

National Mental Health Commission
August 2022

Corporate Plan 2022-2026



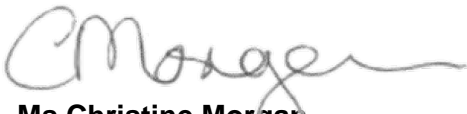
Australian Government
National Mental Health Commission

Introduction

I, as the Accountable Authority of the National Mental Health Commission, present the 2022-2026 National Mental Health Commission's Corporate Plan, which covers the period of four years, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*. The Corporate plan has been prepared in accordance with the *Public Governance, Performance and Accountability Rule 2014*.

This plan sets out our purpose, what we will do to achieve that purpose and how we will measure our success.

The National Mental Health Commission's Annual Report 2022-23 will report against the first year of this plan.



Ms Christine Morgan
Chief Executive Officer
Commissioner

26 August 2022

Contents

Introduction	2
Purpose	4
Operating Context.....	5
Environment	5
Capability	6
Understanding and Managing Risk.....	7
Performance	9
Key Activities	10
1. Mental health and suicide prevention system performance and reform	10
2. Provide advice to the Australian Government on mental health and suicide prevention	11
3. Shaping the future – strategic reform and catalyst for change	13
4. Collaboration and engagement.....	15
National Suicide Prevention Office.....	17

Purpose

The National Mental Health Commission's purpose is to provide robust policy advice and evidence on ways to improve Australia's mental health and suicide prevention system and to act as a catalyst for change to achieve those improvements.

The National Mental Health Commission (the Commission) works to this purpose through monitoring and reporting on investment in mental health and suicide prevention initiatives, providing evidence-based policy advice to Government, disseminating information on ways to continuously improve Australia's mental health and suicide prevention systems, and acting as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community. We do this to promote understanding of the outcomes that matter and drive transformational change across mental health and suicide prevention systems for people with lived experience of mental health issues.

Throughout 2022-23, and over the next three years, the Commission will continue to work to ensure that investment in mental health is both effective and efficient. We will work with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned. The Commission acknowledges that engaging stakeholders and facilitating meaningful participation is essential to achieving transformational change.

A hallmark of the Commission's work over the past decade is how we actively seek out ways 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. Mental health and suicide prevention services, policy and programs will never be fit for purpose unless they reflect the lived experience of people with mental ill-health and suicidality, as well as their families, carers and other support people. While lived experience voices increasingly inform mental health and suicide prevention activities, the Commission is working with people with lived experience to draw out agreed priorities to strengthen lived experience participation. This will ensure the end goal that people with lived experience are fully integrated and valued as part of the service system team.

The mental health and suicide prevention sectors are unique in that they include very strong Non-Government Organisations (NGO) and academic actors who conduct research, provide services and advocate for the needs of those they serve. The Commission has a unique capability to convene stakeholders in the mental health, suicide prevention and related sectors and to broker strong relationships with government, the NGO sector, philanthropy and academia.

The Commission facilitates collaboration across all sectors working to promote and prevent mental illness and suicide – this includes health, housing, human services, income support, justice, education, employment, defence, veterans' affairs and the broader system to maximise outcomes and integrate service provision and system reform. We also work closely with government agencies including the Department of Health and mental health agencies in each of the jurisdictions and agencies across sectors.

National Suicide Prevention Office

The National Suicide Prevention Office (NSPO) is a specialist office recently established within the Commission to lead the adoption of a national whole-of-governments approach to suicide

prevention in Australia. The NSPO provides strategic policy advice to all parts and levels of government on the actions required to enhance protective factors, address the social determinants of suicide, 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 government agencies to increase safety and security, intervene early, and respond effectively by enhancing 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 national progress.

Operating Context

The Commission supports the Government to strengthen the mental health and suicide prevention system in Australia to meet the future mental health and suicide prevention needs of the community.

