

National Mental Health Commission
October 2021

Annual Report 2020-2021



Australian Government
National Mental Health Commission

About this report

This Annual Report is available online at www.transparency.gov.au and can be accessed via www.mentalhealthcommission.gov.au.

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Welcome to the National Mental Health Commission Annual Report 2020-21

The National Mental Health Commission's Annual Report 2020-21 provides an account of the activities undertaken during the 2020-21 financial year.

This report details the performance of the National Mental Health Commission (the Commission) against the planned outcomes and performance criteria set out in the 2020-21 Health Portfolio Budget Statements and the National Mental Health Commission's Corporate Plan 2020-24.

The Commission's aim is to be a respected and authoritative national leader in the development of an integrated and well-functioning mental health and suicide prevention system that is person centred and connected, and supports better mental health and wellbeing in Australia.

The Commission's purpose is to provide robust policy advice and evidence on ways to improve Australia's mental health and suicide prevention system, and to act as a catalyst for change to achieve those improvements through monitoring and reporting on investment in mental health and suicide prevention initiatives and ongoing engagement with stakeholders across the mental health and related sectors.

Through collaboration and engagement the Commission incorporates information and data from a broad range of sources, both inside and outside the traditional health or mental health areas, across sectors, jurisdictions and communities and internationally to provide evidence based reports and advice that represent diverse perspectives and are connected to community need.

Contents

Welcome	3
Contents	4
Letter of transmittal	5
Chief Executive Officer's Review	6
About the Commission	8
Annual Performance Statements	18
Management and Accountability	51
Independent Auditor's Report	75
Financial Statements	77
Navigation Aids	111

Letter of transmittal



Australian Government
National Mental Health Commission

The Hon. Greg Hunt MP
Minister for Health and Aged Care
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the Annual Report of the National Mental Health Commission (the Commission) for the period ending 30 June 2021.

This Annual Report has been prepared in accordance with section 70 of the *Public Service Act 1999* and section 46 of the *Public Governance, Performance and Accountability Act 2013* and Division 3A of the *Public Governance, Performance and Accountability Rule 2014*.

The Annual Report includes the Commission's annual performance statements and audited financial statements as required by section 39 and section 42 of the *Public Governance, Performance and Accountability Act 2013*.

I certify that the Commission has prepared fraud risk assessments and fraud control plans and has in place appropriate fraud prevention, detection, investigation and reporting mechanisms that meet the needs of the Commission, and that all reasonable measures have been taken to appropriately deal with fraud relating to the Commission.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'CMorgan', written over a light grey circular watermark.

Ms Christine Morgan
Chief Executive Officer

29 October 2021

Chief Executive Officer's Review



Christine Morgan, CEO

I am pleased to present the National Mental Health Commission's (the Commission's) Annual Report 2020-2021 on our work and achievements during the 2020-21 year.

A key focus through this year has been to maintain connection with so many people whose mental health and wellbeing has been impacted by the COVID-19 pandemic. We have achieved this through our collaborations and partnerships across governments, state and territory jurisdictions, the mental health, social services and community sectors, and individual communities.

We continue to be inspired by the work of people with a lived experience of mental ill-health and suicide and are committed to working to ensure the diversity of voices, expertise and experiences can increasingly play a central role in mental health and suicide prevention system reform.

This report sets out the Commission's performance for the 2020-2021 year. During this period, the Commission continued to lead projects that seek to improve the policy, programs, services and systems that support mental wellbeing and suicide prevention in Australia. The Commission also continued to strengthen its operations and improve its efficiency, aligning resources to deliver Government priorities, and monitoring mental health investment.

COVID-19 will continue to present challenges to the mental health and wellbeing for people even as restrictions and lockdowns are eased. The Commission has been pleased to provide its expertise and advice to assist in the government and community responses, including ongoing monitoring and reporting on the impact of the pandemic, contribution to the development of surge responses including the community based mental health hubs, and ensuring ongoing strong messaging to all people about the need for social connection notwithstanding physical distancing.

The Commission worked with more than 30 mental health organisations and experts to develop multiple iterations of our COVID-19 communication programs, under the banners of #GettingThroughThisTogether (August 2020) and #MakingTime (December 2020). We also highlighted the realities of pandemic fatigue which was beginning to emerge around June and provided practical, evidence-based information and advice on how to manage the personal and community symptoms and response. Finally, to help our young people and their parents and carers, we worked with eight national youth mental health organisations to develop #ChatStarter (August 2021), providing tips on how to engage in conversations with young people around their mental health and guidance on evidence based resources and avenues of help and support. These campaigns and provision of information delivered by a collaborative approach from the sector helped ensure a consistent and strong message to everyone about the importance of people equally prioritising their mental health with their physical health.

As part of the Commission's ongoing monitoring and reporting role, we delivered a number of reports and submissions to significant national inquiries including the Monitoring Mental Health and Suicide Prevention: *National Report 2020*, and the *Fifth National Mental Health and Suicide Prevention Plan, 2020: The Consumer and Carer perspective*.

In terms of strategic projects, work delivered by the Commission this year has included the National Mental Health Safety and Quality Engagement Guide, the National Disaster Mental Health and Wellbeing Framework, and the first National Children's Mental Health and Wellbeing Strategy. We are also on

track to finalise the Lived Experience (Peer) Workforce Development Guidelines. We continue to partner with the Australian Institute of Health and Welfare (AIHW) and the Department of Health on the National Suicide and Self Harm Monitoring project and a highlight was the launch of the public website in September 2020. The aim of this project is to improve the quality, accessibility and timeliness of data on self-harm, suicidal behaviour and deaths by suicide.

Working collaboratively with the Mentally Healthy Workplace Alliance we have published as a living document the National Workplace Initiative Blueprint, together with a number of resources for businesses focused on mental health responses to the pandemic in the workplace.

Ongoing work on mental health reform includes aligning the Vision 2030 blueprint with the key mental health reform reports including the Productivity Commission Report, the report of the Victorian Royal Commission and the National Suicide Prevention Final Advice. Although COVID-19 has prevented us from engaging in our public consultation process face to face we anticipate undertaking our Connections #2 early in 2022 during which we will be engaging in public conversation around the mental health reform agenda and its implementation.

In late 2020, the Commission was tasked to develop the National Stigma and Discrimination Reduction Strategy which will deliver a long-term vision for Australia where stigma and discrimination on the basis of mental ill-health are no longer barriers to people living long and contributing lives. This strategy will be delivered in 2022.

Like so many others, the need to relocate from office to home settings for work has required innovation and flexibility. This innovation, together with the adaptability and goodwill of our stakeholders, has ensured we continue to meet our project goals. Like many organisations we have learned a great deal about new ways of operating, and how we can adapt and benefit from new, sustainable and productive models of work.

Our dedicated team at the Commission has worked tirelessly to respond to the numerous and significant mental health and wellbeing challenges resulting from the pandemic. Their professionalism, agility and responsiveness, and their ongoing collaboration with stakeholders across the sector, have underpinned and enabled our achievements. I thank each of them for their unique contribution.

Particular recognition and thanks are due to our Commissioners, led by Mrs Lucy Brogden AM as Chair. As our Advisory Board they provide critical wisdom, advice, input and guidance to all our work across the full spectrum of projects, monitoring, reporting and providing robust advice to governments and the community.

Together with the support of our stakeholders we remain focussed and committed to our goal of improving our mental health and wellbeing systems in Australia to enable our vision of every person in Australia being supported to live a contributing life.



Ms Christine Morgan
Chief Executive Officer

About the Commission

Contributing Lives, Thriving Communities

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 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.

Overview

The National Mental Health Commission (the Commission) is an executive agency under the *Public Service Act 1999* and a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013*. The Commission is part of the federal Minister for Health and Aged Care's portfolio and reports directly to the Minister for Health and Aged Care. The Chief Executive Officer (CEO) is the accountable authority under the *Public Governance, Performance, and Accountability Act 2013* and is responsible for the governance and performance of the Commission. The Commission's Advisory Board includes a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time), including the CEO.

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

The Commission works to this purpose through monitoring and reporting on investment in mental health and suicide prevention initiatives and through ongoing engagement with stakeholders across the mental health and related sectors, identifying gaps in the system, the needs of users of the system (including consumers, carers, families and service providers) and opportunities for policy advice, system change and service improvement. The overriding aim is to ensure that all Australians are supported in their mental health and well-being needs so as to enable them to lead a full and contributing life.

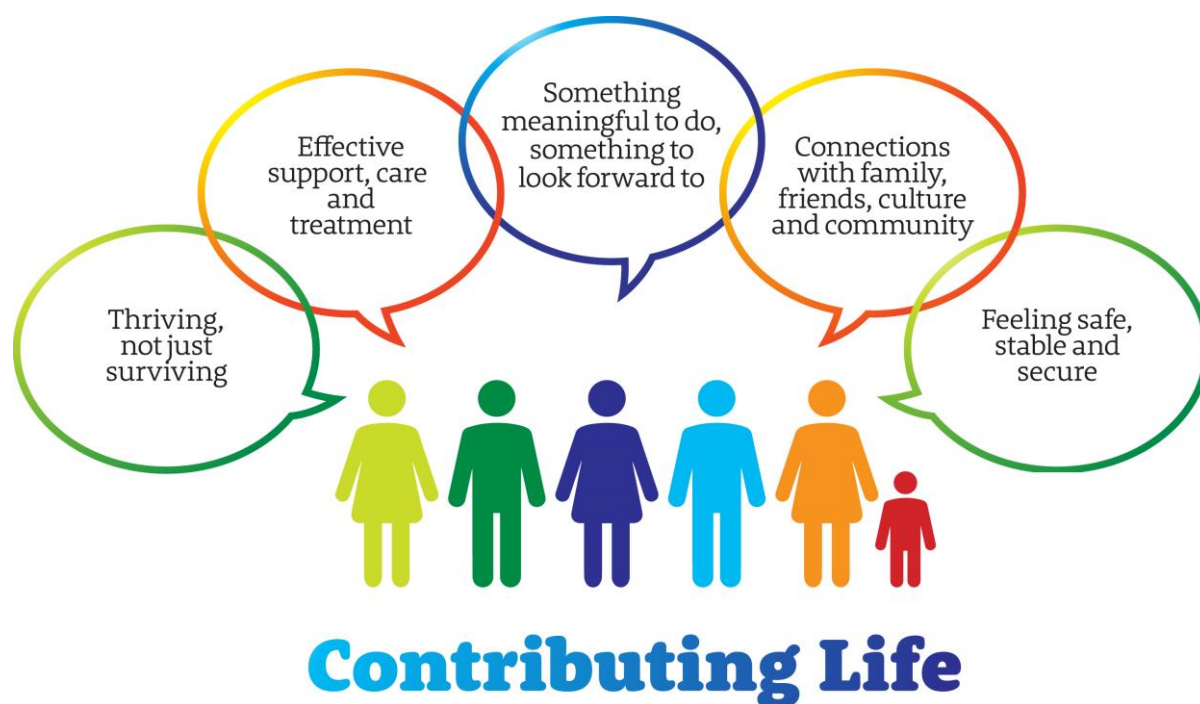
Throughout 2020-21 the Commission continued to work to ensure that investment in mental health is both effective and efficient. We worked with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms and collectively owned and actioned. The Commission acknowledges that engaging stakeholders and facilitating meaningful participation is essential to achieving transformational change.

The Commission prioritised engaging with people with a lived experience of mental ill health and suicide including carers and other support people, to ensure reforms reflect these experiences and insights, and are collectively owned and actioned. Diverse and genuine engagement with those 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.

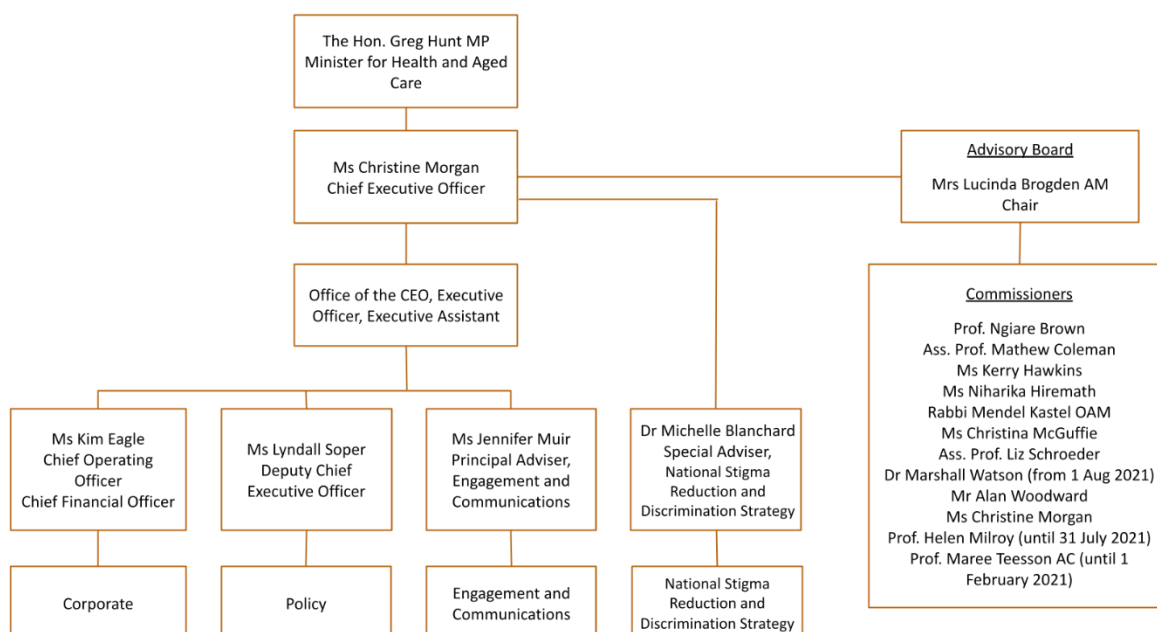
The Commission seeks to foster open and collaborative partnerships through participation in international, regional, national and jurisdictional sector committees and forums; establishing project advisory groups with representation of key stakeholders that meet regularly to inform and guide the development of our work; and undertaking consultations and engagement programs via workshops, surveys, public forums and targeted interviews.

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

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



Our Structure



Our Commissioners

In 2020-21, the Advisory Board contributed to setting the Commission's strategic direction and priorities, and provided independent expertise and advice to the CEO.

Mrs Lucinda Brogden AM, Chair

February 2018 – present (Chair)

August 2017 – January 2018 (Co-Chair)

April 2014 – July 2017 (Commissioner)



Mrs Lucy Brogden AM brings extensive experience in psychology and has a strong commitment to helping others and building stronger communities.

Lucy's primary areas of focus are issues facing mental health and wellbeing particularly in the workplace and the community. She takes an evidence-based approach to problem solving and social investment.

Lucy has more than 25 years of commercial experience with companies including Macquarie Group and Ernst & Young and more than ten years in organisational psychology. Specifically, Lucy has worked in trusted advisory roles with some of Australia's leading CEOs,

Managing Partners, Ministers and Chairs in investment banking, finance, law and government.

Professor Ngiare Brown

August 2017 – present



Professor Ngiare Brown is a Yuin nation woman from the south coast of NSW. She is a senior Aboriginal medical practitioner with qualifications in medicine, public health and primary care, and has studied bioethics, medical law and human rights. She was the first identified Aboriginal medical graduate from NSW, and is one of the first Aboriginal doctors in Australia. Over the past two decades she has developed extensive national and international networks in Indigenous health and social justice, including engagement with the UN system. Ngiare is a clinician and researcher, and a chief investigator on multiple national and international grants. She works largely in the translation and implementation space, exploring how to utilise 'best evidence' to inform policy, resourcing and service delivery determinations.

Ngiare is a founding member and was Foundation CEO of the Australian Indigenous Doctors' Association (AIDA). She is a founding member of the Pacific Region Indigenous Doctors' Congress (PRIDoC); and a member of the International Indigenous Genomics Alliance. She has served as a Director on a number of national Boards, including the Social Inclusion Board (Cth Government) and Australian Indigenous Mentoring Experience (AIME). She also serves as a Director on the Bangarra Aboriginal Dance Theatre Board, The Australian Research Alliance for Children and Youth (ARACY) Board and the National Centre for Indigenous Genomics

Board. Ngiare was reappointed to the Prime Minister's Indigenous Advisory Council, and in 2017 was appointed a Commissioner on the National Mental Health Commission.

Ngiare is the Founding Director of Ngaoara, a not-for-profit dedicated to Aboriginal child and adolescent wellbeing. The work of Ngaoara explores culturally relevant approaches to childhood health and social and emotional wellbeing, and supports communities to develop strength based approaches to breaking intergenerational cycles of trauma and disparity.

Associate Professor Mathew Coleman

January 2020 – present



Associate Professor Mathew Coleman is a clinical academic with the Rural Clinical School of WA (University of WA) and consultant psychiatrist with the WA Country Health Service. As a devoted rural medical specialist and academic living and working in country WA, he also runs a small farming business with his young family, grazing sheep.

Mathew has qualifications in Child and Adolescent Psychiatry, Addiction Psychiatry and health service management. He is an active researcher into the mental health of rural and remote Australians, and is an advocate for locally available and sustainable services for people and communities who live in the bush.

He is actively engaged in developing and educating health clinicians for regional, rural and remote Australia. Mathew also draws on his past military experiences to better inform and educate civilian health services to build capacity and expertise in military and veteran mental health.

Ms Kerry Hawkins

September 2018 – present



Ms Kerry Hawkins is the current president of Western Australian Association for Mental Health. She was a carer representative on the WAAMH board for four years and was appointed president of WAAMH in November 2016.

Kerry has acquired a solid understanding of the issues facing the mental health sector. This experience is complemented by her professional career in the private, education and public sectors, including working as a project management consultant at KPMG, a high school teacher, and a strategic advisor for the National Native Title Tribunal.

She has previously worked as a senior program manager for the National Disability Insurance Scheme, the WA Mental Health Commission, and as a Carer Consultant for North Metro Adult Health Service. Her other board appointments include Vice President of Helping Minds and WA Director for Emerging Minds.

Ms Niharika Hiremath

April 2019 – present



Ms Niharika Hiremath has a lived experience of clinical depression and anxiety and has herself been through the mental health care system in Australia. Her recovery led her to find her passion; working to understand and reduce stigma, especially in ethnically diverse communities.

Niharika has seen the impact that quality mental health support can have first-hand, and is committed to improving wellbeing outcomes for all Australians alike.

She has held various roles as a youth mental health representative, including on the headspace's Youth National Reference Group.

Rabbi Mendel Kastel OAM

September 2018 – present



Rabbi Mendel Kastel OAM brings extensive experience in community welfare work and is highly respected for his achievements in dealing with problems amongst the city's youth. He has worked with people with disability, made frequent hospital and prison visits, helped those suffering from addictions and offered counselling services for the bereaved. His skill, knowledge and interest spans across the broad spectrum of mental health including trauma, homelessness, youth, suicide prevention, economics, social investment and innovation.

Rabbi Kastel has a long-standing interest in the welfare of younger members of the community. However, his work within various communities across the world has taken him far beyond his initial role of only working with youth including experience working with hospices.

