

The National Mental Health Commission's

Corporate Plan

2018–2022



Australian Government

National Mental Health Commission

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Introduction

I, as the interim Chief Executive Officer (accountable authority) of the National Mental Health Commission, present the 2018–19 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 2018–2022, 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 2018–19 will report against this plan.



Ms Maureen Lewis
Interim Chief Executive Officer

17 August 2018

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.

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



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 National Mental Health Commission's purpose is to provide insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems and to 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 2018–19 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.

In November 2014, the Commission delivered to the Australian Government *Contributing Lives, Thriving Communities: Report of the National Review of Mental Health Programmes and Services*. The vision for the Review was captured in its title – *Contributing Lives, Thriving Communities*. It is framed by the *Contributing Life* principles and recognises that if people can live fully contributing lives, this will enable socially and economically thriving communities, and a more productive Australia.

The Review found that the growth in costs of mental illness can be curtailed and outcomes improved by better matching services to need. It set out 25 recommendations across nine strategic directions aimed to assist the reform of Australia's mental health and suicide prevention systems to enable more people to lead contributing lives and build thriving communities.

The Australian Government's response, provided in November 2015, effectively endorsed many of the recommendations, in full or in principle. Much of the Commission's focus going forward is on ensuring that implementation of those reforms progress, and that a whole-of-person, whole-of-system and whole-of-life approach delivers a sustainable mental health system and improves mental health and wellbeing in Australia.

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.

Achieving improved outcomes across all areas outlined above will require action and improvements at a local level, as well as at a national level.

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 mental health.

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. The promise within the model is exciting, although early implementation has brought significant challenges that need to be resolved as progressive roll-out occurs. Full implementation is scheduled to be complete in 2019–20.

At a time of significant change and development, the Commission continues to undertake work that provides insight, advice and evidence on ways to 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 ensure 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 2018–19

The Commission's Work Plan 2018–19 has been developed in collaboration with the Chair and Commissioners and links to the Recommendations from *Contributing Lives, Thriving Communities*.

Key work areas:

1. Monitoring and reporting

A core function of the Commission is independent monitoring and reporting on the extent to which people with lived experience of mental illness, their families and other support people, are supported to live contributing lives, across health and other domains, such as early childhood, education, employment, disability and housing.

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, digital health, 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 such as those who are culturally and linguistically diverse, warrant specific attention to ensure that their needs are being appropriately addressed.

The Commission also delivers an annual report to the 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 reforms.

Targets in 2018–19

1. National Report on Mental Health and Suicide Prevention
Publicly release the annual National Report on Mental Health and Suicide Prevention by 31 December 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 by October 2018.
3. Provide advice to the Prime Minister and Minister for Health on mental health reforms.

Targets over the next four years:

1. National Report on Mental Health and Suicide Prevention
Continue our independent reporting on whole-of-life outcomes and experiences of mental health consumers and carers, best practice examples of systems and services to support contributing lives, and tracking progress in implementing national mental health reforms.
2. 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:
 - collaborate to develop a range of products, including: a consumer and carer guide (Action 21.3 – to be completed 2020).
 - development of a national mental health research strategy (Action 28 – to be completed 2021).
 - development of Peer Workforce development guidelines (Action 29 – to be completed 2021).
 - drive coordinated mental health reform through membership of the Mental Health Expert Reference Panel (Actions i and 8); the Suicide Prevention Project Reference Group (Actions ii); the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group (Actions iii); and the Mental Health Information Strategy Standing Committee.
3. National Disability Insurance Scheme (NDIS)
 - Continue a working relationship with the National Disability Insurance Agency (NDIA) to understand current and new data collections which will enable the monitoring of support received by people with severe and complex mental illness.
 - Monitor and report on access to psychosocial and mental health support, particularly for those who do not qualify for support under NDIS.

4. 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 the evaluation of PHN lead sites in mental health and suicide prevention, and sharing lessons more broadly through reports, relevant expert advisory groups, and other stakeholder engagement.
- As required, provide advice and support to PHNs, including PHN guidance material, to promote uptake of relevant Commission projects, for example, improving the physical health and wellbeing of people with a mental illness, consumer and carer engagement and participation, and development of the peer workforce.
- Support PHNs to build capacity and guide planning and commissioning of mental health services and suicide prevention, and to improve service integration through a more flexible and joined-up system at a local level.
- Report on lessons and successes from evaluations of PHN lead sites.

5. 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).
- Monitor and report on evaluated results about what is demonstrated to work in achieving national, regional and local progress on reductions in suicides and suicide attempts.
- Provide advice on specific issues related to suicide prevention, including those involving cross-agency or cross-sectoral collaboration.

6. Housing and homelessness

- Continue to monitor and report rates of people with mental illness who are homeless and advocate for policy levers to improve outcomes.