Environment

Mental illness and suicide are significant public health issues in Australia and internationally. Poor mental health has personal, economic, productivity and social impacts. The converse is also true – improving the mental health and wellbeing of all Australians is the fundamental building block to every person being supported to live a contributing life.

A complex challenge facing governments, the private sector and the community is to achieve better coordinated and integrated support across a range of sectors and systems, and to ensure that all services are person and family centred. Timely access to quality mental health treatment and care is essential, but to both prevent mental illness and support recovery, individuals and their loved ones need timely access to the right type of social, economic and community-based supports. Addressing stigma and discrimination is also critically important.

The past couple of years has presented considerable additional challenges for our mental health and wellbeing. The COVID-19 pandemic has brought the mental health and wellbeing of individuals and communities into even sharper focus. It has also brought increased attention to the prevalence and role of loneliness and social isolation as a risk to the mental health of individuals. Fear and anxiety about the virus, isolation, separation from loved ones and the impact on people's financial security from businesses closing and furloughing of staff in key industries, exacerbated already high levels of psychological distress.

The impact of extreme weather events connected to climate change such as bushfires and floods have also had a lasting impact on mental health and wellbeing of Australians and have emphasised how important the physical environment is to ensuring wellbeing. The impact of these events is likely to be long lasting, particularly when they occurred in close proximity to the COVID-19 pandemic.

These events have tested the capacity of many of the support systems, such as the health and social services systems, and the economy in general to deal with complex crises and respond rapidly in innovative ways. People with new presentations of mental ill health concerns have been reaching out for the first time and found the system lacked connected pathways of care that work across both the mental health and health systems. Rapid access to assessment, treatment and support for individuals and their carers was missing across the spectrum of mental illness at the level that was required by the consumer.

The new National Mental Health and Suicide Prevention Agreement, which came into effect on 11 March 2022, and related bilateral arrangements with the states and territories, represents an important inter-jurisdictional commitment to enabling mental health and suicide prevention reform. Progressing the reform agenda requires collective commitment, sustained investment, maintained momentum and evaluation of impact in order to fundamentally change the systems.

The Commission's role in supporting the reform of the mental health and suicide prevention system is undertaken through collaboration and engagement with a broad range of stakeholders. It incorporates information and data from sources both within and external to the traditional health or mental health areas, across sectors, jurisdictions, communities and internationally.

This approach informs the Commission in its role of providing evidence-based reports and advice that represent diverse perspectives and are connected to community need. In the current environment of the Covid-19 pandemic, innovative ways are needed to connect with mental health sector stakeholders, consumers and carers and to the people that support them. The Commission's aim is an outward focused one of reaching people where they live, work and gather. This requires new approaches, as well as traditional methods, to ensure as many people as possible are provided with an opportunity to speak and be heard.

Capability

The Commission has strong leadership, guided by an Advisory Board who bring both lived and professional expertise in a range of fields including Aboriginal and Torres Strait Islander Health, social and emotional wellbeing, psychiatry, law, suicide prevention, social service delivery and health systems. The Advisory Board works with the CEO to strengthen relationships across the sector, identify issues and opportunities for improvement in the mental health and suicide prevention sector and provide strategic direction to the work program of the Commission. Advisory Board members are appointed by the Commonwealth Government and bring a range of relevant expertise and experience. They support the Commission in its commitment to giving 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.

To achieve the Commission's purpose, expertise in public sector policy, mental health issues and suicide prevention is needed. The Commission engages highly skilled and experienced staff and has a culture of professionalism with leadership and resources that enable a high standard of performance. Staff demonstrate the values of the Commission, and are afforded opportunities to build their skills, with continuous learning promoted. The Commission actively encourages and promotes a mentally healthy workplace.

Our Executive is responsible for the performance and governance of the Commission and promote a culture of professionalism and drive a high standard of performance. Our staff are skilled, motivated and responsive, and demonstrate the values of the Commission in all that they do.

