

National Mental Health Commission

Corporate Plan 2023-24

August 2023



Australian Government
National Mental Health Commission

Introduction

As the Accountable Authority of the National Mental Health Commission (the Commission), it is my pleasure to present the National Mental Health Commission Corporate Plan 2023–24 (the Plan), as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act). This Plan has been prepared for 2023–24 and the outlook period (2024–25 to 2026–27) in accordance with the *Public Governance, Performance and Accountability Rule 2014*.

The Commission is an Executive Agency under the *Public Service Act 1999*, and a non-corporate Commonwealth entity under the PGPA Act. The Commission operates under the Health and Aged Care Portfolio and reports to the Minister for Health and Aged Care.

This Plan sets out our purpose, what we will do to achieve that purpose and how we will measure our success. The Commission’s Annual Report 2023-24 will report against the first year of this Plan.

The Commission expects the results of a Functional and Efficiency Review to be available in August 2023. This Corporate Plan may be varied to align with the results of the review and republished in late-2023.



Dr Ruth Vine
Interim Chief Executive Officer

15 August 2023

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Purpose

The National Mental Health Commission's (the Commission's) purpose, as defined by its Outcome in the Health and Aged Care Portfolio Budget Statements is:

Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting, and engaging consumers and carers.

In achieving its purpose, the Commission aims to see better coordinated and integrated treatment and support across the full range of related sectors and systems, and to ensure that all mental health and suicide prevention services are person- and family-centred. The Commission will do this by monitoring and reporting on the mental health and suicide prevention systems and reforms and providing evidence-based advice to government and the sector on national approaches to system improvement. Throughout the life of this Plan, the Commission will work with stakeholders - including people with lived experience, their families and other support people - to promote greater understanding of the outcomes that matter and to ensure reforms are collectively owned and actioned.

The National Suicide Prevention Office (NSPO) is a specialist office established within the Commission to lead the adoption of a national whole-of-government approach to suicide prevention. The NSPO provides strategic policy advice to governments on the actions required to enhance protective factors, address social determinants, intervene early in distress, and provide integrated, coordinated and compassionate care for those experiencing suicidality or suicidal crisis. The NSPO also builds capacity and capability within governments and their agencies to enhance the scope and consistency of data collection, refining approaches to populations disproportionately affected by suicide, identifying research and translation gaps, and monitoring and reporting on progress.

Key Activities

The Commission is responsible for the Australian Government Program 1.1 National Mental Health Commission. To support the delivery of this program and to achieve its purpose in 2023–24, and the outlook period (2024–25 to 2026–27), the Commission will deliver the following key activities:

1. Report on performance of the mental health and suicide prevention system, and the progress of reforms, to improve mental health, wellbeing and suicide prevention outcomes.

The Commission will deliver a 2023 National Report Card on mental health and suicide prevention in Australia, reporting on:

- mental health key indicators across the system, community and individual domains
- the impact of significant events on Australia's mental health eco-system and its population, and
- areas across the system that require new or ongoing focus.

The National Report Card provides governments, the mental health sector and communities with independent, consistent tracking and reporting of the impact of investments in system reform. The National Report Card promotes transparency and accountability and provides analysis and insights on progress towards achieving a person-centred mental health and suicide prevention system.

In 2023-24, the Commission will also release the first Annual Progress Report on the implementation of the National Mental Health and Suicide Prevention Agreement.

2. Provide evidence-based mental health and suicide prevention policy advice to the Government to develop and promote national approaches to system improvement and investment.

The Commission will provide evidence-based advice to the Government on Australia's mental health and suicide prevention system, with a particular focus on system performance, outcomes and impacts on mental health and wellbeing. The Commission will, through its monitoring and reporting role, facilitate a broader assessment of the mental health and suicide prevention system that incorporates indicators related to the social determinants of wellbeing. This will inform advice the Commission provides to the Government.

In 2023-24, the Commission will:

- develop national guidelines for wellbeing indicators in early childhood health checks
- support government consideration of the National Children's Mental Health and Wellbeing Strategy
- study the impact of digital technologies on youth mental health
- implement the National Workplace Initiative
- support government consideration of the National Stigma and Discrimination Reduction Strategy
- prepare spotlight reports addressing key national issues.