Rabbi Kastel has experienced first-hand the problems of dealing with entire communities, understanding the importance of establishing and making available life-changing programs for those living in the community.

Ms Christina McGuffie

September 2018 – present



Ms Christina McGuffie has living experience as both a consumer and a carer. She has experienced first-hand the difficulties associated with getting access to the right care and brings with her knowledge of what is working and what is not working in the mental health system.

Christina has an in-depth knowledge of government and has established good working relationships across the sector, including with state and territory governments and key leaders in mental health. After 11 years in federal politics, she has developed extensive knowledge about how governments function and what they need from bodies such as the Commission.

Christina has 28 years' experience in journalism and government advisory work. She has demonstrated strong communication and stakeholder engagement skills and her experience in communications, media and mental health advice to government are of particular value to the Advisory Board.

Associate Professor Liz Schroeder

April 2019 – present



Liz Schroeder is an Associate Professor at Macquarie University's Centre for the Health Economy and for the Faculty of Medicine.

She has extensive experience (locally and internationally) in applied research in the economics of complex public health interventions. Her current research work centres around health systems integration and mental health.

In her previous roles she has collaborated with national research, audit and commissioning bodies to translate research findings into policy.

Mr Alan Woodward

August 2019 – present



Mr Alan Woodward has worked in the fields of mental health, crisis support and suicide prevention for 20 years as an executive leader, a service and program developer, an evaluator and researcher and as an expert advisor to governments and peak bodies.

Mr Woodward has contributed to suicide prevention policy and program development nationally as a Board Director for nine years and more recently as a strategic advisor on quality and innovation with Suicide Prevention Australia.

Mr Woodward worked for Lifeline Australia in various executive roles for 14 years until 2018, including the Lifeline Research Foundation. Mr Woodward holds a Master's Degree in Social Science and Policy, a Business Degree in Public Administration and a Diploma in Arts/Communication. He is a Fellow of the Australian Evaluation Society.

Ms Christine Morgan

March 2019 – present



Ms Christine Morgan is the CEO of the National Mental Health Commission and National Suicide Prevention Adviser to Prime Minister Scott Morrison. Ms Morgan is a passionate leader in mental health care reform, committed to listening and responding to the voice and needs of those with lived experience.

Prior to joining the Commission, Christine was CEO of the Butterfly Foundation for eating disorders and Director of the National Eating Disorders Collaboration. As former CEO of the Butterfly Foundation, she led a collaborative advocacy strategy that included amplification of eating disorders as a serious mental and physical health issue. This is now being replicated internationally. In the not for profit sector, Ms Morgan was General Manager at Wesley Mission, over the areas of

Corporate Services, and Community & Family Development. Prior to joining Wesley Mission, Ms Morgan was Executive General Manager responsible for managing the strategic direction and business unit effectiveness of the Wholesale, Broadband & Media Business Unit at Telstra.

Ms Morgan brings connection and passion to mental health reform, built on the networks she established in the corporate world, her broad legal expertise, her extensive not-for-profit experience and her strong ability to demonstrate to people how their contribution can make a real difference.

Professor Helen Milroy

August 2017 – July 2021



Professor Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia and was born and educated in Perth. Professor Milroy holds a degree in Medicine and Surgery, is a fellow of the Royal Australian and New Zealand College of Psychiatry and completed the Certificate of Advanced Training in Child and Adolescent Psychiatry.

Professor Milroy is a Consultant Child and Adolescent Psychiatrist and Winthrop Professor at the University of Western Australia. She has been on state and national mental health advisory committees and boards with a particular focus on the wellbeing of children.

Her work and research interests include holistic medicine, child mental health, recovery from trauma and grief, application of Indigenous knowledge, cultural models of care, Aboriginal health and mental health, and developing and supporting the Aboriginal medical workforce. From 2013-2017 she was a Commissioner for the Australian Government's Royal Commission into Institutional Responses to Child Sexual Abuse.

Professor Milroy is also known as Australia's first Indigenous GP and comes from a family of traditional healers who have held the Indigenous community in "good stead for thousands of years". Her collection of firsts also includes being appointed as the first AFL first Indigenous Commissioner.

In recognition of her tireless efforts advocating for mental health needs of children and First Peoples, Professor Milroy was awarded the 2020 Australian Mental Health Prize and was named 2021 WA Australian of the Year, going on to be a finalist for 2021 Australian of the Year.

Professor Maree Teesson AC

September 2018 – February 2021



Professor Maree Teesson AC is Director of The Matilda Centre for Research in Mental Health and Substance Use, Director of the NHMRC Centre of Research Excellence in Prevention and Early Intervention in Mental Illness and Substance Use (PREMISE) and NHMRC Principal Research Fellow at The University of Sydney.

Maree was announced as a Companion of the Order of Australia in the Australia Day 2018 Honours List. She is also a Fellow of the Australian Academy of Health and Medical Sciences and the Australian Academy of Social Sciences, a National Mental Health Commissioner and Member, National Health and Medical Research Council. She is also a founding member of TheMHS Management Committee since 1991.

Maree's vision is to build the world's leading dedicated translational research program for the prevention and treatment of co-occurring mental health and substance use problems. She seeks to increase our understanding of substance use and mental health problems, prevent these where possible and improve treatment responses.

Advisory board Meetings

Advisory Board – meeting attendance

	21/7/20	26/8/20	17/9/20	21/10/20	25/11/20	3/2/21	17/3/21	20/4/21	19/5/21	23/6/21	total
Ms Lucy Brogden AM (Chair)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Prof. Ngiare Brown	Y	Y	Y	N	Y	Y	Y	N	Y	Y	8/10
Prof. Mathew Coleman	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Ms Kerry Hawkins	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Ms Niharika Hiremath	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Rabbi Mendel Kastel OAM	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Ms Christina McGuffie	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	9/10
Prof. Helen Milroy	Y	Y	Y	Y	N	N	Y	Y	Y	Y	8/10
Prof. Liz Schroeder	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9/10
Prof. Maree Teesson AC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Mr Alan Woodward	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Ms Christine Morgan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10

Annual Performance Statements

Statement of Preparation

I, Christine Morgan, as the accountable authority of the National Mental Health Commission (the Commission), present the 2020-21 annual performance statement of the Commission, as required under paragraph 39(1)(a) of the Public Governance, Performance and Accountability Act 2013 (PGPA Act) and the *Public Governance, Performance and Accountability Rule 2014*. These results are reported against the performance measures in the Commission's Corporate plan 2020-2024 and the 2020-21 Portfolio Budget Statements.

In my opinion, the annual performance statement is based on properly maintained records, accurately reflects the performance of the entity, and complies with subsection 39(2) of the PGPA Act.

A handwritten signature in grey ink, appearing to read 'CMorgan', with a long horizontal flourish extending to the right.

Ms Christine Morgan
Chief Executive Officer

Performance Targets 2020-21

Introduction

The annual Performance Statements detail results achieved against planned performance criteria set out in the Commission's Portfolio Budget Statements 2020-21 and the Corporate Plan 2020-24. The annual Performance Statement demonstrates the link between the Commission's activities throughout the year and the contribution to achieving the Commission's purpose.

The annual Performance Statement is divided into sections, with each section focusing on a Key Work Area from the Commission's Corporate Plan 2020-24 and addressing the key activities and targets. Each section contains:

- an analysis of the Commission's performance by Key Work Area;
- key activities during 2020-21; and
- results and discussion against the targets.

Portfolio Budget Statements

Our Outcome

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

Program 1.1

The Commission continues to increase accountability and transparency in mental health and suicide prevention through reporting on investment in mental health and suicide prevention and the provision of independent policy advice to the Australian Government and the community. The Commission continues to lead projects that improve the policy, programs, services and systems that support mental wellbeing and suicide prevention in Australia.

Performance Criteria	2020-21 Targets
Monitor and report on national progress to improve mental health, prevent suicide and address recommended areas for focus. PBS p.368	Prepare and disseminate the Annual National Report on Mental Health and Suicide Prevention.
	Prepare and deliver an annual report to Health Ministers on the progress of the implementation of the Fifth National Mental Health and Suicide Prevention Plan.
Undertake research, analysis and evaluation on key national mental health priorities to provide evidence-based advice to government to promote mental health and wellbeing. PBS p.369	Deliver Australia's first National Child Mental Health and Wellbeing Strategy to Government.
	Deliver the Safety and Quality Engagement Guide to strengthen the role of consumers and carers in safety and quality initiatives within mental health services.

Performance Criteria	2020-21 Targets
Promote opportunities for consumer and carer engagement and participation in the mental health system, to provide direct knowledge about the needs of the community. PBS p.369	Conduct consumer and carer surveys, workshops and steering groups.
	Include the consumer and carer survey results in the annual report to the Health Ministers on the progress of the implementation of the Fifth National Mental Health and Suicide Prevention Plan.
	Conduct ongoing consultation for the roadmap for Vision 2030, the National Child Mental Health and Wellbeing Strategy and the National Research Strategy, together with other work of the NMHC.

Corporate Plan 2020-2024

The Commission's purpose is to provide robust policy advice and evidence on ways to improve Australia's mental health and suicide prevention system, and to act as a catalyst for change to achieve those improvements through monitoring and reporting on investment in mental health and suicide prevention initiatives and ongoing engagement with stakeholders across the mental health and related sectors. The underpinning aim is to ensure that all Australians are able to lead a full and contributing life.

Throughout 2020–21 and over the next three years, the Commission will 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 engages with those 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 those 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 is a priority across all the Commission's work and the Commission is committed to building on our close working relationship with First Nations leaders and communities to ensure that mental health, wellbeing and suicide prevention responses in the mental health reform agenda are informed and led by their input and guidance.

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 and system reform.

Summary of results against targets for 2020-21

Key Work Area	Achieved / On track	Substantially achieved	Not achieved
Mental health and suicide prevention reporting and reform	2	2	0
Shaping the future – Strategic reform and catalyst for change	6	3	0
Consumer and carer engagement and participation	4	0	0
Workforce growth and participation	2	0	0
Mental health research	1	0	1
Strengthening the Commission to enhance effectiveness	6	0	0

Results Key

- **Achieved** – 100% of the target for 2020-21 has been achieved.
- **On track** – is on track to achieve the target over the 2021-2024 reporting period. In some instances, the key activity has been deferred due to disaster response activity arising from COVID-19 pandemic.
- **Substantially achieved** – 75-99% of the target has been achieved in 2020-21. In some instances, the key activity has been deferred due to disaster response activity arising from COVID-19 pandemic.
- **Not achieved** – less than 75% of the target has been achieved in 2020-21. In some instances, the key activity has been deferred due to disaster response activity arising from COVID-19 pandemic.

Analysis of performance

The Commission delivered on its purpose to provide independent robust policy advice and evidence on ways to improve Australia's mental health and suicide prevention system, and to act as a catalyst for change to achieve those improvements.

The past twelve months has presented considerable additional challenges for our mental health and well-being. It has tested the capacity of many of the support systems, such as the health and social services systems, and the economy in general to deal with complex crises and respond rapidly in innovative ways. People with new presentations of mental ill health concerns have been reaching out for the first time and found the system lacked connected pathways of care that work across both the mental health and health systems. Rapid access to assessment, treatment and support for the individual and their carers was missing across the spectrum of mental illness at the level that was required by the consumer.

Throughout 2020-21, the Commission continued to support the implementation of the National Mental Health and Wellbeing Pandemic Response Plan, particularly in identifying and supporting the work that can be progressed collectively by the jurisdictions. As part of our ongoing monitoring of the mental health impacts of COVID-19 the Commission hosted a roundtable for the sector on 30 March 2021. The roundtable focused on collecting evidence from participants, including service providers, peaks, government bodies and research institutions on the impacts of the pandemic and identify ongoing and/or emerging issues. In addition, the Commission funded 10 grants to develop a better understanding of the COVID-related experiences of vulnerable populations.

Public mental health messages have been crucial to support Australians' mental health and wellbeing. The Commission collaborated with mental health organisations, experts and leaders across the country to develop and launch #InThisTogether, the subsequent #GettingThroughThisTogether and #MakingTime campaigns.

Some Commission projects needed to flexibly respond to the challenge of the pandemic. There was increased interest in the work on the National Workplace Initiative, influenced by people returning to workplaces post-COVID and how to support them from a mental health perspective. The Commission, working with the Mentally Healthy Workplace Alliance, Beyond Blue and Safe Work Australia developed a compendium for businesses in relation to responsibilities to employees during the pandemic and as they return to workplaces.

In 2020-21 the Commission prioritised its resources to ensure capability to support the Australian Government's response to the mental health and suicide prevention reform agenda shaped by a number of reports including the Productivity Commission's final report, the Royal Commission into Victoria's mental health system, the Royal Commission into Aged Care Quality and Safety, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the National Suicide Prevention Advisor's Suicide Prevention Final Advice Report to the Prime Minister. The Commission has responded, engaged and promoted addressing the recommendations in these reports that reflect different elements of what makes an efficient and effective system that meets the needs of, and improves outcomes for, people with lived experience, their families and the community more broadly.

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

approach informed the Commission in its role of providing evidence-based reports and advice that represent diverse perspectives and are connected to community need.

In the current environment of the COVID-19 pandemic, innovative ways are needed to connect with mental health sector stakeholders, consumers and carers and to the people that support them. The Commission continued to foster open and collaborative partnerships through participation in international, regional, national and jurisdictional sector committees and forums; establishing project advisory groups with representation of key stakeholders that meet regularly to inform and guide the development of our work; and undertaking consultations and engagement programs via workshops, surveys, public forums and targeted interviews. This requires new approaches, as well as traditional methods, to ensure as many people as possible are provided with an opportunity to speak and be heard.

The Commission also continued to deliver planned work, including carrying on consultation and engagement activities online rather than in person as a result of the restrictions imposed by the COVID-19 pandemic. The Commission conducted further consultation opportunities to inform the development and progression of its work on - Vision 2030, the National Child Mental Health and Wellbeing Strategy and the National Mental Health Research Strategy, the Lived Experience Workforce Development Guidelines and the National Disaster Mental Health and Wellbeing Framework. The Commission finalised Australia's first National Children's Mental Health and Wellbeing Strategy after incorporating feedback from an inclusive three-stage consultation. The Commission launched the Mental Health Safety and Quality Engagement Guide, a Fifth Plan action on 24 February 2021.

Throughout 2020-21, the Commission continued to monitor and report, however, due to the impact of the pandemic some deliverables were delayed. In August 2020 the National Report 2020 was released on the Commission's website. The presentation of the Fifth Plan 2020 Progress Report to Health Ministers was delayed by the necessity for key stakeholders to divert resources into responding to the COVID-19 pandemic, and the review and subsequent dissolution of the Council of Australian Government (COAG) Health Council governance structures.

The Commission also took on new work in 2020-21, such as commencing the development of the National Stigma and Discrimination Reduction Strategy, a Productivity Commission recommendation and a critical enabler of broader mental health reform efforts. We provided input to the Department of Veteran Affairs, Defence and the interim Commissioner for Defence and Veterans Suicide Prevention to inform their ongoing work and inquiries into suicide for this population group. In addition, the Commission also aligned work with the emerging priorities around the mental health reform agenda. These included further work on the intersection of mental health and the social determinants; the impact of COVID-19 on women and the emerging issues around domestic, family and sexual violence; the needs of priority populations; and how to improve participation of consumers and carers.

Mental Health and Suicide Prevention Reporting and Reform (KWA 1)

2020-21 Target	2020-21 Result
Publicly release the annual <i>Monitoring mental health and suicide prevention reform: National Report 2020 (National Report 2020)</i> by 30 November 2020. <u>Source</u> : 2020-2024 Corporate Plan (CP) p.8 and PBS p.368	<p>The <i>National Report 2020</i> was publicly released in August 2021. The release was delayed as a result of prioritising resources to support the Government respond to the mental health needs as a result of COVID-19, and to enable an analysis of the impacts of the COVID-19 pandemic to be included in the report.</p> <p>Result: Substantially achieved</p>
Deliver the <i>Fifth National Mental Health and Suicide Prevention Plan: 2020 Progress Report 3</i> (the Fifth Plan 2020 Progress Report) to Health Ministers. <u>Source</u> : CP p.8; PBS p.368	<p>The Commission delivered the <i>Fifth National Mental Health and Suicide Prevention Plan, 2019: Progress Report 2</i> (the <i>Fifth Plan 2019 Progress Report</i>) to the Australian Health Ministers Advisory Council (AHMAC) in January 2020 and published it on its website on 10 June 2021.</p> <p>The presentation of the <i>Fifth Plan 2020 Progress Report</i> to Health Ministers was delayed as a result of a longer period of time needed to access data with key stakeholders diverting resources to respond to the COVID-19 pandemic, and the review and subsequent dissolution of the Council of Australian Government (COAG) Health Council governance structures. This report will be delivered in late 2021.</p> <p>Result: Substantially achieved</p>
Deliver the <i>Fifth National Mental Health and Suicide Prevention Plan, 2020: The consumer and carer perspective</i> . <u>Source</u> : CP p.8; PBS p.368	<p>The Commission completed a survey of consumers and carers experiences of mental health services in Australia in 2020. The results were presented in the <i>Fifth National Mental Health and Suicide Prevention Plan, 2020: The consumer and carer perspective</i> report, which was published on the Commission's website on 10 June 2021.</p> <p>Result: Achieved</p>
Work collaboratively with the Australian Institute of Health and Welfare and the Department of Health to deliver the National Suicide and Self-harm Monitoring System and website. <u>Source</u> : CP p.8	<p>The Australian Institute of Health and Welfare (AIHW) in partnership with the Commission launched the Suicide and Self-Harm Monitoring website in September 2020, bringing together data on suicide deaths and self-harm from all states and territories. The Commission continues to work with AIHW to update the website as new data becomes available.</p> <p>Result: Achieved</p>

National Report on Mental Health and Suicide Prevention 2020

The Commission delivered the *National Report 2020* to the Australian Government and the community on the mental health and suicide prevention system that provided an assessment of the progress of current reforms and the impacts on communities, the incidence and impact of any significant events during the period, and recommendations for improvement.

The *National Report 2020* looked at the performance of the mental health system through the lens of how well it is meeting the needs of consumers and carers. The report provided analysis of the impacts of major events including the bushfires and the COVID-19 pandemic.

The report highlighted areas that require further work to improve the mental health system to ensure it meets the needs of consumers and carers. From this analysis, the Commission made four recommendations:

1. Development of a National Older Persons Mental Health and Wellbeing Strategy
2. Development of a National Mental Health Workforce Strategy Implementation Plan
3. Development of a National e-Mental Health Strategy
4. Development of a National Regional and Remote Mental Health Strategy.

The Fifth National Mental Health and Suicide Prevention Plan reporting

The progress report

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) was endorsed by the Council of Australian Government's Health Council in August 2017. The Fifth Plan established a national approach for collaborative action to improve Australia's mental health and suicide prevention systems over the period 2017 to 2022.

The Commission monitored and reported on the progress of implementation of the Fifth Plan and delivered the *Fifth Plan 2019 Progress Report* to Australia's Health Ministers. This report measured the progress against the performance indicators and actions over the life of the plan, which is a key indicator for determining the success of the Fifth Plan reform.