NSPO Expert Advisory Group

The NSPO will be supported by an Expert Advisory Group (EAG) comprising a Chair and representatives with relevant subject matter expertise and experience in relation to suicide prevention. The primary purpose of the EAG is to provide assistance to the Head in the critical implementation phase of the NSPO, particularly as it undertakes its work to develop a National Suicide Prevention Strategy, a Workforce Strategy, and a mental health and wellbeing outcomes framework.

Collaboration and Engagement

The Commission collaborates and partners with external stakeholders to be informed, influence change and drive improvement and to maximise effort and resources. The Commission engages across sectors, jurisdictions and internationally to improve the evidence base and to leverage expertise and resources and ensure robust, reliable and accountable advice and reporting.

The Commission seeks to foster open and collaborative partnerships through participation in international, regional, national and jurisdictional sector committees and forums, establishing project advisory groups with representation of key stakeholders that meet regularly to inform and guide the development of its work; and undertaking consultations and engagement programs via workshops, surveys, public forums and targeted interviews. The Commission also works closely with government agencies including the Department of Health and mental health agencies in each of the jurisdictions, including Mental Health Commissions.

A core value and commitment of the Commission is engagement of lived experience across all aspects of its work. In 2021, the Government supported the Commission to create a new position of Director Lived Experience. This senior level position is working to ensure the Commission's work benefits from a diverse range of lived experience perspectives, including the full breadth of mental illnesses, stages of recovery and population groups. The Commission also has in place a Paid Participation Policy which recognises the valuable specialised and expert contributions made by people who have a lived and living experience.

Understanding and Managing Risk

The Commission's risk profile and tolerance is influenced by its role to provide robust advice to Government and the community in relation to mental health and suicide prevention. It is a small agency that provides advice and reports to Government and the community on mental health outcomes and reform, at arms-length from the departments and agencies that manage funding and services.

While it is necessary for the Commission to have an appropriate appetite for risk to ensure its advice to Government and the community is independent and robust, the Commission has no tolerance for risk of dishonest, deceptive and fraudulent conduct.

The Commission's approach to risk management is supported by its Audit and Risk Committee, whose members have a broad range of skills including finance, risk management and performance reporting in a public sector environment. The Commission's *Risk Management Framework* complies with the *Commonwealth Risk Management Policy*.

The Commission strives for a culture and a risk management approach that supports continuous improvement to ensure the Commission has an increased likelihood of achieving goals and meeting expectations; improved identification of opportunities and threats; improved stakeholder confidence and trust; and growing organisational resilience, operational effectiveness and efficiency.

Managing uncertainty and risk in a highly fluid environment is the responsibility of Commission staff. They are expected to understand and manage risk as a part of their everyday work. This applies to key decisions and, in particular to processes for developing reports and policy advice, to significant projects and procurements, major events, outsourced services, contract management and community engagement.

The Commission has identified six strategic risk categories that could impact on the achievement of its purpose:

1. **Strategic:** Failure to identify what the Commission needs to do or to execute its core requirements.

Mitigating strategies: strong connections, collaboration and engagement with government, sector and jurisdictional stakeholders and monitoring emerging issues and developments to assist in anticipating the need for advice and policy options. The Commission uses regular engagement with its Advisory Board and corporate planning and budgeting processes to ensure priorities are identified so as to allocate resources appropriately for execution of the Commission's requirements.

2. **Service delivery:** Producing substandard work caused by lack of evidence / engagement.

Mitigating strategies: Refresh of the Commission's Stakeholder Engagement Plan, including a focus on proactive engagement via the office of the CEO. Stakeholder management plans are developed and implemented for projects and work. The Commission has implemented an online consultation and engagement platform.

The Commission draws on expert advice via Advisory and Technical Groups and regular Sector Forums as well as individual subject matter experts, including those with Lived Experience expertise. The Commission ensures policy work and projects are informed by peer-reviewed domestic and international research and data from reputable institutional sources. The Commission monitors long terms efficacy of services through nationally agreed performance indicators, such as re-admission rates.

