

The National Mental Health Commission's

Corporate Plan

2019–2023



Australian Government

National Mental Health Commission

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Introduction

I, as the Chief Executive Officer (accountable authority) of the National Mental Health Commission, present the 2019–20 National Mental Health Commission’s Corporate Plan as required under section 35 of the *Public Governance, Performance and Accountability Act 2013*. The Corporate Plan covers the reporting periods of 2019–2023, as required under Division 1 16E(1) of the *Public Governance, Performance and Accountability Rule 2014*.

This plan is 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 2019–20 will report against the first year of this plan.



Ms Christine Morgan
Chief Executive Officer

21 August 2019

Purpose

Our vision

All people in Australia are enabled to lead contributing lives in socially and economically thriving communities.

Our mission

Promote understanding of the outcomes that matter and drive transformational change across service systems for people with lived experience of mental health issues.

Our values

Excellence

- We believe everyone is capable of great things in a great environment.
- We strive for success and celebrate it when we achieve it.
- We know and use evidence to inform our decisions.
- We support innovation and continuous improvement, and are committed to helping to build the evidence base.
- We are credible and respected.

Integrity

- We are honest and trustworthy in all that we do.
- We stand up for what we believe in.
- We respect each other's differences.
- We value human rights and social justice.
- We believe in equity and opportunity for all.

Collaboration

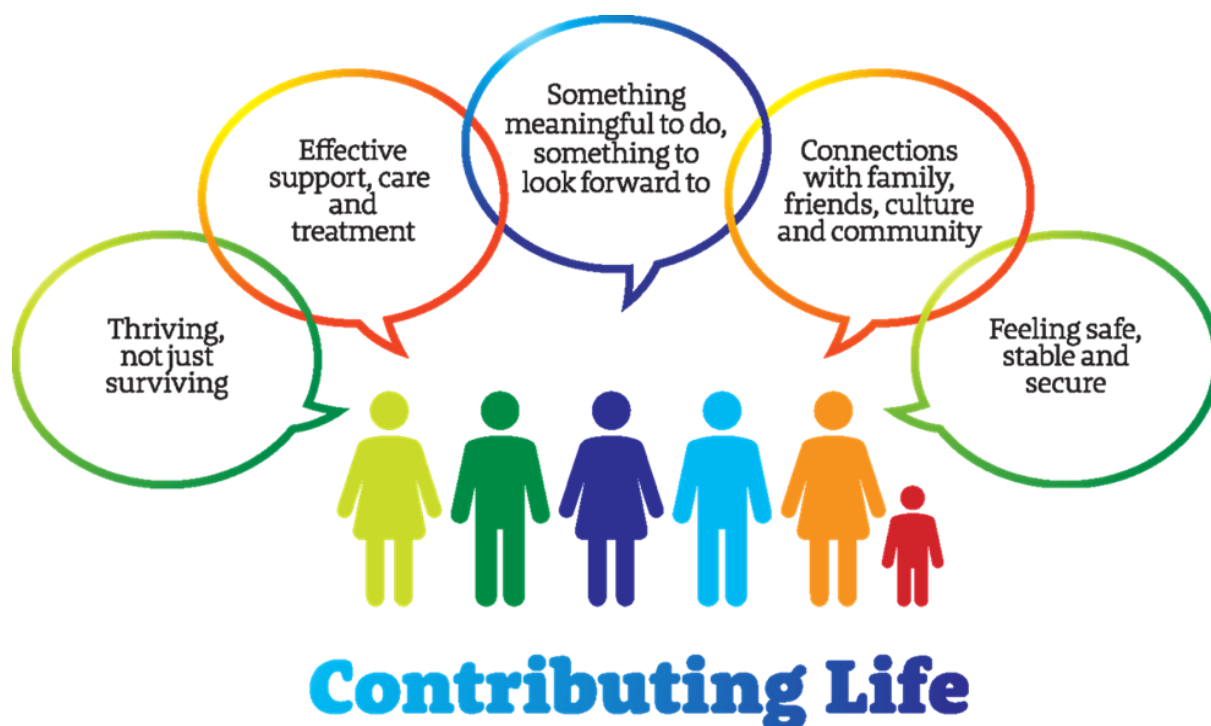
- We value individuals, interactions and connectedness.
- We respect and acknowledge everyone's input, skills and experience.
- We believe in working together.
- We acknowledge the importance of effective communication.
- We support engagement and participation at all levels to enhance our outcomes.

