapist with experience in mental health, including child and youth mental health, clinical governance, management and leadership roles.



Name	Date appointed	Position	Qualifications	Experience relevant to Committee functions
			Certificate in Healthcare Redesign	
Dr Thomas John	January 2021	Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland	MBBS, MD, FRANZCP	Psychiatrist with experience in general adult psychiatry, rural and remote mental health alcohol and other drugs service delivery, clinical governance, medical leadership.

Retired members

The following members resigned or had their membership terminated since the last triennial report.

Name	Dates of membership	Position	Qualifications	Experience relevant to Committee functions
Ben Freedman	November 2019 to August 2023*	Patient Safety Officer, Townsville Hospital and Health Service	Master of Conflict Management and Resolution, Bachelor of Social Work	Allied Health Clinician with experience in patient safety and quality, clinical governance, workforce culture, and investigating and analysing high risk clinical incidents.

* Resignation received following publication of September 2023 Triennial Report.



Carmen Delaney	November 2019 to February 2024	Project Officer, Zero Suicide, North West HHS	Bachelor of Education, Bachelor of Community Welfare and Social Work	Consumer and carer representative with experience planning, developing, implementing and evaluating strategies to support recovery-oriented systems of care; representation on various groups and committees.
Corianne Richardson	August 2024 to May 2026	Senior Research Officer, Mental Health Service Group, Townsville HHS	Bachelor of Nursing, Graduate Certificate in Tertiary Teaching, Post Graduate Diploma in Clinical Nursing (Mental Health), Post Graduate Certificate Leadership and Management, Master of Business Administration, Clinical Redesign MOOC, PhD (Candidate)	Registered nurse with experience in mental health nursing, research using thematic analysis of coronial inquiries, and mixed methods research.
Dawn Miller	January 2021 to September 2025	Director, Mental Health Alcohol and Other Drug Services, Torres and Cape HHS	Diploma in Mental Health Nursing	Nurse with experience working in clinical, leadership and quality and safety positions within regional mental health alcohol and other drugs service.
Graham Hall	April 2023 to March 2026	Director, Analytics and Systems, Patient Safety and Quality, Clinical Excellence Queensland	BHMSC, GDipNutDiet, GDipIT	Experience managing datasets, data and reporting, clinical incident management reporting.
Jane O'Connor	September 2023 to January 2026	Clinical Nurse Consultant, Alcohol, Tobacco and Other Drugs Services, Townsville HHS	Registered General Nurse, Bachelor of Arts (Australian Comparative Studies), Masters of Social Policy,	Experience working in alcohol and other drugs services.



Graduate Diploma Mental Health Nursing				
John Reilly	November 2017 to November 2025	Executive Director, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland	MB, BS, DPM, GradDipEpid and Biostats, FRANZCP	Psychiatrist with experience in mental health legislation and mental health alcohol and other drug service clinical governance.
Kathryn Turner	July 2024 to February 2026	Staff Specialist Psychiatry, Mental Health Specialist Service, Gold Coast HHS	MBBS, FRANZCP, Post Graduate Certificate of Medical Education	Psychiatrist with experience in medical leadership roles, restorative just and learning culture and assessing the safety and quality of mental health alcohol and other drugs services.
Kerry Russell	August 2024 to March 2026	Research Assistant, Queensland Centre for Mental Health Research, West Moreton HHS	Cert IV in Assessment in Workplace Training, Cert IV in Business, Bachelor of Primary Health Care, Bachelor of Behavioural Science, Postgraduate Diploma Psychology, Graduate Diploma Indigenous Health Promotion	Indigenous Mental Health Worker with experience in project management and program implementation.
Luisa Taituha	January 2021 to May 2026	Carer Representative, Health Consumers Queensland		Carer representative with experience working with consumers and carers via support groups and within a Hospital and Health Service as well as involvement as consumer and carer representative on recruitment panels.



Melissa Pietzner	September 2023 to January 2025	Consumer Representative		Consumer representative with experience representing consumer voice on a number of Lived Experience advisory groups, steering committees and reference groups.
Paul Inglis	November 2017 to October 2023	Consumer Representative, Health Consumers Queensland	Certificate 4 in Mental Health Work, Certificate 4 in Mental Health Peer Work, Diploma of Professional Counselling, Bachelor of Human Services (current studies)	Consumer representative with experience working with consumers of government and non-government mental health services; membership on a range of Committees and Groups.
Shirley Anastasi	September 2023 to April 2024	Director of Governance and Quality Management, Metro North Mental Health, Metro North HHS	Bachelor of Psychology, Diploma of Adolescent Mental Health, Cert IV Training and Assessment, Diploma of Project Management Bank, Cert IV Government (Investigations), Change Management Practitioner, Diploma of Business Administration	Experience as a psychologist in child protection, juvenile justice, mental health and primary health care.
Tim Lowry	January 2021 to August 2024	Statewide Program Coordinator, Forensic Liaison Officer Network and Community Forensic Outreach Services, QLD Forensic Mental Health Service	MClinPsych, DPpsych, MFMH, MPH	Forensic and Clinical Psychologist with experience working across metropolitan and regional/remote mental health alcohol and other drug services, staff performance, and development and



review of clinical incidents both internally and externally to the health service.

Yasmin Groom	September 2023 to November 2023	Consumer Carer Coordinator, Child and Youth Mental Health Service, Children’s Health Queensland HHS.	Bachelor of Criminology	Experience in consumer peer support work, consumer engagement officer for mental health review tribunal and consumer carer peer worker coordination position.
---------------------	---------------------------------	--	-------------------------	---