The Commission also draws on the expertise and experience of its Advisory Board who bring both lived and professional expertise in a range of fields including Aboriginal and Torres Strait Islander Health, social and emotional wellbeing, psychiatry, law, suicide prevention, social service delivery and health systems.

3. **People management:** High staff turnover and loss of knowledge.

Mitigating strategies: Engage and collaborate with staff for continuous improvement in culture and wellbeing. Ensure strong linkages of roles with strategic objectives, invest in people and provide development opportunities, continuous improvement of process, and systems and provide support and training to staff.

4. **Work Health and Safety:** Staff or visitors suffer unwellness, injury or death.

Mitigating strategies: Periodic review of the *Work Health and Safety Policy* and robust associated policies and procedures including regular risk assessments. Working from home ergonomic and risk assessments and ongoing review of arrangements. Compliance with the *Protective Security Policy Framework*.

5. **Operational:** Financial and IT systems and processes do not enable and support the Commission's core operations; Loss of or leaking of sensitive data through cyber-attacks.

Mitigating strategies: Systems provided by the Department of Health with periodic review and testing of *Business Continuity Plan*. Formal policies and procedures in place and reviewed including staff training programs. Compliance with the *Protective Security Policy Framework*.

6. **Compliance:** Failure to comply with legislation, Commonwealth directions and loss as a result of fraud or corruption.

Mitigating strategies: Compliance and policy framework overseen by the Audit and Risk Committee with ongoing monitoring and reporting, and staff training programs.

The Commission will continue to integrate, strengthen and embed risk management in all its work. A key focus for 2022-23 and beyond is to further strengthen our risk management framework and embed risk management our day-to-day activities and reporting mechanisms.\.

Performance

The Commission refined its performance measures this year as a part of its continuous review to improve performance planning and reporting. The performance criteria and targets in this Corporate Plan build on the new measures established last year for assessing the Commission's performance over time. The Commission will continue to review and refine its performance criteria, targets and methodology over future reporting periods.

The Commission provides support to the Government to improve the mental health and suicide prevention system through monitoring, reporting and policy advice, and being a catalyst for change. It is challenging to identify how to directly and objectively connect the work of the Commission with tangible impacts and outcomes. To measure performance, the Commission will use a revised range of qualitative and quantitative, output, and effectiveness targets to assess its achievements.

The Commission's performance measures identify how it will deliver on its purpose and measure achievement through:

- **Key Activities** that describe the critical functions and activities of the Commission.
- **Performance Criteria** that set out the significant types of work and projects through which the Commission delivers the activity.
- **Targets** that assess whether each performance criteria have been achieved.

A range of methodologies will be used to measure its performance including:

- **Qualitative and quantitative analysis** - stakeholder surveys will be used to provide an understanding of the success of an activity or project, or the quality and effectiveness of advice.
- **Output measures** will be used to assess performance against key deliverables.
- **Internal analysis** will be used to assess performance through content review and/or case studies.

Key Activities

1. Mental health and suicide prevention system performance and reform

The Commission monitors and reports on Australia's mental health and suicide prevention system to support continuous improvement, accountability and transparency with a particular focus on system performance, outcomes and impacts on mental health and wellbeing.

Key Activities

In 2022-23 to 2026, the Commission will:

Deliver an annual national report to the Australian Government and the community that provides the Commission's views on the progress of current reforms and the impacts on individuals and communities, the incidence and impact of any significant events during the period, and areas of the system that still require focus. The Commission will consider the outcomes and the experiences of mental health consumers and carers, and will identify and, where appropriate, make recommendations on areas where further change is needed. The needs of Aboriginal and Torres Strait Islander people and other priority population groups that warrant specific attention to ensure that their needs are being appropriately addressed, will be included.