3. Engage and collaborate with stakeholders, in particular people with lived experience and their families, carers and communities, through meaningful participation in an effort to understand their needs and inform the Commission's work, and work towards achieving transformational change.

The Commission will continue to engage and collaborate across sectors and jurisdictions and prioritise engagement with people with a lived or living experience of mental illness, psychological distress or suicide risk, including carers and other support people, as well as those who provide services. This will ensure that the Commission's analysis, advice and proposed reforms reflect these experiences, insights and needs, and are collectively owned and actioned, providing the best opportunity to achieve transformational change. Engaging stakeholders and facilitating meaningful participation is essential to understanding all aspects of mental health and wellbeing, as well as to identify emerging issues in the creation of a person-centred system of care.

The Commission will continue to engage with a diverse range of consumers, carers and other stakeholders including through:

- mental health and suicide prevention peak bodies, including the National Mental Health Consumer and Carer Forum and mental health consumer and carer peaks, and
- the Mentally Healthy Workplace Alliance.

4. Build National Suicide Prevention Office operations.

The NSPO will continue to build its capability to deliver a nationally consistent and integrated, whole-of-government approach to suicide prevention. The NSPO is working across all governments and sectors to reduce the prevalence and impact of suicide in Australia through policy implementation, data collection, research and workforce reform.

Over the life of the Corporate Plan, the NSPO will:

- develop and implement a National Suicide Prevention Strategy that will coordinate action across governments, their agencies and communities
- develop a national outcomes framework for suicide prevention, which is informed by lived experience, and applied at the program and service level
- work with all jurisdictions to set priorities for suicide prevention research and knowledge-sharing
- develop a National Suicide Prevention Workforce Strategy.

Performance

The Commission’s performance criteria, targets and methodology reflect its role in supporting the Government to improve Australia’s mental health and suicide prevention system through monitoring, reporting and policy advice. In 2023–24, and the outlook period (2024–25 to 2026–27), the Commission will use a range of qualitative and quantitative, output, and effectiveness targets to measure its performance, with each performance measure aligned to a key activity. The Commission’s activities are not suited to efficiency performance measures.

Key activity 1 - Report on performance of the mental health and suicide prevention system and reform progress to improve mental health, wellbeing and suicide prevention outcomes.

Performance measure	Target	Measure type and rationale	Data source
The Commission’s Annual National Report Card on Mental Health and Suicide Prevention is released annually.	National Report Card published by 30 June 2024.	This output target will measure the timeliness of the delivery of the Report Card to the Australian Government and community, which underpins the report’s relevance.	Date of release.
Stakeholders are satisfied that the Commission’s Annual National Report Card provided: <ul style="list-style-type: none"> • a relevant assessment of the mental health and suicide prevention systems, and • identified issues needing to be addressed. 	>75 per cent stakeholder satisfaction.	This qualitative target will measure satisfaction with the Report Card and its insights.	Annual stakeholder survey.

Key activity 2 - Provide evidence-based mental health and suicide prevention policy advice to the Government to develop and promote national approaches to system improvement and investment.

Performance measure	Target	Rationale	Data source
Stakeholders are satisfied that the Commission’s research, strategies and initiatives meet their objectives and inform mental health and suicide prevention policy considerations.	>75 per cent stakeholder satisfaction.	This qualitative target will measure satisfaction with the broad range of Commission activities.	Annual stakeholder survey.