Accountability

- We value our independence and transparency.
- We take accountability for our commitments and actions and expect no less of others.
- We are reflective and open to feedback.
- We ensure correct information.

Contributing Lives, Thriving Communities

At the Commission we believe that everyone has the right to lead a Contributing Life, built from:



The National Mental Health Commission (the Commission) is a listed entity under the *Public Governance, Performance and Accountability Act 2013* with the Commission's purpose set out in clause 15 of Schedule 1 of the *Public Governance, Performance and Accountability Rule 2014*.

The Commission's purpose is to monitor and report on investment in mental health and suicide prevention initiatives, provide evidence based policy advice to Government and disseminate information on ways to continuously improve Australia's mental health and suicide prevention systems, and act 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.

Throughout 2019–20 and over the next three years, the Commission will seek to continue 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.

The Commission seeks to engage with people with a lived experience of mental health issues, including carers and other support people, in all areas of our work. We affirm the right of all people to participate in decisions that affect their care and to determine the conditions that enable them to live contributing lives. Diverse and genuine engagement with people with lived experience, their families and other support people adds value to decision-making by providing direct knowledge about the actual needs of the community, which results in better targeted and more responsive services and initiatives.

Throughout its existence, the Commission has applied the *Contributing Life* framework to its work – whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. This means we consider people across the lifespan – from pre-birth to old age.

A contributing life can mean many things. It can mean a fulfilling life enriched with close connections to family and friends; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose – whether it be a job, supporting others or volunteering; and a home to live in, free from financial stress and uncertainty. In short, it means thriving, not just surviving.

The Commission will work to support individuals to: live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; participate in community, education and employment; have knowledge, assurance and respect; and be able to contribute to socially and economically thriving communities.

Indigenous Australians have significantly higher rates of mental distress, trauma, suicide and intentional self-harm, as well as exposure to risk factors such as stressful life events, family breakdown, unemployment, racism, discrimination, imprisonment, crime victimisation and alcohol and substance misuse. Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing will be a priority across all the Commission's key work areas.

The Commission will facilitate collaboration across all sectors to promote mental health 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.

Environment

Poor mental health has significant personal, economic, productivity and social impacts. The converse is also true – improving the mental health and wellbeing of all Australians builds the mental wealth of our nation which should rightly be recognised as a valuable national asset.

A difficult challenge facing Australian 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 and physical health treatment and care is important, but to prevent mental health difficulties and enable recovery, individuals and their families also need timely access to the right type of social, economic and community-based supports.

The issues transcend portfolio and intergovernmental barriers, and include employment, education, housing, justice, income support, early childhood and family support, aged care, psychosocial services, Indigenous and culturally and linguistically diverse communities, defence and veterans' affairs. The Commission has been instrumental in building the case for reform across a range of these areas, including through our work on the economics of mental health, housing and homelessness, and the establishment of the Mentally Healthy Workplace Alliance, but much more remains to be done. Addressing stigma and discrimination is also critically important.

In addition to the reforms already initiated in response to the Commission's Review of Mental Health Programmes and Services, the Fifth National Mental Health and Suicide Prevention Plan endorsed by the COAG Health Council in August 2017 sets out eight priority areas that require national leadership and a collaborative approach by governments working together. These include regional planning and integration, suicide prevention, coordinating care for severe and complex mental illness, Aboriginal and Torres Strait Islander mental health, the physical health of people with a mental illness, safety and quality in mental health, stigma and discrimination, and enabling effective system performance and improvement.

Experiences during the early years of life can have lifelong effects on a person's achievements, social adjustment, physical and mental health, and life expectancy. There is overwhelming evidence to show how important infancy, childhood and adolescence is to determining opportunities and outcomes for people throughout the lifespan. For children with, or at risk of experiencing, a mental illness, prevention and early intervention is critical to improving long term outcomes across education, employment, social relationships, community participation and family life.

Also, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 will guide improvements in the delivery of services to Aboriginal and Torres Strait Islander people. It reflects the more holistic concept of Indigenous health and social and emotional wellbeing.

