



Australian Government
National Mental Health Commission

National Mental Health Commission

Corporate Plan

2017 – 2021

Introduction

I, as the Chief Executive Officer (accountable authority) of the National Mental Health Commission, present the 2017-18 National Mental Health Commission's Corporate Plan, which covers the reporting periods of 2017-2021, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*.

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 2017-18 will report against this plan.



Dr Peggy Brown
Chief Executive Officer
Commissioner

14 August 2017

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 trusted.

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.

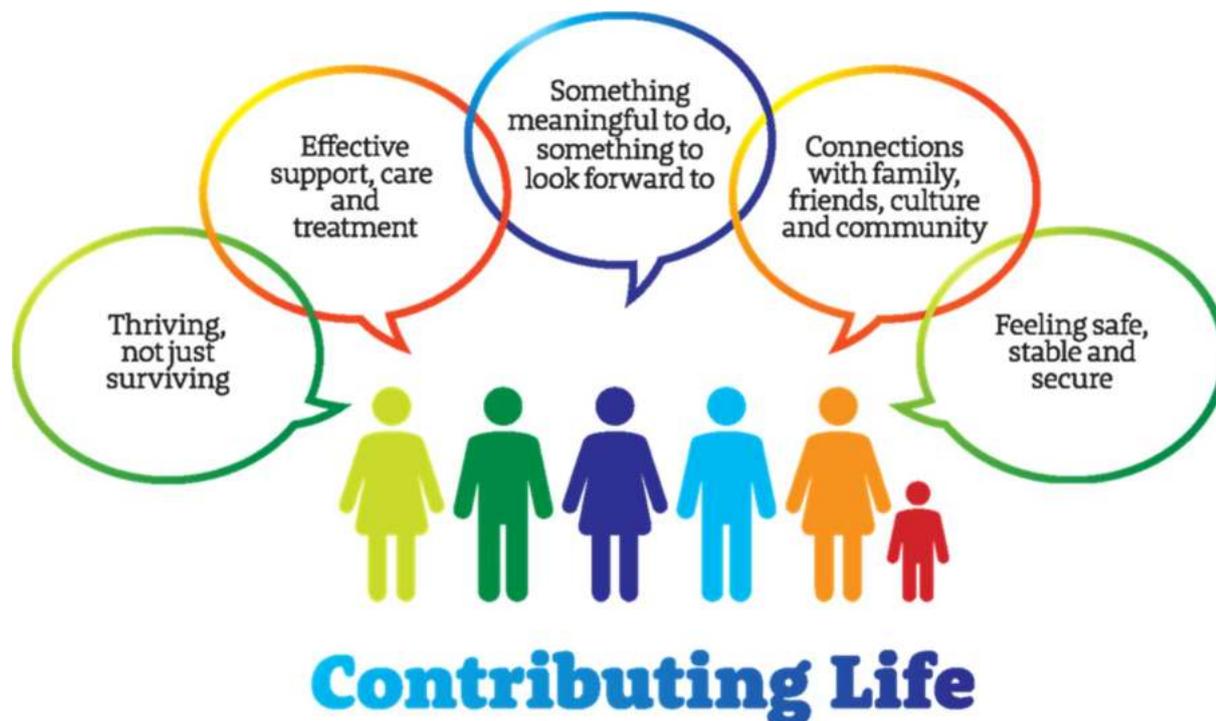
Collaboration

- 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.
- We shine a light on darkness.

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 2017-18 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 – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing.

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 people 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 is 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 i.e. that 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 twenty-five 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 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.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 will also guide improvements in the delivery of services to Aboriginal and Torres Strait Islander peoples, and 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
- 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
- Development and adoption of agreed national targets and performance measures across the jurisdictions
- Investment in technology and innovation
- A clear coordinated national approach to suicide prevention
- Internal resourcing

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

The Commission's Work Plan 2017-18 has been developed in collaboration with the Chair and Commissioners and links to the Recommendations from *Contributing Lives, Thriving Communities*.

Work Plan 2017 -18

Key work areas:

1. Hold the system to account for improved outcomes in mental health and suicide prevention

A core function of the Commission is independent 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 considers the outcomes and the experiences of mental health consumers and carers, using analyses at national, regional and local levels (where appropriate), and identifies 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.

