



National Mental Health Commission

Annual Report

2022–2023



Australian Government

National Mental Health Commission

Acknowledgement of Country

The Commission acknowledges the traditional custodians of the lands throughout Australia. We pay our respects to their clans, and to the elders, past present and emerging, and acknowledge their continuing connection to land, sea and community.

Acknowledgement of Lived Experience

We acknowledge the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health and suicide prevention systems reform.

About this report

This report can be downloaded from our website: www.mentalhealthcommission.gov.au

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Our Vision

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

Our Purpose

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.



Letter of transmittal



Australian Government
National Mental Health Commission

The Hon. Mark Butler 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 2023. The 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 Report has been prepared to meet the requirements of section 70(2) of the *Public Service Act 1999*.

I submit this Report in accordance with section 70(1) of the *Public Service Act 1999* for presentation to the Australian Parliament. The 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 and corruption risk assessments and fraud and corruption control plans and has in place appropriate fraud and corruption 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 and corruption relating to the Commission.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Paul McCormack'.

Paul McCormack
Acting Chief Executive Officer

13 October 2023

Review by the Chief Executive Officer



Paul McCormack
Acting Chief Executive Officer

I am pleased to present the National Mental Health Commission's (the Commission's) Annual Report 2022-2023, setting out our activities and achievements from the past year.

The Commission's work on important projects and initiatives continued in 2022-23. In January 2023 we commenced the public beta phase of the new Mentally Healthy Workplace Digital Platform, developed under the National Workplace Initiative (NWI) to help organisations build mentally healthy workplaces. In April 2023 we released the 10-year anniversary Reflections on a Journey of Change report, summarising the key themes from 10 years of national reporting undertaken by the Commission since its establishment in 2012. The final progress report against the Fifth National Mental Health and Suicide Prevention Plan, Progress Report 4, was published on the Commission's website in May 2023. Also in May, the Commission released companion guides to support the implementation of the National Lived Experience (Peer) Workforce Development Guidelines, assisting agencies and organisations who design, deliver and commission mental health services.

Throughout 2022-23, the Commission made submissions and provided feedback to numerous public inquiries and policy consultations relevant to mental health and suicide prevention. The Commission also undertook a comprehensive consultation process engaging people and stakeholder groups with lived experience of mental ill-health and distress to advise the Australian Government on its establishment of two new peak bodies announced on 30 January 2023. The two new national organisations, one to represent mental health consumers and one to represent carers, families and kin, will amplify the voices of consumers and carers and help to drive equitable reform in mental health.

Additionally, as part of our ongoing work focused on understanding the impacts of digital technology on the mental health of young people, we conducted an online survey involving young people and those who live with, educate and support young people, as well as policymakers.

Establishment of the National Suicide Prevention Office (NSPO), a specialist office within the Commission to support design of a national, whole of governments approach to reducing suicide in Australia, was completed in 2022-23. The NSPO Advisory Board was established in October 2022, and the Lived Experience Partnership Group in December 2022, to inform and enhance the NSPO's work. The NSPO has made significant progress in developing the National Suicide Prevention Strategy to guide coordinated national action across all governments, portfolios and communities.

It was also a difficult period, with several challenges that had a significant impact on our staff and stakeholders and the mission of the Commission. From early 2023 the Commission began forecasting a significant operating loss for 2022-23, primarily attributable to actual expenses surpassing budgeted expenses in key areas of employee costs, service contracts and travel expenses. In April 2023, the Minister for Health and Aged Care, the Hon. Mark Butler MP, initiated an independent investigation into the Commission in response to allegations made public through the media. The allegations were of a serious and significant nature and canvassed a broad range of organisational and staff wellbeing matters relating to a range of areas of the Commission's operations, including culture, capability, financial management and governance of the Commission. The investigation was led by Professor Deb Picone AO and its intent was:

- to consider whether matters raised in the media could be substantiated;
- to conduct a culture and capability review to ensure the Commission provides a safe work environment and has the capability to perform its role; and
- to conduct a full functional and efficiency review to ensure the Commission can be financially sustainable moving forward.

The Commission's CEO voluntarily stood aside while the investigation was underway and Minister Butler appointed Dr Ruth Vine, Deputy Chief Medical Officer in the Department of Health and Aged Care, as Interim CEO from 17 April 2023. Dr Vine served as interim CEO for the remainder of the reporting period.

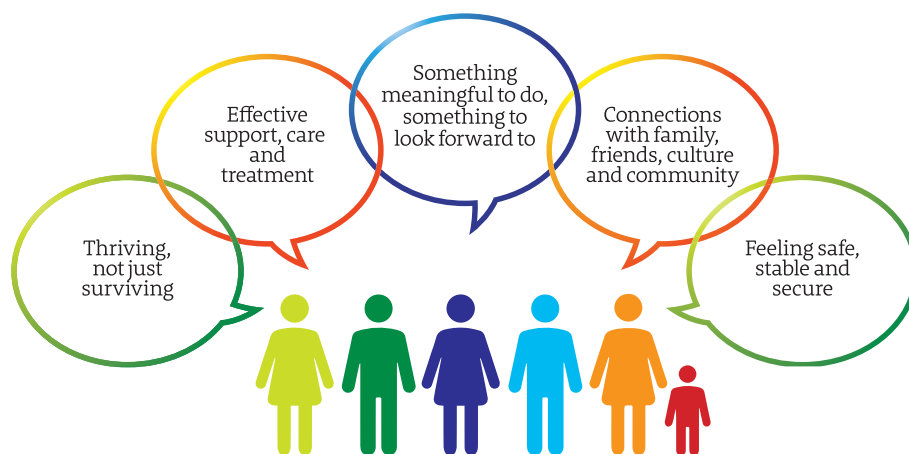
Minister Butler received the report of the independent investigation and an accompanying report on the functional and efficiency review on 31 July 2023 and, having taken some time to consider the reports in detail, tabled them in Parliament on 14 September 2023. In summary, the reports confirmed that all staff have been dedicated to the Commission's work and mission, but the Commission had a poor workplace culture and had outgrown its existing systems practices and capabilities.

The reports provide an important platform for reform of the Commission through recommendations to improve people management and workplace culture, as well as to address current issues in governance, financial and budget management, and internal controls. The Commission has begun working with the Department of Health and Aged Care to develop a plan for addressing the recommendations and to support wellbeing of staff.

I would like to thank all present and past Commission staff for their professionalism and dedication, including through the difficulties of the past months. It is the commitment of our staff that enables us to drive transformational change across service systems and achieve progress towards our vision of all people in Australia being able to lead contributing lives in socially and economically thriving communities.

I would also like to acknowledge the leadership of Mrs Lucy Brogden AM as Chair of the Commission's Advisory Board. Mrs Brogden served on the Advisory Board from 2014 and was Chair from 2017 until August 2022. Mrs Brogden made a significant contribution to the Commission's work and the sector during that period. Professor Ngiare Brown commenced as Chair from August 2022.

I would also like to thank all of the Commissioners whose terms expired in 2022-23, as well as the individuals and groups we have engaged with over the past year, including expert advisory groups, community and sector leaders, and in particular, people with lived experience.



Contributing Life

The Contributing Life silhouette shown here represents the diverse range of individuals within our communities. It represents the Contributing Life framework – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. Learn more about this approach on our website: **Contributing Lives, Thriving Communities - National Mental Health Commission**



About the Commission

Our purpose

Our purpose, defined by our Portfolio Budget Statements Outcome is to:

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.

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.

Authority

The National Mental Health 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 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 National Suicide Prevention Office (NSPO) is a specialist office established within the Commission to lead a national approach to suicide prevention in Australia.

Our vision

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

Our staff

As at 30 June 2023, the Commission had 44 staff located across Sydney, Canberra and Melbourne.

Portfolio and Ministers

The Commission is part of the Health and Aged Care portfolio and reports to the Minister for Health and Aged Care, the Hon Mark Butler MP and the Assistant Minister for Mental Health and Assistant Minister Rural and Regional Health, the Hon Emma McBride MP.



Our values

As an Executive Agency under the *Public Service Act 1999*, the Australian Public Service (APS) Values (also known as the ICARE principles) are the foundation for everything we do. They are brought to life in the Commission through a set of guiding principles which provide practical examples of how we undertake our work and model our desired behaviours.

The Commission's guiding principles are:

Inclusion - our respect for all people and perspectives shapes the value we put on developing collaborative relationships.

We do this through:

- Actively inviting and valuing everyone's contribution
- Recognising the centrality of lived experience
- Honouring a diversity of experience and expertise
- Working to address the impact of inequity on people's mental health and wellbeing

This aligns to the ICARE principle of Respectful.

Accountability - to be a catalyst for change, we provide authentic leadership and honour the trust others put in us by:

- Maintaining a disciplined focus on what will have the most positive impact for Australian communities' mental health
- Listening in a way that really hears others
- Doing what we say we'll do
- Communicating in a clear and transparent way

This aligns to the ICARE principles of Accountable and Ethical.

Curiosity - we embrace learning to improve the mental health and wellbeing of all people in Australia. We do this through:

- Honest reflection, rigorous analysis and a commitment to incorporate what we've learned
- Humility, always seeking out opportunities to improve
- Exploring the best available and emerging evidence with genuine curiosity, including the full range of diverse perspectives

This aligns to the ICARE principle of Impartial.

Purposeful - to achieve our vision that all people in Australia are enabled to lead contributing lives, we prioritise:

- Measuring outcomes and impact to drive improvement
- Convening and working with all those with a stake in solving problems and coming up with improved ways of working
- Searching for and accelerating what works

This aligns to the ICARE principle of Committed to service.

Annual Performance Statement



Australian Government
National Mental Health Commission

Statement of Preparation

I, Paul McCormack, as the accountable authority of the National Mental Health Commission (the Commission), present the 2022-23 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 2022-26 and the 2022-23 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 blue ink, appearing to read 'Paul McCormack'.

Paul McCormack
Acting Chief Executive Officer

28 September 2023

Performance Framework

The Commission operates within the enhanced Commonwealth performance framework in accordance with the PGPA Act. In 2022–23, resources were provided to the Commission through the Government budget process as documented in the Portfolio Budget Statements (PBS) for the Health and Aged Care Portfolio. The PBS, available here www.health.gov.au/resources/publications/budget-2022-23-portfolio-budget-statements states the Commission's outcome and includes high-level performance requirements.

The PGPA Act requires each Commonwealth agency to produce a corporate plan at the beginning of the cycle that sets out its purpose, strategies for achieving its purpose and how success will be measured.

The Commission's Corporate Plan 2022–26 is available here [NMHC-Corporate-Plan-2022-26 \(www.mentalhealthcommission.gov.au\)](http://www.mentalhealthcommission.gov.au).

At the end of the reporting cycle, agencies are required to produce an annual performance statement and assess the extent they have succeeded in achieving their purpose. The Annual Performance Statement demonstrates the link between an agency's activities throughout the year and their contribution to achieving its purpose. The Commission's Annual Performance Statement for 2022–23 reports on results against the purpose and performance criteria published on pages 10-17 of Corporate Plan 2022–26 and on pages 390-391 of the 2022–23 PBS.

Analysis of performance against agency purpose

For 2022–23, the Commission's performance is measured using the 13 performance measures and 18 targets outlined in its Corporate Plan 2022–26, which incorporate the two performance measures outlined in the 2022-23 PBS.

In April 2023 the Minister for Health and Aged Care initiated an independent investigation into the Commission in response to allegations made public through the media. The allegations were of a serious and significant nature and canvassed a broad range of organisational and staff wellbeing matters. The investigation incorporated a functional and efficiency review of the Commission's operations. This impacted the Commission's performance in this reporting period with some key activities and deliverables placed on hold from April 2023 pending the outcome of the investigation. This included the Commission's annual stakeholder survey, which was not carried out in 2022-23 as planned. The investigation report was tabled in Parliament by the Minister on 14 September 2023. Implementation of the response to the report's recommendations will be a focus during 2023-24.

The Commission's purpose, outlined in its Corporate Plan 2022–26 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 achieved its purpose in 2022–23 by analysing and reporting on sector performance, providing policy advice to government, engaging with stakeholders and delivering initiatives that lead to positive change. The Commission's performance met expectations against five of 13 measures, with expectations substantially met for an additional three measures and expectations for two measures partially met. Performance did not meet expectations for one measure. Performance measures were unable to be assessed for two measures due to the planned annual stakeholder survey not being conducted.

Performance Targets






Each section of the Annual Performance Statement focuses on a key activity area from the Commission's Corporate Plan 2022–26 and contains an analysis of the Commission's performance against the targets. More detail on the Commission's delivery of key activities commences on page 16.

Summary

The Commission's performance is measured against 13 criteria. For each criterion, a critical assessment of relevant targets determined whether the Commission's performance met expectations, substantially met expectations, partially met expectations or did not meet expectations. In two cases, performance measures were unable to be assessed.

Performance rating	Number of measures
Performance met expectations – all targets have been achieved	5
Performance substantially met expectations – the majority of targets were achieved or substantially achieved	3
Performance partially met expectations – the majority of targets were substantially achieved or partially achieved	2
Performance did not meet expectations – the majority of targets were not achieved.	1
Not assessable – targets were not able to be assessed	2
Total	13

Target ratings Key

-  Met/Achieved – 100% of the target has been achieved.
-  Substantially met/achieved – 75-99% of the target has been achieved.
-  Partially met/achieved – 50-75% of the target has been achieved.
-  Not met/achieved – less than 50% of the target has been achieved.
-  Not assessable/assessed – the target was unable to be assessed.

Performance analysis

Key activity 1 – Mental health and suicide prevention system performance and reform

Performance measure 1.1

Annual national report on Mental Health and Suicide Prevention is released annually and meets stakeholders' needs.

Performance partially met expectations

Target	Rating
1.1.1 National Report published online annually	Partially achieved

In this 10th anniversary year of national reporting, the Commission produced the Reflections on a Journey of Change report which was published online in April 2023. This report summarised the key themes from 10 years of national reporting, identifying where reform has occurred and where systems have improved, as well as where change and improvement is still needed. Acknowledging that this longstanding performance measure was not amended in the 2022-26 Corporate plan to anticipate this multi-year reflections report being produced rather than a single year national report, the Commission considers that the publication of the reflections report reflects partial achievement against the published performance measure.

Performance measure 1.2

The annual national report provides an assessment of the mental health and suicide prevention systems and identifies issues that are relevant for the period

Not assessable

Target	Rating
1.2.1 Increased levels of stakeholder satisfaction	Not assessed

Noting the response to performance measure 1.1 above, and the fact that a single year annual national report was not produced in 2022-23, the Commission considers that performance against this measure is not practically assessable for 2022-23.

Key activity 2 – Provide advice to the Australian Government on mental health and suicide prevention

Performance measure 2.1

The Commission's advice to government is:

- supported and informed by expert policy advice
- evidence-based including lived experience and sector data.

Performance substantially met expectations

Target	Rating
2.1.1 Advice includes lived experience evidence and sector data	Substantially achieved

The Commission engaged with a diverse range of experiences and expertise, including the perspectives of those with lived experience, their families, friends and carers through technical and expert advisory groups such as the:

- digital technologies and youth mental health Expert Advisory Group
- advisory group for the development of National Guidelines for Wellbeing Indicators in Early Childhood Health Checks
- Mental Health and Suicide Prevention Youth Advisory Group (convened by the Office for Youth)

In August and September 2022 the Commission undertook a three-phase consultation process with mental health consumers, carers, family and kin culminating in a two-day face to face workshop in Sydney with 100 established and emerging Lived Experience leaders. Based on these consultations, the Commission published a report in May 2023 containing 12 recommendations and seven guiding principles for the establishment of two new national and independent mental health lived experience peak bodies, announced by the Minister for Health and Aged Care and the Assistant Minister for Mental Health and Suicide Prevention in January 2023.

Performance measure 2.2

The Commission's advice to government addresses the needs of stakeholders.