Performance measure	Target	Rationale	Data source
The Government is satisfied with the Commission's policy advice.	>75 per cent stakeholder satisfaction.	This qualitative target will measure the Government's satisfaction with the Commission's policy advice.	Annual stakeholder survey.
The Commission actively contributes to the development of mental health and suicide prevention policy and reform through its participation in forums and committees and contribution to relevant inquiries and consultations.	Effective contributions, demonstrated by case studies.	This effectiveness target will measure the impact of the Commission's work, including projects, initiatives and policy advice.	Case studies, including in identified key priority areas will be developed.
Deliver the National Workplace Initiative (NWI) to promote a nationally consistent approach to workplace mental health and transition the NWI to a new custodian.	Number of NWI resources available and level of uptake.	This quantitative target will measure the supply of resources and demand for their use by workplaces.	Analysis of the NWI website resources and users.
Key activity 3 - Engage and collaborate with stakeholders, in particular people with lived experience and their families, carers and communities, to facilitate meaningful participation to understand their needs and inform the Commission's work, and work towards achieving transformational change.			
Performance measure	Target	Rationale	Data source
Evidence gathered from engagement and collaboration informs and guides the Commission's work.	All Commission work is informed by lived experience, sector input, academia and/or other sources of evidence.	This qualitative target will measure the use of evidence in the Commission's work, including projects, initiatives and policy advice.	Case studies, including in identified key priority areas will be developed.
Key activity 4 - Build National Suicide Prevention Office operations			
Performance measure	Target	Rationale	Data source
Delivery of the National Suicide Prevention Strategy.	Strategy released for public consultation by 31 December 2023.	The output target will measure the timeliness of delivering the Strategy to the Australian Government and community, which underpins its relevance.	Date of release.

Operating Context

Environment

For 2023–24, and the outlook period (2024–25 to 2026–27), the Commission expects its external operating environment to continue to be dynamic as changes occur in economic conditions, technology, demography and societal values.

The prevalence of mental illness and suicide in Australia is a priority public health issue that has significant personal, economic and social impacts. Timely access to quality mental health treatment and care is essential, as is access to social, economic and community-based supports for prevention and recovery. The links between social determinants and their impact on suicide risk and mental health and wellbeing are well established. These include adequate housing and health care, education and employment opportunities, income and food security, personal and workplace safety and a fair justice system.

The recent cost-of-living surge is leading to a greater number of people suffering financial hardship, which is expected to exacerbate the difficulties many people face in meeting their needs. In particular, the challenge for many Australians to access affordable housing is increasing the risk of homelessness.

Digital technologies and online connectivity continue to be a growing part of our lives, with governments, businesses and individuals increasingly reliant on its use. While social media platforms have quickly become powerful tools for social connection, there are some sections of the community who are less likely to be included and may suffer. The negative factors associated with higher online connectivity include unrealistic social comparison, exposure to harmful content and disruptions to attention and sleep.

The impact of extreme weather events connected to climate change, including bushfires and floods, have had a lasting impact on mental health and wellbeing in Australia. These events have tested the capacity and resilience of communities as they rely upon support systems, including remote health and social services, to respond rapidly to disruption from large-scale crises, as well as the tragic consequences of these events.

Capability

In 2023–24, and the outlook period (2024–25 to 2026–27), the Commission will harness the diverse skills and experience of its staff with expertise in public policy, mental health, suicide prevention, research, data and systems analysis, financial and project management. The Commission is committed to strengthening its workforce capability through workforce planning and targeted learning and development programs.

The Commission aims to operate a flexible work environment within an inclusive, mentally healthy workplace. The Commission's enterprise values of Inclusion, Accountability, Purposeful and Curiosity guide staff in their work and complement the Australian Public Service (APS) values of being Impartial, Committed to service, Accountable, Respectful and Ethical.

The Commission is guided by an Advisory Board comprised of members who bring lived experience and professional expertise from a range of fields including Aboriginal and Torres Strait Islander Health, social and emotional wellbeing, suicide prevention, social service delivery and health systems. The Advisory Board has strong relationships across the sector and uses its knowledge and insights to help shape the Commission's strategic direction and work program. The

Advisory Board supports the Commission in its commitment to providing an independent view of system performance and a voice to the experiences of people living with mental ill health or suicide risk, and their families and support people. The Commission's governance arrangements may be considered during the Functional and Efficiency Review.

The NSPO is supported by an Expert Advisory Group comprising a Chair and representatives with relevant subject matter expertise and experience in relation to suicide prevention.

Risk oversight

The Commission's approach to risk management is documented in its risk management framework which aligns with section 16 of the PGPA Act 2013 and the Commonwealth Risk Management Policy. It will be updated during 2023–24 to reflect updates to the Commonwealth Risk Management Policy.