A landmark reform occurring across Australia is the implementation of the National Disability Insurance Scheme (NDIS). Psychosocial disability is included within the NDIS, meaning that those who meet eligibility for the scheme can look forward to supports that not only meet their needs, but are also chosen by them and under their control.

At a time of significant change and development, the Commission continues to undertake work that monitors and reports on investment in mental health and suicide prevention initiatives, provides evidence based policy advice and disseminates information on ways to continuously improve Australia's mental health and suicide prevention systems, and acts as a catalyst for change to achieve those improvements. Given the complex interplay between sectors, jurisdictions and systems, the Commission plays a crucial leadership and accountability role. We aim to inspire effective change and to drive reform.

The Commission's accountability and monitoring role is critical to ensuring the government and the community receive a complete picture of the level of mental health and wellbeing in Australia and to ensuring reforms are delivering results and value for money. Independent monitoring and reporting is one of the Commission's core functions. The Commission also seeks to share data analyses, best practice examples, and the stories and experiences of mental health consumers and carers.

To ensure that the Commission is well placed to achieve its key objectives in the current environment, we will establish work streams that encompass mental health and suicide prevention systems reform; broader systems reform to enable a contributing life; monitoring, analysis and reporting; and corporate functions.

Factors which may impact on the Commission's success:

There are many factors internal and external to the organisation which may impact on the Commission's performance.

They include, but are not exclusive of:

- Collaboration between key stakeholders to implement changes
- Governments' commitment and capacity to invest and redirect funding into areas which add the greatest value
- Government policy to support and influence reform, such as:
 - changes to current government direction, policy or legislation
 - the need to invest in workforce reform
 - investment and a re-focus on prevention and early intervention
 - investment in technology and innovation
 - a clear coordinated national approach to suicide prevention.

The Commission does not anticipate these factors to be of significant risk. There is substantial stakeholder alignment with the reform directions, the Commission has an established reputation for working collaboratively with all key stakeholders, and there is broad support for our independent advisory function to government and the community.

Performance

Work plan 2019–20

The Commission's Work Plan 2019–20 has been developed in collaboration with the Chair and Commissioners.

Key work areas:

1. Monitoring and reporting

The Commission delivers an annual report to the Australian Government and the community, providing a broad analysis of the mental health and suicide prevention system in Australia. This report draws on data, indicators and frameworks, as well as qualitative accounts, to inform an assessment of whether progress is being achieved in the implementation of mental health reforms and the impact of any changes. Current and ongoing areas of particular focus are reforms relating to regional integration and planning of mental health services through Primary Health Networks, suicide prevention and the rollout of the National Disability Insurance Scheme.

The Commission also considers the outcomes and the experiences of mental health consumers and carers, using analyses at national, regional and local levels (where appropriate), and will identify and report on areas where further change is needed.

The needs of Aboriginal and Torres Strait Islander people, and other at-risk groups, warrant specific attention to ensure that their needs are being appropriately addressed.

The Commission also delivers an annual report to COAG Health Ministers on the progress of the implementation of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan). This report provides specific analysis of data and qualitative accounts against the indicators specified in the Fifth Plan.

The Commissioners report biannually to the Prime Minister and the Minister for Health on mental health and suicide prevention reforms.

Targets in 2019–20

1. National Report on Mental Health and Suicide Prevention
Publicly release the annual National Report on Mental Health and Suicide Prevention by 31 October 2019.
2. The Fifth National Mental Health and Suicide Prevention Plan
Deliver a report to COAG Health Ministers on the progress of implementation of The Fifth National Mental Health and Suicide Prevention Plan annually.
3. Monitor, report and provide evidence based policy advice on investment in mental health and suicide prevention initiatives.

Targets over the next four years:

4. Report on Mental Health and Suicide Prevention

Continue our independent reporting on whole-of-life outcomes and experiences of mental health consumers and carers, and tracking progress in implementing national mental health reforms, and investment in mental health and suicide prevention initiatives.