Not assessable

Target	Rating
2.2.1 Increased levels of stakeholder satisfaction	Not assessed

The Commission's annual stakeholder survey was not undertaken in 2022-23 while the independent investigation, commissioned in April 2023 by the Minister for Health and Aged Care, was underway. Accordingly, the Commission considers that performance against this measure is not practically assessable for 2022-23

Performance measure 2.3

The Commission actively contributes to the development of mental health and suicide prevention policy and reform through its participation in forums and committees and contribution to relevant inquiries and consultations.

Performance met expectations

Target	Rating
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2.3.1	Participation and contribution increased on prior year levels
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Achieved

The Commission participated in a range of committees and forums to share its work and learn from others, including:

- a range of groups established to support monitoring and reporting under the National Partnership Agreement
- the National Disability Insurance Agency's (NDIA's) National Mental Health Sector Reference Group
- the National Rural Health Commissioner's Advisory Network, and
- the Australian Commission on Safety and Quality in Health Care's (ACSQHC's) Digital Mental Health Advisory Group.

The Commission provided input to the following public inquiries and consultations:

- the Better Access initiative interim report
- the National Health Literacy Strategy
- the Accreditation to the National Safety and Quality Mental Health Standards for Community Managed Organisations
- the Australian Cancer Plan
- the Joint Standing Committee on the National Disability Insurance Scheme on Capability and Culture of NDIA
- the National Dementia Action Plan
- the Mid-term Review of the National Health Reform Agreement Addendum 2020-25
- the Australian Human Rights Commission's Youth Justice and Child Wellbeing Reform.

The Commission considers that the value and depth of its participation in forums, committees, inquiries and consultations increased in 2022-23, although the number of contributions it made did not increase.

Key activity 3 – Shaping the future - strategic reform and catalyst for change

Performance measure 3.1

Launch the National Workplace Initiative (NWI) to promote a nationally consistent approach to workplace mental health.

Performance met expectations

Target	Rating
3.1.1 Participants engaged in consultation on the NWI website	Achieved

Consultation on the development of the NWI Mentally Healthy Workplaces digital platform took place with four jurisdictional collaboratives, the Mentally Healthy Workplace Alliance and two sector advisory groups. The platform was released under a public beta phase in January 2023 and had approximately 5,000 users as at 30 June 2023.

Target	Rating
3.1.2 Broad uptake of the NWI resources and number of resources available	Achieved

As at 30 June 2023, NWI Mentally Healthy Workplaces users had downloaded resources 7,630 times. The Commission has published nine resources on the platform including guides on:

- measuring mentally healthy workplaces
- small business guides to mentally healthy workplaces, and
- creating resources to support mentally healthy workplaces.

Target	Rating
3.1.3 Number of workplaces implementing the Blueprint	Achieved

There have been 3,830 downloads of the Blueprint for Mentally Healthy Workplaces, demonstrating intent by workplaces to implement the Blueprint. The Blueprint describes the core pillars, principles and focus areas for creating workplaces that protect, respond and promote mental health across Australia.

Target	Rating
3.1.4 Positive feedback provided	Achieved

Positive feedback has been received from a range of stakeholders including:

- Mentally Healthy Workplace Alliance members
- sector stakeholders including jurisdictional collaboratives, and
- users engaged through research platforms.

Performance measure 3.2

Deliver the National Stigma and Discrimination Reduction Strategy to government.

Performance did not meet expectations

Target	Rating
3.2.1 Strategy published online	Not Achieved

The Commission has not delivered a final National Stigma and Discrimination Reduction Strategy during 2022-23. Notwithstanding that a number of resources generated through the Strategy's development, including commissioned research, have been published on the Commission's website, the Commission considers that because the strategy itself has not been published online the performance measure has not been met in accordance with the rating scale outlined above.

Target	Rating
3.2.2 Strategy informed by broad range of stakeholders	Partially Achieved

The Commission received 99 submissions and 407 survey responses as part of public consultation on the draft National Stigma and Discrimination Reduction Strategy. A summary of consultation findings was published on the Commission's website in June 2023.

Target	Rating
3.2.3 Uptake of the Strategy and actions	Not Achieved

Uptake of the Strategy will not be able to be measured until after the Strategy is finalised. However, commitments from some of the stakeholders involved in the creation of the Strategy include integrating stigma related content into psychology student training programs, establishing a professional network for mental health related stigma researchers, and stigma-related actions by jurisdictions.

Performance measure 3.3

Collaboration, co-design, stakeholder engagement, consultation or participation in the development of all Commission-led strategies, frameworks and plans.

Performance met expectations

Target	Rating
3.3.1 100% participation in Commission initiatives	Achieved

Stakeholder engagement, collaboration and consultation was undertaken as part of the:

- project exploring the impact of digital technologies on youth mental health, through consulting with a youth advisory group and a technical advisory group of mental health and digital technology experts, and engaging with the public, including young people, parents and carers, educators, and
- development of national guidelines for the inclusion of wellbeing in early childhood health checks through meetings with 19 stakeholders across government and early childhood policy and practice, consulting with a project advisory group including child health experts, First Nations representatives and parents and carers.

The NWI modules, platform, features and frameworks were developed in consultation with subject matter experts, lived-experience experts, and members of the Mentally Healthy Workplace Alliance.

Feedback was gathered on the Blueprint and the digital platform testing program included extensive engagement with potential users to understand their preferences.

Key activity 4 – Collaboration and engagement

Performance measure 4.1

Publish information collected from the Commission's Connections 2022 program, a biennial community and stakeholder engagement program

Performance partially met expectations

Target	Rating
--------	--------

4.1.1	Information is published online
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Partially achieved

Snapshots of participants' views from the 35 community meetings and seven webinars were published on the Commission's website.

Public health networks around Australia have been provided with survey findings reports and qualitative summaries of data relevant to their areas, to support regional planning.

A summary report of the Connections 2022 program was not published as originally planned.

Performance measure 4.2

Evidence gathered from engagement activities informs and guides the Commission's work

Performance substantially met expectations

Target	Rating
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4.2.1	Engagement activities are targeted to include appropriate stakeholders
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Substantially Achieved

The Commission undertook consultation to inform policy advice and project development including through:

- two-day Summit to ensure broad input on recommendations for the establishment of two peak organisations – one for mental health consumers, and one for their carers, family and kin
- an online survey on the Commission's digital technologies and youth mental health discussion paper, and
- engagement with key stakeholders, including state and territory governments, for developing national guidelines on wellbeing indicators in childhood health checks.

Performance measure 4.3

Maintain and extend the national prominence of mental health and wellbeing through communication, engagement, collaboration and sector community of practice.

Performance met expectations

Target	Rating
--------	--------

4.3.1	>30 webinar, speech, presentation or distribution of targeted information
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Achieved

The Commission delivered 36 speeches, issued five newsletters, conducted several major consultations and surveys using the *HaveYourSay* platform on topics such as the stigma and discrimination reduction strategy, the National Suicide Prevention Office, digital technology and youth mental health, peak bodies and the National Workplace Initiative. The Commission also hosted three communications community of practice meetings. and delivered targeted electronic direct mail communications and social media posts.

Performance measure 4.4

Increase the evidence for whole-of-life outcomes and experiences of mental health consumers, carers and sector representatives including suicide risk through broad collaboration and engagement.

Performance met expectations

Target	Rating
4.4.1 Increased levels of engagement by the Commission across sectors, jurisdictions, communities and internationally	Achieved

The Commission made this performance assessment based on the value and depth of its engagement.

The Commission funded 10 research projects, each exploring the impact of the COVID-19 pandemic on specific priority population groups. This work contributed to numerous publications promoting the needs of these groups.

The Commission engaged the University of New England to conduct in-depth research with people who have experienced a mental health crisis. Everymind then synthesised the key findings of this research into a report that highlighted key opportunities for mental health reform to better meet the needs of people in need of support, as well as their families, carers or kin.

The Commission represented Australia in key international fora including the International Initiative for Mental Health Leadership and the eMental Health International Collaborative.

Key activity 5 – National Suicide Prevention Office

Performance measure 5.1

Progress the work of the National Suicide Prevention Office to lead the development of a National Suicide Prevention Strategy, a National Outcomes Framework, and a National Suicide Prevention Workforce Framework.

Performance substantially met expectations

Target	Rating
5.1 Progress in line with planned development of strategy and frameworks	Substantially Achieved

The draft National Suicide Prevention Strategy is expected to be delivered to the Australian Government in 2023-24. Drafting of the Strategy has been informed by the NSPO Lived Experience Partnership Group and Advisory Board, working groups, consultations with people with a lived and living experience of suicide and academia to ensure it is underpinned by a strong evidence-base and there is national alignment of suicide prevention strategies and plans across jurisdictions. Drafting of the National Outcomes Framework and National Suicide Prevention Workforce Framework did not commence in 2022-23.

Key activities

The Commission has five key activities set out in its Corporate Plan 2022-26.

Key Activity 1: Mental health and suicide prevention system performance and reform

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

Monitoring delivery of the National Mental Health and Suicide Prevention Agreement 2022- 2025

In September 2022, the Mental Health and Suicide Prevention Senior Officials (MHSPSO) tasked the Commission with undertaking annual progress reports on the implementation of activities, outputs and outcomes of the National Mental Health and Suicide Prevention Agreement 2022-2025 (National Agreement). The Commission has worked closely with the Department of Health and Aged Care, jurisdictions, relevant governance bodies and National Agreement working groups to ensure that an independent account of progress against the National Agreement can be provided. The MHSPSO approved the Commission's reporting proposal in May 2023, and the Commission is expected to deliver its first National Agreement progress report by November 2023.

Reporting progress against the Fifth National Mental Health and Suicide Prevention Plan

The Commission has been responsible for reporting on progress implementing the Fifth National Mental Health and Suicide Prevention Plan 2017-2022 (the Fifth Plan) since its release in 2017. The final progress report against the Fifth Plan, *Progress Report 4*, was published on the Commission's website in May 2023.

The report assesses the performance of the Fifth Plan in making meaningful progress towards fulfilling its vision and identifies key learnings that will be instrumental in guiding future reform efforts and progressing towards an integrated mental health system that meets the needs of all people in Australia.

Monitoring mental health and suicide prevention system reform

Since 2012, the Commission has been tasked with delivering an annual report on Australian mental health and suicide prevention systems. These reports hold a core accountability and transparency function for government and the public, providing an assessment of whether progress is being achieved in the implementation of mental health reforms.

The *Reflections on a Journey of Change* report was released in April 2023 to mark the 10th anniversary of the Commission's establishment. The report explores the impact of reform through the experience and insights of consumers and carers, as well as those working in the mental health and suicide prevention systems.

The personal reflections provide an experience-informed lens to understand the impact of change, linking the experiences of the past 10 years with a vision for mental health and suicide prevention for the next 10 years. The report identified, through these personal stories, where reform has occurred and where systems have improved, as well as where change and improvement is still needed. The report also highlighted the personal costs to, and resilience of, the individuals involved in mental health and suicide prevention reform work.

The 2023 National Report is expected to be published in 2023-24.

Key Activity 2: Provide advice to the Australian Government on mental health and suicide prevention

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

National Stigma and Discrimination Reduction Strategy

The Commission continues to progress the delivery of the National Stigma and Discrimination Reduction Strategy. Dignity. Humanity. Respect. A national strategy to reduce mental health-related stigma and discrimination is a comprehensive approach to tackling stigma at the individual, community and structural level. The strategy comes 40 years after the seminal Burdekin report into the human rights of people with mental health issues in Australia. There is still work to be done to ensure that everyone who experiences mental health issues or supports someone who has, is met with compassion and respect.

The Strategy is being developed in collaboration with people with lived experience and was informed by workshops, commissioned research and a population-based survey led by the Australian Government's Behavioural Economics Team.

Participating in policy development processes

In 2022–23, the Commission made submissions or provided feedback on mental health and suicide prevention to the following public inquiries and consultations:

- the Better Access initiative interim report
- the National Health Literacy Strategy
- the Accreditation to the National Safety and Quality Mental Health Standards for Community Managed Organisations
- the Australian Cancer Plan
- the Joint Standing Committee on the National Disability Insurance Scheme on Capability and Culture of National Disability Insurance Agency
- the National Dementia Action Plan
- the Mid-term Review of the National Health Reform Agreement Addendum 2020-25
- the Australian Human Rights Commission's Youth Justice and Child Wellbeing Reform

New peak bodies to represent mental health consumers and carers

In 2022, the Commission undertook a consultation process to inform advice to the Australian Government on establishing new peak bodies to represent mental health consumers and carers, families and kin. Building on existing work by the consumer and carer sector, the Commission developed principles and recommendations to guide the establishment of these peak bodies. On 30 January 2023, the Minister for Health and Aged Care, the Hon Mark Butler MP announced an investment of \$7.5 million to support the establishment of these peak bodies to provide an important avenue for consumers and carers, families and kin to shape the policies and programs that affect them.

In announcing the funding, Minister Butler said, "hearing from those with lived experience is incredibly important to making improvements in mental health. Progress will come from putting consumers and carers first. These two independent national bodies will amplify the voices of consumers and carers to drive equitable reform in mental health".

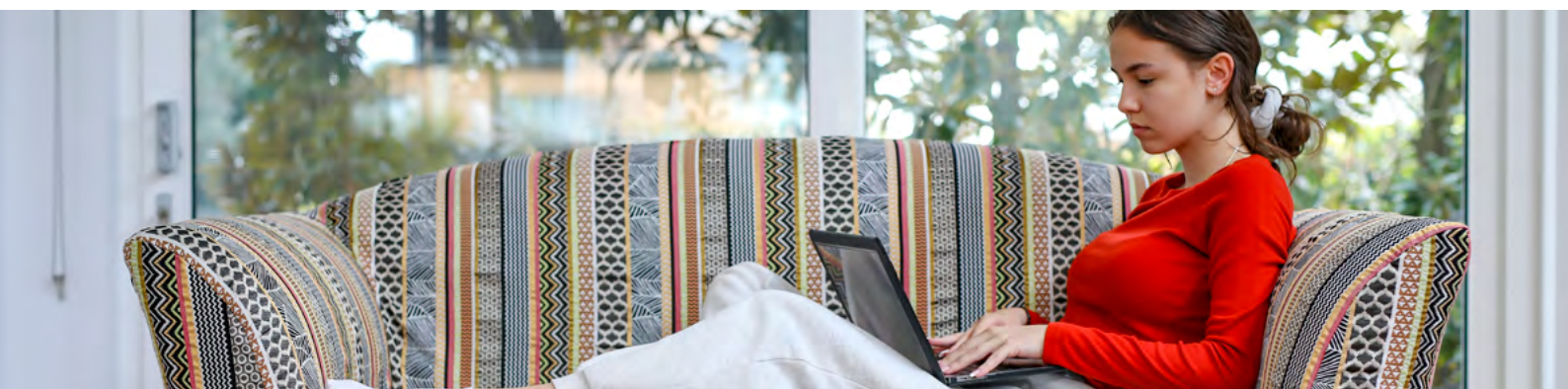
Key Activity 3: Shaping the future – Strategic Reform and Catalyst for Change

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

Guidelines to monitor wellbeing in early childhood health checks

In June 2022, the Department of Health and Aged Care tasked the Commission to develop national guidelines for the inclusion of wellbeing in early childhood health checks. This was a key recommendation from the *National Children's Mental Health and Wellbeing Strategy*, previously developed by the Commission.

In April 2023, the Commission completed a comprehensive literature review that provided an overview of how all states and territories currently approach and monitor mental health and wellbeing in early child health checks. Findings from the consultation process will be used to develop the national guidelines by February 2024.



Understanding of the impacts of digital technologies on youth mental health

Evidence indicates that young people's mental health and wellbeing has declined over the last 15 years. The drivers of young people's distress are highly complex and interrelated, and reflective of large cultural shifts across all domains of young people's lives. One of the most dynamic, impactful and unexplored facets of young people's developmental experience relates to the significant expansion of digital technology. Given this, the Commission has been exploring how digital technologies are impacting young people's mental health and wellbeing.