In its ongoing monitoring and reporting, the Commission 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 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 NDIS. The Commission will monitor the impact of NDIS especially on those who do not qualify for supports under NDIS. The Commission will also report on the implementation and impact of the Fifth National Mental Health and Suicide Prevention Plan.

Target in 2017-18:

- Finalise a reporting framework to guide future monitoring and reporting by the Commission.
- Support the development of data and indicators that facilitate national reporting.
- Support the review of the national information priorities in mental health.
- Establish 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.

- Report to the Minister for Health and the Prime Minister every six months on mental health reforms.
- Publish an annual national report on mental health and suicide prevention.
- Deliver an annual report, for presentation to Health Ministers, on the implementation progress of the Fifth Plan.

Target over the next four years:

- 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.
- 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.
- Continue to support the review of national information priorities in mental health.
- 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 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.

2. Facilitate improved approaches to suicide prevention

The Commission is well equipped to give advice to government in support of improved outcomes in suicide prevention, and in addition, will work collaboratively with a wider group of stakeholders to further enhance our capacity as necessary. Current areas for consideration include care provision after a suicide attempt, regional approaches to suicide prevention, and work to improve data capture, analysis and dissemination.

This work may include consideration of targeted strategies for particular population groups, including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse populations, people who are Lesbian Gay Bisexual Transgender Intersex or Queer (LGBTIQ), and people living in rural and remote areas.

The Commission will seek to contribute, where possible, to the work supporting the suicide prevention priority area within the Fifth National Mental Health and Suicide Prevention Plan, including the identification and assessment of current actions, gaps and duplications, and the recommendation of evidence-based approaches to improve the efficiency and effectiveness of suicide prevention across Australia.

Target in 2017-18:

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

Target over the next four years:

- 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 evidence-based advice on specific issues related to suicide prevention, including those involving cross agency or cross sectoral collaboration.

3. Support the role of Primary Health Networks in relation to mental health and suicide prevention

The Commission supports the vital role that PHNs will play as part of the new architecture supporting a regional approach to mental health and suicide prevention, and acknowledges their important contribution in facilitating the achievement of a contributing life for people with mental health issues. It is anticipated therefore that all PHNs will make mental health a priority area of focus. Working with PHNs and the Australian Government Department of Health, the Commission will monitor and support PHNs in transitioning to commissioning and planning mental health and suicide prevention services according to identified needs within their regions.

The Commission's work will include:

- Promoting the role of consumers and carers in PHN 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 learnings more broadly through reporting, relevant expert advisory groups, and other stakeholder engagement.
- Assisting in developing timely performance indicators which over time demonstrate the outcomes being achieved by PHNs, monitoring achievement (or otherwise) of those outcomes, and providing advice on ways to continuously improve performance.
- As required, providing 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.

Target in 2017-18:

- Promote the role of consumers and carers in the strategies and actions being undertaken by PHNs.
- Finalise guidelines for the PHNs in regard to the peer workforce role in mental health and suicide prevention.
- Promote information from PHN lead sites via the Commission's communications strategy.
- Support development of meaningful outcomes indicators for PHNs in mental health programs.
- Promote guidance materials developed as part of Commission projects, including guidance documents to support improved management of the physical health of people living with a mental illness.

Target over the next four years:

- 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.
- Analyse mental health consumer and carer outcomes at PHN level.
- Report on learnings and successes from evaluations of PHN lead sites in the Annual National Report.

4. Enhance 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 promulgate best practice in consumer engagement and participation. Consideration will include strategies to enable the engagement and participation of Aboriginal and Torres Strait Islander peoples and those of other vulnerable groups such as those who are culturally and linguistically diverse.

Target in 2017-18:

- Scope current practice in consumer engagement and participation, including barriers and enablers to best practice, and promote tools and resources to assist enhanced consumer participation and engagement.
- Identify potential future opportunities to build on existing mechanisms of engagement with consumers and carers in policy development, program design, implementation and monitoring.
- Enhance the capacity of the National Mental Health Commission through the engagement of a Lived Experience and Recovery officer.