The presentation of the *Fifth Plan 2020 Progress Report* to Health Ministers was delayed because key stakeholders' resources were allocated to responding to the COVID-19 pandemic which resulted in a longer time needed to collect data. Delivery of this report was also impacted by the review and subsequent dissolution of the COAG Health Council governance structures.

To measure the progress of implementation of the Fifth Plan, the Commission surveyed governments, former AHMAC's committees and state mental health commissions that were tasked with coordinating the actions being implemented under the Fifth Plan. The *Fifth Plan 2020 Progress Report* will provide a summary of progress and a status rating, as at 30 June 2020, for each action. The report will build upon the national performance indicator analysis presented in the *Fifth Plan 2019 Progress Report*, by analysing the mental health and wellbeing and mental health system performance for young people (aged under 25), older people (aged 65 and over) and Aboriginal and Torres Strait Islander people.

The Commission worked with the Mental Health Information Strategy Standing Committee, the Australian Institute for Health and Welfare (AIHW) and Australian Bureau of Statistics (ABS) to analyse performance data against the indicators for the annual report on the implementation of the Fifth Plan.

The consumer and carer report

The Commission also undertook the annual survey of mental health consumer and carers that aimed to measure whether consumers and carers are experiencing improvements from the actions under the Fifth Plan. In September 2019, the Commission published its first report, the *Fifth National Mental Health and Suicide Prevention Plan, 2019: The consumer and carer perspective report*.

To build upon the insights gained from the first survey, the Commission repeated the survey in 2020. The results are presented in the *Fifth National Mental Health and Suicide Prevention Plan, 2020: The consumer and carer perspective report*, which was published on the Commission's website on 10 June 2021. See KWA 3 - *Consumer and Carer Engagement and Participation* for the findings of the survey.

The report highlighted the importance of including high quality data on the perspectives of consumers and carers in the formal evaluation of the Fifth Plan. Quality data will ensure that any small improvements are measured and that learnings from the implementation of the Fifth Plan about what creates improvements for consumers and carers can be applied to future reforms.

Suicide and Self-harm Monitoring System

The Commission continued to work collaboratively with the AIHW and the Australian Government Department of Health on Australia's National Suicide and Self-Harm Monitoring System. The suicide and self-harm monitoring system aimed to increase transparency and access to information so that Australians can have a more informed understanding of suicide and self-harm to improve the ways we respond to suicide, helping us work towards zero suicides.

The Commission participated in the Expert Advisory Group. The Commission's role in this project is to provide expert content advice and support communications, implementation and stakeholder engagement activities to ensure the project achieves intended outcomes.

The website was released by the AIHW together with the Commission in September 2020, bringing together data on suicide deaths and self-harm from all states and territories. The launch included a webinar promoted widely across the Commission's communication channels and involved 320 participants.

A separate state and territory information portal will be available in mid-2021 to support government policy makers and program managers. The content on both sites will be regularly updated as new data becomes available. The national suicide and self-harm monitoring system will improve the coherence, accessibility, quality and timeliness of national data and information on suicide, suicide attempts and self-harm.

The Commission and the AIHW are now preparing a work plan for the next phase of the project, which involves developing a secure portal that will provide designated users and data custodians with access to more detailed information than is available on the public website. The secure portal is expected to be operational mid-2021.

Monitor and report

The *Commission's National Report 2020* provided an update on the progress of the thirty recommendations in the National Report 2019 – four are completed and the majority progressed despite the challenges of 2019-20 in the mental health sector.

The Commission identified the need for spotlight reports in some targeted areas to build awareness of the evidence and promote best practice across the mental health and suicide prevention systems.

The Commission engaged Blue Knot Foundation, the National Centre of Excellence for Complex Trauma and BEING – Mental Health Consumers to produce the *Living with and Healing from Complex Trauma report*. This report recognised the need to build awareness of the often chronic, and largely unmet, mental health needs of people living with the long-term impacts of complex trauma. The report is available on the Commission's website.

The Commission engaged Yulang Indigenous Evaluation to produce a spotlight report to investigate and promote examples of existing best-practice partnerships between Aboriginal Community Controlled Health Organisations and mainstream mental health services, as well as the Primary Health Networks, to translate effective strategies and lessons learnt to enhance other partnerships. The final report is due at the end of 2021.

Data and data capability

During the pandemic, the Commission worked with other government agencies and the research sector to respond quickly to establish new collaborations and data collections, or pivot existing collections to rapidly produce relevant data. These rapid responses demonstrate the capacity for change and improvements in system and data processes when the impetus is present. This approach needs to be embedded into practice over the longer term in sector reform. Decision making, policy and program development, and service delivery are facilitated by robust and timely collection and use of data, effective evaluation, and innovative and targeted research.

The Commission contributed to the development of Australia's mental health and suicide prevention data and data capability by actively participating in the development of mental health data and performance indicators that facilitate national reporting through participation in the Mental Health Information Strategy Standing Committee.

The Commission monitored the status of 12 recommendations for key areas of data development and investment that the Commission made in the National Report 2019. The status of these recommendations are reported on in the *National Report 2020*.

The Commission continued to monitor the data arising from key surveys on the mental health and wellbeing of Australians during the pandemic. Findings from the surveys and reports provide insight on the mental health impacts of the pandemic.

In addition, the Commission participated in the National Study for Mental Health and Wellbeing Reference Group, making recommendations on how the use of data linkage may help to streamline the data collection tool.

Shaping the Future – Strategic Reform and Catalyst for Change (KWA 2)

2020-21 Target	2020-21 Result
Deliver the implementation roadmap for <i>Vision 2030: Blueprint for Mental Health and Suicide Prevention</i> . <u>Source</u> : CP p.8 and PBS p.368	<p>The Commission presented to the Prime Minister and Cabinet Taskforce the key components of Vision 2030 in early 2021. Based on consultation feedback the Commission reframed the roadmap into two documents - the <i>Vision 2030 Blueprint for Mental Health and Suicide Prevention</i> to the Australian Government and Opportunities for long-term change. These documents are being finalised and expected to be delivered by the end of 2021.</p> <p>Result: Substantially achieved</p>
Deliver the National Children's Mental Health and Wellbeing Strategy. <u>Source</u> : CP p.8 and PBS p.369	<p>The National Children's Mental Health and Wellbeing Strategy was delivered to Government in September 2021 and is due to be launched by the Minister for Health and Aged Care on 12 October 2021. Delivery was delayed allowing for the incorporation of the feedback and views from extensive consultation including the 170 submissions received.</p> <p>Result: Substantially achieved</p>
Deliver the national framework to guide a coordinated approach to improve how governments respond to and support people's mental health before, during and after natural disasters. <u>Source</u> : CP p.8 and PBS p.368	<p>In June 2021, the Commission finalised the National Disaster Mental Health and Wellbeing Framework. The framework provided additional evidence and highlighted the lived experience of communities affected by recent disasters further highlighting the need for an improved mental health and wellbeing response to disasters.</p> <p>It was delivered to the Minister for Health and Aged Care and the Minister for Emergency Management on 23 July 2021.</p> <p>Result: Substantially achieved</p>

<p>Continue to work closely with government and the community to implement the <i>National Mental Health and Wellbeing Pandemic Response Plan</i>. <u>Source</u>: CP p.8 and PBS p.369</p>	<p>The Commission worked with jurisdictions and stakeholders to ensure momentum continues in implementation of the <i>National Mental Health and Wellbeing Pandemic Response Plan</i>. In collaboration with organisations across the sector, the Commission launched two national public mental health campaigns - #MakingTime and #GettingThroughThisTogether. The Commission hosted national meetings with key government and community stakeholders to identify emerging implementation issues and share experiences of the impact of COVID-19 on mental health services. The Commission commissioned 10 grants to develop a better understanding of the COVID-related experiences of vulnerable populations.</p>
	<p>Result: On track</p>
<p>Lead the Mentally Healthy Workplace Alliance to progress the development of the National Workplace Initiative. <u>Source</u>: CP p.8 and PBS p.368</p>	<p>The Commission continued working in partnership with the Mentally Healthy Workplace Alliance on the multilayered activities associated with the National Workplace Initiative (NWI). Engagement with stakeholders via the NWI's committees continued and a public online consultation to shape the core NWI framework commenced in July 2020. The NWI launched resources to support different sized employers through COVID. To complement the employer resources, the NWI released in November 2020 with partners a "how to" resource for setting up successful industry-based mental health initiatives. The development of the digital portal, also commenced.</p>
	<p>Result: Achieved</p>
<p>Consider and respond to the outcomes of the Productivity Commission's Inquiry into the social and economic benefits of improving mental health in relation to the Commission's role and the mental health and suicide prevention sector. <u>Source</u>: CP p.8 and PBS p.368</p>	<p>The Australian Government tasked the Commission with developing the National Stigma and Discrimination Reduction Strategy, a Productivity Commission recommendation and a critical enabler of broader mental health reform efforts. This work commenced in January 2021 and is due to be delivered by 30 December 2022.</p>
	<p>Result: On track</p>
<p>Consider and respond to the outcomes of the Royal Commission into Victoria's Mental Health System. <u>Source</u>: CP p.8 and PBS p.368</p>	<p>The Commission provided submissions, and witness statements from the CEO and Chair in response to questions from the Royal Commission. The strategic direction of the Royal Commission's final report aligned with work by the Commission such as Vision 2030 and the National Workplace Initiative.</p>
	<p>Result: Achieved</p>

Consider and respond to the outcomes of the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and other Royal Commissions and inquiries. <u>Source</u> : CP p.8 and PBS p.368	<p>The Commission provided multiple submissions through the duration of the Aged Care Royal Commission and the Disability Royal Commission and, into inquiries such as family, domestic and sexual violence. These submissions are available on the Commission's website.</p> <p>Result: Achieved</p>
Develop policy work and advice for innovations in e-mental health. <u>Source</u> : CP p.8	<p>The Commission engaged Deloitte, as part of the Vision 2030 work, to review disruptive technology in the mental health and wellbeing ecosystem. The Commission also contributed to support the operation of the eMental Health International Collaborative (eMHIC). The Commission participated in a range of national initiatives in the e-mental health space.</p> <p>Result: Achieved</p>

Vision 2030: Blueprint for Mental Health and Suicide Prevention

Vision 2030 is a long-term blueprint for a successful, connected and well-functioning mental health and suicide prevention system that meets the needs of the whole community. The Commission led the development of Vision 2030, commencing with consultations during 2019-20 through the Connections project that sought the views of people across Australian communities with a wide range of experiences, and from different stages in life on their experience with the mental health system.

The Commission engaged evidence and expert opinion through three research grants to develop papers focusing on: opportunities for integration, connection and collaboration between mental health and drug and alcohol sectors; disruptive and innovative technologies in mental health; and the needs of the mental health nurse workforce in implementing reform.

The Commission organised consensus-building activities through broad engagement and consultation including expert stakeholder meetings, information webinars, roundtables and a public online consultation. The Commission held special interest meetings to explore specific aspects of Vision 2030 framework such as funding models, workforce and new approaches to mental health and community-based care. In addition, the Commission organised 16 expert stakeholder meetings with representative stakeholders and stakeholder groups to discuss key concepts and content in final Vision 2030 product. These meetings included professional associations, Aboriginal and Torres Strait Islander organisations, LGBTIQ+ representatives, governments, peak bodies and service providers both non-profit and private.

Vision 2030 is consistent with the recommendations and approach of the Productivity Commission's inquiry into mental health, and other national, and state and territory inquiries that are underway. Vision 2030 provides a strategic framework through which current recommendations and future strategies and plans can be viewed.

The Commission delivered the *Vision 2030 Blueprint for Mental Health and Suicide Prevention* to the Australian Government with a supporting document that identified opportunities for long-term change.

National Children's Mental Health and Wellbeing Strategy

The Commission is finalising Australia's first National Children's Mental Health and Wellbeing Strategy as part of the Australian Government's Long-Term National Health Plan. This Strategy is the first of its kind, with a focus on children from birth through to 12 years of age, as well as the families and communities that nurture them.

The strategy outlines the requirements for an effective system of care for children, and aims to create a new, shared understanding of the roles of families, communities, services, and educators in promoting and supporting child mental health and wellbeing. It also provides a framework to guide the most critical investments in our children and families.

In 2020-21, the Commission continued to work in partnership with an expert advisory group jointly chaired by Professor Frank Oberklaid and Professor Christel Middeldorp, the steering committee and two working groups drawn from a wide range of professional organisations and individuals from across multiple disciplines.

The second stage of consultation for the strategy involved seven focus groups including: out-of-home-care, justice, child protection; educators; culturally and linguistically diverse communities; Aboriginal and Torres Strait Islander communities; rural and remote communities; parents and carers; and children and young people.

The final stage was a public online consultation when the Commission released the draft strategy for an online public consultation from December 2020 to February 2021. The strategy incorporated this feedback and is due to be launched by the Minister for Health on 12 October 2021.

National Natural Disaster Mental Health Framework

The Australian Government announced the development of a National Natural Disaster Mental Health Framework on 12 January 2020, as part of a package of mental health measures in response to the widespread and destructive 'Black Summer' bushfires. The measure reflects increased recognition of the psychosocial element of disaster responses and the need to ensure coordination of mental health responses in this complex and sensitive area.

The Commission developed the National Natural Disaster Mental Health Framework in 2020-21 to guide how governments and recovery partners consistently support mental health and wellbeing before, during and after disaster in Australia. There is no overarching national framework for disaster mental health support in Australia, however, some state and territory governments have mental health or psychosocial frameworks to support people affected by disaster. The Framework fills this gap and provides a principles-based guide to a consistent national approach to supporting the mental health and wellbeing of Australians before, during and after disaster.

The project officially commenced on 1 July 2020, with a community stories research project, stakeholder consultations and Primary Health Network structured consultation process. A Steering Committee and Expert Advisory Group (EAG) established in November 2020, provided expert

guidance to support the development of the Framework, and facilitate cross-government endorsement of the final document.

The Commission engaged community-based researchers to capture stories from people with lived experience of disasters in fire-affected Bega Valley and Monsoon-affected areas of Queensland. We collated these experiences and launched the Stories – *Beyond the Disaster* research report which informed the development of the final Framework.

In June 2021, the Commission finalised the Framework supported by companion documents that provide additional evidence and highlight the lived experience of communities affected by recent disasters further highlighting the need for an improved mental health and wellbeing disaster. The governments will determine the timing of the launch of the framework in the second half of 2021.

National Mental Health and Wellbeing Pandemic Response Plan

The Commission worked closely with governments and the community to implement the priority and long-term commitments across the response and recovery phases of the *National Mental Health and Wellbeing Pandemic Response Plan*. In July 2020, the Commission provided assistance with gathering information on implementation progress and identifying opportunities for cross-jurisdiction collaborative actions, for consideration as a formal agenda item at a meeting of the Mental Health Principal Committee. In October 2020, a jurisdictional meeting focused on identifying issues across Australia emerging from the implementation of the Plan.

In August 2020, the Commission launched #GettingThroughThisTogether, a national conversation to support communities across Australia through the continuing uncertainty around COVID-19. It built on the success of #InThisTogether launched in March 2020. More than 300 stakeholder supporter organisations were involved. In collaboration with more than 20 mental health and social service organisation, the Commission developed ten new practical tips. Twenty-two partner organisations participated in the production of video materials, and 17 case studies were developed.

Together with more than 200 organisations, in December 2020 the Commission launched #MakingTime, a way for those living with mental ill health and those who care for them to share their daily experiences and the benefits of making time. The #MakingTime digital platform curated posted and shared content from thousands of individuals and organisations daily for three months. The program is co-designed with representatives and individuals, who have a lived experience of mental illness, as well as their carers to identify language and key messages, identify and respond to issues and opportunities for participation and inclusion, and to provide for use of existing materials and content to suit the objectives of the program. The objective is to build community resilience during a difficult period.

On 30 March 2021, the Commission hosted a roundtable with over 50 representatives from the mental health sector, including service providers, peaks, government bodies, and research organisations. The roundtable provided an opportunity for the sector to share their experiences of the impact of the last 12 months on mental health services. The Commission is including consideration of the responses and experiences in its ongoing review of the progress in implementing the Plan.

The Commission provided ten targeted research grants to review the implementation of the Plan to date and create mechanisms for continued monitoring. In addition, the Commission engaged work

to develop a better understanding of the mental health needs of vulnerable populations identified in the Plan such as: women with disabilities; carers; CALD; older people; LGBTIQ+; those living with domestic and sexual violence, or complex trauma; children and young people; men and boys; and rural and remote communities. The grants will be finalised by 30 June 2022.

National Workplace Initiative

The Commission continued in collaboration with the Mentally Healthy Workplace Alliance to lead the development of the National Workplace Initiative to deliver an evidence-based framework for workplace mental health strategies, and to showcase successful approaches to mentally healthy workplaces and strengthen the many resources, programs and interventions already underway in Australia.

The four NWI committees established by the Commission continued to meet in 2020-21 to ensure the participation of key stakeholders in the design, shaping and development of the NWI project. These committees are the Framework Working Group, the Stakeholder and Communications Working Group, the Evaluation Working Group and the Communications Community of Practice.

With the return to workplaces in early 2020-21 post-COVID, the Commission responded to the increased awareness of mental health at work, as many workplaces reported confusion about what to do and where to find information or advice. The Commission worked closely with the Mentally Healthy Workplace Alliance and Ahead for Business to produce three employer resources, released in November 2020, outlining how to create mentally healthy workplaces during COVID-19. Minister Hunt launched the guides together with the Alliance members, who promoted the resources across industry groups and government departments.

A key activity of the NWI project was the complex work in developing a digital portal, the Healthy Work Hub (working title), that will be at the centre of NWI, making it easy for workplaces to find out what to do, and which services and agencies can help. This includes connecting workplaces with state-based or industry-based supports. It is a key opportunity to align the sector to best-practice information and research related to workplace mental health. The launch of the digital platform is planned for late 2021.

Other key activities during 2020-21 included: creation of a strategic communications plan to support engagement and communications across the project lifecycle; facilitation of digital workshops to co-design the core framework, metrics and vision; and development of a 'visual identity' for the NWI.

Responding to the outcomes of Royal Commissions and inquiries

The Commission continued in 2020-21 to provide submissions to Royal Commissions and public inquiries related to mental health and suicide prevention. These contributions are informed through the lens of the Commission's *Contributing Life* Framework, and its whole-of-person, whole-of-system, whole-of-life approach as necessary to ensure that our responses meet the needs of people.

National inquiries into mental health and suicide prevention have provided thousands of people and organisations with the opportunity to share their hopes and visions for reform, as well as their frustration, grief and at times anger with systems that often seemed broken. The following

inquiries handed down reports documenting these stories and recommendations for reform including:

- the Productivity Commission's inquiry into mental health
- Royal Commission into Victoria's Mental Health System
- the Royal Commission into Aged Care Quality and Safety
- the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- the National Suicide Prevention Adviser's Final Advice to the Prime Minister on suicide prevention.

The recommendations in these reports reflect different elements of what makes an efficient and effective system that meets the needs of, and improves outcomes for, people with lived experience, their families and the community more broadly.