The Commission undertook broad consultation with a Youth Advisory Group through the Office for Youth on Mental Health and Suicide Prevention, an Expert Advisory Group consisting of experts in the youth mental health and digital technology fields, and a public consultation via online survey.

Drawing on peer-reviewed literature, grey literature, and input from our consultation with young people and experts, the Commission drafted a discussion paper on the impacts of digital technologies on young people's mental health, focusing on those aged 13-25 years. While there are many positives to digital technology, the paper explores the issues young people are experiencing across key themes including 'mind and body', 'comparison and connection' and 'exposure and engagement'.

The discussion paper was published on the Commission's website in May 2023 with an accompanying survey inviting further insights from young people, parents, carers, educators and experts. Outputs from the survey, completed by the 226 respondents, as well as our consultation with young people and experts focused on generating ideas or solutions, will be used to inform our advice to Government on how to better support youth mental health when engaging with digital technologies.

Understanding the impact of COVID-19 on priority populations

In June 2021, the Commission commenced a research project to better understand the unique impact of the COVID-19 pandemic on priority populations across Australia. The 10 groups studied were:

- People experiencing compound disaster trauma
- Men
- Women with a disability
- Children and young people
- People living in rural and remote communities
- People aged over 75 years
- People with lived experiences of sexual, domestic and family violence
- People who identify as LGBTIQ+
- People from Culturally and Linguistically Diverse Communities; and
- Adult carers of those who experience mental illness, mental ill-health, and suicidality.

The Commission has identified four key themes as consistent across the research with respect to the impact of the pandemic on the priority populations and their ongoing needs post-pandemic. The findings show that people studied from all 10 groups experienced worsened mental health and wellbeing on average compared to before the pandemic, and all groups reported increased loneliness and isolation at rates higher than the general population.

New 'one-stop-shop' for mentally healthy workplaces

In January 2023, the Commission commenced the public beta phase of a new digital platform that provides tools, resources and best practice information to help organisations build mentally healthy workplaces. The Mentally Healthy Workplaces digital platform provides a 'one stop shop' of trusted information and resources, for organisations of all sizes, industries and locations across Australia.

The Commission developed the platform in conjunction with the Mentally Healthy Workplace Alliance, as part of the National Workplace Initiative. The platform aims to support managers and staff, as well as human resources and occupational

health and safety people.

Features include:

- trusted information and resources to provide answers to specific issues or challenges
- a guided learning series to improve understanding of how to build and maintain mentally healthy workplaces, and
- an information and resources library covering a breadth of sectors, roles and topics.

The Mentally Healthy Workplaces platform is expected to enter its operational phase in 2023–2024.



Sharing a national vision of mentally healthy workplaces

In July 2022, the Commission released the latest iteration of the Blueprint for Mentally Healthy Workplaces, setting out a vision that can be shared by organisations of all sizes and from all sectors. The Blueprint, developed by the Commission and the Mentally Healthy Workplace Alliance through the National Workplace Initiative, defines the core principles and focus areas for creating environments that protect, respond, and promote mental health.

Guidance for small business mental health

When small businesses are impacted by issues beyond their control, such as adverse economic conditions, the impacts are not just felt by the businesses, but also the people who own, run and work in them. In January 2023, the Commission released the *Small Business Guides to Mentally Healthy Workplaces* to provide small business owners, managers and staff with helpful information and guidance for creating environments that support mental health. The guides are built around the three core pillars of the Blueprint for Mentally Healthy Workplaces – protect, respond and promote.

Using measurement to create healthier workplaces

Reports such as the 2020 Productivity Commission Inquiry Report into Mental Health have highlighted that while many organisations are increasingly aware of the importance of mentally healthy workplaces, they are unsure where to start or how to track their progress. In July 2022, the Commission released the Measuring Mentally Healthy Workplaces guides to outline how workplaces can use measurement to create a mentally healthy workplace. Measurement can help organisations to understand what current practices support and promote good mental health, where aspects of work are causing stress or conflict, and whether people need additional support. The guides walk organisations through how to identify measurement focus areas, where to find the right data, interpret data and communicate results. They also address issues such as privacy and confidentiality. As part of the National Workplace Initiative, the Commission has also developed the National Monitoring Framework for Mentally Healthy Workplaces and a baseline report which are expected to be released in 2023-2024.

Supporting people through career transitions

In March 2023, the Commission released the career transition series as part of the National Workplace Initiative. The series, developed in partnership with Transitioning Well, provides workplaces with research-led and practical approaches to supporting people during times of major change such as career changes, retiring from the workforce or other significant life events. The nine-part series shares stories of organisations supporting their people, highlighting how transitions can impact people, tips for the organisation and individual, and sources of further guidance.

Dignity. Humanity. Respect. Reducing mental health-related stigma and discrimination

The National Stigma and Discrimination Reduction Strategy seeks to drive change across a range of highly sensitive and complex systems, behaviours and experiences. A core focus of the Strategy's development was to take a strong and consistent approach to engagement by actively seeking a range of perspectives. This involved bringing lived experience leadership together with other types of expertise in a way that prioritised safety, valued diverse perspectives and disrupted traditional power imbalances. The Strategy's steering committee and four technical advisory groups were co-chaired by someone with lived experience and someone with another form of expertise, such as knowledge of the systems where we are hoping to create change. Of the 180 online workshop participants, over half had lived experience.

The Commission also undertook focused, culturally appropriate engagements to explore Aboriginal and Torres Strait Islander and culturally and linguistically diverse experiences and perspectives on mental health and stigma-reduction. A range of platforms and modalities were used to help people access the draft Strategy, which was promoted through a public webinar, conference presentations, social media posts, direct emails and stakeholder meetings. Feedback was invited through written submissions, online surveys, stakeholder workshops and briefings, with 102 submissions and nearly 400 survey responses received. The Strategy's deep engagement across a wide range of perspectives has served to strengthen its content and recommendations for systemic change in stigma-reduction.

Enhancing mental health sector capability

In June 2021, the Commission awarded a multi-year grant to Everymind - a unit of Hunter New England Local Health District based in Newcastle, New South Wales - to create evidence-based language and image guides and an image database for communicators, journalists, and the mental health sector. *Images matter*: Mindframe guidelines for image use is a practical, research-informed, and user-friendly resource that is designed for media and other communicators. It seeks to inform, support and empower people to select and use images in ways that minimise stigma and harm and maximise diversity of representation. The project aimed to improve the way we all communicate about mental health and wellbeing, mental health concerns, suicide, and alcohol and other drugs. The *Images matter* guidelines were released in October 2022, and the *Our words matter* guidelines were released in April 2023, with both sets of guidelines available from <https://everymind.org.au>.

In June 2022, the Commission awarded a grant to Macquarie University's Centre for the Health Economy to explore the feasibility of a value based funding framework suited to Australia's mental health care system.

Macquarie University's work builds on the Productivity Commission's recommendations and changes under the National Mental Health and Suicide Prevention Agreement to identify potential funding reforms and a process for their implementation. The project is expected to be completed by December 2023.

In June 2022, the Commission funded the Stretton Health Equity research unit at the University of Adelaide to better understand 'priority populations' for the mental health and suicide prevention sectors. This work helped to further understanding of how priority populations are conceptualised across Australia, highlighting that there is value in defining populations and their mental health needs at a local level rather than aiming for a consistent approach across jurisdictions. As part of the project, the University developed a decision-making tool to support policy makers, service providers and community support organisations to analyse and identify priority populations in the communities and contexts in which they work.



Key Activity 4: Collaboration and Engagement

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

Improving our understanding of lived experience

A program of community conversations was held between July and November 2022, inviting Australians to share their experiences of the nation's mental health and suicide prevention systems. This program was an opportunity to connect with people who live, work, and learn in diverse communities across every State and Territory in Australia, and online discussions were held with specific population groups to hear about their experiences and needs.

The program enabled the Commission to hear from 1,512 people from 35 diverse communities across Australia through face-to-face, town hall style discussions, service provider roundtables and meetings with priority population groups. The Program also included seven online discussions with priority groups, reaching 271 people.

The Commission has shared location-based analyses with the Public Health Networks where events were held to help inform local planning activities. Snapshots of participants' views from the community meetings and webinars were published on the Commission's website.

There were also 1,832 responses to the online survey, highlighting issues around access, care coordination, workforce challenges (including peer workers), person-centred care and meeting individual need.

The Commission wishes to thank everyone who contributed to and participated in the program. The experiences and insights gathered will help the Commission build evidence to shape outcomes for future national mental health and suicide prevention reform.

Lived Experience (Peer) Workforce Development Guidelines companion documents on the Commission's website.

Following the launch of the National Lived Experience (Peer) Workforce Development Guidelines in 2021, the Commission worked with the lived experience workforce and other stakeholders to develop a series of companion guides to support the implementation of the guidelines. These companion documents are designed for agencies and organisations who design, deliver and commission mental health services.

The four new guides, released in May 2023 are:

- Getting started – the first steps to a Lived Experience workforce development plan in mental health organisations.
- Investing in Lived Experience workforce development – an introduction for mental health service organisation governance and executives.
- Lived Experience workforce development in mental health – a planning resource for Primary Health Networks.
- Planning the future mental health workforce – an introduction for mental health service managers and human resource managers.
- The guides can be accessed on the Commission's website: **Lived Experience (Peer) workforce guidelines: release of additional companion documents** (www.mentalhealthcommission.gov.au)

Engaging internationally to build relations and inform and guide work

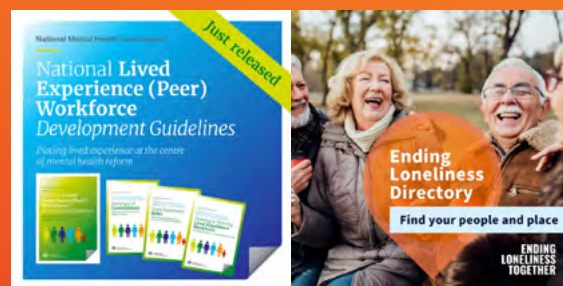
In 2022-23, the Commission participated in the following international mental health leadership forums:

- the International Initiative for Mental Health Leadership, which hosted a leadership exchange across hubs in New Zealand, the United States and Ireland
- the eMental Health International Collaborative, which brought together global leaders to share their experiences in implementing digital health solutions at scale, and
- the Global Anti-Stigma Alliance which supports international collaboration on stigma reduction initiatives through a community of practice.

Connecting through digital channels and social media

In 2022-23, the Commission engaged with the mental health sector and the broader community through digital platforms, including email newsletters, the Commission's website and social media accounts. The Commission's digital reach, measured through social media followers, increased by 49.7 per cent compared to 2021-22.

Channel	Growth in followers in the past 12 months
Newsletter database	9.4%
Twitter	4.6%
Instagram	9.9%
Facebook	36.5%
LinkedIn	121.7%



Digital platform supports consultation

The Commission continued to undertake stakeholder engagement through the *Have Your Say* platform, collecting feedback and information to support the development of the National Stigma and Discrimination Reduction Strategy, Lived Experience Participation Forum, National Workplace Initiative, the impact of digital technologies on youth survey project, and other programs. The platform also supported broader consultations with Australians with lived experience and those wishing to provide feedback on mental health reform, including organisations who could increase our understanding of the experience of people in Australia. The *Have Your Say* platform also provides links to other projects and consultations that are conducted externally to the Commission, and contributes to building the evidence used to inform our work.

Engagement through speaking and presenting

The Commission connected with stakeholders, industry, consumers, and carers through 36 speaking engagements, reaching an audience of over 3,600 people. Presentations were delivered by the Commission's executive team, the Chair of Mentally Healthy Workplace Alliance and the Advisory Board Chair to share information and seek feedback on mental health and suicide prevention support systems.

Presentations were delivered to the following key events:

- Services Australia Social Work Conference
- 2022 Workplace Mental Health Symposium
- Comcare Interdepartmental Forum on Workplace Mental Health
- 4th NDIS and Mental Health Conference
- 6th National Social and Emotional Wellbeing Forum
- Indigenous Suicide Prevention Forum
- The Our words matter: *Guidelines for language use launch*
- PHN Mental Health Lived Experience Engagement Network Annual Forum
- Mental Health Access and Quality in Emergency Departments Conference



Key Activity 5: National Suicide Prevention Office

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

Establishing the NSPO

In October 2022, the NSPO finalised its team structure and completed staff recruitment activities to build the capability required to fulfil its role of advising all levels of government on coordinated, comprehensive and consistent actions required to reduce suicidality and suicide.

The first priority of the newly established National Suicide Prevention Office was to develop a National Suicide Prevention Strategy to guide coordinated national action across all governments, portfolios and communities to achieve a significant reduction in lives lost to suicide. The Strategy scoping paper, setting out key concepts and proposed structure, was released for public consultation in October 2022, receiving 35 responses. The Strategy is expected to be delivered to the Australian Government in 2024.

To assist with the development of the National Suicide Prevention Strategy, two working groups were formed to assist with key stages of content development, such as the formulation and prioritisation of actions and indicators.

The NSPO has taken a strategic approach to its engagement, ensuring as the National Suicide Prevention Strategy develops, that key stakeholders in jurisdictions and portfolios are kept informed and have the opportunity to provide input into actions and priorities that fall within their area of responsibility. The Jurisdiction Collaborative Forum, with suicide prevention leads from each state and territory as well as the Department of Health and Aged Care, provides the opportunity to share knowledge and experience and ensure the alignment of suicide prevention strategies and plans nationally.

Consulting with lived and living experience

The work of the NSPO is informed by the voice of lived and living experience under the guidance of the Lived Experience Partnership Group. In March 2023, the NSPO held a workshop with 230 participants at the Roses in the Ocean Lived Experience Summit. Participants shared their insights on how best to embed lived and living experience in leadership and decision making, informing the development of the National Suicide Prevention Strategy.

The NSPO also conducted national targeted consultations to seek to understand what actions will have the most impact in reducing suicide within communities that have been disproportionately impacted. The NSPO received feedback from people from Culturally and Linguistically Diverse communities, individuals living with a disability including those who are deaf or hard-of-hearing, men, young people (aged under 25 years), older people (aged 65 years and over), people who live and work in regional, rural and remote areas, and members of the LGBTIQ+ community. The NSPO is grateful to every person who contributed to the development of the National Suicide Prevention Strategy.

Informed by research and evidence

The NSPO worked with the University of Melbourne to ensure the Strategy is informed by the latest evidence. The University's research paper 'Understanding Suicide Behaviour' outlined the necessary components of a suicide prevention model, and provided a definition of self-harm and suicide behaviours. It also identified the underlying mechanisms of suicide with a focus on the social determinants of suicide, and outlined why a whole-of-government approach was necessary.

An 'Environmental Scan of Suicide Prevention Activity in Australia' was conducted to identify the extent and nature of government activity in suicide prevention in Australia. The scan compared over 40 Australian suicide prevention policies against the components of the suicide prevention model used in the Strategy and has enabled the NSPO to understand better the status of suicide prevention in Australia, identify what the gaps were and develop the priority actions that would have the greatest impact in reducing suicide.

Public engagement

The NSPO has also worked to ensure the sector and broader stakeholders are informed of the establishment of the NSPO and the progress of development of the National Suicide Prevention Strategy. These have included presenting at the Lived Experience Summit, the National Suicide Prevention Conference, the World Pride Human Rights Conference, LGBTIQ+ Health Forum and the Australian Bureau of Statistics Cause of Death data sector briefing. The NSPO also established a social media presence on LinkedIn and Twitter and an online hub for hosting information and consultation opportunities.

Recognition of performance

The Commission's Mentally Healthy Workplaces digital platform, developed as part of the National Workplace Initiative, won an award in the Education category at the inaugural Splash Awards held in New Zealand as part of the Drupal South (Australia and New Zealand) conference.



Some members of the Lived Experience Partnership Group and NSPO team were able to meet in-person in Sydney.