5. The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)

We will deliver an annual report to COAG Health Ministers on the implementation of the Fifth Plan. We will also:

- continue the development of the consumer and carer guide for safety and quality in participation (Action 21.3 – to be completed 2020).
- continue the development of a national mental health research strategy (Action 28 – to be completed 2021).
- continue the development of Peer Workforce development guidelines (Action 29 – to be completed 2021).
- drive coordinated mental health reform through membership of the Mental Health Principal Committee: the Mental Health Expert Reference Panel (Actions i and 8); the Suicide Prevention Project Reference Group (Action ii); and the Mental Health Information Strategy Standing Committee.

6. National Disability Insurance Scheme (NDIS)

- Work collaboratively with the National Disability Insurance Agency (NDIA) to monitor and report how people with a severe and complex mental illness access and obtain supports under the NDIS.
- Monitor and report on access to psychosocial and mental health support, for those who do not qualify for support under NDIS.

7. Mental health reform

- Promoting the role of consumers and carers in the Primary Health Networks' (PHNs') actions involving co-design, co-development and co-commissioning of services.
- Monitoring and reporting on the PHNs' performance in implementing the Fifth Plan.
- Report on lessons and successes from national reporting on the PHN Performance and Evaluation Framework, and PHNs' performance on commissioning services in the relevant priority areas, and sharing lessons more broadly through reports, relevant expert advisory groups, and other stakeholder engagement.
- Monitor and report on new trial of eight adult community mental health centres.

8. Suicide prevention

- Work collaboratively with stakeholders in support of the objectives of the suicide prevention priority area within the Fifth Plan.
- Engage collaboratively with stakeholders to understand and share the learnings from trials of regional suicide prevention approaches, including PHN sites, the Black Dog Institute's Lifespan trials, the Critical Response Team, and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP).

- Work collaboratively with Australian Institute of Health and Welfare (AIHW) and the Australian Government Department of Health (DoH) on the progression of the suicide monitoring project.
- Provide advice on specific issues related to suicide prevention, including those involving cross-agency or cross-sectoral collaboration.

9. Aboriginal and Torres Strait Islander mental health

- Continue to actively promote a focus on improving the mental health and wellbeing of Aboriginal and Torres Strait Islander people through a range of avenues, including submissions, advocacy and partnerships.
- Contribute to the development of the Indigenous Evaluation Strategy to ensure it addresses social and emotional wellbeing, mental health and suicide prevention programs. Monitor and report on activities under Priority Area 4: Improving Aboriginal and Torres Strait Islander mental health and suicide prevention in the Fifth Plan.

10. Data and data capability

Drive further development of data and data capability to support comprehensive national reporting on whole-of-life outcomes and system performance, by:

- Influencing and contributing to national data development priorities through the Mental Health Information Strategy Standing Committee (MHISSC) of the Mental Health Principal Committee (MHPC) that reports to the Australian Health Minister's Advisory Council (AHMAC).
- Working in partnership with the AIHW and the Australian Bureau of Statistics to analyse data for key indicators in national reporting frameworks.
- Exploring further data linkage opportunities.
- Developing an appropriate level of analytical capacity within the Commission.

2. Shaping the future

The Commission is involved in and leading the development of many new policy initiatives to develop a long-term approach to improve the mental health of all people in Australia.

Target in 2019–20

- Develop in consultation with consumers, carers, families and the mental health sector the *2030 Vision for Mental Health and Suicide Prevention*.
- Deliver a National Children's Mental Health and Wellbeing Strategy.
- Lead the Mentally Healthy Workplace Alliance to develop the National Workplace Initiative.
- Consider the outcomes of the Productivity Commission's Inquiry into the social and economic benefits of improving mental health in relation to the Commission's role and the mental health and suicide prevention sector.
- Deliver the Australian Mental Health Leaders Fellowship program.

Target over the next four years:

- Continue to build and deliver the Australian Mental Health Leaders Fellowship.
- Deliver the National Workplace Initiative.

3. Consumer and carer engagement and participation

Diverse and genuine engagement with people with lived experience, their families and other support people adds value to decision-making by providing knowledge that informs how to better design and target services and make them more responsive. Their perspective can also assist in developing policy options, in the governance and evaluation of initiatives and services, and in the education and training of staff.

The Commission actively promotes the right of all people to participate in decisions that affect their care and the conditions that enable them to live contributing lives and will document and promote best practice in consumer engagement and participation. Consideration will include strategies to enable the engagement and participation of Aboriginal and Torres Strait Islander people and those of other vulnerable groups such as those who are culturally and linguistically diverse.

