The National Mental Health Commission’s

Communications Framework
Our communications philosophy

We believe in honest and open communication.
We believe language matters.
The lived experience of mental health difficulties and suicide risk and what it means for people, is at the heart of our work. The facts and figures are extremely important, but we value personal experiences just as much.
We believe in creating long term, genuine relationships and partnerships. We don’t overpromise. We are small and need to mobilise all avenues to effect change.
We seek media attention only when we have something meaningful to say.
We believe communication is a two way street, so it is just as important to listen, as well as contribute to debates and commentary.
When working with people with a lived experience, their families and other support people who have chosen to share their story, we do so in a respectful way and only to facilitate awareness and the drive for improvement. We feel privileged that people should share their experiences with us.

Our Vision

All people in Australia achieve the best possible mental health and wellbeing.

Our Mission

To give mental health and suicide prevention national attention, to influence reform and to help people live contributing lives through our reporting, advising and collaborating

Our Values

We value people.
We value leadership that makes a difference.
We value truth, accountability and independence
We value collaboration.
Who we are

We have been set up as part of the Australian Government’s mental health reforms, which signal a new and important opportunity to shine a light on mental health and suicide prevention in Australia.

We believe that people with mental health problems want the same things as everyone else. Even the most disadvantaged should be able to lead a ‘contributing life’ – whatever that means for them.

As a result we do not confine ourselves to the ‘traditional’ health related services. We look to all things that promote good mental health: a home, a decent education, good clinical treatment, a job or something meaningful to do, family, friends and healthy relationships, justice and rights.

We report directly to the Prime Minister. We are an independent body and are separate from the agencies that hold the funds and run programs and services. We don’t give grants or run programs.

The Commission’s job is to report each year, on how Australians are faring in their mental health and on the things that aid recovery and make people’s lives better.

Our main task is to produce an annual National Report Card on Mental Health and Suicide Prevention. The first of these, A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention was released in November 2012.

All Australian Governments have also asked us to report independently every three years on national mental health reform progress, to the Prime Minister, Premiers and other Ministers.

Each year, the Report Card will provide all Australians, governments and service providers with an overview of where we are doing well, where good mental health outcomes are being achieved and where Australia needs to perform better.

In addition, we provide independent advice to the Australian Government and use our unique position to influence change and improvement in areas that the Commission sees as having an impact on people with mental health difficulties, their families and support people.

Through our work we intend to keep mental health and suicide prevention in the national conversation and engage with all Australians on these important issues.

Language Matters

There are many terms used when talking about mental health, mental illness and suicide. The Commission will, wherever possible, use person-centred language in line with a recovery approach, with terms like ‘person’, ‘individual’, ‘people with a lived experience’ and ‘people accessing mental health services’.

Similarly, because many people do not identify with the term ‘carer’ and the kind of relationship this term denotes, we will also refer to ‘families’ and use terms such as ‘support people’, ‘support networks and ‘significant others’ to recognise the plurality of important relationships.

In addition, we will not use the term ‘commit’ in association with suicide. This entered our lexicon in the days when suicide was a crime, and its use is something we will work towards changing.
What we want to say

Although our messages will be tailored to the needs and interests of different groups, the overarching messages we want to communicate are:

**About the Commission:**
- We are the first national commission of our kind to be established in Australia
- We are fiercely independent and ‘tell it as it is’
- The annual Report Card will be the major product of the Commission but our work doesn’t start and end there
- We take a whole of life view of mental health and suicide prevention and engage with and acknowledge the contributions of sectors not ‘traditionally’ in this space
- We take a person centred approach and value the lived experiences of real people as much as we value ‘data’
- We are ambitious and optimistic that things can and will change

**About mental health:**
- Mental health and suicide prevention should remain issues of national importance
- Mental health will affect almost everyone in Australia in some way at some point—either personally, as a family member, friend or colleague. Over half of the Australian adult population will experience mental illness at some point in their lifetime
- Mental health and suicide prevention is everybody’s business and everybody’s responsibility
- Mental health does not start and end with clinical care— it is a whole of life issue
- We want all Australians, no matter who they are, to have a contributing life

Our communication objectives & strategies

- **To communicate the existence of the Commission and make sure people understand what it is we do and don’t do**

*How we will do this*
- Develop and maintain a National Mental Health Commission website, which is useful, accessible and engaging to the general public and allows people to send us views and information
• Accept keynote speaking requests at major events wherever possible, where we can reach a wide range of people and use the opportunity to clearly explain who we are and what we do
• Use stakeholder engagement opportunities and other meetings to brief others on the Commission, our role and purpose and to hear the experiences and views of key partners
• Produce, publish and promote a three year Strategies and Actions document and a supporting annual Work Plan for public viewing
• Provide regular online updates to stakeholders, including members of the public about our work, priorities and future plans and key events
• Identify communication partners to disseminate accurate and accessible information to wider networks
• Publicly release the Commission meeting minutes and communiqués
• **Communicate the purpose of the Report Card and its key findings**