Partnerships

The NSPO has developed relationships and partnerships required to ensure its work is guided and informed by people with lived and living experience of suicide. This enables the NSPO to draw on the diverse insights and rich combined knowledge and expertise of individuals, communities, service providers, advocates, researchers and government agencies.

The NSPO Advisory Board was established in October to guide the NSPO's operations, including the National Suicide Prevention Strategy. The Advisory Board brings extensive lived experience coupled with leadership and insights from the suicide prevention sector, research institutions, government portfolios, peak bodies and services providing supports and solutions to address the social determinants that contribute to suicide.

The Lived Experience Partnership Group (LEPG) was established in December 2022 to ensure lived and living experience insights and knowledge inform the NSPO's work.

The group includes representation from every State and Territory; people with a range of lived and living experience of suicide; people who are new, emerging and established lived experience leaders, and people who represent a diverse range of cultural expertise.

The NSPO is continuing to work with the Australian Institute of Health and Welfare to enhance the national suicide and self-harm monitoring system by deriving evidence from data to inform reform initiatives. The NSPO chairs the Expert Advisory Group and the Lived Experience Advisory Group and provides input to continue to enhance the functionality and use of the System.

The NSPO is grateful to all partners who have worked with us to strengthen our work.



Management and Accountability

Corporate Governance

Authority

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 Chief Executive Officer (CEO) is the accountable authority under the PGPA Act and is responsible for the governance and performance of the Commission. The Commission has an Advisory Board of Commissioners as appointed by the Minister for Health and Aged Care.

The National Suicide Prevention Office (NSPO) was established within the Commission in 2021-22 to lead a national approach to suicide prevention. The Head of the NSPO is responsible for driving the NSPO priorities and work program, reporting to the Minister for Health and Aged Care through the Commission CEO.

Senior Executive and management structure

In 2022-23, the Commission senior executive was:

- Ms Christine Morgan, Chief Executive Officer (to April 2023)
- Dr Ruth Vine – Interim Chief Executive Officer (April to June 2023)
- Ms Lyndall Soper - Deputy Chief Executive Officer
- Ms Kim Eagle – Chief Operating Officer and Chief Financial Officer
- Ms Jenny Muir – Principal Adviser, Engagement and Communication
- Dr Michael Gardner – Head, National Suicide Prevention Office

The Senior Executive are 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, people and culture management, stakeholder engagement and delivering outcomes against the Corporate Plan and Portfolio Budget Statements. In 2022-23, the Executive met on a weekly basis.

Corporate planning

The Commission's Corporate Plan 2022-26 was prepared in accordance with requirements of the PGPA Act and sets out the Commission's priorities, planned achievements and success measures for 2022-23 and the outlook to 2025-26.

The Commission's Corporate Plan 2022-26 was published in August 2022 and is available on the Commission website here:

NMHC-Corporate-Plan-2022-26.pdf
(www.mentalhealthcommission.gov.au).

Operational planning is undertaken on a team basis and is shared with staff and the Advisory Board for feedback.

Audit and Risk Committee

The Commission's Audit and Risk Committee provides 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 2022-23 and reviewed and endorsed the Commission's Financial Statements, the Internal Audit Report, Annual Performance Statements and Corporate Plan 2022-2026.

The Committee also reviewed and endorsed new or revised versions of governance documents including: the Conflict of Interest Policy, Human Resources delegations and the Internal Audit Charter.

For more information on the Committee's role and functions, see the Commission's Audit and Risk Committee Charter at:

NMHC-Audit-and-Risk-Committee-Charter.pdf
(mentalhealthcommission.gov.au)

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Number of meetings attended	Total number of meetings held	Total annual remuneration (GST inc.)	Additional Information (including role on committee)
Mr William Northcote	Bill Northcote, B Bus, FCPA (Rtd), has worked for over 30 years in senior management and leadership positions for not-for-profit and government entities. His roles included CEO, CFO and General Manager Corporate Affairs with responsibility for finance, risk oversight and management, systems of internal control, human resources, compliance and security in a government setting.	4	4	\$10,000	Chair
Ms Carol Lilley	Carol Lilley is an independent board member or chair of several Australian 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 the government sector. Carol holds a Bachelor of Commerce from the University of Western Australia and is a graduate of the Australian Institute of Company Directors, a Fellow of Chartered Accountants Australia and New Zealand, and a certified internal auditor.	3	4	\$9,625	Member
Mr Tony Krizan	Tony Krizan, FCPA, is a senior public servant in the National Health and Medical Research Council, with 32 years' experience in the public sector across a broad range of policy, program and corporate roles in the Finance, Employment, Education and Training and the Health and Ageing portfolios. Tony has extensive experience on governance, audit and risk committees across government and the professional and community sectors.	4	4	\$0	Member

Risk management

Risk management is an essential component of sound business management and good corporate governance. Understanding risks and managing them appropriately enhances our ability to make better decisions, deliver on objectives and improve our performance.

The Commission's approach to risk management is documented in its risk management framework which aligns with section 16 of the *PGPA Act 2013* and the Commonwealth Risk Management Policy.

The Commission's risk profile and tolerance is influenced by its role of providing robust advice to Government and the community in relation to mental health and suicide prevention. The Commission's appetite for risk varies by the type of risk, with a greater willingness to accept risk in pursuit of some of our strategic objectives, such as to ensure that our advice to Government and the community is independent and evidence-based, than for operational matters. Accepting some degree of risk promotes innovation and recognises the limits of what the Commission can control.

The Commission develops and implements policies to support the risk management framework and provides training to staff in key areas of risk, including work health and safety, fraud awareness and protective security. Our enterprise risk register details key strategic and operational risks.

In 2022-23 the Commission identified and sought to manage the following key strategic risks:

- Inability to deliver committed work or failure to execute the Commission's core requirements.
- Substandard work produced due to lack of evidence or engagement.
- High staff turnover and loss of knowledge.
- Staff or visitors become unwell or suffer injury or death.
- Financial and IT systems and processes do not enable and support core operations.
- Cyber breaches result in the loss of sensitive data.
- Failure to comply with legislation or Australian Government directions.

Internal audit

In 2022-23, internal audit services were delivered by BellchambersBarrett in accordance with the Commission's Internal Audit Plan and under the guidance of the Audit and Risk Committee.

Cyclical testing of the Commission's financial controls for payments to suppliers and grant payments was completed in March 2023, finding that the Commission has a comprehensive suite of documents outlining its payment processes, including Accountable Authority Instructions and Standard Operating Procedures and that the Commission's grants payment process aligns with requirements in the *Commonwealth Grants Rules and Guidelines 2017* (CGRGs).

Other internal audit activities progressed in 2022-23 included an updated risk management framework, cyclical testing of ICT general controls and business continuity planning, and segregation of duties.

Significant non-compliance with Finance Law

During 2022-23, 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.

Fraud control

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

The Director Corporate is the Commission's Fraud Control Officer, acting as a referral point for all allegations of fraud, is responsible for maintaining a fraud incident register and undertakes a preliminary assessment to determine whether reported behaviour is potentially fraudulent.

The Commission's fraud and corruption risk assessment identifies potential fraud and corruption risks and the controls in place to manage those risks. Where appropriate, additional treatments are set out to further mitigate risks. The Commission's fraud and corruption risk assessment will be reviewed in 2023-24 to take into account the results of the independent investigation into the Commission initiated by the Minister for Health and Aged Care.

There were no instances of fraud in 2022-23. One allegation of internal fraud was made to the Department of Health and Aged Care during the reporting period. An independent investigation found no evidence to substantiate fraud.

In accordance with section 10 of the PGPA Rule, the Commission reported fraud data for 2021-22 to the Australian Institute of Criminology.

Shared services arrangement

The Commission operates in a shared corporate services environment provided by the Department of Health and Aged Care. An individual agency agreement between the agencies provides the framework for the delivery of the shared corporate services by the Department to the Commission. Shared services utilised by the Commission included information technology support, payroll services and access to workstations in the Department's Melbourne office.

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.

External Scrutiny

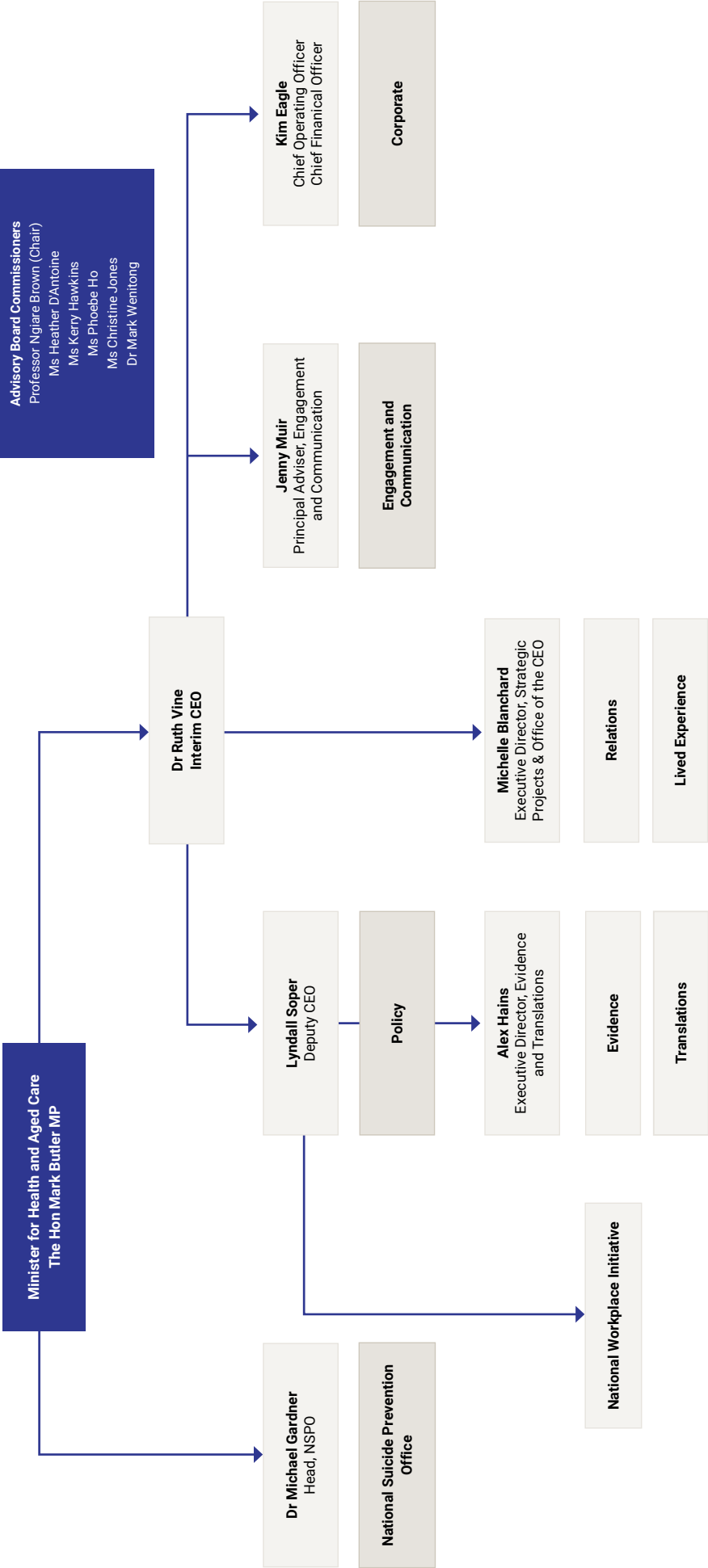
On 18 April 2023, the Minister for Health and Aged Care, the Hon Mark Butler MP announced an independent investigation into the Commission's culture and capability. The investigation was led by Professor Deb Picone AO. The investigation found that while all staff were dedicated to the Commission's mission and work, and did not find any substantiated evidence of maladministration or fraud, it did find that the Commission had outgrown its existing systems, practices and capabilities. Addressing the recommendations of the investigation report will be a priority for 2023-24.

No judicial, administrative tribunal decisions or decisions from the Australian Information Commissioner relating to the Commission were handed down during 2022-23. 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 2022-23 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.

Corrections

Nil.



Our commissioners

The Commission's Advisory Board contributed to setting the Commission's strategic direction and priorities, and provided independent expertise and advice to the CEO. The CEO of the Commission is also an ex-officio member of the Advisory Board.

As at 30 June 2023, the Advisory Board's Commissioners were:

- Professor Ngiare Brown, Chair
- Ms Heather D'Antoine
- Ms Kerry Hawkins
- Ms Pheobe Ho
- Ms Christine Jones
- Dr Mark Wenitong

Former commissioners who served in 2022-23 were:

- Mrs Lucinda Brogden AM
- Associate Professor Mathew Coleman
- Rabbi Mendel Kastel OAM
- Ms Christina McGuffie
- Dr Marshall Watson
- Mr Alan Woodward



Professor Ngiare Brown, Chair

Chair: August 2022 – present

Co-Chair: April 2022 – July 2022

Commissioner: August 2017 – March 2022

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. Ngaire is the first female and first Indigenous Chancellor of James Cook University, commencing in April 2023.

Ngiare is a founding member and was Foundation CEO of the Australian Indigenous Doctors' Association (AIDA). She 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.

Ms Heather D'Antoine

March 2022 – present

Heather has 25 years of experience in health services as a registered nurse and midwife and as a health service manager in both Aboriginal health services and general health services across Western Australia. Heather has worked extensively in health research: at the Institute for Child Health Research and at Menzies School of Health Research. She has clinical qualifications in general nursing and midwifery and academic qualifications in health economics.

Heather's research interest is in maternal and child health. She is particularly focused on the area of fetal alcohol spectrum disorders (FASD) and other birth defects. Heather has worked with a research team on a number of projects in this area including describing what health professionals and women know and do about alcohol and pregnancy and FASD.





Ms Kerry Hawkins

September 2018 – present

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

March 2022 – present

Pheobe Ho has had a lived experience of eating disorders. This has led her to becoming a passionate lived experience advocate, speaker, researcher, and now Clinical Psychologist Registrar in the area of eating disorders. She has previously also worked with headspace National on the Youth National Reference Group, and as a National Youth Advisor.

Pheobe is focused on assisting others lead meaningful lives, ensuring that lived experience voices are incorporated as part of mental health service delivery, and reducing mental health stigma amongst mental health professionals. Her contributions and work in the area of eating disorders and mental health more broadly saw her as a Finalist in the 2019 WA Young Achiever Awards, as well as being a Mental Health Leaders Fellow with the Commission in 2020.



Ms Christine Jones

March 2022 – present

Christine Jones has been a lawyer for three decades practising in family law, and domestic and family violence. Her focus continues to be alternative dispute resolution, where she works with families, organisations and communities experiencing conflict. Her work extends to specialised areas of restorative and therapeutic justice in matters involving abuse and violence.

She has a long-standing commitment to the not-for-profit sector, and has a voluntary position in an organisation supporting people with a lived experience in mental health. Christine considers herself fortunate to be an educator in multidisciplinary approaches to human services practice, given the importance of the sector to the development of a strong and resilient community.

Dr Mark Wenitong

March 2022 – present

Dr Mark Wenitong (Professor Adjunct, Queensland University of Technology) is from the Kabi Kabi tribal group of South Queensland. He is the strategic advisor for the Lowitja Institute, Research Knowledge Translation, and the inaugural co-chair of the QH Aboriginal and Torres Strait Islander State-wide clinical network. He has been the Public Health Medical Advisor and senior medical officer, at Apunipima Cape York Health Council since 2008, where he practiced clinical medicine and remote health service program delivery.

Prof (Adjunct) Wenitong is involved in a variety of policy forums including: the national Aboriginal and Torres Strait Islander genomics advisory group and the Australian Institute of Health and Welfare Aboriginal and Torres Strait Islander advisory group. Dr Wenitong was the medical advisor for the Office of Aboriginal and Torres Strait Islander Health (OATSIH) in Canberra and past president and founding member of the Australian Indigenous Doctors Association.