Target in 2019–20:

- Finalise the development of a practical guide for consumer and carer participation and engagement in mental health and suicide prevention.
- Conduct an annual survey to understand the impact of the Fifth Plan activities for consumers, carers, families and support people.

Target over the next four years:

- Investigate opportunities to promote and support consumer-led research in mental health and suicide prevention.
- Continue the development of a guide for consumers and carers to strengthen their role in ongoing safety and quality initiatives in mental health services, in consultation with National Mental Health Consumers and Carers Forum and Safety and Quality Partnership Standing Committee (to be completed by 2020).
- Monitor and report on the level of engagement and participation with consumers and carers by the key stakeholders responsible for implementing the Fifth Plan.

4. Workforce growth and development

A sustainable, skilled and appropriate workforce is fundamental to the effective and safe provision of care and support for people with mental illness, their families, carers and support people. However, as identified in the Fifth Plan, there are ongoing concerns about the distribution and future sustainability of mental health and suicide prevention workforces, including the need to develop national professional consumer and carer peer workforces and capability within services accessed by Aboriginal and Torres Strait Islander people.

Although these issues have long been recognised as a priority in national and other strategies, the mental health and suicide prevention workforce is an area that continues to be identified to the Commission as requiring attention.

The Australian Government is developing a National Mental Health Workforce Strategy to build a sustainable, well distributed and culturally competent mental health workforce to deliver services across Australia over the next ten years from 2020. This strategy will be submitted to COAG Health Ministers for endorsement.

The Fifth Plan includes a specific action ‘to develop a Workforce Development Program that will guide strategies to address future workforce supply requirements and drive recruitment and retention of skilled staff.’ In the context of this future stream of work, the Commission will continue to highlight areas for improvement to support workforce growth and development in mental health and suicide prevention.

Target for 2019–20

- Progress the development of the National Mental Health Workforce Strategy with the Australian Government DoH and key stakeholders.

Target over the next four years

- Provide evidence-based advice on specific issues relating to the mental health and suicide prevention workforces, including the peer workforce.
- Continue the development of Peer Workforce Development Guidelines to clarify role delineation for peer workers and effective anti-stigma intervention with the health workforce, progressed in consultation with all governments, mental health commissions, consumers and carers and the mental health sector (to be completed by 2021).

5. Mental health research

Research into mental health and suicide provides practitioners and policy makers with the evidence base to support informed decision making and provide better outcomes for consumers and carers.

The Commission is committed to enhancing the capacity and capability of the mental health sector to support research endeavours. A National Mental Health Research Strategy would assist with this goal, including methodologies to identify priority areas for future research and for achieving optimal translation of research into practice. Ensuring a research approach that encompasses Aboriginal and Torres Strait Islander people will be essential.

Target in 2019–20:

- In collaboration with appropriate research agencies and key stakeholders including, consumers and carers, states and territories, continue to progress the development of a National Mental Health Research Strategy (NMHRS).

- Collaborate with the Million Minds Mental Health Research Mission strategy, the DoH office of mental health research and other key research bodies to complement our work on the NMHRS.

Target over the next four years:

- Continue to develop the NMHRS in collaboration with the National Health and Medical Research Council, Medical Research Future Fund, consumers and carers, states and territories, research funding bodies and prominent researchers.
- Develop a principles based framework to support and guide mental health research, while ensuring research actively involves those with lived experience of mental health issues, their families and other support people.

6. Strengthen the Commission to enhance effectiveness

The Commission seeks to continuously improve its performance and operations.

Target in 2019–20:

- Use the expertise of Commissioners in the work of the Commission.
- Align Commission meetings with the Work Plan.
- Align staffing and budget resources with key priorities.
- Enhance staffing capability, skill and expertise through targeted training, development and recruitment.
- Deliver on the Commission's commitment in how we embed Aboriginal and Torres Strait Islander people into our workplace, ways of working, monitoring and reporting and future employment opportunities.
- Develop a community and stakeholder engagement plan, including State and Territory engagement.
- Redevelop the Commission's website and provide accessible information about mental health and suicide prevention and the work of the Commission.