The comprehensive feedback received from people with lived experience is that any rethinking of the mental health system needs to take into account this new environment to ensure that the system is capable, and responsive to immediate, short-term and specific needs of people impacted by unexpected or major changes in their lives, as well as to their medium- and longer-term needs. It also needs to acknowledge that different people have been and will continue to be impacted in different ways.

Productivity Commission's Inquiry into mental health

The Commission welcomed the release of the report of the Productivity Commission inquiry into mental health, with the priority reforms focused on a person-led mental health system. It calls for a nationally consistent, comprehensive mental health and suicide prevention system that is broader than health and encompasses the social determinants that can impact on wellbeing. It recommends a mental health approach that spans a person's life, from early childhood to the later years of life, and includes housing, families, education, workplaces and the justice system. This aligns with the Commission's Vision 2030.

The Commission contributed to the alignment and shared understanding of both the Productivity Commission's final report and Vision 2030 through its submission to the Productivity Commission and through its role in consulting with and presenting to the mental health sector on various activities. This includes the Commission's submission to the Select Committee on Mental Health and Suicide Prevention.

The final report reflected many of the recommendations made by the Commission in its submissions to the inquiry and in the *National Report 2019*—in particular, for a cross-portfolio and whole-of-government approach to mental health and suicide prevention, priority investment in early intervention and recovery, and clarification of funding arrangements for mental health services.

Key work by the Commission in 2020-21 aligned with the Productivity Commission's final report including:

- Vision 2030 acknowledges that the Productivity Commission report finding that reform is required to be implemented through a staged approach that builds towards systemic change and aims to clearly establish the priority areas for action to improve the mental health and wellbeing of Australians; and

- The National Children's Mental Health Strategy aligns with the Productivity Commission report finding that early intervention has the greatest potential for improving the health and social outcomes.

National Stigma and Discrimination Reduction Strategy

In December 2020, the Australian Government tasked the Commission with developing the National Stigma and Discrimination Reduction Strategy, a Productivity Commission recommendation and is a critical enabler of broader mental health reform efforts. The Strategy will outline a long-term vision for a society where stigma and discrimination based on mental ill health are no longer barriers to all in the community living long and contributing lives.

The Strategy will articulate clear priorities/focus areas, objectives and actions over a defined period (anticipated to be four years) to:

- Reduce self-stigma amongst those who experience mental ill health and those who support them;
- Reduce public stigma by changing attitudes and behaviours in the general community and amongst identified target audiences; and
- Take steps towards eliminating structural stigma and discrimination towards those affected by mental ill health in identified settings.

In 2020-21, the Commission established a governance structure for the project. The approach brings together people with lived experience and those working in the systems and institutions where people may face stigma and discrimination to design the strategy collaboratively. The Commission engaged some background research projects to inform the identification of initial priority areas.

The Strategy will be delivered to Government in December 2022.

Royal Commission into Victoria's Mental Health System

The Commission provided a national perspective in its submission to the Royal Commission into Victoria's mental health system, on the issues raised for mental health services, rather than providing a response to each of the terms individually. Key areas are broken down into the broad themes of social determinants, unmet need for mental health services, and measurement and reporting. Both the Commission's CEO and Chair provided detailed written witness statements responding to questions from the Royal Commission.

The recommendations and approach of the Victorian Royal Commission is consistent with the Commission's Vision 2030's approach to a person-led system, where social and emotional wellbeing is front and centre of every decision, and where consumers and carers partner and have choice in the shaping and delivery of their care and support. They both have an emphasis on a person-led, connected and accessible mental health and suicide prevention system that meets the needs of all. In particular, it prioritises integrated multi-disciplinary community-based care that puts a person's individual needs at the centre of its response capability, regardless of where the service is provided and by whom.

The interplay between the Victorian Royal Commission and Vision 2030 highlighted how Vision 2030 concepts may translate to a jurisdiction-specific setting and connections made between national foundations and local solutions.

The Royal Commission's recommendation for a whole-of-government approach to suicide prevention strengthens and builds on the national approach called for by National Suicide Prevention Adviser's Advice.

Royal Commission into Aged Care Quality and Safety

Over the life of the Royal Commission into Aged Care Quality and Safety the Commission provided two submissions, two responses to questions by the Counsel Assisting, and a response to final recommendations. In addition, the Commission's staff also met once with the Royal Commission.

The Commission welcomed the Royal Commission report's recognition that poor mental health is a serious problem in aged care. The Commission was pleased to note a number of recommendations in the final report that aligned with recommendations that have been in the Commission's submissions to the Royal Commission. These recommendations focused on improving access to mental health services, reducing social isolation and enhancing the skills of both the aged care and health workforce to respond to mental health needs of older people.

The Commission is continuing to monitor the outcomes of the Royal Commission into Aged Care and Safety and has commenced a scoping study to guide next steps in supporting the mental health and wellness of older people in Australia. The *National Report 2020* recommends that a National Older Persons Mental Health and Wellbeing Strategy should be the next strategy across the lifespan following completion of the National Children's Mental Health and Wellbeing Strategy.

Other inquiries

The Commission provided submissions to the following inquiries and consultations:

- The Royal Commission into the Violence, Abuse, Neglect and Exploitation of People with Disability – the Commission emphasised that improvements in the safety and quality of mental health and disability services can be achieved by strengthening the role of consumers and carers as key partners in service design, delivery, governance and evaluation. The Commission also supported actively working towards the elimination of seclusion and restraint of people experiencing mental health difficulties in mental health and disability services;
- The House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence - this submission outlined an approach that encourages greater coordination and partnership between the mental health and domestic and family violence systems and sectors at the national level, in doing so taking a whole-of-government, whole-of-life, cross-sector approach;
- The consultation on the National Preventive Health Strategy - the Commission's response recommended that the vision of the strategy explicitly call out mental wellbeing as a key pillar of the preventative health strategy; and
- The consultation on Private Health Reform (Second Wave) - the Commission supported proposed reforms that work to improve access to private health insurance for younger people and those with a disability (including a psychosocial disability), improve access to a wider range of allied health and other mental health professionals; and expand the range of service options that can be tailored to a person's level of need. The Commission will

continue to monitor the private health insurance industry to ensure that products and policies respond adequately to the community's need to access an appropriate level of care across the sector.

e-mental health

The Commission has been actively involved in contributing to the development of e-mental health services and approaches in Australia. The Commission collaborated with partner organisations by contributing to the establishment and operation of the eMental Health International Collaborative (eMHIC). eMHIC aims to facilitate international knowledge-sharing and collaboration on e-mental health initiatives in order to support and improve mental health and addiction outcomes for all populations.

To support the development of Vision 2030, the Commission funded a review of disruptive technology in the mental health and wellbeing ecosystem. The research, conducted by Deloitte, examined the key factors that impact the effective adoption and use of disruptive technologies to support the Vision 2030 project outcomes.

The Commission participated on the Advisory Committee and stakeholder workshops for the National Digital Mental Health Framework. An action under the *Fifth National Mental Health and Suicide Prevention Plan*, the Framework aims to provide an integrated and strategic approach to digital mental health service delivery within the broader context of Australia's mental health system.

The Commission participated on the Digital Mental Health Advisory Group for the National Safety and Quality Digital Mental Health Standards. The Standards, developed by the Australian Commission on Safety and Quality in Health Care and released in November 2020, address key safety and quality risks for digital mental health service users.

Consumer and Carer Engagement and Participation (KWA 3)

2020-21 Target	2020-21 Result
Deliver the consumer and carer guide for safety and quality in participation. <u>Source</u> : CP p.9 and PBS p. 369	<p>The Commission launched the <i>Mental Health Safety and Quality Engagement Guide</i> on 24 February 2021 with a webinar for consumers and carers with speakers from the project's Advisory Group including representatives from the National Mental Health Consumer and Carer Forum.</p> <p>Result: Achieved</p>
Conduct an annual survey and deliver the consumer and carer report to understand the impact of the Fifth Plan activities for consumers, carers, families and support people. <u>Source</u> : CP p.9 and PBS p. 369	<p>The second annual survey was conducted from March to May 2020, with the report published in June 2021. The report highlights the importance of including high quality data on the perspectives of consumers and carers in the formal evaluation of the Fifth Plan.</p> <p>Result: Achieved</p>
Commence work to increase the contribution and participation of communities in reforming the mental health and suicide prevention system. <u>Source</u> : CP p.9	<p>The Commission continued its engagement and participation with stakeholders representing diverse groups across the mental and suicide prevention sectors to inform our work. The Commission's work is supported by advisory committees/ steering groups/ expert advisory committees. Due to COVID-19 pandemic face-to-face engagement by the Commission was replaced by virtual engagement in 2020-21. Webinars were organised to discuss mental health reform, suicide prevention and the Federal Budget 2021. The Commission's Connections tour was postponed to 2022 due to the pandemic.</p> <p>Result: Achieved</p>
Conduct ongoing consultation for the roadmap for Vision 2030, the National Child Mental Health and Wellbeing Strategy and the National Mental Health Research Strategy, together with other work of the NMHC. <u>Source</u> : PBS p. 369	<p>The Commission conducted further consultation opportunities to inform the development and progression of its work on - Vision 2030, the National Child Mental Health and Wellbeing Strategy and the National Mental Health Research Strategy, the Mental Health Safety and Quality Guide, the Lived Experience Workforce Development Guidelines and the National Disaster Mental Health and Wellbeing Framework.</p> <p>Result: Achieved</p>

Mental health safety and quality engagement guide

The Commission developed the *Mental Health Safety and Quality Engagement Guide* for consumers and carers to strengthen their role in safety and quality initiatives in collaboration with partners, the Safety and Quality Partnership Standing Committee and National Mental Health Consumer and Carer Forum.

The guide is a practical tool aimed at empowering mental health consumers and carers, health service leaders and service providers to engage in meaningful partnerships to improve the safety and quality of mental health services. The guide focuses on participation by consumers and carers at a governance level recognising the importance of lived experience influencing strategic decision-making and systemic change.

The Commission engaged the Mental Health and Suicide Prevention Research Group, University of South Australia to organise the national consultation process to inform the guide and drafted most of the written content. The Commission provided a final draft of the guide to the members of Safety and Quality Partnership Standing Committee for comment. Feedback from its members were incorporated in the final version.

The Commission launched the guide on 24 February 2021 with a webinar for consumers and carers with speakers from the project's Advisory Group including representatives from the National Mental Health Consumer and Carer Forum. Feedback from the website designed to enhance the user experience and simplify access to relevant information and the webinar has been positive.

Consumer and carer report

To determine whether the actions being implemented under the Fifth Plan are translating into tangible improvements in how consumers and carers experience mental health care, the Commission undertook an annual survey of consumers and carers. This activity formed part of the Commission's role in independently monitoring and reporting on progress of the Fifth Plan.

The *2020 Consumer and Carer Report* built on the baseline data provided in the *2019 Consumer and Carer Report* by prioritising the experiences, and measuring the changing perspectives, of consumers and carers accessing mental health care. Continued genuine engagement and collaboration with people with lived experience, their families and their support people is essential in achieving transformational person-centric change. This direct knowledge results in better targeted initiatives, more responsive services and positive experiences for users and providers.

In March-May 2020, the Commission conducted a consumer and carer survey to better understand the experiences of mental health care in Australia and to determine whether the implementation of the Fifth Plan has affected those experiences. The results of the survey formed the basis of this report and identified a number of key issues raised by those with lived experience of our mental health system. These issues require a strong policy commitment to partnering with consumers and carers in monitoring and reviewing system and service performance.

In the 2020 survey, a significant proportion of consumers and carers reported that they are not experiencing integrated care, do not have access to the support services they need, do not receive coordinated physical and mental health care and have not seen any improvement in their mental health services in the last 12 months. Consumers and carers also reported experiencing stigma

and discrimination remains common, both in healthcare settings and in the broader community, and that not everyone feels safe when using mental health services.

Overall, the survey does not provide any evidence that the Fifth Plan has progressed in achieving its intended outcomes for consumers and carers between 2019 and 2020. However, any improvements in consumer and carer experiences resulting from the Fifth Plan are likely to be incremental and the known limitations of the survey may be obscuring small changes in the experiences of consumers and carers.

This highlights the importance of including high quality data on the perspectives of consumers and carers in the formal evaluation of the Fifth Plan. Quality data will ensure that any small improvements are measured and that learnings from the Fifth Plan about what creates improvements for consumers and carers can be applied to future reforms.

Engaging and consulting on the Commission's work

The Commission collaborates and partners with external stakeholders to be informed, influence change and drive improvement and to maximise effort and resources. The Commission engaged across sectors, jurisdictions and internationally.

The Commission continued to foster open and collaborative partnerships through participation in international, regional, national and jurisdictional sector committees and forums; establishing project advisory groups with representation of key stakeholders that meet regularly to inform and guide the development of our work; and undertaking consultations and engagement programs via workshops, surveys, public forums and targeted interviews. The Commission also has in place a Paid Participation Policy which recognises the valuable specialised and expert contributions made by people who have a lived and living experience.

The Commission facilitated collaboration across all sectors to improve the evidence base and to leverage expertise and resources and ensure robust, reliable and accountable advice and reporting– this includes health, housing, human services, income support, justice, education, employment, defence, veterans' affairs and the broader system to maximise outcomes and integrate service provision and system reform. We also worked closely with government agencies including the Department of Health and mental health agencies in each of the jurisdictions and agencies across sectors.

The Commissioner conducted webinars on:

- Mental Health Roundtable - to explore the ongoing impact of a range of issues and factors on the nation's mental health system, services and the sector; and
- Federal Budget Webinar - the Commission hosted a sector briefing by the Department of Health, to increase broader understanding of the 2021 budget mental health and suicide prevention reform measures from a lived experience and priority group perspective.

The Commission announced its partnership with the International Association for Suicide Prevention to ensure the participation of 150 people with lived experience in the World Congress for Suicide Prevention occurring in Brisbane in September 2021. The Commission team will work closely with the organisers and sector stakeholders on key engagement activity.

The Commission commenced preparation for a national Consumer and Carer Summit to bring together those with an interest and involvement in the broad topic of consumer and carer

participation to assist in identifying what are the key issues, barriers and next steps to progress this important component of the mental health reform agenda. Due to the COVID-19 restrictions in June 2021, this work has been postponed to early 2022.

Workforce Growth and Participation (KWA 4)

2020-21 Target	2020-21 Result
Deliver the Peer Workforce Development Guidelines to clarify role delineation for peer workers and effective anti-stigma intervention with the health workforce, progressed in consultation with all governments, mental health commissions, consumers and carers and the mental health sector. <u>Source:</u> CP p.8 and PBS p.369	<p>The Commission continued to work with the Project Steering Committee to progress the development of the Lived Experience workforce guidelines in consultation with stakeholders across the sector.</p> <p>The work commenced in late 2018 and is scheduled for completion by the end of 2021, while the revised completion date is later than the Commission's anticipated date of late 2020, it is the date scheduled in the Fifth Plan.</p>
	Result: On track
Progress the development of the National Mental Health Workforce Strategy with Department of Health (DoH) and key stakeholders. <u>Source:</u> CP p.8 and PBS p.368	<p>The Commission continued to work collaboratively with the Department of Health to support the development of the National Mental Health Workforce Strategy and participated in the strategy's Taskforce and the peer and lived experience working group.</p>
	Result: Achieved

Lived Experience (Peer) Workforce Development Guidelines (formerly the Peer Workforce Development Guidelines)

The Commission continued to develop the National Lived Experience (Peer) Workforce Development Guidelines, an activity under the Fifth Plan. The guidelines will provide advice for governments, funders, employers and the peer workforce in relation to all aspects of implementing, supporting, sustaining and growing the peer workforce.

The research team, based at RMIT University, engaged by the Commission provided draft guidelines for review by the Project Steering Committee and the Commission's Advisory Board. The Steering Committee continued to provide advice to the Commission on the consultation process and content of the guidelines. The guidelines have been developed in consultation with peer workers, governments, mental health commissions, consumers and carers and the mental health sector. Due to impact of COVID-19 the planned consultation on the draft guidelines were amended to hold virtual targeted group interview sessions run by the research team in September.

Overall, the guidelines were considered by participants in the consultation as timely and an opportunity to unite the workforce and provide consistent understanding of Lived Experience work across organisations, contexts and jurisdictions, including common principles/values/skill set of the Lived Experience workforce. The guidelines were further viewed as an opportunity to ensure Lived Experience language and concepts were centred and an opportunity to explore alternate terms and understandings of distress and role identity – beyond deficit, medical and individual models of understanding. As Lived Experience was preferred by many participants as the

overarching term for the workforce, the guidelines will be the Lived Experience Workforce Development Guidelines.

Based on further analysis of some of the barriers to implementation to better support the implementation of the guidelines, the Commission divided the guidelines project into two phases: firstly, developing guidelines with a roadmap of the implementation journey, a summary of consultation findings and a guide to designing job descriptions; and secondly, developing a suite of companion documents that target different employer types and service contexts to support implementation. These are also expected to be released in 2021.

The Commission planned to release the Lived Experience (Peer) Workforce Development Guidelines in late 2020. However, feedback on the draft guidelines identified several recommendations for strengthening the Guidelines, including the addition of a suite of companion documents targeting employers in range of mental health service contexts. The Commission intends to release the guidelines and companion documents by the end of 2021.

National Mental Health Workforce Strategy

The Australian Government is developing a 10-year National Mental Health Workforce Strategy. This work is being led by the Department of Health. The Commission is collaborating with the Department and participates on the Taskforce and working groups.

The Strategy's Taskforce identified peer and lived experience workforce as one of the five priority areas. The Taskforce established a working group to identify peer and lived experience workforce enablers and barriers, data limitations and recommendations for the strategy. There is some common membership between the Commission's Project Steering Committee for the Lived Experience Workforce Development Guidelines and the Taskforce's working group as it is crucial that the strategy and guidelines complement each other.

The Commission provided feedback on the two drafts of the strategy in early May and June 2021.

The Commission provided advice on issues relating to the mental health and peer workforces to the following:

- Supporting regional, rural and remote psychiatry training, a scoping project by Royal Australian and New Zealand College of Psychiatrists;
- Consultation on the National Safety and Quality Mental Health Standards for Community Mental Health Organisations by Australian Commission for Safety and Quality in Health Care;
- Consultation on Private Health Insurance Reforms: Second Wave; and
- Submissions to the Disability Royal Commission and the Aged Care Royal Commission.

In addition, the Commission's Vision 2030 Blueprint considered different ways of structuring the workforce and providing services that may contribute to addressing current workforce capacity issues.

Mental Health Research (KWA 5)

2020-21 Target	2020-21 Result
Deliver the National Mental Health Research Strategy developed in collaboration with key stakeholders. <u>Source</u> : CP p.9 and PBS p.369	While the development of the strategy was delayed due to the impact of the COVID-19 pandemic, it is expected that strategy will be completed as required by the end of 2021.
	Result: On track
Develop and implement a mechanism for ongoing monitoring, re-prioritisation and oversight of mental health research in Australia. <u>Source</u> : CP p.9	Due to the pandemic and competing priorities for the Commission and its partners, the Commission prioritised working with stakeholders to progress the National Mental Health Research Strategy before addressing this performance target.
	Result: Not achieved

The Commission continued developing the National Mental Health Research Strategy in consultation with the National Health and Medical Research Council, consumers and carers, states and territories, research funding bodies and researchers. It commenced in 2019 as an action under the Fifth Plan to drive better treatment outcomes across the mental health sector, due for completion in 2021. The Strategy aims to provide clear, practical guidance to inform all stages of the research process, from planning and investment through to implementation and evaluation.