Mrs Lucinda Brogden AM, Co-Chair

Co-Chair: August 2017 – January 2018 and April 2022 – July 2022

Chair: February 2018 – March 2022

Commissioner: April 2014 – July 2017

Lucy Brogden has extensive experience in psychology and 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.

Associate Professor Mathew Coleman

January 2020 – October 2022

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 grazing sheep with his young family.

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.





Rabbi Mendel Kastel OAM

September 2018 – January 2023

Rabbi Mendel Kastel OAM has extensive experience in community welfare work. He is highly respected for his achievements in dealing with problems of youth living in the city. 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.

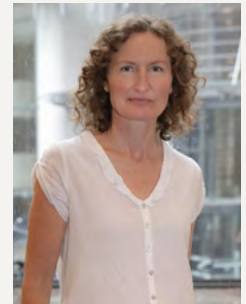
Rabbi Kastel has experienced first-hand the problems of dealing with entire communities, understanding the importance of establishing and making available life-changing programs for those living in the community.

Ms Christina McGuffie

September 2018 – July 2022

Christina McGuffie has living experience as 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 long-term experience in journalism and government advisory work 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.



Mr Alan Woodward

August 2019 – January 2023

Mr Alan Woodward has worked in 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 on crisis lines and related community services.

Mr Woodward co-chaired the Expert Advisory Group to the Special Advisor on Suicide Prevention and was a Board Director for nine years 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.



Dr Marshall Watson

August 2021 – January 2023

Dr Marshall Watson is a descendant of the Noongar people of the south west of WA. He is a consultant psychiatrist, dual trained in both child and adolescent and forensic psychiatry. Dr Watson is an associate researcher with the Telethon Kids Institute and is also a Chief investigator through the University of Queensland, for Indigenous Mental Health Intervention Program -Youth: A multi-disciplinary collaboration to embed and evaluate a model of social and emotional wellbeing care for Indigenous adolescents who experience detention.

Dr Watson sits the Royal Australian and New Zealand College of Psychiatrist's section of Child and Adolescent Forensic Psychiatry and Aboriginal Torres Strait Islander Mental Health Subcommittee.



Commissioner	Meetings attended	Membership period 2022-23
Prof. Ngjare Brown	10/10	Co-Chair July 2022. Chair August 2022 to June 2023
Ms Heather D'Antoine	6/10	Commissioner July 2022 to June 2023
Ms Kerry Hawkins	10/10	Commissioner July 2022 to June 2023
Ms Pheobe Ho	9/10	Commissioner July 2022 to June 2023
Ms Christine Jones	8/10	Commissioner July 2022 to June 2023
Dr Mark Wenitong	6/10	Commissioner July 2022 to June 2023
Rabbi Mendel Kastel OAM	5/5	Commissioner July 2022 to January 2023
Dr Marshall Watson	5/5	Commissioner July 2022 to January 2023
Mr Alan Woodward	5/5	Commissioner July 2022 to January 2023
Prof. Mathew Coleman	3/3	Commissioner July 2022 to October 2022
Mrs Lucy Brogden	1/1	Co-Chair July 2022
Ms Christina McGuffie	0/1	Commissioner July 2022

Corporate Responsibility

In fulfilling its duties, the Commission has a responsibility to engage stakeholders, consumers and carers, operate sustainably, ethically and safely and managing resources effectively.

Stakeholder participation and feedback

The Commission seeks to foster open and collaborative partnerships through:

- participation in national and jurisdictional sector committees and forums
- utilising partnerships for projects and initiatives, and
- establishing advisory and reference groups with representation of key stakeholders that meet regularly to inform and guide our work
- undertaking consultation and engagement via workshops, surveys, public forums and interviews.

In 2022-23, the Commission collaborated and consulted with the following groups:

Peak Bodies and Committees

- Mental Health Australia
- Mentally Healthy Workplace Alliance
- National MH Workforce Strategy Taskforce
- National Mental Health Consumer & Carer Forum (NMHCCF)
- NSW/ACT PHN Network
- Australian Psychological Society (APS)
- NACCHO
- Suicide Prevention Australia
- LGBTQI+ Australia
- Embrace Multicultural Mental Health (MHA) [CALD]
- Gayaa Dhuwi (Proud Spirit) Australia

Government agencies

- Department of Health and Aged Care
- Department of Prime Minister and Cabinet
- Department of Veteran's Affairs
- National Disability Insurance Agency
- Department of Social Services
- National Children's Commissioner
- South Australia Mental Health Commissioners
- Queensland Mental Health Commission
- Western Australia - Mental Health Commission
- NSW Mental Health Commission
- Victorian Suicide Prevention and Response Office
- Mental Health, Alcohol and Drug Directorate, Tasmanian Department of Health
- ACT Office of Mental Health and Wellbeing

The Commission also receives feedback by way of email, our website contact form and phone.

In 2022-23, the Commission received 1,814 enquiries via our website contact form and general email inbox, as well as approximately 300 phone calls through the main phone line. These enquiries included requesting information about our projects, providing feedback and complaints about the mental health system and requests for support during crisis.

The Commission closed its TikTok social media account in April 2023 following an Australian Government directive.

Diversity and inclusion

The Commission is an inclusive organisation that values fairness, equity and diversity consistent with the APS Values and Code of Conduct. The Commission is committed to embedding diversity and inclusion into all aspects of our culture, processes, policies and procedures by:

- bringing together people with different backgrounds and perspectives, especially those with lived and living experience
- undertaking merit-based recruitment from a broad talent pool that reflects Australian communities, and
- supporting flexible work arrangements to ensure staff can have adequate work-life balance.

Recognising lived experience

The contribution of people with a lived or living 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 people's time when they are personally invited by the Commission to give expert advice and share their experiences to inform our work. Under the policy the Commission also covers travel and accommodation costs and reimburses reasonable out-of-pocket expenses.

Carer recognition

The Commission places engagement with Australians living with mental health difficulties, and their families, friends and other support people, at the centre of its work. While the Commission is not a public service care agency as defined by the *Carer Recognition Act 2010*, it supports the Act's 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.

Ethical standards

The Commission undertakes a range of activities to meet ethical standards, including:

- promoting the APS code of conduct, values and employment principles, and awareness of working with integrity and workplace discrimination, through communication with staff, training and induction packages for new employees
- providing employees with access to information on ethical standards via the intranet, and through the APS Commission's website, and
- issuing policies with respect to conflicts of interests.



Environmental sustainability

In 2022–23, the Commission maintained a range of ecologically sustainable development (ESD) measures including:

- using electronic mediums for communication, engagement and publications are favoured over other methods.
- follow-me and two-sided, black and white printing where possible
- ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features.

The Commission's consumption of resources, particularly energy and paper, remained low due to a continuation of flexible, remote working arrangements and increased 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.

The Commission aims to further incorporate sustainability into procurement practices to avoid unnecessary consumption and minimise the environmental impact of goods and services over whole of life.

Emissions reporting

The Commission supports the APS Net Zero 2030 Policy and aims to further reduce its greenhouse gas emissions. The Commission's 2022-23 report on emissions from our operations is set out below:

Emission Source	Scope 1 kg CO2-e	Scope 2 kg CO2-e	Scope 3 kg CO2-e	Total kg CO2-e
Electricity (Market Based Approach)*	-	10,379	1,374	11,752
Natural Gas	-	-	-	-
Fleet Vehicles	-	-	-	-
Domestic Flights	-	-	80,572	80,572
Other Energy	-	-	-	-
Total kg CO2-e	-	10,379	81,946	92,325

* The market based method for electricity emissions reporting accounts for activities such as Greenpower, purchased LGCs and/or being located in the ACT

Human Resources

The Commission is committed to fostering a flexible, efficient and high performing workplace, by operating within the Australian Public Sector Employment Framework, supporting good practice and being responsive to staff needs.

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. Non-salary benefits include:

- access to flexible working arrangements
- an annual end-of-year shutdown period
- access to annual leave at half pay
- access to maternity, adoption and foster leave for eligible employees, and
- supporting partner leave.

The Commission engages highly skilled staff and has a culture of professionalism and continuous learning, primarily delivered through on-the-job training and e-learning. The Commission actively encourages and promotes a mentally healthy workplace with a dedicated staff committee meeting regularly with the CEO and Executive.

All staff participate in the Commission's performance and development scheme with performance reviewed periodically during each reporting period. In accordance with the enterprise agreement, employees receiving a rating of fully effective or higher are eligible for incremental salary progression up to the maximum salary range in their classification.

Determinations under section 24(1) of the *Public Service Act 1999* are used to set the remuneration and conditions for staff. As at 30 June 2023, section 24(1) determinations were in operation for two SES employees. A further section 24(1) determination came into effect on 15 February 2023 to facilitate salary increases for all staff covered by the Enterprise Agreement 2017-20.

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 delegate, and employees. As at 30 June 2023 there were three agreements in place. The remuneration and conditions of the CEO and the Head of NSPO are set by the Remuneration Tribunal.

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

Work Health and Safety

The Commission has a strong commitment to the health and wellbeing of all staff, along with those impacted by our work. To support the health, safety and welfare of its employees, the Commission has a WHS representative, first aid officer and fire wardens in each of its offices. Staff also have access to free Employee Assistance Program (EAP) services, which offers staff and their immediate family members confidential counselling for personal or work-related matters.

The Commission's Mentally Healthy Workplace Committee (MHWC) promoted a positive and respectful culture, focusing on representing the voices of all staff, including in relation to psychological safety and risks, and being a catalyst for improvement.

There were no notifiable incidents recorded in 2022-23, and no investigations conducted under Part 10 of the *Work Health Safety Act 2011*.

In response to the continuing impact of the COVID-19 pandemic, staff communications included information and resources on staff wellbeing and EAP services. The Commission continued to monitor the risks posed by the COVID-19 pandemic and adjust its risk controls accordingly in consultation with workers.

Disability reporting

Australia's Disability Strategy 2021-2031 (the Strategy) is the overarching framework for inclusive policies, programs and infrastructure that will support people with disability to participate in all areas of Australian life. The Strategy sets out where practical changes will be made to improve the lives of people with disability in Australia. 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 have committed to deliver more comprehensive and visible reporting under the Strategy. A range of reports on progress of the Strategy's actions and outcome areas will be published and available at <https://www.disabilitygateway.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 <http://www.apsc.gov.au>.

Human Resources Statistics

Details of Accountable Authority during the reporting period (2022-23)

Period as the accountable authority or member within the reporting period

Name	Position Title/Position held	Start Date (1 July 2022 or after)	End Date (30 June 2023 or before)
Christine Morgan	Chief Executive Officer	1 July 2022	16 April 2023
Ruth Vine	Interim Chief Executive Officer	17 April 2023	30 June 2023

All Ongoing Employees current report period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	6	0	6	10	3	13	-	-	-	-	-	-	-	-	-	19
Qld	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vic	0	0		3	0	3	-	-	-	-	-	-	-	-	-	3
WA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACT	5	0	5	8	0	8	-	-	-	-	-	-	-	-	-	13
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	11	0	11	21	3	24	-	-	-	-	-	-	-	-	-	35

All Ongoing Employees previous report period (2021-22)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	7	-	7	14	3	17	-	-	-	-	-	-	-	-	-	24
Qld	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
SA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vic	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-	2
WA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACT	2	-	2	10	-	10	-	-	-	-	-	-	-	-	-	12
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	10	-	10	26	3	29	-	-	-	-	-	-	-	-	-	39

All Non-Ongoing Employees current report period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	1	0	1	0	2	2	-	-	-	-	-	-	-	-	-	3
Qld	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vic	1	0	1	1	0	1	-	-	-	-	-	-	-	-	-	2
WA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACT	2	0	2	1	1	2	-	-	-	-	-	-	-	-	-	4
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	4	0	4	2	3	5	-	-	-	-	-	-	-	-	-	9

All Non-Ongoing Employees previous report period (2021-22)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	1	-	1	2	4	6	-	-	-	-	-	-	-	-	-	7
Qld	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACT	-	-	-	3	-	3	-	-	-	-	-	-	-	-	-	3
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	-	1	5	4	9	-	-	-	-	-	-	-	-	-	10

Australian Public Service Act Ongoing Employees current report period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
SES 2	0	0	0	1	0	1	-	-	-	-	-	-	-	-	-	1
SES 1	0	0	-	1	0	1	-	-	-	-	-	-	-	-	-	1
EL 2	4	0	4	8	2	10	-	-	-	-	-	-	-	-	-	14
EL 1	4	0	4	6	1	7	-	-	-	-	-	-	-	-	-	11
APS 6	2	0	2	5	0	5	-	-	-	-	-	-	-	-	-	7
APS 5	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	0
APS 4	1	0	1	0	0	0	-	-	-	-	-	-	-	-	-	1
APS 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Total	11	-	11	21	3	24	-	-	-	-	-	-	-	-	-	35

Australian Public Service Act Ongoing Employees previous report period (2021-22)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
SES 1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
EL 2	3	-	3	11	2	13	-	-	-	-	-	-	-	-	-	16
EL 1	6	-	6	7	1	8	-	-	-	-	-	-	-	-	-	14
APS 6	-	-	-	6	-	6	-	-	-	-	-	-	-	-	-	6
APS 5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 4	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
APS 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	10	-	10	26	3	29	-	-	-	-	-	-	-	-	-	39

Australian Public Service Act Non-Ongoing Employees current report period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EL 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EL 1	1	0	1	1	1	2	-	-	-	-	-	-	-	-	-	3
APS 6	1	0	1	0	2	2	-	-	-	-	-	-	-	-	-	3
APS 5	-	-	-	0	1	1	-	-	-	-	-	-	-	-	-	1
APS 4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	2	0	2	1	4	5	-	-	-	-	-	-	-	-	-	7

Australian Public Service Act Non-Ongoing Employees previous report period (2021-22)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EL 2	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	2
EL 1	-	-	-	2	2	4	-	-	-	-	-	-	-	-	-	4
APS 6	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1
APS 5	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	2
APS 4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1
Total	-	-	-	6	4	10										10

Australian Public Service Act Employees by Full time and Part time Status current report period (2022-23)

	Ongoing			Non-Ongoing			Total
	Full time	Part time	Total Ongoing	Full time	Part time	Total Non-Ongoing	
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	12	2	14	-	-	-	14
EL 1	10	1	11	2	1	3	14
APS 6	7	0	7	1	2	3	10
APS 5	0	0	0	0	1	1	1
APS 4	1	0	1	-	-	-	1
APS 3	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-
Other	-	-	-	1	-	1	1
Total	32	3	35	3	4	7	42

Australian Public Service Act Employees by Full time and Part time Status previous report period (2021-22)

	Ongoing			Non-Ongoing			Total
	Full time	Part time	Total Ongoing	Full time	Part time	Total Non-Ongoing	
SES 3	-	-	-	-	-	-	-
SES 2	1	-	1	-	-	-	1
SES 1	1	-	1	-	-	-	1
EL 2	13	2	15	1	1	2	17
EL 1	13	1	14	2	2	4	18
APS 6	6	-	6	1	0	1	7
APS 5	1	-	1	1	1	2	3
APS 4	1	-	1	-	-	-	1
APS 3	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-
Other	-	-	-	1	-	1	1
Total	36	3	39	6	4	10	49

Australian Public Service Act Employment type by location current report period (2022-23)

	Ongoing	Non-Ongoing	Total
NSW	19	3	22
Qld	0	0	-
SA	0	0	-
Tas	0	0	-
Vic	3	2	5
WA	0	0	-
ACT	13	2	15
NT	-	-	-
External Territories	0	-	-
Overseas	0	-	-
Total	35	7	42

Australian Public Service Act Employment type by location previous report period (2021-22)

	Ongoing	Non-Ongoing	Total
NSW	24	5	29
Qld	1	-	1
SA	-	-	-
Tas	-	-	-
Vic	2	2	4
WA	-	-	-
ACT	12	3	15
NT	-	-	-
External Territories	-	-	-
Overseas	-	-	-
Total	39	10	49

Australian Public Service Act Indigenous Employment current report period (2022-23)

	Total
Ongoing	0
Non-Ongoing	0
Total	0

Australian Public Service Act Indigenous Employment previous report period (2021-22)

	Total
Ongoing	0
Non-Ongoing	0
Total	0

Australian Public Service Act Employment arrangements current report period (2022-23)

	SES	Non-SES	Total
National Mental Health Commission Enterprise Agreement 2017-2020	0	40	40
Individual 24/1 Determinations	2	0	2
Total	2	40	42

Australian Public Service Act Employment arrangements previous report period (2021-22)

	SES	Non-SES	Total
National Mental Health Commission Enterprise Agreement 2017-2020	-	47	47
Individual 24/1 Determinations	2	-	2
Total	2	47	49

Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) (2022-23)

	Minimum Salary	Maximum Salary
SES 3	-	-
SES 2	\$231,175	\$281,432
SES 1	\$175,354	\$227,311
EL 2	\$136,905	\$162,939
EL 1	\$117,623	\$134,058
APS 6	\$91,529	\$102,859
APS 5	\$80,202	\$87,000
APS 4	\$72,047	\$78,387
APS 3	\$64,797	\$69,779
APS 2	\$56,639	\$62,980
APS 1	\$50,297	\$55,279
Other	0	0
Minimum/Maximum range	\$50,297	\$281,432

Australian Public Service Act Employment Performance Pay by classification level (2022-23)

No Commission employees received performance pay during 2022–23.