1.1 Performance criteria	
1.1 Annual national report on Mental Health and Suicide Prevention is released annually and meets stakeholders' needs. (PBS 2022)	
Targets	Period
1.1.1 National Report published online annually	2022-2026
<p>Rationale This target measures the delivery of the annual national report to the Australian Government and community.</p> <p>Data source 1.1.1 National Mental Health Commission's website.</p>	
1.2 Performance criteria	
1.2 The annual national report provides an assessment of the mental health and suicide prevention systems and identifies issues that are relevant for the period.	
Targets	Period
1.2.1 Increased levels of stakeholder satisfaction	2022-2026
<p>Rationale Monitoring and reporting is essential for driving accountability and ensuring that the investments made are benefiting those who need them the most. This target measures the relevance of the assessment, issues identified and any recommendations for the period. Each year the target is to increase levels of satisfaction noting the base line year is 2022-23.</p> <p>Data source/s 1.2.1 The annual stakeholder survey.</p>	

2. Provide advice to the Australian Government on mental health and suicide prevention

The Commission delivers evidence-based policy advice to the Australian Government where there is a priority need, identified or emerging issue and to target specific areas for Government focus.

Key Activities

In 2022-23 to 2026, the Commission will:

Provide evidence-based advice to government from a unique vantage point across the overall systems, including those parts that fall outside of the health systems, to interpret new and emerging trends and provide advice on where action is needed. This requires having focus on points of intersection across a broad range of systems and sectors and provide advice about the spectrum of need. This will include promotion and prevention, treatment interventions and support, and what is needed for sustainable recovery and ongoing mental health and wellbeing, and prevention of suicide. This includes how to improve social and economic participation for those with mental ill health or suicidal risk, and access to social and other supports for economic, housing, employment and physical safety and security.

Advice will be based on data and evidence, combined with an understanding of people's lived and living experiences, from both users of services and those working to support them, and from the many examples of innovation across the sector, both in Australia and internationally.

The Commission's advice may take the form of plans, frameworks, reports, submissions, studies and direct responses to requests from Government.

2.1 Performance criteria	
2.1 The Commission's advice to government is: <ul style="list-style-type: none"> • supported and informed by expert policy advice • evidence-based including lived experience and sector data. 	
Targets	Period
2.1.1 Advice includes lived experience evidence and sector data	2022-2026
Rationale This target measures the breadth of data and evidence used in the Commission's advice.	
Data source 2.1.1 Case studies and content reviews.	
2.2 Performance criteria	
2.2 The Commission's advice to government addresses the needs of stakeholders.	
Targets	Period
2.2.1 Increased levels of stakeholder satisfaction	2022-2026
Rationale This target measures our responsiveness in providing evidence-based advice to the Australian Government. We translate the insights and perspectives of those who have both accessed and	

been excluded from the mental health and suicide prevention systems and other stakeholders to provide strategic policy recommendations and advice to Government and decision makers. This target also measures our work advising and assisting other Australian Government entities including the Department of Health and Aged Care and the Department of Prime Minister and Cabinet. The baseline year is reported in the *Annual Report 2021-22*.

Data source

2.2.1 The annual stakeholder survey.

2.3 Performance criteria

2.3 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.

Targets

Period

2.3.1 Participation and contribution increased on prior year levels

2022-2026

Rationale

The Commission seeks to foster open and collaborative partnerships through participation in international, regional, national and jurisdictional sector committees and forums. This target measures the Commission’s participation and engagement in sector-wide activities, and its contribution to relevant inquiries and consultations. The baseline year is reported in the *Annual Report 2021-22*.

Data source

2.3.1 Commission records and website to collect the published submissions and case studies demonstrating the Commission’s contributions to forums and committees.

3. Shaping the future – strategic reform and catalyst for change

The Commission will support the Australian Government to strengthen the mental health and suicide prevention system in Australia to meet the mental health and wellbeing needs of individuals and the community. It will work with stakeholders to develop and implement national approaches to system improvement and investment.