Target over the next four years:

- Move the Commission towards being an authoritative national leader that is clearly understood by government, the mental health sector and the community more broadly.
- Build the efficiency and effectiveness of the Commission, support and develop staff and continue to improve operations within budget.
- Consider the long term governance structure and strategic positioning of the Commission and the role of the Advisory Board.
- Continue to engage with a diverse range of stakeholders to inform the Commission's work.
- Continue to improve the Commission's website functionality and content, and access to information.

Capability

To achieve the Commission's purpose, expertise in public sector policy, mental health and suicide prevention is needed. The Commission engages highly skilled and experienced staff and has Commissioners on the Advisory Board who bring a broad range of expertise from across different sectors. The Commission works collaboratively with stakeholders from the government, private and community sectors. People with a lived experience of mental health, including carers and other support people, are involved in all areas of the Commission's work.

People and culture

The Commission has a culture of professionalism, with leadership and resources that enable a high standard of performance. Staff demonstrate the values of the Commission in all that they do, and are afforded opportunities to build their skills, with continuous learning promoted. The Commission has clear governance arrangements and processes to ensure accountability, and encourages a workplace culture of openness, diversity and inclusiveness.

The Commission actively encourages and promotes a mentally healthy workplace.

Commissioners

The Chair and Commissioners bring a range of expertise and perspectives. They are committed to giving an independent view of system performance and a voice to the experiences of people living with mental health difficulties or suicide risk, and their families and support people. The Commissioners provide leadership and advice that informs the work and strategic direction of the Commission.

Staff

The CEO and executive provide leadership and align individual performance with the Commission's goals. Staff are committed, skilled, motivated and responsive, and achieve results. Staff capability is developed through ongoing workforce planning and participation in the performance and development scheme.

Partners

The Commission collaborates and partners with external stakeholders to influence change and drive improvement and to maximise effort and resources.

The Commission has in place a Paid Participation Policy which recognises the valuable specialised and expert contributions made by people who have a first-hand experience of a mental health condition or are a family member or other support person.

The Commission also works closely with research institutions, industry providers and state and territory governments to leverage expertise and resources, to ensure robust, reliable and accountable advice and reporting.

Operations

The Commission is committed to working in line with the APS Values and applying whole-of-government initiatives and will continue to work towards increased productivity through flexibility and innovation.

The community expects a whole-of-government experience with access to information, security of data and protection of privacy, and we are committed to meeting these expectations.

The Commission operates in a corporate shared services environment and regularly reviews internal systems and procedures to simplify and streamline its operations and make best use of resources.

Fiscal environment

The Commission's budget is published in the Portfolio Budget Statements 2019–20.

Risk oversight and management

The Commission is an independent executive agency in the Health Portfolio, established under the *Public Service Act 1999*. The Commission operates as a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* and complies with the Commonwealth Risk Management Policy.

The Commission's risk profile and tolerance is somewhat different to other Commonwealth agencies. We are a small entity that provides independent 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.

A relatively high overall appetite for risk is behind the Commission's main functions and greatest opportunities – delivering regular, independent reports on Australia's performance in promoting good mental health and wellbeing, preventing mental ill health, and supporting people living with mental health difficulties and their families and friends; and providing frank and fearless advice on issues of national significance or impact. In other areas the Commission has no tolerance of risk, that is, of dishonest, deceptive and fraudulent conduct.

The Commission's approach to risk management is supported by an Audit Committee, comprised of at least two independent members who have a broad range of skills including finance and risk management, and auditing standards in a public sector environment.

The Commission's Risk Management Framework aims to support and develop an enterprise-wide approach to risk management and a culture that supports risk management as an everyday part of the work of all staff. It also reflects the operating and resource realities of a small agency.

The development of the Commission's Risk Management Framework has been completed with reference to, and in compliance with, AS/NZS ISO 31000:2009 Risk Management - Principles and Guidelines and the Commonwealth Risk Management Policy and the Risk Management Better Practice Guide.

Collectively, the Commission strives for a culture and a risk management approach that helps us continuously improve. This brings many potential benefits, including 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.

Individually, managing uncertainty and risk in a highly fluid environment is the responsibility of all Commission staff. They are expected to understand and manage risk as 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, secretariat services and community engagement.