The year commenced with the Commission addressing the qualitative analysis report by ORIMA of the strategy's workshop, delivered in late June 2020. The March 2020 workshop outcomes and feedback from the Steering Committee shaped the approach by the Commission to developing the strategy to build on a principles-based framework to inform planning, conduct, funding and implementation of mental health research in Australia.

Work continued with stakeholders to progress the strategy, the Commission engaged Digital Science to undertake a gaps analysis of mental health research, and Professor Phil Batterham (Centre for Mental Health Research, ANU) to produce a report that identified research gaps and the extent to which publications and funding align with stakeholder views on priorities for mental health research.

The Commission's guiding principles of the strategy are consistent with findings from work on Vision 2030 that noted the need for a systematic approach to mental health research that includes national governance and coordination structures, collaborative approaches to cross-discipline research, support for innovative research, lived experience research that is valued and prioritised, and embedding evaluation into services.

Due to the impact of COVID-19 and competing priorities the Commission's has rescheduled the completion of the strategy to the later end date as required in the PBS of the end of 2021.

Strengthen the Commission to enhance effectiveness (KWA 6)

2020-21 Target	2020-21 Result
Continue to strengthen the Commission's role as a respected and authoritative national leader in the development of an integrated and well-functioning mental health and suicide prevention system. <u>Source:</u> CP p.10	Through its reach and impact the Commission continues to provide leadership to support strengthening the system to meet the mental health and wellbeing needs of the community, create increased accountability and transparency in the mental health and suicide prevention system, and support the national prominence of mental health and wellbeing. Result: Achieved
Develop a community and stakeholder engagement strategy and implementation plan to embed effective and efficient stakeholder engagement into our strategic approach and operations. <u>Source:</u> CP p.10	The Commission continued to embed effective and efficient stakeholder engagement into our strategic approach and operations by implementing its Stakeholder Engagement Framework across our work. The Commission's 13 advisory groups provided key advice and insight for the Commission's work detailed in earlier Key Work Areas. Result: Achieved
Align Advisory Board meetings with the Key Work Areas and structure meetings to enable strategic input and expertise into the work program. <u>Source:</u> CP p.10	The Commission's Advisory Board met ten times through 2020-21. Its monthly meetings focused on the Key Work Areas to ensure the expertise of Commissioners was effectively used in the work of the Commission. Result: Achieved
Continue development of the Risk Management Framework and further embed risk management throughout the Commission. <u>Source:</u> CP p.10	The Commission's risk register is completed including detailed documentation of causes, controls, risk decisions and additional treatments required to reduce the overall risk profile of the Commission to target levels. Result: On track
Align staffing and budget resources with key priorities. <u>Source:</u> CP p.10	The Commission operated within its budget. Staffing and budget resources were aligned with key priorities, including emerging priorities. The Commission met all its statutory and governance reporting requirements. Result: Achieved

Enhance staffing capability, skill and expertise through targeted recruitment, training and development. <u>Source</u> : CP p.10	The capability, skill and expertise of the Commission's staff was enhanced through recruitment, targeted training and development, in accordance with our Performance and Development Scheme. All staff had performance plans in place in accordance with this policy and performed well during the year.
	Result: Achieved

Commission's role as a national leader

2020-21 was a year of national awareness of the importance of mental health and wellbeing, as each new challenge brought home the need to stay connected, check in with each other, and reach out for support. There has been a strong commitment to system reform in response to the natural disasters of fires, floods and hail, as well as to COVID-19. This includes recognising the importance of supporting people to access help and treatment where it is needed—where people live, work and learn, or in their community.

The Commission continued its ongoing national role of promoting understanding of and alignment between the various elements of the national mental health reform agenda through its role in consulting with and presenting to the mental health sector on various activities.

The Commission undertook proactive and strategic communication, including through timely responses to emerging issues such as the bushfires and the COVID-19 pandemic. The Commission collaborated with mental health organisations, experts and leaders across the country to develop and launch #InThisTogether and the subsequent #GettingThroughThisTogether campaigns.

Community and stakeholder engagement strategy and implementation plan

The Commission developed its Stakeholder Engagement Framework and implementation plan. The Framework and implementation plan guides and informs a Commission-wide approach and practice to stakeholder engagement with governments, the mental health and suicide prevention sector, media and social media, social and community service providers, and member of the community to strategically inform and enhance the Commission's work.

Communication has a key role in maintaining and extending the national prominence of mental health and wellbeing. Through collaboration and strengthening the community of practice, the Commission will extend the role of evidence-based communication within all the Commission's work. The Commission has maintained steady engagement with its stakeholders and audiences across all its external communication channels including the Commission's website, social media, newsletter and media work, and through online consultations of external stakeholder groups to contribute to its work.

The Commission's 13 advisory groups provided key advice and insight for the Commission's work detailed in earlier Key Work Areas. The total membership of 191 involved a broad range of stakeholders including: Federal, State and Territory governments and agencies, non-government organisations, consumers and carers, community organisations, and academic and research agencies.

Commission's Advisory Board

The Commission's Advisory Board continued to contribute to the Commission's work to respond to the challenges of 2020-21 by strengthening relationships across the sector, identifying issues and opportunities for improvement in the mental health and suicide prevention sector and providing strategic direction to the work program of the Commission. Advisory Board members are appointed by the Australian Government and bring a range of relevant expertise and experience. They support the Commission in its commitment to giving an independent view of system performance and a voice to the experiences of people living with mental health difficulties or suicide risk, and their families and support people.

Advisory Board monthly meetings are structured to enable collaboration on sector issues and opportunities for improvement, provide strategic input and expertise to the work program and inform the Advisory Board of activities, significant decisions and issues relating to the Commission. The CEO and Senior Executive work with the Advisory Board to develop the Commission's future work program as set out in the *2020-2024 Corporate Plan*.

Risk Management Framework

The Commission's risk profile and tolerance is influenced by its role to provide robust advice to Government and the community in relation to mental health and suicide prevention. It is a small entity that provides advice and reports to Government and the community on mental health outcomes and reform, at arms-length from the departments and agencies that manage funding and services. While it is necessary for the Commission to have an appropriate tolerance for risk to ensure its advice to Government and the community is independent and robust, the Commission has no tolerance for risk of dishonest, deceptive and fraudulent conduct.

The Commission's approach to risk management is supported by its Audit and Risk Committee, whose members have a broad range of skills including finance, risk management and performance reporting in a public sector environment. The Commission's Risk Management Framework complies with the Commonwealth Risk Management Policy. The Commission strived for a culture and a risk management approach that supports continuous improvement to ensure the Commission has an increased likelihood of achieving goals and meeting expectations; improved identification of opportunities and threats; improved stakeholder confidence and trust; and growing organisational resilience, operational effectiveness and efficiency.

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

The Commission's Executive worked with the Audit and Risk Committee and Internal Auditors to review the Risk Register in 2020-21 including the identification of risks, controls and mitigation strategies in accordance with the Commission's framework. The Commission established in May 2021 a Project Steering Committee to manage risk more systematically across the Commission's

work. It meets monthly with regular performance reporting including risk reporting. Two meetings were held in 2020-21.

Staffing and budget resources

In 2020-21, the Commission continued to prioritise its resources to support the Government meet the mental health needs of the community during the COVID-19 pandemic. The Commission continued to monitor the external operating environment and adjust our internal capability as required to ensure support continues to be efficient, effective and responsive.

To support the Australian Government's mental health and suicide prevention reform agenda the Commission's staffing resources increased from an Average Staffing Level (ASL) of 29 in 2020-21 to an ASL of 47 in 2021-22. The new staff will enhance the Commission's capacity in community and stakeholder engagement, and development of policy and national reform priorities.

In addition, the Commission is responsible for establishing a new office in 2021-22, the National Suicide Prevention Office (NSPO), to lead a national whole-of-government approach to suicide prevention and report on progress. The NSPO will build capability to deliver a national whole-of-government approach to suicide prevention.

Staffing capability, skill and expertise

To achieve the Commission's purpose, expertise in public sector policy, mental health issues and suicide prevention is needed. The Commission engaged highly skilled and experienced staff and has a culture of professionalism with leadership and resources that enable a high standard of performance.

The Commission is committed to fostering a flexible, efficient and high performing workplace. It operates in accordance within the Australian Public Sector employment framework and appoints staff under the *Public Service Act 1999*. It aims to be a place to work that includes best practice in selection, recruitment and promotion of staff, is innovative, open, transparent and inclusive, and ensures the health, safety and wellbeing of all its people. It is committed to upholding and promoting the APS values, as well as adhering to the APS Code of Conduct. Staff demonstrated the values of the Commission, and are afforded opportunities to build their skills, with continuous learning promoted.

The Commission actively encourages and promotes a mentally healthy workplace. The Commission continued to implement its Mentally Healthy Workplace Policy and the Mentally Healthy Workplace Committee was re-established, ensuring that staff's mental health and wellbeing were supported, especially given the challenging of working during the pandemic and supporting a home and work life balance.

The Commission introduced offsite meetings for all staff across the Canberra and Sydney offices to supporting staff connecting. Two were held in 2020-21 to build capacity across the Commission and to provide staff with the opportunity to hear from the Executive strategic priorities and to creatively engage with improving processes.

Report on Financial Performance 2020-21

At year-end, the balance of appropriations remaining was \$3,706,876 and \$3,040,191 for Departmental and Administered, respectively. These balances included 2020-21 appropriations, as well as unspent amounts from prior years.

Activities during the financial year resulted in an expenditure of \$10,026,369 for Departmental and \$4,764,929 for Administered. Compared to the budget these resulted in an overspend of approximately 6% in Departmental (primarily due to additional projects and funding the agency has received) and an under spend of approximately 3% in Administered.

NMHC Resource Statement 2020-21

	Actual available appropriation for 2020-21 \$'000	Payments made 2020-21 \$'000	Balance remaining 2020-21 \$'000
	(a)	(b)	(a) – (b)
Departmental			
Annual appropriations - ordinary annual services ¹	14,153	10,521	3,631
Annual appropriations - other services - non-operating ²	139	63	76
	14,291		3,707
Total departmental annual appropriations		10,585	
Total departmental resourcing	14,291	10,585	3,707
Administered			
Annual appropriations - ordinary annual services ¹	6,240	3,199	3,040
Total administered resourcing	6,240	3,199	3,040
Total administered resourcing	6,240	3,199	3,040
Total resourcing and payments for National Mental Health Commission	20,531	13,784	6,747

¹ Appropriation Act (No. 1) 2020-21 (both Operating and Departmental Capital Budget) and prior-year departmental appropriation and section 74 external revenue.

² Appropriation Act (No. 2) 2018-19 Equity Injections

Expenses for Outcome 1

Outcome 1:

Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programmes, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting, and engaging consumers and carers²

	Budget ¹ 2020-21 \$'000 (a)	Budget ² 2020-21 \$'000 (b)	Budget ³ 2020-21 \$'000 (a) – (b)
Program 1: National Mental Health Commission			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	4,906	4,765	141
Departmental expenses			
Departmental appropriation ³	9,555	10,026 -	471
Total for Program 1	14,461	14,791 -	330
Total expenses for Outcome 1	14,461	14,791 -	330
	2020-21		
Average staffing level (number)	33.7		

¹ Budgeted expenses taken from the 2021-22 National Mental Health Commission Portfolio Budget Statements of 2020-21 outcome figure.

² National Mental Health Commission only had one Outcome and Program during the 2020-21 year.

³ Departmental appropriation combines ordinary annual services (Appropriation Act Nos. 1, 3 and 5) and retained revenue receipts under section 74 of the Public Governance, Performance and Accountability Act 2013.

Management and Accountability

Corporate Governance

The Commission is an executive agency established under the *Public Service Act 1999* and is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The Commission was issued with a new Statement of Expectations from the Prime Minister and the Minister for Health in June 2020. The Commission responded with a Statement of Intent in June 2020. Both the Statement of Expectations and the Statement of Intent are available on our website.

The CEO is the accountable authority under the PGPA Act and is responsible for the governance and performance of the Commission. The Commission includes an Advisory Board made up of a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time), as well as the CEO as a Commissioner.

The Commission Executive is currently:

- Ms Christine Morgan - CEO
- Ms Lyndall Soper - Deputy CEO
- Ms Kim Eagle – Chief Operating Officer and Chief Financial Officer, and
- Ms Jenny Muir – Principal Adviser, Engagement and Communication

The Executive is responsible for ensuring the Commission's operations are efficient and effective and carried out in accordance with statutory and government requirements, including financial management, resource management, delivering outcomes against the Corporate Plan and Work Plan, people and culture management, and stakeholder engagement.

The Executive meet on at least a weekly basis to discuss the management of the Commission. The Commission has structures and processes in place to implement the principles and objectives of corporate governance.

The Commission's Audit and Risk Committee is responsible for providing independent advice and assurance to the CEO on the Commission's financial and performance reporting responsibilities, risk oversight and management, and system of internal control. Further detail on the Committee's functions, activities and members can be found under the subheading Audit and Risk Committee.

In 2020-21 Internal Audit was conducted by Walter Partners in accordance with the Commission's Internal Audit Plan 2019-20 to 2021-22. The audit assessed the effectiveness of the internal control framework for financial management activities, ensuring compliance with relevant Commonwealth legislation and policy requirements, including in relation to procurement, financial delegations, management of financial records, travel arrangements and credit cards. The Internal Audit Report found that the Commission's financial processes and internal controls were operating in an efficient, effective, economical and ethical manner. Internal audit activity in 2020-21 also included work in relation to the Risk Management Framework, the forward work plan and capacity of the Commission and performance reporting. These audits are ongoing and due for completion in 2021-22.

The *Commission's Charter and Operating Principles* provides guidance to the Commissioners of the Advisory Board.

The Commission's Accountable Authority Instructions set out appropriate controls and directions for staff in relation to requirements under the PGPA Act and relevant policies of the Australian government. The Commission operates in a shared corporate services environment provided by the Department of Health, and the Commission regularly reviews internal systems and procedures to simplify and streamline our operations and make best use of resources.

The Corporate Plan 2020–2024 and Work Plan 2020–21 guide the work of the Commission to achieve its objectives and are available on our website.

There were no significant issues reported to the Minister under paragraph 19(1)(e) of the PGPA Act that relate to non-compliance with Finance law and any action taken to remedy non-compliance.

Recognising the contribution of people with lived experience, their families and support people

The contribution of people with a lived experience of mental health issues, their families and support people is at the heart of the Commission's work. Our [Paid Participation Policy](#) provides a daily or pro-rata payment for an individual's time when they are personally nominated or invited to give expert advice and share their experiences to inform the Commission's work; to pay for travel and accommodation costs and to reimburse any reasonable associated out of pocket expenses.

Audit and Risk Committee

The Commission's Audit and Risk Committee is responsible for providing independent advice and assurance to the CEO on the Commission's financial and performance reporting responsibilities, risk oversight and management, and system of internal control. The Committee members are listed below. The Committee met four times in 2020-21 and reviewed and endorsed the Commission's Financial Statements, the Internal Audit Report, Annual Performance Statements and Corporate Plan 2020–2024.

The Committee also reviewed and endorsed new or revised versions of governance documents including the Business Continuity Plan, delegations instruments, the Audit and Risk Committee Charter and the Internal Audit Charter.

The Commission also has an internal audit function, which is responsible for delivering an internal audit program in line with the Committee's guidance and subject to approval by the CEO. The Committee exercises a governance role in relation to the internal audit function.

For further detail regarding the Committee's role and functions, see the Commission's Audit and Risk Committee Charter at: <https://www.mentalhealthcommission.gov.au/about/policies>.

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Meetings attended / total meetings	Total annual remuneration (GST inc.)	Additional Information
Mr William Northcote	Mr Northcote (B Bus, FCPA (Rtd)) has worked for over 36 years in leadership and senior management positions for not-for-profit and government entities. His roles included CEO, CFO and General Manager Corporate Affairs and as such brings valuable skills and experience in finance, risk oversight and management, systems of internal control, human resources, compliance and security in a Commonwealth government setting.	4/4	\$10,500	Mr Northcote became Chair of the Committee in September 2020.
Ms Lyndall Soper	Ms Soper is the Deputy Chief Executive Officer at the Commission. She joined the Commission in March 2020 after four years at the Department of Health where she held positions including Chief of Staff to Secretary – Ms Glenys Beauchamp and Acting First Assistant Secretary in Population Health and Sport Division. Ms Soper brings with her significant experience in policy development and policy implementation, project management, and leadership, having held senior executive positions across a variety of Commonwealth agencies including Environment, Climate Change and Energy Efficiency, Industry, and Defence.	3/4	nil	
Ms Carol Lilley	Carol Lilley is an independent board director and chair or member of a number of Commonwealth Government audit committees. She was a partner at PricewaterhouseCoopers and has over 20 years' experience in financial statement audit, internal audit, and project and risk management, with a particular focus on government. Carol holds a Bachelor of Commerce from the University of Western Australia. She is a graduate of the Australian Institute of Company Directors, a Fellow of Chartered Accountants Australia and New Zealand, and a certified internal auditor, and was a registered company auditor.	3/3	\$8,250	Ms Lilley joined the Committee as an Independent Member in September 2020.
Mr David Lawler	Mr Lawler has an extensive career in financial services holding Executive positions in the Commonwealth Bank of Australia as Executive General Manager, Finance – Premium Financial Services, Financial Controller – Institutional Banking and Group Auditor. He is the past Chairman on the National Board, Institute of Internal Auditors; Past member of the International Internal Auditing Standards Board of the Institute of Internal Auditors; past President, NSW Board of Governors, Institute of Internal Auditors; and fellow of CPA Australia. Mr Lawler has also had non-executive roles as a Chair or Member of numerous Audit Committees in private and Commonwealth sectors over the past 19 years.	1/1	\$3,850	Mr Lawler retired from his role as Chair and Independent Member of the Committee in September 2020.

External Scrutiny

No judicial, administrative tribunal decisions or decisions from the Australian Information Commissioner relating to the Commission were handed down during 2020–21. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements contained in this annual report. In 2020-21 there were no reports on the operations of the Commission by a Parliamentary Committee or the Commonwealth Ombudsman and there were no capability reviews of the Commission released.

Fraud Prevention

The Commission's fraud control processes are set out in the Fraud Control Plan, developed and managed in line with section 10 of the PGPA Rule 2014 and the Commonwealth Fraud Control Policy. General training on the Commission's fraud control processes is provided to staff annually.

The Commission's CEO certifies that she is satisfied that the Commission:

- has prepared a fraud and corruption risk assessment and fraud control plan
- has in place appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the agency, and
- has taken all reasonable measures to minimise the incidence of fraud in the agency, and investigate and recover the proceeds of fraud against the agency.

There were no instances of fraud in 2020–21.