- Develop a program to support emerging leaders in the mental health sector, including working collaboratively with other relevant agencies to build the capacity of consumers and carers as part of this approach.
- Support the growth and development of the consumer and carer peer workforce, including the implementation and adoption of structures and processes that support their inclusion in mental health service delivery.
- Develop guidance to enhance the participation of consumers and carers in activities to improve the safety and quality of mental health services, in consultation with the National Mental Health Consumer and Carer Forum (NMHCCF) and SQPSC.

Target over the next four years:

- Continue the development of a Consumer and Carer Guide.
- 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 improvements.

5. Promote the economics of mental health

To be able to live contributing lives, people with mental illness need support across the spectrum of social services, not solely from the health system. This includes housing, education, employment and other social services. Care and support is most effective if coordinated around the needs of the person, rather than the needs of the system.

The National Mental Health Commission considers 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 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.

Ensuring equitable access to insurance products is also an important issue for those living with mental health issues. The Commission considers current practices by the insurance industry to be discriminatory as they continue to significantly disadvantage those with mental illness in relation to life insurance, income protection and trauma insurance, and travel insurance.

Target in 2017-18:

- Complete a paper on the construct of mental wealth of Australia.
- Promote the concept of mental wealth and the economics of mental health widely across central agencies and human services portfolios.
- Commission research in relation to the ten 'best buys' for investment in mental health prevention and early intervention.
- Continue to build intersectoral momentum through strategic engagement and partnerships with government agencies, State and Territory bodies, non-government and private sector organisations and mental health consumers and carers.
- Promote mentally healthy workplaces through the Mentally Healthy Workplace Alliance.
- Participate and support the implementation of priorities identified through the Mentally Healthy Workplace Alliance.
- Continue to work in partnership to highlight the need for change in the insurance industry to offer products that better meet the needs of people with mental illness.
- 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.

Target over the next four years:

- Continue to build the knowledge base in relation to the case for economic investment in mental health and suicide prevention services.
- Collaborate with academic and other agencies and continue to build the capacity for economic evaluations to become a routine part of the commissioning of mental health services.
- Continue to participate and support the work of the Mentally Healthy Workplace Alliance in promoting mental health and wellbeing in the workplace.
- 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.

6. 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 for this population. It has been endorsed by consumer and carer groups, professional colleges, non-government organisations and relevant government agencies. Continuing a partnership approach will be a key to achieving effective change.

Target in 2017-18:

- Establish the Equally Well Implementation Committee (EWIC) to oversee the strategic implementation of the *Equally Well Consensus Statement*.
- Provide support for the secretariat of EWIC for its first year of implementation activities.
- Work collaboratively to support the maintenance of the Equally Well website that is designed to inform a broad range of stakeholders
- Embed the elements of the *Equally Well Consensus Statement* in the Commission's work to promote the broad uptake of priorities as assessed by the EWIC.
- Monitor pledges by organisations to support the *Equally Well Consensus Statement* and promote best practice within pledging organisations.
- Monitor and report on implementation of the *Equally Well Consensus Statement* across jurisdictions, and track the impact of changes occurring as a result.
- Undertake further activities in support of the *Equally Well Consensus Statement* as appropriate.

Target over the next four years:

- Undertake further activities in support of the *Equally Well Consensus Statement* as agreed by EWIC.
- Continue to monitor and report on implementation of the *Equally Well Consensus Statement* across jurisdictions.

7. Housing and homelessness and mental illness

Having somewhere to live that is safe, stable and secure is a fundamental requirement to support mental health and wellbeing, and this is reflected by accommodation being one of five domains of the Contributing Life framework developed by the National Mental Health Commission in 2012. All too often however, people living with mental health issues do not have safety, stability or security in their living circumstances, which in turn adversely impacts their state of mental health. While the factors contributing to this circumstance are complex, the National Mental Health Commission will work with governments and other key stakeholders to further examine the policy levers that can support improved living circumstances for those living with mental health issues. This will include examining the housing needs of Aboriginal and Torres Strait Islander people living with mental health issues.

Target in 2017-18:

- Report on the outcomes and next steps of the consultation phase of the Housing, Homelessness and Mental Health work
- Identify priorities for further research and/or policy development to advance the security and safety of accommodation for people living with mental health issues.