Information about remuneration for key management personnel

Due to a change in the operations of the Commission's executive during the year, additional roles have been included within the definition of Key Management Personnel in 2022-23. The CEO and Head of the NSPO have been determined to be KMP for the full year, while the remaining members of the senior executive have been included from 24 January.

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	380,676	-	-	57,035	9,053		446,764
Lyndall Soper	Deputy Chief Executive Officer	113,720	-	11,755	20,968	2,895		149,338
Michael Gardner	Head of the National Suicide Prevention Office	298,957	-	-	27,517	4,348		330,822
Kim Eagle	Chief Operating Officer and Chief Financial Officer	101,683	-	10,885	15,349	2,599		130,515
Jennifer Muir	Principal Adviser Engagement and Communication	102,589	-	10,885	15,349	2,054		130,876
Ruth Vine	Interim Chief Executive Officer	87,391	-	252	6,023	1,431		95,098

Information about remuneration for senior executives

		Short term benefits \$		Post employment benefits \$		Other long term benefits \$		Termination benefits \$		Total remuneration \$	
Total remuneration bands	Number of senior executives ¹	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave ²	Average other long term benefits	Average termination benefits	Average total remuneration		
\$0-\$220,000	2	139,462	-	14,597	23,415	6,065	-	-	183,539		
\$220,001- \$245,000											
\$245,001- \$270,000											
\$270,001- \$295,000											
\$295,001- \$320,000											
\$320,001- \$345,000											
\$345,001- \$370,000											
\$370,001- \$395,000											
\$395,001- \$420,000											
\$420,001- \$445,000											
\$445,001- \$470,000											
\$470,001- \$495,000											
\$495,001-											

Notes:

- Any employee who held a substantive senior executives or equivalent position during 2022-23 is represented as one.
This excludes those executives who have been disclosed in the Remuneration for Key Management Personnel table
- Excludes bond rate impact on long service leave

Information about remuneration for other highly paid staff

		Short term benefits \$		Post employment benefits \$		Other long term benefits \$		Termination benefits \$		Total remuneration \$	
Total remuneration bands	Number of senior executives ¹	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave ²	Average other long term benefits	Average termination benefits	Average total remuneration		
\$0- \$220,000	1	206,249			31,967	4,486			242,702		
\$220,001- \$245,000											
\$245,001- \$270,000											
\$270,001- \$295,000											
\$295,001- \$320,000											
\$320,001- \$345,000											
\$345,001- \$370,000											
\$370,001- \$395,000											
\$395,001- \$420,000											
\$420,001- \$445,000											
\$445,001- \$470,000											
\$470,001- \$495,000											
\$495,001-											

Notes:

- 1 Excludes bond rate impact on long service leave

Financial Management

Report on Finance Performance 2022-23

The Commission recorded a departmental operating loss of \$6.2m in 2022-23 before the adjustment for unfunded depreciation. When unfunded depreciation is removed the Commission's net cash operating loss reduced to \$5.9m.

In 2022-23, the Commission's revenue from Government decreased by 29% in line with the phasing of terminating funding for the National Workplace Initiative (NWI). The reduction in funding for the NWI, and the difference between the expected and actual timing of expenditure related to this activity was a key contributor in the Commission's operating loss in 2022-23.

In addition, the Commission's growth trajectory over several years to undertake additional work and address priority issues and emerging needs during the pandemic resulted in employee costs in 2022-23 being higher than originally budgeted also impacting the overall operating loss for the Commission.

To ensure the Commission operates within its allocated resources in future years a comprehensive internal work planning / prioritisation process has been undertaken. This has included a review of prioritised activities to ensure they align with the purpose of the Commission and that these activities are appropriately resourced within available funding.

The Commission has also undergone a functional and efficiency review by an external third party to provide additional information and guidance for the Commission to ensure the ongoing financial sustainability of the organisation.

NMHC Resource Statement 2022-23

	Actual available appropriation for 2022-23 \$'000	Payments made 2022-23 \$'000	Balance remaining 2022-23 \$'000
DEPARTMENTAL			
Annual appropriations - ordinary annual services ¹	21,052	18,176	2,876
Annual appropriations - other services - non-operating ²	219	120	98
Total departmental resourcing	21,271	18,296	2,974
ADMINISTERED			
Annual appropriations - ordinary annual services ¹	5,498	2,936	
Total administered resourcing	5,498	2,936	
Total resourcing and payments for National Mental Health Commission	26,769	21,233	2,974

¹ Supply Act (No. 1) 2022-23 and Supply Act (No. 3) 2022-23. This also includes prior year departmental unspent appropriations and section 74 retained revenue receipts.

² Supply Act (No. 2) 2022-23 and Supply Act (No. 4) 2022-23.

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 carers.

	Budget¹	Actual	Variance
	2022-23	expenses	2022-23
	\$'000	2022-23	2022-23
		\$'000	\$'000

Program 1: National Mental Health Commission

Administered expenses

Ordinary annual services (Appropriation Act 1)	5,498	3,299	2,199
Administered total	5,498	3,299	2,199

Departmental expenses

Departmental appropriation ²	10,540	16,535	(5,995)
Expenses not requiring appropriation in the Budget year ³	1,329	1,236	93
Departmental total	11,869	17,770	(5,901)

Total for Program 1	17,367	21,069	(3,702)
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Total for Outcome 1	17,367	21,069	(3,702)
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¹ Budget information represents the budgeted expenses for Outcome 1 as per the 2022-23 Portfolio Budget Statements.

² Departmental appropriation combines 'Ordinary annual services Appropriation Bill (No. 1)' and 'Revenue from independent sources (s74)'.

³ Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.

Procurement

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.

Consultancies and reportable non-consultancies

During 2022–23, three new consultancy contracts were entered into involving total actual expenditure of \$1,049,841 (GST inclusive). In addition there were three ongoing consultancy contracts active during the period, involving total actual expenditure of \$146,548 (GST inclusive).

Details of consultancy contract expenditure during 2022-23 are set out in the table below.

Expenditure on Reportable Consultancy Contracts in 2022-23

	Number	Expenditure \$ (GST inc.)
New contracts entered into during the reporting period	3	1,049,841
Ongoing contracts entered into during a previous reporting period	3	146,548
Total	6	1,196,389

Organisations Receiving a Share of Reportable Consultancy Contract Expenditure in 2022-23

Name of Organisation	Organisation ABN	Expenditure \$ (GST inc.)
Mckinsey Pacific Rim Inc	66 055 131 443	715,000
Pryan Pty Ltd	48 153 393 358	315,132
The University of New England	75 792 454 315	75,170
Barrett Family Trust No 2 & Others T/A Bellchambers Barrett	14 942 509 138	61,067
CPM Reviews Pty Ltd	93 151 808 374	30,020

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.

Decisions to engage consultants during 2022–23 were made in accordance with the PGPA Act and related regulations including the Commonwealth Procurement Rules.

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.

Reportable non-consultancy contracts

During 2022–23, the Commission entered into 43 new reportable non-consultancy contracts, with a total actual expenditure of \$3,185,160 (inclusive of GST). In addition, the Commission had 57 ongoing reportable non-consultancy contracts, with total actual expenditure during 2022–23 of \$5,196,035 (inclusive of GST).

In total, during 2022-23 the Commission had 100 new and ongoing reportable non-consultancy contracts, with a total actual expenditure of \$8,381,195 (inclusive of GST). The organisations receiving the largest share of reportable non-consultancy contract expenditure during 2022-23 are set out in the table below.

Expenditure on Reportable Non-Consultancy Contracts in 2022-23

	Number	Expenditure \$ (GST inc.)
New contracts entered into during the reporting period	43	3,185,160
Ongoing contracts entered into during a previous reporting period	57	5,196,035
Total	100	8,381,195

Organisations Receiving a Share of Reportable Non-Consultancy Contract Expenditure in 2022-23

Name of Organisation	Organisation ABN	Expenditure \$ (GST inc.)
PreviousNext Pty Ltd	69 135 290 309	1,506,499
KPMG	51 194 660 183	916,614
Evolve FM Pty Ltd	52 605 472 580	762,129
Investa Asset Management Pty Ltd	16 089 301 922	605,222
The Trustee for The Social Deck Trust	94 366 395 064	403,764

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.

Australian National Audit Office Access Clauses

All contracts entered into by the Commission during 2022-23 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 2022-23 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 and market research

During 2022-23, the Commission conducted one advertising campaign, consisting of boosted social media posts to promote the Youth Digital Mental Health Survey. The total value of this campaign was \$930.81. Further information on the survey and Commission advertising campaigns greater than \$250,000 in value are available at www.mentalhealthcommission.gov.au 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.

Grants

Information on grants awarded during the 2022-23 year is available at www.mentalhealthcommission.gov.au and on GrantConnect at: <https://www.grants.gov.au>.

Independent Auditors Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the National Mental Health Commission (the Entity) for the year ended 30 June 2023:

- (a) comply with Australian Accounting Standards – Simplified Disclosures 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 2023 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 2023 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 – Simplified Disclosures 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.

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Phone (02) 6203 7300

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



Clea Lewis

Executive Director

Delegate of the Auditor-General

Canberra

29 September 2023

Financial Statements

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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 2023 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.



Paul McCormack
Acting Chief Executive Officer
28 September 2023



Kim Eagle
Chief Financial Officer
28 September 2023

Statement of Comprehensive Income

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget \$
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	8,783,442	7,000,718	6,091,000
Suppliers	1.1B	7,759,912	4,713,706	4,471,000
Finance costs	1.1C	33,725	10,586	17,000
Other expenses	1.1D	13,194	-	-
Depreciation and amortisation	3.2A	1,176,701	1,251,561	1,290,000
Loss on disposal of asset	3.2A	3,505	1,090	-
Total expenses		17,770,479	12,977,661	11,869,000
Own-source revenue				
Revenue from contracts with customers	1.2A	454,356	1,035,000	480,000
Other revenue	1.2B	59,000	39,000	-
Total own-source revenue		513,356	1,074,000	480,000
Gains				
Other gains		-	-	39,000
Total gains		-	-	39,000
Total own-source income		513,356	1,074,000	519,000
Net cost of services		(17,257,123)	(11,903,661)	(11,350,000)
Revenue from Government	1.2C	11,023,000	15,525,000	11,023,000
(Deficit)/surplus on continuing operations		(6,234,123)	3,621,339	(327,000)

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

Statement of Financial Position

as at 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	3.1A	454,041	8,123	8,000
Trade and other receivables	3.1B	2,764,596	8,372,022	8,372,000
Total financial assets		3,218,637	8,380,145	8,380,000
Non-financial assets				
Buildings - Right-of-use asset	3.2A	2,867,509	876,896	3,848,000
Leasehold improvements	3.2A	348,257	215,979	-
Plant and equipment	3.2A	87,719	126,354	147,000
Other non-financial assets	3.2B	85,290	-	-
Total non-financial assets		3,388,775	1,219,229	3,995,000
Total assets		6,607,412	9,599,374	12,375,000
LIABILITIES				
Payables				
Suppliers	3.3A	1,008,383	299,601	300,000
Other payables	3.3B	196,608	178,203	178,000
Total payables		1,204,991	477,804	478,000
Interest bearing liabilities				
Leases	3.4	3,114,505	861,780	3,891,000
Total interest bearing liabilities		3,114,505	861,780	3,891,000
Provisions				
Employee provisions	6.1	1,558,376	1,300,017	1,232,000
Other provisions	3.5	-	70,110	70,000
Total provisions		1,558,376	1,370,127	1,302,000
Total liabilities		5,877,872	2,709,711	5,671,000
Net assets		729,540	6,889,663	6,704,000
EQUITY				
Contributed equity		683,933	609,933	684,000
Retained surplus		45,607	6,279,730	6,020,000
Total equity		729,540	6,889,663	6,704,000

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

Statement of Changes in Equity

for the period ended 30 June 2023

	2023 \$	2022 \$	Original Budget \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	609,933	461,466	610,000
Adjusted opening balance	609,933	461,466	610,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	24,000	24,000	24,000
Equity injection - Appropriations	50,000	124,467	50,000
Total transactions with owners	74,000	148,467	74,000
Closing balance as at 30 June	683,933	609,933	684,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	6,279,730	2,658,389	6,347,000
Adjustment for rounding	-	2	-
Adjusted opening balance	6,279,730	2,658,391	6,347,000
Comprehensive income			
Surplus/(deficit) for the period	(6,234,123)	3,621,339	(327,000)
Total comprehensive income	(6,234,123)	3,621,339	(327,000)
Closing balance as at 30 June	45,607	6,279,730	6,020,000
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	6,889,663	3,119,855	6,957,000
Adjustment for rounding	-	2	-
Adjusted opening balance	6,889,663	3,119,857	6,957,000
Comprehensive income			
Surplus/(deficit) for the period	(6,234,123)	3,621,339	(327,000)
Total comprehensive income	(6,234,123)	3,621,339	(327,000)
Transactions with owners			
Contribution by owners			
Departmental capital budget	74,000	148,467	74,000
Total transactions with owners	74,000	148,467	74,000
Closing balance as at 30 June	729,540	6,889,663	6,704,000

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

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 period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		18,167,684	13,088,054	11,023,000
Rendering of services		730,000	764,754	480,000
Other		20,669	-	-
Net GST received		20,417	-	-
Total cash received		18,938,770	13,852,808	11,503,000
Cash used				
Employees		8,486,008	6,562,323	6,091,000
Suppliers		7,235,010	4,633,980	4,432,000
Interest payments on lease liabilities		33,725	10,586	17,000
Net GST paid		-	101,359	-
Section 74 receipts transferred to the Official Public Account (OPA)		1,648,922	1,643,519	-
Total cash used		17,403,665	12,951,767	10,540,000
Net cash from operating activities		1,535,105	901,041	963,000
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		354,020	65,529	74,000
Total cash used		(354,020)	(65,529)	(74,000)
Net cash used by investing activities		(354,020)	(65,529)	(74,000)
FINANCING ACTIVITIES				
Cash received				
Appropriations - Departmental capital budget - Bill 1		-	34,320	24,000
Appropriations - Equity injections - Bill 2		120,420	31,209	50,000
Total cash received		120,420	65,529	74,000
Cash used				
Principal payments of lease liabilities		855,587	945,558	963,000
Total cash used		855,587	945,558	963,000
Net cash used by financing activities		(735,167)	(880,029)	(889,000)
Net increase/(decrease) in cash held		445,918	(44,517)	-
Cash and cash equivalents at the beginning of the reporting period		8,123	52,640	8,000
Cash and cash equivalents at the end of the reporting period	3.1A	454,041	8,123	8,000