Management of Human Resources

The Commission is committed to fostering a flexible, efficient and high performing workplace. The Commission operates within the Australian Public Sector Employment Framework and implements and supports good practice as an employer which is responsive to the needs of staff.

The CEO and Executive provide strategic leadership and align individual performance with the Commission's vision and goals. Staff are afforded opportunities to develop their skills and continuous learning is promoted. Staff capability is developed through ongoing workforce planning and staff participation in the performance and development scheme. Under the performance and development scheme, the performance of staff is aligned with the Commission's Work Plan and objectives, with performance reviewed periodically during each reporting period. Effective management and development of staff was a key factor to the achievement of Commission objectives in 2020-21

Staff are appointed under the *Public Service Act 1999* and remuneration and other employment terms of non-SES staff are set out under the conditions of National Mental Health Commission Enterprise Agreement 2017–2020. In accordance with the Enterprise Agreement, the Commission's Performance and Development Scheme enables incremental salary progression. Employees receiving a rating of fully effective or higher are eligible for incremental salary progression where they are below the maximum salary range for their classification. Non-salary

benefits include: annual Christmas shutdown period; access to annual leave at half pay; maternity, adoption and foster leave for eligible employees; and supporting partner leave.

Determinations under section 24(1) of the *Public Service Act 1999* are used to set the remuneration and conditions for SES employees. As at 30 June 2021, section 24(1) determinations were in operation for two SES employees. A section 24(1) determination is also in place for staff covered by the Enterprise Agreement 2017-20 to facilitate salary increases based on productivity improvements.

The remuneration and conditions of the CEO are set by the Remuneration Tribunal.

In accordance with the Enterprise Agreement and where appropriate Individual Flexibility Agreements are used to supplement the benefits or remuneration provided to non-SES employees. These arrangements are agreed between the CEO or CEO delegate and the employee. As at 30 June 2021 there were four such agreements in effect.

No employees were covered by common law contracts this year. No employees received performance pay this year.

Human Resources Statistics

Details of Accountable Authority

Name	Position Title/Position held	Period as the accountable authority or member within the reporting period	
		Date of Commencement	Date of cessation
Christine Morgan	Chief Executive Officer	4 March 2019	ongoing

APS Employment Arrangements 2020-21

	SES	Non-SES	<i>Total</i>
National Mental Health Commission Enterprise Agreement 2017-2020	0	34	34
NMHC 24/1 Determination	0	30	30
Individual Flexibility Agreements	0	4	4
Individual 24/1 Determinations	2	0	2
<i>Total</i>	2	0	2

Employees 2020-21 Indigenous

	<i>Total</i>
Ongoing	0
Non-Ongoing	0
<i>Total</i>	0

Employees 2019-20 – Indigenous

	<i>Total</i>
Ongoing	0
Non-Ongoing	0
<i>Total</i>	0

Employees 2020-21 - employment type by location

	Ongoing	Non-Ongoing	<i>Total</i>
NSW	15	7	22
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	0	2	2
WA	0	0	0
ACT	8	5	13
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
<i>Total</i>	23	14	37

Employees 2019-20 - employment type by location

	Ongoing	Non-Ongoing	<i>Total</i>
NSW	15	10	25
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	0	0	0
WA	0	0	0
ACT	11	0	11
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
<i>Total</i>	26	10	36

Ongoing employees 2020-21 – location

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
NSW	4	0	4	9	2	11	0	0	0	15
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	7	0	7	0	0	0	8
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	5	0	5	16	2	18	0	0	0	23

Non-ongoing employees 2020-21 – location

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
NSW	2	0	2	3	2	5	0	0	0	7
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	1	0	1	1	0	1	0	0	0	2
WA	0	0	0	0	0	0	0	0	0	0
ACT	0	0	0	5	0	5	0	0	0	5
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	3	0	3	9	2	11	0	0	0	14

Ongoing employees 2019-20 - location

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
NSW	4	0	4	10	1	11	0	0	0	15
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	2	0	2	9	0	9	0	0	0	11
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	6	0	6	19	1	20	0	0	0	26

Non-Ongoing Employees 2019-20 – Location

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
NSW	1	0	1	7	2	9	0	0	0	10
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	0	0	0	0	0	0	0	0	0	0
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	1	0	1	7	2	9	0	0	0	10

Ongoing Employees 2020-21 – Gender and Classification

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	1	0	1	0	0	0	1
EL 2	1	0	1	4	2	6	0	0	0	7
EL 1	3	0	3	4	1	5	0	0	0	8
APS 6	0	0	0	4	0	4	0	0	0	4
APS 5	0	0	0	1	0	1	0	0	0	1
APS 4	1	0	1	0	0	0	0	0	0	1
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	5	0	5	15	3	18	0	0	0	23

Non-Ongoing Employees 2020-21 – Gender and Classification

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	6	1	7	0	0	0	7
EL 1	2	0	2	1	1	2	0	0	0	4
APS 6	1	0	1	1	0	1	0	0	0	2
APS 5	0	0	0	0	0	0	0	0	0	0
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
<i>Total</i>	3	0	3	9	2	11	0	0	0	14

Ongoing Employees 2019-20 – Gender and Classification

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	2	0	2	0	0	0	2
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	4	0	4	7	0	7	0	0	0	11
EL 1	1	0	1	6	0	6	0	0	0	7
APS 6	0	0	0	3	1	4	0	0	0	4
APS 5	0	0	0	1	0	1	0	0	0	1
APS 4	1	0	1	0	0	0	0	0	0	1
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	6	0	6	19	1	20	0	0	0	26

Non-Ongoing Employees 2019-20 – Gender and Classification

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	1	1	2	0	0	0	2
EL 1	0	0	0	1	1	2	0	0	0	2
APS 6	1	0	1	4	0	4	0	0	0	5
APS 5	0	0	0	0	0	0	0	0	0	0
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
<i>Total</i>	1	0	1	7	2	9	0	0	0	10

Employees 2020-21 - full and part-time status

		Ongoing		Non-Ongoing		Total	
	Full-time	Part-time	<i>Total Ongoing</i>	Full-time	Part-time	<i>Total Non-Ongoing</i>	<i>Total</i>
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	1	0	1	0	0	0	1
EL 2	5	2	7	6	1	7	13
EL 1	7	1	8	3	1	4	12
APS 6	4	0	4	2	0	2	6
APS 5	1	0	1	0	0	0	1
APS 4	1	0	1	0	0	0	1
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	1
<i>Total</i>	20	3	23	12	2	14	37

Employees 2019-20 – full and part-time status

		Ongoing		Non-Ongoing		Total	
	Full-time	Part-time	<i>Total Ongoing</i>	Full-time	Part-time	<i>Total Non-Ongoing</i>	<i>Total</i>
SES 3	0	0	0	0	0	0	0
SES 2	2	0	2	0	0	0	2
SES 1	0	0	0	0	0	0	0
EL 2	11	0	11	1	1	2	13
EL 1	7	0	7	1	1	2	9
APS 6	3	1	4	5	0	5	9
APS 5	1	0	1	0	0	0	1
APS 4	1	0	1	0	0	0	1
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	1
<i>Total</i>	25	1	26	8	2	10	36

Salary Ranges by Classification

	Minimum Salary	Maximum Salary
SES 3	-	-
SES 2	\$227,311	\$281,432
SES 1	\$175,354	\$216,487
EL 2	\$127,756	\$152,050
EL 1	\$109,763	\$125,099
APS 6	\$85,413	\$95,985
APS 5	\$74,842	\$81,186
APS 4	\$67,232	\$73,149
APS 3	\$60,467	\$65,117
APS 2	\$52,854	\$58,772
APS 1	\$46,936	\$51,585
Other	-	-
<i>Minimum/Maximum range</i>	\$46,936	\$281,432

Key Management Personnel – Remuneration

Name	Position title	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long-term benefits		
Christine Morgan	Chief Executive Officer	347,339	0	0	34,068	4,639	0	0	386,046

Senior Executives – Remuneration

Total remuneration bands	Number of senior executives	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
\$0 - \$220,000	1	29,551	0	3,028	4,251	472	0	0	37,302
\$220,001 - \$245,000	1	181,068	0	0	35,878	9,912	0	0	226,858
\$245,001 - \$270,000	0	0	0	0	0	0	0	0	0
\$270,001 - \$295,000	0	0	0	0	0	0	0	0	0
\$295,001 - \$320,000	1	236,728	0	26,914	45,185	6,439	0	0	315,265
\$320,001 -	0	0	0	0	0	0	0	0	0

Other Highly Paid Staff – Remuneration

Total remuneration bands	Number of other highly paid staff	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
\$230,001 - \$245,000	0	0	0	0	0	0	0	0	0
\$245,001 - \$270,000	1	197,765	0	20,263	28,447	3,161	0	0	249,637
\$270,001 - \$295,000	0	0	0	0	0	0	0	0	0
\$295,001 - \$320,000	1	231,682	0	24,920	36,577	6,194	0	0	299,373
\$320,001 -	0	0	0	0	0	0	0	0	0

Purchasing

The Commission made all purchases in accordance with relevant procurement policies and principles, including the *Public Governance, Performance and Accountability Act 2013* and the Commonwealth Procurement Rules.

Further information on the Commission's financial performance is available in the audited Financial Statements and accompanying notes of this Annual Report.

Consultants

The Commission engages consultants to provide professional, independent and expert advice or services, where those services involve the development of an intellectual output that assists with agency decision-making, and/or the output reflects the independent views of the service provider.

All tenders and contractual arrangements undertaken in 2020–21 were carried out in accordance with the Commonwealth Procurement Rules.

During 2020–21, 3 new consultancy contracts were entered into involving total actual expenditure of \$125,246.07 (GST inclusive). There was 1 ongoing consultancy contract active during the period, involving total actual expenditure of \$40,000 (GST inclusive).

This Annual Report contains information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website: www.tenders.gov.au.

Reportable Consultancy Contracts – Expenditure 2020-21

Name of Organisation	Expenditure \$ (GST inc)
Deakin University (ABN 56 721 584 203)	84,654.30
University of New South Wales (ABN 57 195 873 179)	23,651.77
Australian National University (ABN 52 234 063 906)	16,940.00

Reportable non-consultancy contracts

During 2020-21, the Commission entered into 69 new reportable non-consultancy contracts, with a total actual expenditure of \$2,910,501.73 (inclusive of GST). In addition, in 2020-21 the Commission had 21 ongoing reportable non-consultancy contracts, with total actual expenditure during 2020 of \$2,157,955.98 (inclusive of GST).

In total, during 2020-21 the Commission had a total of 90 new and ongoing reportable non-consultancy contracts, with a total actual expenditure of \$5,068,457.71 (inclusive of GST).

Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.

Reportable non-consultancy contracts – expenditure 2020-21

Name of Organisation	Expenditure \$ (GST inc)
Investa Asset Management Pty Ltd (ABN 16 089 301 922)	996,864
Primary Communication Partners Pty Ltd (ABN 36 617 864 347)	689,044
Hays Specialist Recruitment (Australia) Pty Ltd (ABN 47 001 407 281)	499,729
Ernst & Young (ABN 75 288 172 749)	357,787
The University of Newcastle (ABN 15 736 576 735)	314,053

Australian National Audit Office Access Clauses

All contracts entered into by the Commission during 2020-21 provided access for the Auditor-General to the contractor's premises where the contract value was above \$100,000 including GST.

Exempt Contracts

There were no contracts entered into by the Commission during 2020–21 that were exempt from being published in AusTender on the basis that it would disclose exempt matters under the *Freedom of Information Act 1982*.

Procurement Initiatives to Support Small Business

The Commission supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SMEs) and Small Enterprise participation statistics are available on the Department of Finance's website.

Consistent with paragraph 5.4 of the Commonwealth Procurement Rules (CPRs), the Commission's procurement practices support SMEs, including via the following initiatives or practices:

- Using the Commonwealth Contracting Suite for low-risk procurements valued under \$200,000.
- Australian Industry Participation Plans in whole-of-government procurement where applicable.
- Making use of the SME exemption from Division 2 of the CPRs (exemption 17 in Appendix A of the CPRs) to facilitate streamlined procurements from SMEs between \$80,000- \$200,000, wherever appropriate.
- Observing the Small Business Engagement Principles (outlined in the government's Industry Innovation and Competitiveness Agenda), such as communicating in clear, simple language and presenting information in an accessible format.
- Making use of electronic systems or other processes used to facilitate on-time payment performance, including the use of payment cards.

Advertising campaigns

No advertising campaigns were undertaken by the Commission during the 2020–21 year.

Grants

Information on grants awarded during the 2020–21 year is available at www.mentalhealthcommission.gov.au and on GrantConnect at: <https://www.grants.gov.au/>.

Disability Reporting

The *National Disability Strategy 2010–2020* is Australia's overarching framework for disability reform. It acts to ensure the principles underpinning the United Nations *Convention on the Rights of Persons with Disabilities* are incorporated into Australia's policies and programs that affect people with disability, their families and carers.

All levels of government will continue to be held accountable for the implementation of the strategy through biennial progress reporting to the Council of Australian Governments. Progress reports can be found at dss.gov.au. Disability reporting is included the Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au.

Carer Recognition

Although the Commission is not a public service care agency as defined by the *Carer Recognition Act 2010*, through its core functions and day to day work the Commission supports the Statement for Australia's Carers and its 10 key principles that set out how carers should be treated and considered in policy, program and service delivery settings.

The Commission's mission is to give mental health and suicide prevention national attention, to influence reform and to help people with lived experience of mental health issues, including carers, live contributing lives. In doing so the Commission places the engagement of not only Australians living with mental health difficulties but their families, friends and other support people at the centre of its work to influence mental health policy and service improvements.

Freedom of Information

Agencies subject to the Freedom of Information Act 1982 (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a Section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The Commission's Information Publication Scheme statement can be found at www.mentalhealthcommission.gov.au.

Work Health and Safety

To help to ensure the health, safety and welfare of employees, the Commission has a WHS Representative, and First Aid Officers and Fire Wardens at each of its offices.

There were no injuries incurred by employees, nor were there any notifiable incidents recorded. There were no investigations conducted under Part 10 of the *Work Health Safety Act 2011*.

Ecologically sustainable development and environmental performance

In 2020–21 the Commission maintained a range of measures which contributed to ecologically sustainable development (ESD), including:

- Electronic mediums for communication, engagement and publications are favoured over other methods.
- Follow-me printing to reduce wastage.
- Printing on both sides of the paper and in black and white where possible.
- Ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features.
- Participation in the Sydney landlord's waste and recycling schemes.
- Various energy efficiency and other measures to reduce the environmental impact of the Commission's office premises in Sydney as detailed in the green lease schedule.

The Commission's consumption of resources, particularly energy and paper, declined significantly in 2020-21. This was largely as a consequence of the move to remote work arrangements during the COVID-19 pandemic and a further adoption of digital workflows.

The Commission does not provide any capital funding, project or grant funding for activities that have a measurable impact on ESD.



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

Opinion

In my opinion, the financial statements of the National Mental Health Commission (the Entity) for the year ended 30 June 2021:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2021 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2021 and for the year then ended:

- Statement by the Chief Executive Officer and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for

disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Rahul Tejani
Executive Director
Delegate of the Auditor-General

Canberra
20 October 2021

CONTENTS

Certification

Primary financial statement

- Statement of Comprehensive Income
- Statement of Financial Position
- Statement of Changes in Equity
- Cash Flow Statement
- Administered Schedule of Comprehensive Income
- Administered Schedule of Assets and Liabilities
- Administered Reconciliation Schedule
- Administered Cash Flow Statement

Overview

Notes to the financial statements:

1. Departmental Financial Performance

- 1.1 Expenses
- 1.2 Own-Source Revenue and gains

2. Income and Expenses Administered on Behalf of Government

- 2.1 Administered - Expenses

3. Departmental Financial Position

- 3.1 Financial Assets
- 3.2 Non-Financial Assets
- 3.3 Payables
- 3.4 Interest Bearing Liabilities
- 3.5 Other Provisions

4. Assets and Liabilities Administered on Behalf of Government

- 4.1 Administered - Financial Assets
- 4.2 Administered - Payables

5. Funding

- 5.1 Appropriations

6. People and relationships

- 6.1 Employee Provisions
- 6.2 Key Management Personnel Remuneration
- 6.3 Related Party Disclosures

7. Managing uncertainties

- 7.1 Financial Instruments
- 7.2 Administered - Financial Instruments
- 7.3 Contingent Assets and Liabilities
- 7.4 Fair Value Measurement

8. Other information

- 8.1 Current/non-current distinction for assets and liabilities

NATIONAL MENTAL HEALTH COMMISSION

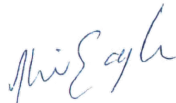
STATEMENT BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2021 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the National Mental Health Commission will be able to pay its debts as and when they fall due.



Christine Morgan
Chief Executive Officer
19 October 2021



Kim Eagle
Chief Financial Officer
19 October 2021

Statement of Comprehensive Income

for the year ended 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget \$
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	5,687,302	5,228,028	3,947,000
Suppliers	1.1B	3,142,201	2,301,014	3,928,000
Finance costs	1.1C	19,020	27,240	23,000
Depreciation and amortisation	3.2	1,176,357	1,170,892	876,000
Loss on disposal of asset	3.2	1,489	395	-
Total expenses		10,026,369	8,727,569	8,774,000
Own-source revenue				
Revenue from contracts with customers	1.2A	1,081,218	1,284,218	692,000
Other revenue	1.2B	33,000	33,000	33,000
Total own-source revenue		1,114,218	1,317,218	725,000
Net cost of services		(8,912,151)	(7,410,351)	(8,049,000)
Revenue from Government	1.2C	8,282,000	8,176,000	7,982,000
(Loss)/surplus on continuing operations		(630,151)	765,649	(67,000)

The above statement should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Statement of Financial Position

as at 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	3.1A	52,640	122,977	123,000
Trade and other receivables	3.1B	3,843,657	4,391,080	4,389,000
Total financial assets		3,896,297	4,514,057	4,512,000
Non-financial assets				
Buildings - Right-of-use asset	3.2	1,459,621	2,322,076	3,167,000
Leasehold improvements	3.2	511,937	809,800	-
Plant and equipment	3.2	87,197	24,519	35,000
Prepayments		-	1,901	2,000
Total non-financial assets		2,058,755	3,158,296	3,204,000
Total assets		5,955,052	7,672,353	7,716,000
LIABILITIES				
Payables				
Suppliers	3.3A	215,346	606,824	606,000
Other payables	3.3B	124,070	112,705	112,000
Total payables		339,416	719,529	718,000
Interest bearing liabilities				
Leases	3.4	1,459,742	2,307,149	2,397,000
Total interest bearing liabilities		1,459,742	2,307,149	2,397,000
Provisions				
Employee provisions	6.1	965,929	849,559	850,000
Other provisions	3.5	70,110	70,110	70,000
Total provisions		1,036,039	919,669	920,000
Total liabilities		2,835,197	3,946,347	4,035,000
Net assets		3,119,855	3,726,006	3,681,000
EQUITY				
Contributed equity		461,466	437,466	462,000
Retained surplus		2,658,389	3,288,540	3,219,000
Total equity		3,119,855	3,726,006	3,681,000

The above statement should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Statement of Changes in Equity

for the year ended 30 June 2021

	2021	2020	Original Budget
	\$	\$	\$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	437,466	413,466	438,000
Adjusted opening balance	437,466	413,466	438,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	24,000	24,000	24,000
Total transactions with owners	24,000	24,000	24,000
Closing balance as at 30 June	461,466	437,466	462,000
RETAINED EARNINGS			
Balance carried forward from previous period	3,288,540	1,652,360	3,286,000
Adjustment on initial application of AASB 16	-	870,531	-
Adjusted opening balance	3,288,540	2,522,891	3,286,000
Comprehensive income			
(Loss)/surplus for the period	(630,151)	765,649	(67,000)
Total comprehensive income	(630,151)	765,649	(67,000)
Closing balance as at 30 June	2,658,389	3,288,540	3,219,000
Total Equity	2,658,389	3,288,540	3,219,000
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	3,726,006	2,065,826	3,724,000
Adjustment for changes in accounting policies	-	870,531	-
Adjusted opening balance	3,726,006	2,936,357	3,724,000
Comprehensive income			
(Loss)/surplus for the period	(630,151)	765,649	(67,000)
Total comprehensive income	(630,151)	765,649	(67,000)
Transactions with owners			
Distributions to owners			
Departmental capital budget	24,000	24,000	24,000
Total transactions with owners	24,000	24,000	24,000
Closing balance as at 30 June	3,119,855	3,726,006	3,681,000

The above statement should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Accounting Policy

Equity Injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental capital budgets are recognised directly in contributed equity in that year.