Target over the next four years:

- Continue to monitor progress in relation to housing, homelessness and mental illness, and ensure that those living with mental health issues remain at the forefront of governments when considering housing affordability options.
- Support strategic research to progress understanding of the housing experiences of people with mental illness.

8. Mental health research

Mental health represents a significant percentage of the burden of disease in Australia but does not achieve proportionate representation in mental 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. 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 peoples will be essential.

Target in 2017-18:

- Advocate with major research funding bodies to enhance the priority for funding mental health research.
- 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).

Target over the next four years:

- Continue to develop the NMHRS in collaboration with the National Health and Medical Research Council, Medical Research Future Funding, 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.

9. Monitor the use of restrictive practices, including seclusion and restraint

From its inception, the National Mental Health Commission has promoted the human rights of those living with mental health issues, and targeted the use of restrictive practices such as seclusion and restraint. These interventions have no known therapeutic effect and in contrast, have been shown to be harmful to psychological and physical health of anyone involved in their use, including the consumers, their families and other support people and the mental health workforce. Of particular importance, anyone with a history of past trauma is likely to experience the use of restrictive practices as re-traumatising and counter-therapeutic. Aboriginal and Torres Strait Islander people have been subject to significant intergenerational trauma, and many others living with mental illness have significant experiences of past trauma.

While some improvements have been made from the initial focus on reducing, and where possible, eliminating the use of seclusion within mental health services, more needs to be done. Sustained attention is also required to reduce the use of all forms of restraint within mental health services, including physical, mechanical and chemical restraint. Other forms of restrictive practice such as involuntary detention also warrant continued attention, particularly given that Australia looks to ratify the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

Target in 2017-18:

- Continue to promote best practice in 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.
- Support continued efforts to achieve national data collection and public reporting of the use of restrictive practices in mental health services.
- Monitor indicators on the use of restrictive practices and continue to advocate to all governments and professional bodies regarding the need to maintain a focus on reducing restrictive practices.

Target over the next four years:

- Continue to actively support the reduction in the use of restrictive practices through a range of measures, including research, data collection and public reporting, workforce education, national standards and legislative approaches.
- Provide support as appropriate to the approach to monitoring OPCAT.

10. Aboriginal and Torres Strait Islander mental health

The National Mental Health Commission recognises the significant burden of mental illness and substance use disorders experienced by Aboriginal and Torres Strait Islander people, and acknowledge both the broad aetiological contributions to this disease burden as well as the wide-ranging impacts that go beyond mental health outcomes alone. This includes a significantly higher rate of hospitalisation, suicide, incarceration, homelessness, unemployment and social disadvantage. The Commission is committed to supporting policies and programs that can bring about change for Aboriginal and Torres Strait Islander people, and will endeavour to specifically incorporate consideration of Aboriginal and Torres Strait Islander impacts in all that we do.

The mental health of Aboriginal and Torres Strait Islander people is a priority area within the Fifth National Mental Health and Suicide Prevention Plan. A national focus on social and emotional wellbeing and on Aboriginal and Torres Strait Islander suicide prevention is welcome but must be accompanied by enhanced access to culturally appropriate services, sustainable programs and a reduction in racism, stigma and discrimination.

Authentic commitment to Aboriginal and Torres Strait Islander leadership in policy development and service design, delivery, governance and evaluation is required. A particular focus for consideration is how to address the intergenerational trauma that exists within Aboriginal and Torres Strait Islander people.

Target in 2017-18:

- Continue to include a specific focus on Aboriginal and Torres Strait Islander people in all aspects of the Commission's work program.
- Support Indigenous leadership in policy development and mental health service delivery, in particular by reviewing the Memorandum of Understanding with the National Aboriginal and Torres Strait Islander Leaders in Mental Health.
- Incorporate Aboriginal and Torres Strait Islander representation within the emerging leadership program and promote the benefits of Indigenous leadership to all mental health leaders.
- Support activities to be developed under the Fifth National Mental Health and Suicide Prevention Plan and participate in their implementation as appropriate.
- Develop a Reconciliation Action Plan for the National Mental Health Commission.
- Include monitoring of mental health outcomes and broader social indicators for Aboriginal and Torres Strait Islander people within the annual report published by the Commission.