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

Administered Schedule of Comprehensive Income

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget \$
NET COST OF SERVICES				
Expenses				
Suppliers	2.1	3,299,014	3,726,206	5,498,000
Total expenses		3,299,014	3,726,206	5,498,000
Net cost of services		(3,299,014)	(3,726,206)	(5,498,000)
Deficit		(3,299,014)	(3,726,206)	(5,498,000)

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

Administered Schedule of Assets and Liabilities

as at 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	4.1A	8,120	703	1,000
Trade and other receivables	4.1B	77,709	45,909	46,000
Total financial assets		85,829	46,612	47,000
Total assets administered on behalf of Government		85,829	46,612	47,000
LIABILITIES				
Payables				
Suppliers	4.2	470,625	1,153,483	1,154,000
Total payables		470,625	1,153,483	1,154,000
Total liabilities administered on behalf of Government		470,625	1,153,483	1,154,000
Net liabilities		(384,796)	(1,106,871)	(1,107,000)

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

Administered Reconciliation Schedule

for the period ended 30 June 2023

	2023 \$	2022 \$	Original Budget \$
Opening assets less liabilities as at 1 July	(1,106,871)	(2,360,800)	-
Net cost of services			
Expenses	(3,299,014)	(3,726,206)	(5,498,000)
Transfers from the Australian Government			
Administered transfers from Australian Government	4,370,914	5,516,783	5,498,000
Appropriation transfers to OPA			
Transfers to OPA	(349,825)	(536,648)	-
Closing assets less liabilities as at 30 June	(384,796)	(1,106,871)	-

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

Accounting Policy

Administered 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

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Net GST received		-	79,909	
Total cash received		-	79,909	-
Cash used				
Suppliers		3,993,341	5,059,375	5,498,000
Net GST paid		20,331	-	-
Total cash used		4,013,672	5,059,375	5,498,000
Net cash used by operating activities		(4,013,672)	(4,979,466)	(5,498,000)
Cash from Official Public Account				
Appropriations		4,370,914	5,516,783	5,498,000
Total cash from Official Public Account		4,370,914	5,516,783	5,498,000
Cash to Official Public Account				
Appropriations		349,825	536,648	-
Total cash to Official Public Account		349,825	536,648	-
Net increase/(decrease) in cash held		7,417	669	-
Cash and cash equivalents at the beginning of the reporting period		703	34	1
Cash and cash equivalents at the end of the reporting period	4.1A	8,120	703	1

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

Budget Variance

The table below provides explanations for the major variances between the Commission's original budget estimates, as published in the 2022-23 Portfolio Budget Statements, and the actual financial performance and position for the year.

The information presented below should be read in the context of the following:

1. Variance commentary has been included when the variance is greater than 10% and \$100,000 of the original estimate and it has been considered important for the reader's understanding or is relevant to the assessment of the discharge of accountability and for the analysis of the Commission's performance. Variances below this threshold are not included unless considered significant by their nature.
2. Variances attributable to factors which would not reasonably have been identifiable at the time of Budget preparation, such as impairment of assets or impacts of Australian Government Bond rates, have not been included in the explanations unless they have been considered important for a reader's understanding of the Commission's performance.
3. Variances relating to cash flow are a result of the factors explained for variances related to net cost of services, or assets and liabilities.
4. The original budget was prepared before the 2022 final budget outcome was known. As a consequence, the opening balance of the statement of financial position was estimated and in some cases variances between the 2023 final outcome and the budget estimates can in part be attributable to unanticipated movements in prior year-end balances.
5. The Budget is not audited.

Departmental budget variances

Budget Variance Explanation	Affected line items
The variance in the Commission's net cost of services is a result of:	
(a) The Commission's growth trajectory over a number of years to undertake additional work and address priority issues and emerging needs during the pandemic has resulted in a staffing profile above the expected Average Staffing Level (ASL), generating higher than budgeted cost in relation to employee expenses.	Employee benefits
(b) A difference between the expected and actual timing of expenditure related to the development of the National Workplace Initiative platform has seen the Commission incur larger than initially anticipated expenditure in 2022-23. This additional cost has been managed from prior year underspends for the project.	Suppliers
(c) Depreciation costs have decreased as a number of assets were fully depreciated during the financial year. In addition, a reduction in costs associated with the new office lease in Sydney has seen a corresponding reduction in depreciation expenses related to ROU assets.	Depreciation and Amortisation
The variance in the Commission's net asset position is a result of:	
(a) An increase in cash holdings reflecting s74 receipts received by the Commission that had not been returned to the Official Public Account (OPA) as at 30 June 2023.	Cash and cash equivalents
(b) Increased expenditure (as outlined above) being funded from available cash reserves from prior year operating surpluses.	Trade and other receivables / Suppliers payable / Retained surplus
(c) The Commission entered into a new lease in Sydney and agreed to the extension of leasing arrangements in Canberra. Both of these new arrangements were on more favourable arrangements than was budgeted.	ROU Assets / Leasehold improvements / Leases

Administered budget variances

Budget Variance Explanation	Affected line items
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The variance in the Commission's net cost of services is a result of:

- (a) The increased use of additional internal resources (outlined above under departmental expenditure) has seen a reduction in the need to engage external expertise, seeing a reduction in supplier expenditure below the originally expected amount.

Suppliers

The variance in the Commission's net asset position is a result of:

- (a) Lower than expected payables in line with the reduction in costs outlined above.

Suppliers payable

Overview

The National Mental Health Commission (the Commission) is a not-for-profit Australian Government controlled entity with its principal place of business being Level 12, 570 George Street, Sydney NSW. 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 and primary activities are 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.

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 – including simplified disclosures for Tier 2 Entities under AASB 1060 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 held 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

Adoption of New Australian Accounting Standard Requirements

Two amending standards (AASB 2021-2 and AASB 2021-6) were adopted earlier than the application date as stated in the standard. These amending standards have been adopted for the 2022-23 reporting period.

The following amending standards were issued prior to the signing of the statement by the accountable authority and chief financial officer, were applicable to the current reporting period and did not have a material effect on the entity's financial statements:

Standard / Interpretation	Nature of change in accounting policy, transitional provisions ¹ , and adjustment to financial statements
AASB 2021-2 Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates (AASB 2021-2)	AASB 2021-2 amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2. The amending standard requires the disclosure of material, rather than significant, accounting policies, and clarifies what is considered a change in accounting policy compared to a change in accounting estimate.

AASB 2021-6 Amendments to Australian Accounting Standards - Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards (AASB 2021-6)

AASB 2021-6 amends the Tier 2 reporting requirements set out in AASB 1049, AASB 1054 and AASB 1060 to reflect the changes made by AASB 2021-2.

Taxation

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

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.

Prior period error

Departmental

During the 2022-23 financial year the Commission identified a prior period error related to the calculation of the required change in the annual leave provision at 30 June 2022 to reflect the application of the relevant oncost parameters. This resulted in the balance of the employee provision being understated.

Comparative amounts have been restated in the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, and the accompanying notes as follows:

	2021-22 Original \$	2021-22 Adjustment \$	2021-22 Restated \$
Statement of Comprehensive Income			
Employee benefits	6,933,079	67,639	7,000,718
Total expenses	12,910,022	67,639	12,977,661
Net cost of services	(11,836,022)	(67,639)	(11,903,661)
Surplus/(deficit) on continuing operations	3,688,978	(67,639)	3,621,339
Statement of Financial Position			
Employee provisions	1,232,378	67,639	1,300,017
Total provisions	1,302,488	67,639	1,370,127
Total liabilities	2,642,072	67,639	2,709,711
Net assets	6,957,302	(67,639)	6,889,663
Retained surplus	6,347,369	(67,639)	6,279,730
Total equity	6,957,302	(67,639)	6,889,663
Statement of Changes in Equity			
Retained Earnings - Surplus/(deficit) for the period	3,688,978	(67,639)	3,621,339

Retained Earnings - Total comprehensive income	3,688,978	(67,639)	3,621,339
Retained Earnings - Closing balance as at 30 June	6,347,369	(67,639)	6,279,730
Total Equity - Surplus/(deficit) for the period	3,688,978	(67,639)	3,621,339
Total Equity - Total comprehensive income	3,688,978	(67,639)	3,621,339
Total Equity - Closing balance as at 30 June	6,957,302	(67,639)	6,889,663

Note 1.1A: Employee Benefits

Leave and other entitlements	780,911	67,639	848,550
Total employee benefits	6,933,079	67,639	7,000,718

Note 6.1: Employee Provisions

Leave	1,232,378	67,639	1,300,017
Total employee provisions	1,232,378	67,639	1,300,017

Financial Performance

This section analyses the financial performance of the National Mental Health Commission for the period ended 30 June 2023

1.1 Expenses

	2023 \$	2022 \$
1.1A: Employee Benefits		
Wages and salaries	6,340,405	5,252,428
Superannuation:		
Defined contribution plans	856,738	689,105
Defined benefit plans	265,010	190,664
Leave and other entitlements	1,303,713	848,550
Other employee benefits	17,576	19,971
Total employee benefits	8,783,442	7,000,718

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

Contracts for Service	6,140,268	3,082,573
Contractors and consultants	469,104	854,387
Property expenses	308,919	206,812
Travel	246,573	99,706
Legal costs	152,878	98,600
Other employee costs	81,249	94,948
IT services	45,485	46,062
Committees	68,564	19,825
Conferences and Seminars	70,620	17,713
Audit Fees	59,000	39,000
Other supplier expenses	65,391	90,080
Total goods and services supplied or rendered	7,708,051	4,649,706

Goods supplied	29,263	20,961
Services rendered	7,678,788	4,628,745
Total goods and services supplied or rendered	7,708,051	4,649,706

Other suppliers

Workers compensation expenses	22,953	23,137
Short-term leases	19,723	40,864
Variable lease payments	9,185	-
Total other suppliers	51,861	64,001
Total suppliers	7,759,912	4,713,707

The above lease disclosures should be read in conjunction with the accompanying notes 1.1C, 1.1D, 3.2A 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 Aged Care and also payments to the Department of Health and Aged Care 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.

	2023	2022
	\$	\$
1.1C: Finance Costs		
Interest on lease liabilities	33,725	10,586
Total finance costs	33,725	10,586
1.1D: Other expenses		
Loss on early termination of lease	13,194	-
Total other expenses	13,194	-

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

1.2 Own Source Revenue and Gains

	2023	2022
	\$	\$
1.2A: Revenue from Contracts with Customers		
Rendering of services	454,356	1,035,000
Total revenue from contracts with customers	454,356	1,035,000
Disaggregation of revenue from contracts with customers		
Type of customer:		
Australian Government entities (related parties)	454,356	1,035,000
	454,356	1,035,000
Timing of transfer of goods and services:		
Over time	454,356	1,035,000
	454,356	1,035,000

The Commission works across all areas with its main focus being to assist the government in developing policies that will improve the mental health of the nation.

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	59,000	39,000
Total other revenue	59,000	39,000

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	11,023,000	15,525,000
Total Revenue from Government	11,023,000	15,525,000

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

	2023 \$	2022 \$
2.1: Suppliers		
Goods and services supplied or rendered		
Outsourced providers and contractors	2,869,707	3,378,788
Travel	137,453	119,783
Committees	141,457	158,483
Memberships and subscriptions	81,390	-
IT services	1,296	-
Other supplier expenses	67,711	69,152
Total goods and services supplied or rendered	3,299,014	3,726,206
Services rendered	3,299,014	3,726,206
Total goods and services supplied or rendered	3,299,014	3,726,206
Total suppliers	3,299,014	3,726,206

Financial Position

This section analyses the National Mental Health Commission's assets used to conduct its operations and the operating liabilities incurred as a result. Employee related information is disclosed in the People and Relationships section.

3.1 Financial Assets

	2023	2022
	\$	\$
3.1A: Cash and Cash Equivalents		
Cash on hand or on deposit	454,041	8,123
Total cash and cash equivalents	454,041	8,123

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	286,832	358,541
Total goods and services receivables	286,832	358,541

Appropriations receivables

For existing programs	2,153,086	7,648,848
Equity injection & Departmental capital budget	122,371	168,791
Total appropriations receivables	2,275,457	7,817,639

Other receivables

GST receivable from the Australian Taxation Office	202,307	195,842
Total other receivables	202,307	195,842
Total trade and other receivables (gross)	2,764,596	8,372,022

Total trade and other receivables (net)

2,764,596	8,372,022
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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 (2021-22: 30 days), are recognised at the nominal amounts.

3.2 Non-Financial Assets

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

	Buildings - Right-of-use asset	Leasehold improvements	Plant and equipment	Total
	\$	\$	\$	\$
As at 1 July 2022				
Gross book value	3,532,683	1,453,966	162,756	5,149,405
Accumulated depreciation, amortisation and impairment	(2,655,787)	(1,237,987)	(36,402)	(3,930,176)
Total as at 1 July 2022	876,896	215,979	126,354	1,219,229
Additions:				
Purchased	3,057,813	371,858	-	3,429,672
Depreciation and amortisation	-	(236,075)	(38,635)	(274,710)
Depreciation on right-of-use assets	(901,991)	-	-	(901,991)
Other movements ¹	(165,209)			(165,209)
Loss on disposal of assets	-	(3,505)	-	(3,505)
Total as at 30 June 2023	2,867,509	348,257	87,719	3,303,485
Net book value as at 30 June 2023 represented by				
Gross book value	3,533,124	754,957	162,756	4,450,837
Accumulated depreciation, amortisation and impairment	(665,615)	(406,700)	(75,037)	(1,147,352)
Total as at 30 June 2023	2,867,509	348,257	87,719	3,303,485
Carrying amount of right-of-use assets	2,867,509	-	-	2,867,509

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

No property, plant and equipment is 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.

¹ Other movements of ROU assets relates to the early termination of one of the Commission's lease arrangements and the subsequent reduction in the value of ROU 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. On initial adoption of AASB 16 the Commission has adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised.

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. The regularity of independent valuations depends 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:

- Buildings - Right-of-use assets: Lease term (2022: Lease term)
- Leasehold improvements: Lease term (2022: Lease term)
- Plant and equipment: 3 to 5 years (2022: 3 to 5 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 2023. 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.

	2023	2022
	\$	\$
3.2B: Other non-financial assets		
Prepayments	85,290	-
Total other financial assets	85,290	-

3.3 Payables

	2023 \$	2022 \$
3.3A: Suppliers		
Trade creditors and accruals	1,008,383	299,601
Total suppliers	1,008,383	299,601

Settlement is usually made within 30 days (2021-22: 30 days).

3.3B: Other Payables

Salaries and wages	170,040	155,124
Superannuation	26,568	23,079
Total other payables	196,608	178,203

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).

3.4 Interest Bearing Liabilities

	2023 \$	2022 \$
Leases		
Lease liabilities - Buildings	3,114,505	861,780
Total interest bearing liabilities	3,114,505	861,780

Total cash outflow for leases for the year ended 30 June 2023 was \$889,312 (30 June 2022: \$956,144).

Maturity analysis - contractual undiscounted cash flows

Within 1 year	486,149	675,358
Between 1 to 5 years	2,648,421	188,724
Total leases	3,134,570	864,082

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

The Commission in its capacity as lessee, has entered into lease agreements for its offices in Sydney and Canberra. These both include an extension option and regular fixed increases in rent on the anniversary of the commencement date.

Accounting Policy

Lease liabilities are measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the Commission's incremental borrowing rate.

3.5 Other Provisions

	Provision for makegood \$	Total \$
As at 1 July 2022	70,110	70,110
Additional provisions made	-	-
Amounts used	(70,110)	(70,110)
Amounts reversed	-	-
Unwinding of discount or change in discount rate	-	-
Total as at 30 June 2023	-	-

The Commission has no lease arrangements for rental premises (2022: one) which requires restoration of the leased premises to their original conditions at the conclusion of the lease.