Cash Flow Statement

for the year ended 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		10,433,990	8,966,990	7,982,000
Rendering of services		1,806,152	255,890	692,000
Total cash received		12,240,142	9,222,880	8,674,000
Cash used				
Employees		(5,510,879)	(4,914,957)	(3,947,000)
Suppliers		(3,500,585)	(2,150,896)	(3,895,000)
Interest payments on lease liabilities		(19,020)	(27,240)	(23,000)
Net GST paid		(36,698)	(2,384)	-
Section 74 receipts transferred to the Official Public Account (OPA)		(2,395,889)	(1,195,298)	-
Total cash used		(11,463,071)	(8,290,775)	(7,865,000)
Net cash from operating activities		777,071	932,105	809,000
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		(80,205)	(20,510)	(24,000)
Total cash used		(80,205)	(20,510)	(24,000)
Net cash used by investing activities		(80,205)	(20,510)	(24,000)
FINANCING ACTIVITIES				
Cash received				
Appropriations - Departmental capital budget - Bill 1		17,170	20,510	24,000
Appropriations - Equity injections - Bill 2		63,035	-	-
Total cash received		80,205	20,510	24,000
Cash used				
Principal payments of lease liabilities		(847,408)	(809,128)	(809,000)
Total cash used		(847,408)	(809,128)	(809,000)
Net cash used by financing activities		(767,203)	(788,618)	(785,000)
Net (decrease)/increase in cash held		(70,337)	122,977	-
Cash and cash equivalents at the beginning of the reporting period		122,977	-	123,000
Cash and cash equivalents at the end of the reporting period	3.1A	52,640	122,977	123,000

The above statement should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Administered Schedule of Comprehensive Income

for the year ended 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget \$
NET COST OF SERVICES				
Expenses				
Suppliers and Grants	2.1	4,764,929	2,818,407	4,906,000
Total expenses		4,764,929	2,818,407	4,906,000
Income				
Non-Taxation Revenue				
Other Revenue		-	-	-
Total non-taxation revenue		-	-	-
Total income		-	-	-
Net cost of services		(4,764,929)	(2,818,407)	(4,906,000)
Deficit		(4,764,929)	(2,818,407)	(4,906,000)

The above schedule should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 Portfolio Budget Statements. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Administered Schedule of Assets and Liabilities

as at 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	4.1A	34	-	-
Trade and other receivables	4.1B	125,818	44,659	45,000
Total financial assets		125,852	44,659	45,000
Total assets administered on behalf of Government		125,852	44,659	45,000
LIABILITIES				
Payables				
Suppliers and Grants	4.2	2,486,182	666,169	666,000
Other payables		470	-	-
Total payables		2,486,652	666,169	666,000
Total liabilities administered on behalf of Government		2,486,652	666,169	666,000
Net assets/(liabilities)		(2,360,800)	(621,510)	(621,000)

The above schedule should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 Portfolio Budget Statements. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Administered Reconciliation Schedule

for the year ended 30 June 2021

	2021	2020	Original Budget
	\$	\$	\$
Opening assets less liabilities as at 1 July	(621,510)	1,075,541	-
Net cost of services			
Expenses	(4,764,929)	(2,818,407)	(4,906,000)
Transfers from the Australian Government			
Administered transfers from Australian Government	3,209,754	3,032,265	4,906,000
Appropriation transfers to OPA			
Transfers to OPA	(184,115)	(1,910,909)	-
Closing assets less liabilities as at 30 June	(2,360,800)	(621,510)	-

The above schedule should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 Portfolio Budget Statements. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Accounting PolicyAdministered Cash Transfers to and from the Official Public Account

Revenue collected by the National Mental Health Commission (the Commission) for use by the Government rather than the Commission is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the Commission on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Administered Cash Flow Statement

as at 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Net GST received		-	110,515	-
Total cash received		-	110,515	-
Cash used				
Suppliers and Grants		(2,944,447)	(2,772,172)	(4,906,000)
Net GST paid		(81,159)	-	-
Total cash used		(3,025,606)	(2,772,172)	(4,906,000)
Net cash used by operating activities		(3,025,606)	(2,661,657)	(4,906,000)
Cash from Official Public Account				
Appropriations		3,209,754	3,032,265	4,906,000
Total cash from Official Public Account		3,209,754	3,032,265	4,906,000
Cash to Official Public Account				
Appropriations		(184,114)	(1,910,909)	-
Total cash to Official Public Account		(184,114)	(1,910,909)	-
Cash and cash equivalents at the beginning of the reporting period				
		-	1,540,301	-
Cash and cash equivalents at the end of the reporting period	4.1A	34	-	-

This schedule should be read in conjunction with the accompanying notes.

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2020-21 Portfolio Budget Statements. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

Budget Variance

Variances are considered to be 'major' if they are core to the Commission's activities and based on the following criteria:

- the variance between budget and actual is greater than +/- 10% and the variance is greater than \$100,000 of the original budget for a line item; and
- an item is below this threshold but is considered important for the reader's understanding or is relevant to an assessment of the discharge of accountability and to an analysis of the Commission's performance.

The budget is not audited.

Budget Variance Explanation	Affected statements and line items
<p>The Commission was tasked with development of the National Workplace Initiative. The Commission is in the process of adjusting the budget to align with the work program.</p> <p>The Commission received additional Departmental funding through the Portfolio Additional Estimates Statements budget process in late 2020-21 for National Stigma Reduction Strategy of \$300,000 which is expended on additional staff cost in 2020-21, the remaining funding will be expended in 2021-22.</p> <p>The Commission also engaged with Department of Health on the development of the National Natural Disaster Mental Health Framework through a Memorandum of Understanding agreement and received additional funding of \$500,000 in 2020-21 for additional staff cost and suppliers cost.</p> <p>The variances in Employee Costs and Supplier Expenses are due to these increases in the Commission's work and funding in 2020-21.</p> <p>The Commission adopted AASB16 Leases in 2019-20. The budgeted account balances in the Statement of Financial Position is updated in the budget update round.</p> <p>The Portfolio Budget Statements do not list Section 74 receipts transferred to the Official Public Account (OPA) as a separate line item on the budget statement.</p>	<p>Statement of Comprehensive Income:</p> <ul style="list-style-type: none"> - Employee benefits - Suppliers - Depreciation and amortisation - Revenue from contracts with customers <p>Statement of Financial Position:</p> <ul style="list-style-type: none"> - Trade and other receivables - Buildings - Right-of-use asset - Leasehold improvements - Suppliers - Other payables - Leases - Employee provisions - Retained surplus <p>Statement of Changes in Equity:</p> <ul style="list-style-type: none"> - (Loss)/surplus for the period <p>Cash Flow Statement:</p> <ul style="list-style-type: none"> - Appropriations - Rendering of services - Employees - Suppliers - Section 74 receipts transferred to the OPA
<p>The Commission received additional Movement of Funds of \$1,000,000 in 2020-21 and has prioritised and spent resources to deliver Government priorities for mental health and suicide prevention during the pandemic, with consultation and engagement on a number of projects in 2020-21.</p> <p>The difference between budget and actual suppliers and grants payable is due to the timing difference with the majority of supplier and grant payable being recorded at year end.</p> <p>Variances of Payable for Suppliers and Grants and Cash used for Suppliers and Grants are due to the financial year end accrual total of the Grants payments.</p>	<p>Administered Schedule of Assets and Liabilities:</p> <ul style="list-style-type: none"> - Suppliers and Grants <p>Administered Reconciliation Schedule:</p> <ul style="list-style-type: none"> - Transfer from Australian Government <p>Administered Cash Flow Statement:</p> <ul style="list-style-type: none"> - Suppliers and Grants - Appropriations

Overview

Objectives of the National Mental Health Commission

The National Mental Health Commission (the Commission) is a not-for-profit Australian Government controlled entity. The objective of the Commission is to contribute to the Government's agenda to deliver an efficient, integrated and sustainable mental health system to improve mental health outcomes for Australians and help prevent suicide.

The Commission's purpose is to monitor and report on investment in mental health and suicide prevention initiatives, provide evidence based policy advice to Government and disseminate information on ways to continuously improve Australia's mental health and suicide prevention systems, and act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The Commission's activities are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the Commission in its own right. Administered activities involve the management or oversight by the Commission, on behalf of the Government, of items controlled or incurred by the Government.

The continued existence of the Commission in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the Commission's administration and programs.

Comparative figures for 2020 year

The comparative 2020 financial year amounts have been reclassified where necessary to conform with the current year's presentation.

The Basis of Preparation

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR)* ; and
- b) Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities recorded at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

New Accounting Standards

No accounting standards have been adopted earlier than the application date as stated in the standard. No new/revised/amended accounting standards and/or interpretations issued prior to the date of signing of the financial statements and applicable to the current reporting period had a material effect on the Commissions financial statements.

COVID-19 Impact

The Commission has been a critical agency during the COVID-19 pandemic and has worked in close partnership with the Department of Health in response to all aspects of the COVID-19 pandemic. COVID-19 does not have the potential to significantly affect the ongoing structure and financial activities of the Commission and has not impacted the valuation of non-financial assets or recoverability of receivables.

Taxation

The Commission is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Revenues, expenses and assets are recognised net of GST except:

- a) where the amount of the GST incurred is not recoverable from the Australian Taxation Office; and
- b) for receivables and payables.

Reporting of Administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Events After the Reporting Period

Departmental

There have been no events after the end of the financial year that had the potential to significantly affect the ongoing structure and financial activities of the Commission.

Administered

There have been no events after the end of the financial year that had the potential to significantly affect the ongoing structure and financial activities of the Commission.

Financial Performance

This section analyses the financial performance of the National Mental Health Commission for the period ended 30 June 2021

1.1 Expenses

	2021 \$	2020 \$
1.1A: Employee Benefits		
Wages and salaries	4,279,970	3,747,806
Superannuation:		
Defined contribution plans	577,265	502,261
Defined benefit plans	168,449	157,586
Leave and other entitlements	637,056	671,906
Separations and redundancies	-	130,839
Other employee benefits	24,562	17,630
Total employee benefits	5,687,302	5,228,028

Accounting Policy

Accounting policies for employee related expenses are contained in the People and Relationships section.

1.1B: Suppliers

Goods and services supplied or rendered

Contracted services	2,645,036	1,702,818
Travel	52,037	170,126
IT services	20,190	9,436
Property operating expenses	209,125	197,978
Audit fees	33,000	33,000
Conferences and seminars	4,704	7,459
Other	124,184	134,605
Total goods and services supplied or rendered	3,088,276	2,255,422

Goods supplied	18,644	30,559
Services rendered	3,069,632	2,224,863
Total goods and services supplied or rendered	3,088,276	2,255,422

Other suppliers

Workers compensation expenses	19,565	13,705
Short-term leases	34,360	31,887
Total other suppliers	53,925	45,592
Total suppliers	3,142,201	2,301,014

The above lease disclosures should be read in conjunction with the accompanying notes 1.1C, 3.2 and 3.4.

Accounting Policy**Contracted services**

The contracted services include payments to the service providers of the Commission in delivery of the funded programs from the Department of Health and also payments to the Department of Health under a shared services agreement.

Short-term leases and leases of low-value assets

The Commission has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low-value assets (less than \$10,000). The Commission recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

	2021	2020
	\$	\$
<u>1.1C: Finance Costs</u>		
Interest on lease liabilities	19,020	27,240
Total finance costs	19,020	27,240

The above lease disclosures should be read in conjunction with the accompanying notes 1.1B, 3.2 and 3.4.

1.2 Own-Source Revenue and gains

	2021	2020
	\$	\$
<u>1.2A: Revenue from Contracts with Customers</u>		
Rendering of services	1,081,218	1,284,218
Total revenue from contracts with customers	1,081,218	1,284,218
Disaggregation of revenue from contracts with customers		
Type of customer:		
Australian Government entities (related parties)	1,081,218	1,164,218
State and Territory Governments	-	120,000
	1,081,218	1,284,218
Timing of transfer of goods and services:		
Over time	1,081,218	1,284,218
	1,081,218	1,284,218

Accounting Policy

Revenue from the rendering of services is recognised when control has been transferred to the buyer. The Commission has determined that enforceable contracts exist and has recognised revenue progressively over the period of the schedule due to the specific activities required, milestone, budget management and reciprocal benefit to the customer. As the performance obligations are satisfied over time, revenue is recognised on a straight-line basis in the reporting period in which the services are rendered.

The transaction price is the total amount of consideration to which the Commission expects to be entitled in exchange for transferring promised goods or services to the customer. The consideration promised in a contract with a customer includes only fixed amounts.

1.2B: Other Revenue

Resources received free of charge:

Remuneration of external auditors	33,000	33,000
Total other revenue	33,000	33,000

Accounting Policy**Resources Received Free of Charge**

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

1.2C: Revenue from Government

Appropriations

Departmental appropriations	8,282,000	8,176,000
Total Revenue from Government	8,282,000	8,176,000

Accounting Policy**Revenue from Government**

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the entity gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

Income and Expenses Administered on Behalf of Government

This section analyses the activities that the National Mental Health Commission does not control but administers on behalf of the Government.

2.1 Administered - Expenses

for the year ended 30 June 2021

	2021 \$	2020 \$
2.1: Suppliers and Grants		
Goods and services supplied or rendered and Grants distributed		
Outsourced providers and contractors and Grants distributed	4,504,856	2,047,685
Travel	39,966	361,251
IT services	-	4,484
Other	220,107	404,987
Total goods and services supplied or rendered and Grants distributed	4,764,929	2,818,407
 Goods supplied	 -	 -
Services rendered and Grants distributed	4,764,929	2,818,407
Total goods and services supplied or rendered and Grants distributed	4,764,929	2,818,407
 Total suppliers and grants	 4,764,929	 2,818,407

Financial Position

This section analyses the National Mental Health Commission's assets and liabilities.

3.1 Financial Assets

	2021 \$	2020 \$
3.1A: Cash and Cash Equivalents		
Cash on hand or on deposit	52,640	122,977
Total cash and cash equivalents	52,640	122,977

Accounting Policy

Cash is recognised at its nominal amount. Cash and cash equivalents include cash on hand and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

3.1B: Trade and Other Receivables

Goods and services receivables

Goods and services	94,937	866,751
Total goods and services receivables	94,937	866,751

Appropriations receivables

For existing programs	3,568,384	3,324,485
Equity injection & Departmental capital budget	85,852	142,058
Total appropriations receivables	3,654,236	3,466,543

Other receivables

GST receivable from the Australian Taxation Office	94,484	57,786
Total other receivables	94,484	57,786
Total trade and other receivables (gross)	3,843,657	4,391,080
Total trade and other receivables (net)	3,843,657	4,391,080

Accounting Policy

Trade and Other Receivables

Trade and other receivables excluding appropriations and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, and are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance. Receivables for goods and services, which have 30 day terms (2019-20: 30 days), are recognised at the nominal amounts.

3.2 Non-Financial Assets

3.2: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles:

Reconciliation of the opening and closing balances for the period ended 30 June 2021

	Buildings - Right-of-use Asset \$	Leasehold improvements \$	Plant and equipment \$	Computer Software \$	Total \$
As at 1 July 2020					
Gross book value	3,185,087	1,457,481	61,510	24,505	4,728,583
Accumulated depreciation, amortisation and impairment	(863,011)	(647,681)	(36,991)	(24,505)	(1,572,188)
Total as at 1 July 2020	2,322,076	809,800	24,519	-	3,156,395
Additions:					
Purchased	-	-	82,719	-	82,719
Depreciation and amortisation	-	(296,374)	(17,528)	-	(313,902)
Disposals:					
Other (gross book value)	-	-	(2,513)	-	(2,513)
Depreciation on right-of-use assets	(862,455)	-	-	-	(862,455)
Loss on disposal of assets	-	(1,489)	-	-	(1,489)
Total as at 30 June 2021	1,459,621	511,937	87,197	-	2,058,755
Net book value as at 30 June 2021 represented by					
Gross book value	3,185,087	1,457,481	141,716	24,505	4,808,789
Accumulated depreciation, amortisation and impairment	(1,725,466)	(945,545)	(54,519)	(24,505)	(2,750,035)
Total as at 30 June 2021	1,459,621	511,937	87,197	-	2,058,755
Carrying amount of right-of-use assets	1,459,621	-	-	-	1,459,621

No indicators of impairment were found for property plant and equipment.

No property, plant and equipment are expected to be sold or disposed of within the next 12 months.

There are no significant contractual commitments for the acquisition of leasehold improvements, property, plant and equipment and intangible assets.

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in property leases taken up by the Commission where there exists an obligation to restore the property to its original condition. These costs are included in improvements with a corresponding provision for the 'make good' recognised.

Leased Right-of-Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by the Commission as separate asset classes to corresponding assets owned outright.

Following initial application, an impairment review is undertaken for any right-of-use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Leased ROU assets continue to be measured at cost after initial recognition in the Commission's financial statements.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value (or an amount not materially different from fair value) less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date in June 2021. The regularity of independent valuations depended upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the

surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Commission using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2021	2020
Buildings - Right of use assets	4 years	4 years
Leasehold improvements	Lease term	Lease term
Plant and equipment	3 to 4 years	3 to 4 years

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

Impairment

All assets were assessed for impairment at 30 June 2021.

Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Commission were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Accounting Policy (continued)**Intangibles**

The Commission's intangibles comprise software for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

The Commission's software assets were fully depreciated at year end.

3.3 Payables

	2021 \$	2020 \$
3.3A: Suppliers		
Trade creditors and accruals	215,346	606,824
Total suppliers	215,346	606,824

Settlement is usually made within 30 days (2019-20: 30 days).