Key Activities

In 2022-23 to 2026, the Commission will:

Deliver national strategies, frameworks and initiatives that will identify the long-term requirements for investment, coordination, development and performance measurement to achieve the Government’s investment and commitment to the health and wellbeing of Australians. It will work with stakeholders to develop and implement national approaches to system improvement and investment.

3.1 Performance criteria	
3.1 Launch the National Workplace Initiative (NWI) to promote a nationally consistent approach to workplace mental health. (PBS 2022)	
Targets	Period
3.1.1 Participants engaged in consultation on the NWI website	2022-2023
3.1.2 Broad uptake of the NWI resources and number of resources available	2022-2023
3.1.3 Number of workplaces implementing the Blueprint	2022-2023
3.1.4 Positive feedback provided	2022-2023
<p>Rationale The Commission continues to collaborate with the Mentally Healthy Workplace Alliance to launch the NWI. These targets will measure the success of the digital portal in connecting workplaces with quality resources, information and services tailored for their industry, location and workplace size.</p> <p>Data source 3.1.1 Number of participants engaged in consultation. 3.1.2 Number of resources available and uptake of the resources. 3.1.3 Number of workplaces that implement the Blueprint based on downloads and examples of implementation and/or a case study. 3.1.4 Proportion of positive feedback received.</p>	

3.2 Performance criteria	
3.2 Deliver the National Stigma and Discrimination Reduction Strategy to government. (PBS 2022)	
Targets	Period
3.2.1 Strategy published online	2022-2023
3.2.2 Strategy informed by broad range of stakeholders	2022-2023
3.2.3 Uptake of the Strategy and actions	2022-2023
<p>Rationale These targets will measure the timeliness of the completion of the Strategy and stakeholder satisfaction with the process and end-product. The Strategy is being developed in partnership with people who have experienced stigma and discrimination, alongside those with expertise in behavioural change, human rights and the law. To be effective, stigma-reduction activities need to be targeted, sustained, and recognise the many different and unique experiences of stigma and discrimination, including different experiences of mental ill-health and specific cultural and social contexts.</p> <p>Data source 3.2.1 The Strategy is published on the Commission’s website. 3.2.2 The number of submissions received and a case study about the breadth of input. 3.2.3 Case study and/or examples.</p>	
3.3 Performance criteria	
3.3 Collaboration, co-design, stakeholder engagement, consultation or participation in the development of all Commission-led strategies, frameworks and plans.	
Targets	Period
3.3.1 100% participation in Commission initiatives	2022-2026
<p>Rationale The Commission actively seek out ways 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. The Commission establishes project advisory groups with representation of key stakeholders that meet regularly to inform and guide the development of our work; and undertaking consultations and engagement programs via workshops, surveys, public forums and targeted interviews. Case studies and internal analysis will be used to demonstrate the Commission’s experiences in working and collaborating with all across these systems in developing the activities towards system reform.</p> <p>Data source 3.3.1 Commission’s records and case studies that document the activities across the Commission’s work plan.</p>	

4. Collaboration and engagement

The Commission acknowledges that engaging stakeholders and facilitating meaningful participation is essential to understanding their needs and achieving transformational change.

Key Activities

In 2022-23 to 2026, the Commission will:

Engage and collaborate across sectors, jurisdictions and internationally to improve the evidence base for mental health and wellbeing. The Commission will prioritise engagement with people with a lived or living experience of mental ill health issues or suicide risk including carers and other support people, as well as those who provide services, to ensure reforms reflect these experiences, insights and needs, and are collectively owned and actioned.