7. Seclusion and restraint

- Continue to promote best practice in the reduction of the use of restrictive practices, including supporting a national forum to bring together key stakeholders to share knowledge of what is working and what is not.
- Support work to promote cultural change to reduce seclusion and restraint, including promoting the translation of research findings regarding the mental health nursing workforce and ways to reduce their use of seclusion and restraint as an intervention within mental health services.

8. Aboriginal and Torres Strait Islander mental health

- Include a specific focus on Aboriginal and Torres Strait Islander people in all aspects of the Commission's work program.
- Support activities to be developed under the Fifth Plan and participate in their implementation, as appropriate.
- Develop and implement a Reconciliation Strategy for the Commission.
- Include the monitoring of mental health outcomes and broader social indicators for Aboriginal and Torres Strait Islander people.
- 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 research, advocacy and partnerships.
- Support the development of knowledge and practice to address trauma.
- Monitor mental health outcomes and broader social indicators for Aboriginal and Torres Strait Islander people.

9. 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, Drug and Alcohol Principal Committee (MHDAPC) that reports to the Australian Health Minister's Advisory Council (AHMAC).
 - Working in partnership with the Australian Institute of Health and Welfare and the Australian Bureau of Statistics to analyse data for key indicators in national reporting frameworks.
 - Working with the National Disability Insurance Agency (NDIA) to report on psychosocial disability in the Commission's annual national report.
 - Exploring further data linkage opportunities.
 - Developing an appropriate level of analytical capacity within the Commission.
- Support the development of data and indicators that facilitate national reporting.
- Support the review of the national information priorities in mental health.
- Consider how the Commission can contribute to monitoring the implementation and impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023.

2. Vision 2030: A blueprint for mental health services

The Commission is leading the development of Vision 2030: A Blueprint for Mental Health Services (Vision 2030) to develop a long-term approach to improve the mental health of all people in Australia.

Target in 2018–19

In order to more fully comprehend the opportunities available for improving coordination and effectiveness of mental health investment and activity across Australia, a comprehensive national baseline allocation of resources needs to be clarified. The activities underway are:

- Progress mapping from the national perspective of prevalence data from surveys, suicide rates and other data sources and what services are currently being delivered across the public, private and non-government organisation (NGO) sectors. The process will take a whole of lifespan approach, informed by the social determinants of health, the advice of consumers, carers and clinical best practice.

While some jurisdictions have this work underway, the Commission seeks to assemble a picture for the whole of the nation to allow informed advice to be provided to the Australian Government on how to better balance the service system in terms of future investment. Access for the Commission to the National Mental Health Services Planning Framework would be required to undertake this work.

Target over the next four years:

Deliver Vision 2030: A blueprint for mental health services to the Australian Government.

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 2018–19:

- Progress and promote ways to support and monitor effective and safe consumer and carer engagement and participation, including the development of a best practice guide for consumer and carer participation and engagement in mental health and suicide prevention.
- Conduct a national public consultation to understand the impact of the Fifth Plan activities for consumers, carers, families and support people.

Target over the next four years:

- In consultation with the National Mental Health Consumer and Carer Forum and the Safety and Quality Partnership Standing Committee, develop guidance for consumers and carers that outlines how they can participate in mental health services so that their role in ongoing safety and quality initiatives is strengthened (to be completed by 2020).
- Investigate opportunities to promote and support consumer-led research in mental health and suicide prevention.
- Commence the development of a guide for consumers and carers to strength their role in ongoing safety and quality initiatives in mental health services, in consultation with National Mental Health Consumers and Carers Forum and SQPSC (to be completed by 2020).
- Commence 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 mental health sector (to be completed by 2021).
- Monitor and report on consumer and carer participation.
- Continue to work collaboratively to build capacity and to enhance consumer and carer engagement and participation across the mental health and broader sectors.
- Based on the scoping of current activities to engage consumers and carers, identify actions to pursue opportunities identified for improvement.

4. Prevention and early intervention

We consider that an ‘invest to save’ approach is required in supporting the growth and development of services to support those living with mental health issues and their families and other support people. Preventative mental health programs and early and effective treatment for mental illness can generate substantial economic benefits through enhanced productivity and labour force participation. The potential benefits cross sectors and generations, with improved outcomes across the health, justice, communities and educational sectors.

This approach will also serve to enhance outcomes for Aboriginal and Torres Strait Islander people, and other vulnerable groups, such as culturally and linguistically diverse.

Promoting mental health and wellbeing in the workplace is a tangible demonstration of the potential economic benefit of investing in mental health. It has been demonstrated to deliver enhanced productivity through reduced absenteeism and presenteeism, reduced staff turnover and increased job satisfaction. The National Mental Health Commission was instrumental in establishing the Mentally Healthy Workplace Alliance with business, industry, government and non-government organisations to achieve enhanced mental health and wellbeing in the workplace.

Target in 2018–19:

- Continue economic modelling, using a return to investment framework, on ten interventions focussed on mental health promotion and prevention.
- Continue to participate and support the work of the Mentally Healthy Workplace Alliance in developing a national framework that will provide a definitive set of national workplace mental health best practices; simple, practical implementation guidance; and, implementation support for workplaces.