*How we will do this:

• Use the Commission’s website to explain the purpose of the annual Report Card and what we hope it will achieve
• Use interviews and public speaking opportunities to promote the Report Card and its purpose
• Release a series of spotlight reports or studies to shine a light on particular issues of interest to the Commission, related to mental health and suicide prevention
• Use opportunities to actively explain what the Report Card will not and cannot do, so that people understand what they can expect from it and have realistic expectations of how they can contribute
• Identify appropriate communication partners to disseminate information to wider networks (recognising that the Commission is not always the most appropriate channel to communicate to everyone)
• Identify which findings will be of most interest to which stakeholders and tailor the approaches accordingly
• Identify any follow up communication activities on the impact of the Report Card and what it has achieved
• Use the Report Card to identify and promote the Commission’s key communication priorities for future years
• **Promote mental health as a national priority**

*How we will do this:
• Position mental health as a whole of life, community issue when talking about mental health, mental illness and suicide prevention
• Promote accurate facts about how many people mental health problems affect and how they affect issues of national importance, such as the economy and employment
• Actively connect with stakeholders and media outlets beyond the traditional government and health sectors – make a genuine effort to diversify and engage with people across all sectors for maximum reach
• Through media engagement and the promotion of the Report Card, develop strategies that engage the attention of the general Australian community
• Use the power of personal experiences through written, spoken and video stories of real people, to connect with a wide audience through our website but also through other creative channels
• Use our influence, communications and partnerships to encourage other sectors to engage in the public debate about mental health, mental illness and suicide prevention and provide support as needed

Audiences

The Commission has a range of very diverse stakeholders, which extends into the broader Australian community. The Stakeholder Participation and Engagement Framework will outline in more detail, the way we approach engagement and relationship building. For the purpose of delivering communication activities, our primary audiences are:

• People with a lived experience of mental health difficulties
• The friends, families and other support people of those with mental health difficulties
• Commonwealth and State and Territory Governments and agencies including State and International Mental Health Commissions
• People who work in the mental health, suicide prevention and related sectors
• Aboriginal and Torres Strait Islander peoples
• Young Australians
• Cultural and Linguistically Diverse Communities
• Members of the media
• Parliamentarians
• Broader Australian community
Spokespeople

- The Chair is the official spokesperson for the Commission. In some instances the Chair may elect to utilise the expertise of individual Commissioners and request them to undertake this role. All Commissioners should seek the prior agreement of the Chair should they wish to speak publicly on behalf of the Commission.

- Where Commissioners publicly express individual opinions on topics related to, or perceived to be related to the role of the Commission, it should be clearly noted that these views do not necessarily represent the views of the Commission.

- Commissioners should direct any approaches from the media on matters related to the Commission to the Chair or CEO. The decision on which person, if any, will take part in a media interview will be made by the Chair and the CEO, where appropriate, in consultation with the Minister and/or other Commissioners.

Our event protocol

- At formal events and Commission meetings, we always acknowledge the Traditional Owners of the land on which we are meeting and also, the work of those who have gone before and fought to get us where we are today. We also include these references in every speech and public appearance, each Commissioner makes.

“We acknowledge the Traditional Owners on whose land we are hosting this important event and pay our respects to elders past and present

We would also like to pay our respects to people with lived experience of mental health issues, their families and other supporters. Particularly, we commemorate those who have been before us and travelled this journey. Through their courage and efforts, we and others are able to stand here more respected and with a strong voice.”

- For each official event, we make sure that the voices of people with lived experience and their families and support people are heard first, ahead of Commissioners and ahead of other guest speakers. This is part of our commitment to make sure that the lived experience remains at the heart of what we do.

- We respect the right of individuals not to be photographed or identified in any publication.
Our language

- We adopt a recovery language approach and use the phrase ‘people with a lived experience of mental health difficulties, their families, friends and other support people’

- When talking about Aboriginal and Torres Strait Islander issues, we use the phrase ‘Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing’

- Instead of using the word stigma, we use the word discrimination, because that’s what we believe it is

- We commit to using plain English. There is no point doing the work we do, if people cannot understand it, or we can’t communicate our messages clearly and succinctly. The aim is to get the message out to people who don’t work in the mental health sector or have direct experiences.