Assets and Liabilities Administed on Behalf of 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

	2023	2022
	\$	\$
4.1A: Cash and Cash Equivalents		
Cash on hand or on deposit	8,120	703
Total cash and cash equivalents	8,120	703
Other receivables		
GST receivable from the Australian Taxation Office	77,709	45,909
Total other receivables	77,709	45,909
Total trade and other receivables	77,709	45,909

4.2 Administered - Payables

	2023	2022
	\$	\$
4.2 Suppliers		
Trade creditors and accruals	470,625	1,153,483
Total suppliers	470,625	1,153,483

Settlement is usually made within 30 days (2021-22: 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 Appropriations for 2023

	Annual Appropriation ¹	Adjustments to appropriation ²	Total appropriation	Appropriation applied in 2023 (current and prior years)	Variance ³
Departmental					
Ordinary annual services	11,268,000	2,103,046	13,371,046	18,175,890	(4,804,844)
Capital Budget*	24,000	-	24,000	-	24,000
Other services					
Equity injections	50,000	-	50,000	120,420	(70,420)
Total departmental	11,342,000	2,103,046	13,445,046	18,296,310	(4,851,264)
Administered					
Ordinary annual services					
Administered items	5,498,000	-	5,498,000	4,039,291	1,458,709
Total administered	5,498,000	-	5,498,000	4,039,291	1,458,709

Commentary:

¹ An amount of \$245,000 was withheld from departmental appropriations under section 51 of the PGPA Act in 2022-23 as per the Budget measures in *Budget Paper No. 2* (2022: Nil). No amounts were withheld under section 51 of the PGPA Act in 2022-23 (2021-22: Nil) from administered appropriations.

² Adjustments to appropriations relate to receipts retained under PGPA Act Section 74.

³ The variance of (\$4,851,264) for departmental ordinary annual services primarily represents the timing difference of payments to suppliers or employees and available unspent appropriations. The variance of \$1,458,709 for administered ordinary annual services relates to unspent funding for the year (the former section 11 of the Appropriation Acts).

⁴ 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.

Annual Appropriations for 2022⁵

	Annual Appropriation ¹	Adjustments to appropriation ²	Total appropriation	Appropriation applied in 2022 (current and prior years)	Variance ³
Departmental					
Ordinary annual services	15,525,000	1,643,519	17,168,519	13,137,642	4,030,877
Capital Budget ⁴	24,000	-	24,000	29,249	(5,249)
Other services					
Equity injections	200,000	-	200,000	31,209	168,791
Total departmental	15,749,000	1,643,519	17,392,519	13,198,100	4,194,419
Administered					
Ordinary annual services					
Administered items	5,398,000	-	5,398,000	5,182,656	215,344
Total administered	5,398,000	-	5,398,000	5,182,656	215,344

Commentary:

¹ There were no amounts withheld under section 51 of the PGPA Act from departmental or administered ordinary annual services appropriations (2021: Nil)

² Adjustments to appropriations relate to receipts retained under PGPA Act Section 74.

³ The variance of \$4,194,419 for departmental ordinary annual services primarily represents the timing difference of payments to suppliers or employees and available unspent appropriations. The variance for administered ordinary annual services relates to unspent funding for the year (the former section 11 of the Appropriation Acts).

⁴ 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.

⁵ Prior year figures for administered appropriations have been updated to remove the impact of GST on the appropriations note.

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

	2023	2022
	\$	\$
Departmental		
Appropriation Act (No. 1) 2021-2022	-	7,648,848
Appropriation Act (No. 1) 2021-2022 - Cash at bank	-	8,123
Appropriation Act (No. 2) 2021-2022 - Equity injection	48,371	168,791
Supply Act (No. 1) 2022-2023 - Departmental Capital Budget	10,000	-
Supply Act (No. 2) 2022-2023 - Equity injection	21,000	-
Supply Act (No. 3) 2022-2023	2,398,086	-
Supply Act (No. 3) 2022-2023 - Cash at bank	454,041	-
Supply Act (No. 3) 2022-2023 - Departmental Capital Budget	14,000	-
Supply Act (No. 4) 2022-2023 - Equity injection	29,000	-
Total departmental	2,974,498	7,825,762
Administered¹		
Supply Act (No. 1) 2020-2021	85,392	85,392
Appropriation Act (No. 1) 2021-2022	1,598,719	2,700,858
Appropriation Act (No. 1) 2021-2022 - Cash at bank	-	703
Supply Act (No. 3) 2022-2023	2,553,430	-
Supply Act (No. 3) 2022-2023 - Cash at bank	8,120	-
Total administered	4,245,661	2,786,953

Commentary:

¹Prior year figures have been corrected to remove the impact of GST and align unspent appropriations to the correct year.

5.2 Net Cash Appropriation Arrangements

	2023 \$	2022 \$
Total comprehensive income/(loss) - as per the Statement of Comprehensive Income	(6,234,123)	3,621,339
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) ¹	274,710	321,239
Plus: depreciation of right-of-use assets ²	901,991	930,321
Less: lease principal repayments ²	(855,587)	(945,558)
Net Cash Operating Surplus/(Deficit)	(5,913,009)	3,927,341

1. From 2010-11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

2. The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

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

	2023	2022
	\$	\$
6.1: Employee Provisions		
Leave	1,558,376	1,300,017
Total employee provisions	1,558,376	1,300,017

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 in 2022-23 to be the Chief Executive Officer (CEO), the Head of the National Suicide Prevention Office (NSPO) and the members of the executive¹. Key management personnel remuneration is reported in the table below:

	2023	2022
	\$	\$
Short-term employee benefits	767,276	402,996
Post-employment benefits	90,575	46,218
Other long-term employee benefits	14,832	5,531
Total key management personnel remuneration expenses²	872,683	454,745

The total number of key management personnel that are included in the above table is six (2022: two).

¹ Due to a change in the operations of the Commission's executive during the year additional roles have been included within the definition of Key Management Personnel in 2022-23. The CEO and Head of the NSPO have been determined to be KMP for the full-year, while the remaining members of the executive have been included from 24 January 2023.

² 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, the members of the executive 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

	2023	2022
	\$	\$
7.1:A Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and cash equivalents	454,041	8,123
Goods and services receivable	286,832	358,541
Total financial assets at amortised cost	740,873	366,664
Financial liabilities		
Financial liabilities measured at amortised cost		
Suppliers	1,008,383	299,601
Total financial liabilities measured at amortised cost	1,008,383	299,601

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 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).

7.2 Administered - Financial Instruments

	2023 \$	2022 \$
7.2A : Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and cash equivalents	8,120	703
Total financial assets at amortised cost	8,120	703
Financial liabilities measured at amortised cost		
Suppliers	470,625	1,153,483
Total financial liabilities measured at amortised cost	470,625	1,153,483

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

The following tables provides an analysis of assets that are measured at fair value. The remaining assets and liabilities disclosed in the statement of financial position do not apply the fair value hierarchy.

	2023 \$	2022 \$
Non-financial assets		
Leasehold improvement	348,257	215,979
Plant and equipment	87,719	126,354
Total non-financial assets	435,976	342,333

Accounting Policy

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.

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 categories of fair value measurement are:

- (a) Level 1: quoted prices (unadjusted) in active markets for identical assets that the entity can access at measurement date.
- (b) Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly.
- (c) Level 3: unobservable inputs.

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 different hierarchy levels during the year.

Other Information

8.1 Current/Non-Current Distinction for Assets and Liabilities

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

	2023	2022
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	454,041	8,123
Trade and other receivables	2,764,596	8,372,022
Prepayments	85,290	-
Total no more than 12 months	3,303,927	8,380,145
More than 12 months		
Building - Right of use asset	2,867,509	876,896
Leasehold improvements	348,257	215,979
Plant and equipment	87,719	126,354
Total more than 12 months	3,303,485	1,219,229
Total assets	6,607,412	9,599,374
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	1,008,383	299,601
Other payables	196,608	178,203
Employee provisions	375,380	506,789
Leases	486,149	675,358
Other provisions	-	70,110
Total no more than 12 months	2,066,520	1,730,061
More than 12 months		
Employee provisions	1,182,996	725,589
Leases	2,628,356	186,422
Total more than 12 months	3,811,352	912,011
Total liabilities	5,877,872	2,642,072

8.1B: Administered - Aggregate Assets and Liabilities

	2023	2022
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	8,120	703
Trade and other receivables	77,709	45,909
Total no more than 12 months	85,829	46,612
Total assets	85,829	46,612
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	470,625	1,153,483
Total no more than 12 months	470,625	1,153,483
Total liabilities	470,625	1,153,483

Navigation Aids

List of requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	Page 1	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 iii	Table of contents.	Mandatory
17AJ(b)	Page 106	Alphabetical index.	Mandatory
17AJ(c)	Page 103	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 96	List of requirements.	Mandatory
17AJ(e)	Page ii	Details of contact officer.	Mandatory
17AJ(f)	Page ii	Entity's website address.	Mandatory
17AJ(g)	Page ii	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	Page 2	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Page 5	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 32	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Page 54	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	Page 5	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Page 42	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Page 42	Position title of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Page 42	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
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	Page 7-16	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 53-54	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Page 53-54	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	Page 53	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 31	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Page 1	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(2)(b)(ii)	Page 1	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 1	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Page 28	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 30	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 28	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 29	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 29	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 29	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 29	The remuneration of each member of the entity's audit committee.	Mandatory
External Scrutiny			
17AG(3)	Page 31	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Page 31	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	Page 31	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 31	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Management of Human Resources			
17AG(4)(a)	Page 41	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Pages 42–49	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)	Page 42–49	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; Statistics on employees who identify as Indigenous.	Mandatory
17AG(4)(c)	Page 41	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)	Page 49	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 49	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 41	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	N/A	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

PGPA Rule Reference	Part of Report	Description	Requirement
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
Purchasing			
17AG(6)	Page 55	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
Reportable consultancy contracts			
17AG(7)(a)	Page 55	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 55	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 55	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 55	A statement that: <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>	Mandatory
Reportable non-consultancy contracts			
17AG(7A)(a)	Page 56	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

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(7A)(b)	Page 56	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 55–56	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
Australian National Audit Office Access Clauses			
17AG(8)	Page 56	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 56	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)	Page 57	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)	Page 57	An outline of the ways in which the practices of the entity support small and medium enterprises.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
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 “[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.”	If applicable, Mandatory
Financial Statements			
17AD(e)	Page 60–95	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	Pages 50–51	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 “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.”	If applicable, Mandatory
17AH(1)(a)(ii)	Page 57	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 57	A statement that “Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, Mandatory
17AH(1)(c)	Page 41	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 31	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)	Page 31	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Page 31	Information required by other legislation.	Mandatory

Glossary

Carer:	Refers to an individual who provides ongoing personal care, support, advocacy and/ or assistance to a person with mental illness.
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.
Co-design:	An approach to design that includes all stakeholders (for example, consumers, carers, researchers, health workers, clinicians, funders, policy-makers).
Discrimination:	The unjust or prejudicial treatment of a person based on the group, class or category to which the person is perceived to belong.
Early intervention:	Identifying signs and risks of mental illness early, followed by appropriate, timely intervention and support that can reduce the severity, duration and recurrence of mental ill health and its associated social disadvantage.
Fifth Plan:	The Fifth National Mental Health and Suicide Prevention Plan.
LGBTIQ+:	The collective term for people who identify as lesbian, gay, bisexual, transgender, gender diverse, intersex, queer and questioning. Many subgroups form part of the broader LGBTIQ+ movement. (There are several variations of this term—for example, LGBTQIA.)
Lived experience:	Refers to people who have either current or past experience of mental ill health, trauma or distress.
Lived experience (peer) workforce:	The supply of people who are employed, either parttime or full-time, 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 or lived experience workers.
Mental health:	The World Health Organization defines mental health as 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.
Mental illness:	A wide spectrum of diagnosable health conditions that significantly affect how a person feels, thinks, behaves, and interacts with other people. Mental illness can vary in both severity and duration. In this report, 'mental illness' is used in place of 'mental health disorder' and 'mental health disease'.
National Agreement:	<i>The National Mental Health and Suicide Prevention Agreement 2022-2025</i> sets out the shared intention of the Commonwealth, state and territory governments to work in partnership to improve the mental health of all Australians and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system

National Suicide and Self-Harm Monitoring System:	Established by the Australian Institute of Health and Welfare and the Commission, the <i>National Suicide and Self-Harm Monitoring System</i> brings together all existing and extensive new data from across states and territories on a website that is regularly updated and improved. It improves the coherence, accessibility, quality and timeliness of national data and information on suicide, suicide attempts and self-harm. The suicide monitoring system plays a key role in better informed public conversations about suicide prevention.
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.
Prevention:	Refers to approaches that work to reduce incidence, prevalence and recurrence of mental ill health.
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.
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.
Stigma:	The disapproval of, or poor treatment of, an individual or group based on characteristics that serve to distinguish them from other members of a society. Stigma results from complex social, political and psychological processes. It can include negatively stereotyped characteristics, attitudes and responses that are personally internalised, community socialised and/or structural, which harm a person's day-to-day health and wellbeing by excluding, devaluing or shaming them.
Suicide:	The act of ending one's own life.
Suicide attempt:	The National Ambulance Surveillance System defines suicide attempt as 'non-fatal intentional injury with suicidal intent, regardless of likelihood of lethality'.
Support person:	A person whose life is affected by virtue of a family or close relationship role with a person with mental illness.
Vision 2030:	A blueprint for a connected, effective, well-functioning and sustainable mental health and suicide prevention system designed to meet the needs of all individuals and their communities.

Acronyms

AASB:	Australian Accounting Standards Board	MHSPSO:	Mental Health and Suicide Prevention Senior Officials
ABS:	Australian Bureau of Statistics	MHWA:	Mentally Healthy Workplace Alliance (the Alliance)
ACSQHC:	Australian Commission on Safety and Quality in Health Care	MHWC:	Mentally Healthy Workplace Committee
AIDA:	Australian Indigenous Doctors' Association	NACCHO:	National Aboriginal Community Controlled Health Organisation
AIME:	Australian Indigenous Mentoring Experience	NDIS:	National Disability Insurance Scheme
AIHW:	Australian Institute of Health and Welfare	NDIA:	National Disability Insurance Agency
ARACY:	Australian Research Alliance for Children and Youth	NFRC:	National Federation Reform Council
ASL:	Average Staffing Level	NMHC:	National Mental Health Commission
CEO:	Chief Executive Officer	NMHCCF:	National Mental Health Consumer & Carer Forum
CFO:	Chief Financial Officer	NSPO:	National Suicide Prevention Office
COO:	Chief Operating Officer	NSQHS:	National Safety and Quality Health Service
CP:	Corporate Plan	NWI:	National Workplace Initiative
CPR:	Commonwealth Procurement Rules	OATSIH:	Office of Aboriginal and Torres Strait Islander Health
COAG:	Council of Australian Governments	OPA:	Official Public Account
DCB:	Departmental Capital Budget	PBS:	Portfolio Budget Statements
EAP:	Employee Assistance Program	PGPA Act:	Public Governance, Performance and Accountability Act 2013 (Cth)
eMHIC:	eMental Health International Collaborative	PHN:	Primary Health Network
ESD:	ecologically sustainable development	PREMISE:	Prevention and Early Intervention in Mental Illness and Substance Use
FASD:	fetal alcohol spectrum disorders	PRIDoC:	Pacific Region Indigenous Doctors' Congress
FOI:	Freedom of Information	SME:	Small and Medium Enterprises
FOI Act:	<i>Freedom of Information Act 1982</i>	WAAMH:	Western Australian Association for Mental Health
FRR:	Financial Reporting Rule	WHO:	World Health Organisation
GST:	Goods and Services Tax		
IPS:	Information Publication Scheme		
LEPG:	Lived Experience Partnership Group		

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