Target over the next four years:

- 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.
- Consider ways to support the development of knowledge and practice to address intergenerational trauma.
- Continue to monitor mental health outcomes and broader social indicators for Aboriginal and Torres Strait Islander people.

11. Emerging Priorities

There are a range of identified areas requiring national attention to improve policy or service offerings for identified population groups, for example, the mental health needs of those who are culturally and linguistically diverse, those who experience personality disorders and those with comorbid disabilities in addition to their mental health (e.g. deaf and hard of hearing, or intellectual disability). In addition, there is a continuing need to focus on early childhood development and how to best achieve a healthy start to life, as identified in the *Contributing Lives, Thriving Communities: A Review of Mental Health Programmes and Services*.

The National Mental Health Commission can play an important role in highlighting the needs of such groups, identifying best practice and advocating to governments and relevant agencies for investment and support of initiatives that will result in enhanced services and better mental health outcomes for all.

Target in 2017-18:

- In partnership with relevant experts, consider ways to support infant and child mental health outcomes through preventative approaches and early intervention.
- Lead the development of peer workforce guidelines, and consult with all governments, mental health commissions, consumers and carers and the mental health sector in their development.
- In partnership with relevant experts, consider ways to support the development of improved services to meet the needs of people with personality disorder and those with histories of complex trauma.
- Actively support the continued implementation of Mental Health in Multicultural Australia to achieve policy and service offerings that appropriately meet the needs of those who are culturally and linguistically diverse.

Target over the next four years:

- Continue the development of Peer Workforce Development Guidelines.
- Undertake further activities in support of the mental health and wellbeing of the groups identified above.
- In partnership with relevant experts, consider ways to support the development of improved services to meet the needs of people with comorbid disability and mental health issues.

12. Continuously improve the Commission's operations

The Commission's operations are efficient and effective and carried out in accordance with statutory and government requirements.

Target in 2017-18:

- **Strengthening the National Mental Health Commission**
 - Work in accordance with a revised Statement of Expectations to strengthen the position of the Commission as an authoritative and credible source of advice for governments and the community.
 - Review the organisational structure of the Commission and enhance staff capacity and capability to meet the work plan priorities through a range of means, including skills development and targeted recruiting.
 - Ensure proactive and strategic communication, including timely responses to emerging issues in the public domain.
- **Secretariat and other support to the Commissioners**
 - Hold at least ten meetings with Commissioners each year, with at least five of those meetings dedicated to engaging with stakeholders and services (including three outside of Australian capital cities and at least one focused on Aboriginal and Torres Strait Islander issues) and at least five meetings focussing on the strategic business of the Commission.
 - Ensure Government, cross sector and community stakeholders are engaged and inform Commissioners by way of correspondence, attendance at Commission meetings, forums, briefings and formal agreements.
- **Effective and efficient running of the Commission**
 - The 2017-2021 Corporate Plan, incorporating the 2017-18 Work Plan, is submitted to the Minister and the Finance Minister.
 - Commission is running within budget, efficiently and judiciously.
 - Statutory reporting and governance obligations are met.
 - Commission staff has performance and development agreements in place, with performance reviews conducted in accordance with policy.
 - The Commission develops and implements a Mentally Healthy Workplace policy and plan.
- **Stakeholder Engagement:**
 - Ensure appropriate engagement of people with a lived experience in the work of the Commission.
 - Contribute to relevant national committees and conferences.
 - Engage with national and state agencies to progress shared priorities.
 - Engage the community and other NGOs including through MOUs as appropriate.
 - Engage with academic and research agencies as appropriate.

Target over the next four years:

- Provide effective secretariat support to Commissioners, build the efficiency and effectiveness of the Commission, support and develop staff and continue to improve operations within budget.
- Continue to engage with a diverse range of stakeholders to inform the Commission's work.

Capability

To achieve the Commission's purpose, expertise in public sector policy and mental health and suicide prevention is needed. The Commission engages highly skilled and experienced staff and has Commissioners on the Advisory Board with a wide variety of experience across different sectors who bring a range of relevant expertise to the Commission. The Commission works collaboratively with a variety of 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.

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 direction of the Commission.

Staff

The CEO and executive provide strategic 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 services' 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 2017-18.

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.