Our Commission meetings

The Commission holds six meetings a year, three in non-metropolitan areas and one focused on Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing. In the weeks leading up to each Commission meeting, the Commission commits to:

- Contacting local journalists to give them the opportunity to let the local community know we are coming
- Arranging appropriate interviews on local radio stations or with local newspapers
- Contacting national press if issues of broader interest are being discussed
- Identifying issues of local interest, as they relate to mental health
- Confirming the media protocols with the community, group or venue of the meeting/service providers we may be visiting, before committing to any media on site

The Commission’s Operating Principles state that each meeting will include community and stakeholder engagement to reflect the importance of hearing directly from people with lived experience of mental health issues, their families and support people, as well as those working in the various systems and services that provide support.
Our relationship with the media

The Commission’s role is not to provide public commentary on each and every mental health related issue- we are here to independently and objectively report from a national perspective. Although there are a wide range of issues we are passionate about, it is not our role to comment on each and every issue. Given that we are a small team, we are also not in a position to respond to every request.

On issues we identify as of national importance, we may choose to proactively make a public statement or respond to questions on that issue. Following each Report Card, the Commission may choose to identify key issues it will focus on and influence for a particular period.

Currently, in 2013, the issues the Commission is focussing on include:

- Developing and piloting a regular qualitative whole of life survey, capturing the experiences of people with mental health difficulties
- Calling for evidence on best international practice in reducing and eliminating restraint
- Progressing mental health workforce issues
- Providing policy input into the implementation of the National Disability Insurance Scheme and Activity Based Funding
- Examining how Australians really think and feel about mental health, mental illness and suicide, including discrimination.

Media request process

Any media requests for the Commission or the Chair go directly to the Communications Unit for consideration.

Any responses to media requests must be cleared through the CEO or Deputy CEO and the Chair or relevant Commissioner.

Our public appearances

The Commission and various Commissioners are regularly asked to appear and speak at public events. Where possible and appropriate, the Commission accepts these offers. However, given the number of Commissioners, resources and Secretariat staff, the Commission must consider whether each and every invitation is able to be accepted on a case by case basis, with a sensible consideration of costs involved.

When deciding whether to accept public appearances at various events we consider:

- Whether the event is aligned with the Commission’s priorities
- Whether the event targets key Commission stakeholders or target audiences
• Whether the event is an appropriate forum to discuss the key messages of the Commission, at that time
• Other practical considerations such as travel/cost implications etc.

Following the release of the first annual Report Card at the end of 2012 and the publication of the key themes for the 2013 Report Card, the Commission is in a better position to identify what some its priority areas and issues are. This will also go to informing what public appearances are accepted or sought.

Our Communication Partnerships

As we are a small Commission, we rely on both formal and informal communication partnerships to deliver our communication objectives and extend our communication reach into diverse audiences. In 2012, our two key communication partnerships were with:

CSIRO

The Commission is an early adopter of the Vizie program, a social media monitoring tool, developed by the CSIRO. Commission staff participate in a steering group for this project and are engaging with the technology to monitor the public commentary and discussion of the broader community on issues of mental health and suicide prevention that are important to them.

Leadership in messaging

The Commission leads a small sub group of communication managers from across the mental health and related sectors, in conversations about how to better use our resources, generate more consistency in messaging and share information more freely. Organisations which participate in this project include the Mental Health Council of Australia, Suicide Prevention Australia, beyondblue and ARAPEMI. This partnership resulted in a national calendar of events for Mental Health Week, being developed and the Commission being given a mandate to lead the development of a communications charter.

How we will measure our performance

We will know if we have done well if we have:

• Developed and delivered a specific Communications Strategy to support the delivery of the annual National Report Card on Mental Health and Suicide Prevention
• The Report Card is well received, not just by Government but by other sectors and members of the general community
• We have actively engaged sectors organisations and individuals, not traditionally involved in mental health, to work with us and promote the Report Card
• We have encouraged a wide range of media and journalists, not just health writers, to take notice and report on the Commission and its work
• A diverse range of stakeholders including Aboriginal and Torres Strait Islander Australians and Culturally and Linguistically Diverse communities feel the Repcrt Card is meaningful to them
• Through our communication efforts, we have encouraged more people to talk openly and honestly about mental health both in a public and private forum
• We have made the Report Card and other Commission publications accessible to as many people as possible
• Interest in the Report Card and the Commission is maintained following its release each year

The Key Performance Indicators for the Communications Strategy and Activities from the National Mental Health Commission Workplan January 2013- June 2014 are:
1. Production of a Communications Charter in concert with and signed up to by the sector
2. Interactive website enables those with lived experience and their families and support people to share their personal experiences
3. NMHC Report Card and communications facilitate ongoing community and media discourse