Target over the next four years:

- Undertake a program of work to examine practical and achievable approaches to change the focus of mental health service provision towards prevention and early intervention initiatives.
- Participate and support the implementation of priorities identified through the Mentally Healthy Workplace Alliance.
- Continue to monitor and bring the recommendations of *Contributing Lives, Thriving Communities* to the attention of policy makers and promote the need for further intersectoral action where required.

5. Improve the physical health of people living with mental illness

People with mental illness experience significantly worse health outcomes than those without a mental illness, including a significant reduction in life expectancy, particularly for those with severe mental illness. The reasons for this are complex, but include reduced access to services, reduced service offerings (which may be due in part to diagnostic overshadowing), adverse treatment effects, reduced adherence to treatment, and stigma and discrimination, including from the health workforce. The greater level of morbidity and the gap in life expectancy for those living with mental illness has been known for many years, but there has been a lack of coordinated action to address the deficiencies in care. Particular attention is required to achieve sustainable change for Aboriginal and Torres Strait Islander people for whom there is a significant gap in health outcomes, even for those living without mental illness.

The National Mental Health Commission partnered with a range of key stakeholders and developed the *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia (Equally Well Consensus Statement)* which includes six areas of focus for sustained attention to achieve an improvement in health outcomes. It has been endorsed by consumer and carer groups, professional colleges, NGOs and relevant government agencies. Continuing a partnership approach will be a key to achieving effective change.

Target in 2018–19:

- Work with the Equally Well Implementation Committee (EWIC) to have agreed strategic priorities focussed on supporting implementation activities across the six elements of Equally Well, aligned with the Fifth Plan actions and with the key stakeholder groups.
- Support the maintenance of the Equally Well website that is designed to inform a broad range of stakeholders.
- Monitor and report on implementation of the *Equally Well Consensus Statement* across jurisdictions, and track the impact of changes occurring as a result. The Fifth Plan identifies 'improving the physical health of people living with mental illness and reducing early mortality' as a National Priority Area, calling on governments to support Equally Well. The Fifth Plan requires Local Hospital Networks (LHNs) in each jurisdiction to work with Primary Health Networks (PHNs) from mid-2018, to ensure joint and joint clinical governance of the treatment of physical illness in people living with mental illness.

Target over the next four years:

- Continue to monitor and report on implementation of the *Equally Well Consensus Statement* across jurisdictions.
- Action further activities in support of the *Equally Well Consensus Statement* as appropriate.

6. 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 Commission's 2014 Review and more recently the Fifth National Mental Health and Suicide Prevention 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 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 2018–19

- Analyse the distribution of the mental health and suicide prevention workforces, including current and future projections around workforce supply and demand.

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 to collaborate with key stakeholders to support the growth and development of the workforces.
- Monitor and report on progress in the development of a national mental health peer workforce.

7. Mental health research

Mental health represents a significant percentage of the burden of disease in Australia but does not achieve proportionate representation in health research funding. This is in part likely due to a capacity issue for the workforce and for mental health services.

Furthermore, much of the research that is done is investigator driven, and does not inform mental health policy priorities or mental health service delivery, nor does it cover the issues that matter most to consumers and carers, or to the mental health workforce. The translation of research is another area requiring greater focus within the mental health sector, with a very considerable gap between the acquisition of new knowledge and it being incorporated in use in treating services.

The National Mental Health 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, setting out 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 2018–19:

- In collaboration with appropriate research agencies and key stakeholders including, consumers and carers, states and territories, commence the development of a National Mental Health Research Strategy (NMHRS).
- Collaborate with the Million Minds Mental Health Research Mission strategy to complement our work on the NMHRS.

Target over the next four years:

- In accordance with the Fifth Plan, develop a national mental health research strategy (Action 28 – to be completed 2021).
- 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.
- Continue to pursue equity in funding for mental health research, with a focus on ensuring research actively involves those with lived experience of mental health issues, their families and other support people.
- Support alignment of mental health and suicide prevention research, policy and practice with the identified needs and participation goals of mental health consumers and carers.
- Monitor and report on this activity.

8. Strengthen the Commission to enhance effectiveness

The Commission seeks to continuously improve its performance and operations.

Target in 2018–19:

- Enhance staffing capability, skill and expertise through targeted training, development and recruitment.
- Develop and implement a stakeholder engagement plan.
- Utilise the expertise of Commissioners in the work of the Commission, and align Commission meetings with the Work Plan and stakeholder engagement plan.
- Develop a community engagement plan.
- Redevelop the Commission's website.

Target over the next four years:

- Build the efficiency and effectiveness of the Commission, support and develop staff and continue to improve operations within budget.
- Continue to use Commissioner expertise in the work of the Commission.
- Continue to engage with a diverse range of stakeholders to inform the Commission's work.
- Partner with stakeholders to progress improvements to mental health and suicide prevention outcomes.

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 2018–19.

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 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 very small agency.

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.