3.3B: Other Payables

Salaries and wages	110,099	74,786
Superannuation	13,971	11,201
Prepayments received/unearned income	-	26,718
Total other payables	124,070	112,705

Accounting Policy

Financial Liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

Unearned Income

Unearned income represents assets received from another party in advance of the Commission fulfilling its contracted obligations. The Commission releases unearned income to revenue over the period of the contracted obligations when the services are performed.

3.4 Interest Bearing Liabilities

	2021 \$	2020 \$
Leases		
Lease Liabilities - Buildings	1,459,742	2,307,149
Total interest bearing liabilities	1,459,742	2,307,149

Total cash outflow for leases for the year ended 30 June 2021 was \$900,788 (30 June 2020: \$868,255).

Maturity analysis - contractual undiscounted cash flows

Within 1 year	901,350	867,866
Between 1 to 5 years	638,830	1,540,180
Total leases	1,540,180	2,408,045

The above lease disclosures should be read in conjunction with the accompanying notes 1.1B, 1.1C and 3.2.

3.5 Other Provisions

	Provision for makegood \$	Total \$
As at 1 July	70,110	70,110
Additional provisions made	-	-
Amounts used	-	-
Amounts reversed	-	-
Total as at 30 June 2021	70,110	70,110

The Commission has one lease for rental premises (2020: one) which requires restoration of the leased premises to their original conditions at the conclusion of the lease. The Commission has made a provision to reflect the present value of this obligation.

Assets and Liabilities Administed on Behalf of the Government

This section analyses assets used to conduct operations and the operating liabilities incurred as a result. The National Mental Health Commission does not control these assets and liabilities but administers them on behalf of the Government.

4.1 Administered - Financial Assets

	2021 \$	2020 \$
4.1A: Cash and Cash Equivalents		
Cash on hand or on deposit	34	-
Total cash and cash equivalents	34	-
4.1B: Trade and Other Receivables		
Other receivables		
GST receivable from the Australian Taxation Office	125,818	44,659
Total other receivables	125,818	44,659
Total trade and other receivables	125,818	44,659

4.2 Administered - Payables

	2021 \$	2020 \$
4.2 Suppliers and Grants		
Trade creditors and accruals	2,486,182	666,169
Total suppliers and grants	2,486,182	666,169

Settlement is usually made within 30 days (2019-20: 30 days).

Funding

This section identifies the National Mental Health Commission's funding structure.

5.1 Appropriations

5.1A: Annual Appropriations ('Recoverable GST exclusive')

	Annual appropriation 2021 \$	Annual appropriation 2020 \$
Departmental		
Ordinary annual services ¹	8,282,000	8,176,000
Receipts retained under PGPA Act - Section 74	2,395,889	1,195,298
Capital Budget ²	24,000	24,000
Equity injections	-	-
Total departmental appropriation	10,701,889	9,395,298
Appropriation applied (current and prior years)	(10,584,532)	(8,864,523)
Variance ³	117,357	530,775
Administered		
Ordinary annual services	4,906,000	3,845,000
Receipts retained under PGPA Act - Section 74	20,362	1,623,796
Total administered appropriation	4,926,362	5,468,796
Appropriation applied (current and prior years)	(3,199,309)	(2,867,437)
Variance ⁴	1,727,052	2,601,359

Commentary:

¹ There were no amounts withheld under section 51 of the PGPA Act from 2021 or 2020 departmental ordinary annual services appropriations.

² Departmental Capital Budgets are appropriated through Appropriation Acts (No. 1,3) and Supply Acts (No.1,3). They form part of ordinary annual services and are not separately identified in the Appropriation Acts.

³ The variance of \$117,357 for departmental ordinary annual services primarily represents the timing difference of payments to suppliers or employees.

⁴ The administered ordinary annual services items variance relates to unspent funding for the year (the former section 11 of the Appropriation Acts).

5.1B: Unspent Annual Appropriations ('Recoverable GST exclusive')

	2021 \$	2020 \$
Departmental		
<i>Appropriation Act (No. 2) 2018-2019</i>	75,533	138,568
<i>Appropriation Act (No. 1) 2019-2020</i>	-	2,324,485
<i>Appropriation Act (No. 3) 2019-2020</i>	-	1,000,000
<i>Appropriation Act (No. 1) 2019-2020 - Capital Budget</i>	-	3,490
<i>Appropriation Act (No. 1) 2020-2021 - Capital Budget</i>	10,319	-
<i>Appropriation Act (No. 1) 2020-2021</i>	3,568,384	-
<i>Appropriation Act (No. 1) 2020-2021 - cash held by the Commission</i>	52,640	122,977
Total departmental	3,706,876	3,589,520
Administered		
<i>Appropriation Act (No 1) 2017-2018</i>	-	719,704
<i>Appropriation Act (No 1) 2018-2019¹</i>	468,583	468,583
<i>Appropriation Act (No 1) 2019-2020¹</i>	-	1,637,422
<i>Appropriation Act (No 1) 2020-2021</i>	2,571,574	-
<i>Appropriation Act (No.1) 2020-2021- cash held by the Commission</i>	34	-
Total administered	3,040,191	2,825,709

Commentary:

¹Unspent appropriations returned in the current financial year.

People and relationships

This section describes a range of employment and post employment benefits provided to our people and our relationships with other key people.

6.1 Employee Provisions

	2021 \$	2020 \$
6.1: Employee Provisions		
Leave	965,929	849,559
Total employee provisions	965,929	849,559

Accounting Policy

Liabilities for short-term employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Other long-term employee benefits are measured as the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

Leave

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the Commission's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been calculated using the Australian Government short hand method. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

The Commission recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The liability for superannuation recognised as at 30 June represents outstanding contributions.

6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Commission, directly or indirectly. The Commission has determined the key management personnel to be the Portfolio Minister and the Chief Executive Officer. Key management personnel remuneration is reported in the table below:

	2021 \$	2020 \$
Short-term employee benefits	347,339	348,778
Post-employment benefits	34,068	34,199
Other long-term employee benefits	4,639	4,611
Total key management personnel remuneration expenses¹	386,046	387,588

The total number of key management personnel that are included in the above table is one (2020: one).

¹ The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Commission.

6.3 Related Party Disclosures

Related party relationships:

The Commission is an Australian Government controlled entity. Related parties to the Commission are Key Management Personnel, including the Portfolio Minister, the Commission's Chief Executive Officer and other Australian Government entities.

Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment for shared services. These transactions have not been separately disclosed in this note.

Significant transactions with related parties can include:

- purchases of goods and services; and
- asset purchases, sales transfers or leases;

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the Commission, it has been determined that there are no related party transactions to be separately disclosed.

Managing uncertainties

This section analyses how the Commission manages financial risks within its operating environment.

7.1 Financial Instruments

	2021 \$	2020 \$
7.1:A Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and cash equivalents	52,640	122,977
Goods and services receivable	94,937	866,751
Total financial assets at amortised cost	147,577	989,728
Financial liabilities		
Financial liabilities measured at amortised cost		
Suppliers	215,346	606,824
Total financial liabilities measured at amortised cost	215,346	606,824

Accounting Policy

Financial Assets

Financial assets are recognised when the Commission becomes a party to the contract, and, as a consequence, has a legal right to receive or a legal obligation to pay cash. Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:

1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses. The simplified approach for trade and contract receivables is used whereby the loss allowance is measured as the amount equal to the lifetime expected credit losses.

Financial Liabilities at Amortised Cost

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

Lease liabilities are measured at the present value of the remaining lease payments, discounted using the Commission's incremental borrowing rate at 1 July 2019.

7.2 Administered - Financial Instruments

	2021	2020
	\$	\$
7.2 : Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and cash equivalents	34	-
Total financial assets at amortised cost	34	-
Financial liabilities measured at amortised cost		
Suppliers and Grants	2,486,182	666,169
Total financial liabilities measured at amortised cost	2,486,182	666,169

7.3. Contingent Assets and Liabilities

7.3A: Departmental - Contingent Assets and Liabilities

There are no contingent assets or liabilities in the current year or prior year.

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the Statement of Financial Position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

7.3B: Administered - Contingent Assets and Liabilities

There are no contingent assets or liabilities in the current year or prior year.

7.4: Fair Value Measurement

Fair value measurements at the end of the reporting period

	2021 \$	2020 \$
Non-financial assets		
Property, plant and equipment - at fair value	599,134	834,320
Total non-financial assets	599,134	834,320
Financial liabilities		
Other payables	124,070	112,705
Lease liabilities - Buildings - at amortised cost	1,459,742	2,307,149
Total financial liabilities	1,583,812	2,419,854

Accounting Policy

Following initial recognition at cost, property, plant and equipment is carried at fair value less subsequent accumulated depreciation and accumulated impairment losses.

Valuations are conducted with sufficient frequency to ensure the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

The Commission's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all non-financial assets is considered their highest and best use.

The Commission's policy is to recognise transfers into and transfers out of fair value hierarchy levels as at the end of the reporting period. There have been no transfers between level 1 and level 2 of the hierarchy during the year.

Financial liabilities are held at amortised cost.

Other information

8.1 Current/non-current distinction for assets and liabilities

8.1A: Current/non-current distinction for assets and liabilities

	2021 \$	2020 \$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	52,640	122,977
Trade and other receivables	3,843,657	4,391,080
Prepayments	-	1,901
Total no more than 12 months	3,896,297	4,515,958
More than 12 months		
Building - Right of use asset	1,459,621	2,322,076
Leasehold improvements	511,937	809,800
Plant and equipment	87,197	24,519
Total more than 12 months	2,058,755	3,156,395
Total assets	5,955,052	7,672,353
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	215,346	606,824
Other payables	124,070	112,705
Employee provisions	364,980	264,860
Leases	901,350	848,844
Total no more than 12 months	1,605,746	1,833,234
More than 12 months		
Employee provisions	600,949	584,698
Leases	558,392	1,458,304
Other provisions	70,110	70,110
Total more than 12 months	1,229,451	2,113,112
Total liabilities	2,835,197	3,946,346

8.1B: Administered - current/non-current distinction for assets and liabilities

	2021	2020
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	34	-
Trade and other receivables	125,818	44,659
Total no more than 12 months	125,852	44,659
More than 12 months	-	-
Total more than 12 months	-	-
Total assets	125,852	44,659
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers and Grants	2,486,182	666,169
Other payables	470	-
Total no more than 12 months	2,486,652	666,169
More than 12 months	-	-
Total more than 12 months	-	-
Total liabilities	2,486,652	666,169

Navigation Aids

List of requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	Page 5	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	Aids to access		
17AJ(a)	Page 4	Table of contents.	Mandatory
17AJ(b)	Page 125	Alphabetical index.	Mandatory
17AJ(c)	Pages 122-124	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Pages 111-121	List of requirements.	Mandatory
17AJ(e)	Page 2	Details of contact officer.	Mandatory
17AJ(f)	Page 2	Entity's website address.	Mandatory
17AJ(g)	Page 2	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	Pages 6-7	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Page 9	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 10	A description of the organisational structure of the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(1)(a)(iii)	Pages 9, 19-20	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	Pages 9, 19-21	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Pages 9, 56	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Pages 9, 56	Position of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Pages 9, 56	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
17AE(1)(b)	n/a	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)	n/a	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	Pages 18-48	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	Page 49	A discussion and analysis of the entity's financial performance.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AF(1)(b)	Pages 49-50	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	n/a	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
17AD(d)	Management and Accountability		
	Corporate Governance		
17AG(2)(a)	Page 54	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Page 54	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page 54	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page 54	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(2)(c)	Pages 51-52	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	Page 52	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory
	Audit Committee		
17AG(2A)(a)	Page 52	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 53	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 53	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 53	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 53	The remuneration of each member of the entity's audit committee.	Mandatory
	External Scrutiny		
17AG(3)	Page 54	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Page 54	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		may have a significant effect on the operations of the entity.	
17AG(3)(b)	Page 54	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	Page 54	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	Pages 54-55	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Pages 56-68	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location.	Mandatory
17AG(4)(b)	Pages 56-68	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: Statistics on staffing classification level; Statistics on full-time employees; Statistics on part-time employees; Statistics on gender; Statistics on staff location;	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		Statistics on employees who identify as Indigenous.	
17AG(4)(c)	Pages 55-56	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	Pages 55-56	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Page 68	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Pages 54-55	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 55	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	n/a	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	n/a	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)	n/a	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
	Purchasing		
17AG(6)	Page 71	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
	Reportable consultancy contracts		
17AG(7)(a)	Page 71	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Page 71	A statement that <i>"During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .	Mandatory
17AG(7)(c)	Page 71	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
17AG(7)(d)	Page 71	A statement that	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		<i>"Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."</i>	
	Reportable non-consultancy contracts		
17AG(7A)(a)	Pages 71-72	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7A)(b)	Page 72	A statement that <i>"Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website."</i>	Mandatory
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts		
17AGA	Pages 71, 72	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Australian National Audit Office Access Clauses			
17AG(8)	Page 72	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
Exempt contracts			
17AG(9)	Page 72	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory
Small business			
17AG(10)(a)	Pages 72-73	A statement that <i>"[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."</i>	Mandatory
17AG(10)(b)	Pages 72-73	An outline of the ways in which the procurement practices of the	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		entity support small and medium enterprises.	
17AG(10)(c)	n/a	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that <i>"[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."</i>	If applicable, Mandatory
	Financial Statements		
17AD(e)	Pages 77-110	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
	Executive Remuneration		
17AD(da)	Pages 69-70	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that <i>"During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website."</i>	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AH(1)(a)(ii)	Page 73	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 73	A statement that <i>"Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website]."</i>	If applicable, Mandatory
17AH(1)(c)	Page 73	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 74	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	n/a	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Pages 73-74	Information required by other legislation.	Mandatory

Glossary of abbreviations and acronyms

Carer: In this document, the term carer refers to an individual who provides ongoing personal care, support, advocacy and/or assistance to a person with mental illness or mental ill health.

Commission: The National Mental Health Commission.

Consumers: People who identify as having a living or lived experience of mental illness or mental ill health, irrespective of whether they have a formal diagnosis, who have accessed mental health services and/ or received treatment. This includes people who describe themselves as a 'peer', 'survivor' or 'expert by experience'.

Contributing Life: A fulfilling life where people living with a mental health difficulty can expect the same rights, opportunities and health as the wider community. It is a life enriched with close connections to family and friends, supported by good health, wellbeing and health care. It means having a safe, stable and secure home and having something to do each day that provides meaning and purpose, whether it is a job, supporting others or volunteering.

Council of Australian Governments (COAG): The peak intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association. On 29 May 2020, the Prime Minister announced that the Council of Australian Government (COAG) will cease and a new National Federation Reform Council (NFRC) will be formed, with National Cabinet at the centre of the NFRC.

Co-design: An approach to design that includes all stakeholders (for example, consumers, carers, researchers, health workers, clinicians, funders, policy-makers).

Fifth Plan: The Fifth National Mental Health and Suicide Prevention Plan.

Lived experience: In this report, lived experience refers to people who have either current or past experience of mental illness or mental ill health as a consumer and/or a carer.

Mental health: A state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. (World Health Organization definition).

Peer workforce: The supply of people who are employed, either part-time or fulltime, on the basis of their lived experience, to provide support to people experiencing a similar situation. The people who make up the peer workforce may be called peer workers, consumer workers, carer workers and/or lived experience workers.

Primary Health Network (PHN): A PHN is an administrative health region established to deliver access to primary care services for patients, as well as co-ordinate with local hospitals to improve the operational efficiency of the network. The six key priorities for targeted work for PHNs are: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

Psychosocial disability: A term used in the context of the NDIS to describe a disability arising from a mental illness, that is likely to make the person eligible for an individual support package under the scheme.

Restraint: The restriction of an individual's freedom of movement by physical or mechanical means.

Seclusion: The confinement of an individual at any time of the day or night alone in a room or area from which free exit is prevented.

Social and emotional wellbeing: A holistic concept that reflects the Aboriginal and Torres Strait Islander understanding of health and recognises the importance of connection to land, culture, spirituality, ancestry, family and community and how these affect the individual.

Secretariat: Support provided for meetings of the Commissioners.

Stigma: Stigma is a mark of shame, disgrace or disapproval on the basis of an individual's characteristics, which results in that individual being rejected, discriminated against, and/or excluded from participating in a number of different areas of society.

Support person: A person whose life is affected by virtue of a family or close relationship role with a person with mental illness.

AASB: Australian Accounting Standards Board

AHMAC: Australian Health Ministers' Advisory Council

ABS: Australian Bureau of Statistics

AIDA: Australian Indigenous Doctors' Association

AIME: Australian Indigenous Mentoring Experience

AIHW: Australian Institute of Health and Welfare

ARACY: Australian Research Alliance for Children and Youth

ASL: Average Staffing Level

CEO: Chief Executive Officer

CFO: Chief Financial Officer

COO: Chief Operating Officer

CP: Corporate Plan

COAG: Council of Australian Governments

DCB: Departmental Capital Budget

eMHIC: eMental Health International Collaborative

ESD: ecologically sustainable development

FOI: Freedom of Information

FRR: Financial Reporting Rule

GST: Goods and Services Tax

IPS: Information Publication Scheme

KPI: Key Performance Indicator

MHISSC: Mental Health information Strategy Standing Committee

MHWA: Mentally Healthy Workplace Alliance (the Alliance)

NDIS: National Disability Insurance Scheme

NFRC: National Federation Reform Council

NHMRC: National Health and Medical Research Council

NMHC: National Mental Health Commission

NMHCCF: National Mental Health Consumer and Carer Forum

NMHRS: National Mental Health Research Strategy

NSPO: National Suicide Prevention Office

NWI: National Workplace Initiative

OPA: Official Public Account

PBS: Portfolio Budget Statements

PGPA Act: *Public Governance, Performance and Accountability Act 2013* (Cth)

PHN: Primary Health Network

PREMISE: Prevention and Early Intervention in Mental Illness and Substance Use

PRIDoC: Pacific Region Indigenous Doctors' Congress

WAAMH: Western Australian Association for Mental Health

Index

Section	Page
About this Report	2
Advertising campaigns	73
Alphabetical Index	125
ANAO Access Clauses	72
Audit and Risk Committee	52
Carer Recognition	73
Chief Executive Officer's Review	6
Corporate Governance	51
Consultants	71
Contents	4
Disability Reporting	73
Ecologically sustainable development and environmental performance	74
Exempt Contracts	72
External Scrutiny	54
Financial Statements	77
Fraud Prevention	54
Freedom of Information	74
Glossary of abbreviations and acronyms	122
Grants	73
Human Resources Statistics	56
Independent Auditor's Report	75
Letter of Transmittal	5
List of requirements	111
Management and Accountability	51
Management of Human Resources	54
Other Mandatory Information	73
Our Commissioners	11
Our Structure	10
Overview of the National Mental Health Commission	9
Procurement Initiatives to Support Small Business	72

Purchasing	71
Recognising the contribution of people with lived experience	52
Report on Financial Performance	49
Report on Performance	18
Reportable Non-Consultancy Contracts	71
Performance Results	21-48
Welcome to the National Mental Health Commission Annual Report 2020-21	3
Work Health and Safety	74