4.1 Performance criteria	
4.1 Publish information collected from the Commission's Connections program, a biennial community and stakeholder engagement program. (PBS 2022)	
Targets	Period
4.1.1 Information is published online.	2022-2026
<p>Rationale The Commission's Connections program is an outreach program seeking to connect with people who live, work and learn in diverse Australian communities. Connections is an important component of informing our understanding of the reality of people's experience of our mental health and suicide prevention systems, through the lens of their local community.</p> <p>Data source 4.1.1 The information is published on the Commission's website.</p>	
4.2 Performance criteria	
4.2 Evidence gathered from engagement activities informs and guides the Commission's work. (PBS 2022)	
Targets	Period
4.2.1 Engagement activities are targeted to include appropriate stakeholders.	2022-2026
<p>Rationale This target will measure the Commission's number of face-to-face community conversations and sector and community leader meetings across all jurisdictions, rural, remote and metropolitan communities. The baseline year is reported in the <i>Annual Report 2021-22</i>. Case studies and records will illustrate how the outcomes of these engagement activities are incorporated in the Commission's work.</p> <p>Data source 4.2.1 The Commission's records of engagement activities and case studies demonstrating linkages between engagement activities and the Commission's work.</p>	

4.3 Performance criteria	
4.3 Maintain and extend the national prominence of mental health and wellbeing through communication, engagement, collaboration and sector community of practice.	
Targets	Period
4.3.1 >30 webinar, speech, presentation or distribution of targeted information	2022-2026
<p>Rationale The Commission holds a range of opportunities, such as webinars and regular roundtable meetings, to bring together participants from the mental health and suicide prevention sector, including service providers, peak body CEOs, people with lived experience, and leading researchers with the purpose of, examining a critical 'point in time' issue from diverse perspectives, identifying possible responses and fostering relationships of collaboration and accountability. The target will measure the Commission's outward facing activities, campaigns and distribution of targeted information across the sector. The baseline year is reported in the <i>Annual Report 2021-22</i>.</p> <p>Data source 4.3.1 The Commission's records.</p>	
4.4 Performance criteria	
4.4 Increase the evidence for whole-of-life outcomes and experiences of mental health consumers, carers and sector representatives including suicide risk through broad collaboration and engagement.	
Targets	Period
4.4.1 Increased levels of engagement by the Commission across sectors, jurisdictions, communities and internationally.	2022-2026
<p>Rationale Mental health and suicide prevention services, policy and programs will never be fit for purpose unless they reflect the lived experience of people with mental ill-health and suicidality, as well as their families, carers and other support people. Through collaboration and engagement, we will incorporate information and data from a broad range of sources, across sectors, jurisdictions, communities and internationally to provide evidence-based reports and advice that represent diverse perspectives and are connected to community need. This target will document the findings of the Commission's stakeholder engagement program to deeply listen to, meaningfully engage and connect with people living in Australia. The baseline year is reported in the <i>Annual Report 2021-22</i>.</p> <p>Data source 4.4.1 The Commission's records.</p>	

Key Activities

National Suicide Prevention Office

The NSPO is a specialist office recently established within the Commission to lead the adoption of a national whole-of-governments approach to suicide prevention in Australia.

Key Activities

In 2022-23 to 2026, the NSPO will:

Lead a national approach to suicide prevention ensuring those aspects of suicide prevention which, due to scalability, the need for consistency, and reach, are implemented at a national level. It will work across the Australian Government and in close consultation with jurisdictions with a focus on integrating collaborative efforts, identifying evidence-based best practise, and reducing the potential for duplication.

1.1 Performance criteria	
1.1 Progress the work of the National Suicide Prevention Office to lead the development of a National Suicide Prevention Strategy, a National Outcomes Framework, and a National Suicide Prevention Workforce Framework. (PBS 2022)	
Targets	Period
1.1.1 Progress in line with planned development of strategy and frameworks.	2022-2026
<p>Rationale The NSPO will need to build capability across portfolios and across jurisdictions to prevent suicide. This target will measure the NSPO's progress.</p> <p>Data source 1.1.1 Narrative description of actual progress against planned approach.</p>	