The Commission applies an integrated risk management framework, where all staff are aware of the risks inherent in the activities we undertake and proactive in their management. The Commission develops and implements policies to support the risk management framework and provides training to staff in key areas of risk, including work health and safety, fraud awareness and protective security. Our enterprise risk register details key strategic and operational risks.

The Commission's risk profile and tolerance is shaped by its role in providing robust advice to Government and the community in relation to mental health and suicide prevention. The Commission's appetite for risk varies by the type of risk, with a greater willingness to accept risk in pursuit of some of our strategic objectives, such as to ensure that our advice to Government and the community is independent and evidence-based, than for operational matters. Accepting some degree of risk promotes innovation and recognises the limits of what the Commission can control.

Key enterprise risks relevant to the four-year period covered by this plan are shown below.

Key risks

Risk description	Risk type	Primary controls
Inability to deliver committed work i) on time, or ii) to meet quality requirements.	Service delivery	<ul style="list-style-type: none"> ·Monitoring of progress against KPIs by Audit and Risk Committee. ·Planning, performance and reporting framework.
Inadequate workforce capability and utilisation e.g. lack of corporate memory, sector knowledge, technical skill or professional expertise.	People management	<ul style="list-style-type: none"> ·On the job learning and induction materials ·Performance Development Scheme conversations. ·Rapid recruitment of sector skills and expertise.
Failure to ensure community members' wellbeing, health and safety when engaging with the Commission.	Work, health and safety	<ul style="list-style-type: none"> ·Childsafe guidelines and training. ·Privacy policy. ·Paid participation policy. ·Appropriate supports (e.g. counsellors/peer workers) made available to lived experience participants.
Failure to ensure staff wellbeing, health and safety.	Work, health and safety	<ul style="list-style-type: none"> ·WHS policy and HSR officers. ·EAP support services available for staff. ·Awareness of psychosocial hazards and responses. ·Mentally Healthy Workplace Committee. ·Covid-19 incident response plan.
Failure to comply with governance requirements including PGPA and financial management responsibilities.	Operational	<ul style="list-style-type: none"> ·Financial policies and procedures. ·Segregation of duties across core financial processes. ·Internal Audit activity. ·Financial performance reports reviewed by ARC each quarter.
Cyber breach or loss of sensitive information.	Operational	<ul style="list-style-type: none"> ·Shared risk with third parties (DoHAC). ·Essential8 cyber uplift, security systems, monitoring. ·Guidance from SMEs in lead agencies ·Audit and Risk Committee review of processes. ·NMHC incident response and external communications plans. ·NMHC cyber security and data protection policies and training.
Fraud or corruption.	Compliance	<ul style="list-style-type: none"> ·Internal financial transaction monitoring. ·Audit and Risk Committee oversight and internal audit review of processes. ·Policies (Fraud & Corruption Control Plan, Conflict of Interest Policy etc). ·Segregation of duties and financial control policies. ·Staff training.

Cooperation

The Commission has a unique capability to bring together stakeholders that represent diverse mental health sector perspectives and are connected to community need. The Commission engages across sectors and jurisdictions to improve its evidence base, leverage expertise and resources, and ensure robust, reliable and accountable advice and reporting. This includes, but is not limited to, the health, housing, human services, income support, justice, education, employment, defence and veterans' affairs sectors. The Commission also utilises project advisory groups that meet regularly to inform and guide the development of its work, and undertakes consultations and engagement via workshops, surveys, public forums and targeted interviews.

The Commission's work to promote and prevent mental illness and suicide also includes working with non-government organisations and academics who conduct research, provide services and advocate for the needs of those they serve.

Engagement of lived experience is one of the Commission's core commitments, allowing it to benefit from a diverse range of perspectives, including the full breadth of mental illness and recovery. The Commission will continue to strengthen the involvement of people who have first-hand experience of accessing care and support, in designing, governing, delivering and evaluating the mental health and suicide prevention systems.

Subsidiaries

The Commission has no subsidiaries.