

**National Mental Health Commission**  
October 2022

Annual Report  
2021-2022



**Australian Government**  

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**National Mental Health Commission**

## About this report

This Annual Report is available online at [www.transparency.gov.au](http://www.transparency.gov.au) and can be accessed via [www.mentalhealthcommission.gov.au](http://www.mentalhealthcommission.gov.au).

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# Welcome to the National Mental Health Commission Annual Report 2021-22

The National Mental Health Commission's Annual Report 2021-22 provides an account of the activities undertaken by the National Mental Health Commission (the Commission) during the 2021-22 financial year.

This report details the performance of the Commission measured to the planned outcomes and performance criteria set out in the 2021-22 Health Portfolio Budget Statements and the National Mental Health Commission's Corporate Plan 2021-25.

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

The Commission's purpose is to provide robust policy advice and evidence on ways to improve Australia's mental health and suicide prevention systems, and to act as a catalyst for change to achieve those improvements through monitoring and reporting on investment in mental health and suicide prevention initiatives and ongoing engagement with all stakeholders across the mental health and related sectors with a particular focus on those with a lived or living experience of mental illness, mental ill health or suicide.

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

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# 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 2022.

This Annual Report has been prepared in accordance with section 70 of the *Public Service Act 1999* and section 46 of the *Public Governance, Performance and Accountability Act 2013* and Division 3A of the *Public Governance, Performance and Accountability Rule 2014*. It has been prepared to meet the requirements of section 70(2) of the *Public Service Act 1999*.

I submit this Annual Report in accordance with section 70(1) of the *Public Service Act 1999* for presentation to the Australian Parliament.

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

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

Yours sincerely

A handwritten signature in cursive script, appearing to read 'C Morgan'.

**Ms Christine Morgan**  
**Chief Executive Officer**

27 October 2022

# Chief Executive Officer's Review



Christine Morgan, CEO

I am pleased to present the National Mental Health Commission's (the Commission's) Annual Report 2021-2022 which sets out our work and achievements during the 2021-22 year.

The Commission seeks to promote outcomes for mental health and suicide prevention which matter to individuals and their communities; outcomes which inform transformational change so all people living in Australia can be supported to lead contributing lives where their mental health and wellbeing is prioritised.

After living with the COVID-19 pandemic, together with the impact of frequent natural disasters, we know that the focus for mental health and suicide prevention supports must be across all areas where we live, learn and work. We need to strengthen how we connect and interact with each other and with those services and supports.

This knowledge informs the Commission in its monitoring, reporting and advice for meaningful and universal reform of our mental health and suicide prevention systems.

COVID-19 continues to have a long-term impact on the mental health of our nation. It has resulted in some additional barriers to living a contributing life, from increased feelings of isolation and loneliness for many people, to significant changes in the way we socialise, study, work and engage with our families, our workplaces, our communities and with each other. We have also deepened our understanding of the importance of our social connection, highlighted in our digital #Chatstarter program which supported children, young people and their parents to talk to each other about their mental health and well-being.

As Australians grapple with the challenges of COVID-19 recovery and increasing cost of living pressures, reform of the mental health and suicide prevention systems across all levels of government must maintain its momentum. These reforms are conceptual shifts in how we deliver services and supports. They are critical to achieving the positive experience of the system captured in our Vision 2030. Over 3,000 voices contributed to Vision 2030 which is represented as a positive experience at the end of this message.

In addition to our focus on lived and living experience to inform our work, we have pivoted strongly to the importance of the role of our local communities and their 'place' in our mental health and suicide prevention systems.

We are also focusing, with more granularity, on the linkages between the social determinants and their impact on suicide risk, mental health and wellbeing. These determinants include housing, employment, education, income, food security, personal and workplace safety, and the impact of the justice system. We need to be able to identify the policy shifts and forms of intervention that will address the intersects of these determinants and individual and community wellbeing.

Another lens through which we are looking is that of our priority population groups or those groups where there is a disproportionate impact on suicide, mental health and wellbeing. These groups include youth, older adults, culturally and linguistically diverse communities, the LGBTIQ+ community, those with disabilities, and people going through major transitions in life such as Veterans. Over the year, we have produced reports, papers and strategies with a number of these key priority populations in mind.

In addition to our National Report 2021, we produced the first National Children’s Mental Health and Wellbeing Strategy and a National Disaster Mental Health and Wellbeing Framework. We also completed two key actions from the National Fifth Mental Health and Suicide Prevention Plan—the National Mental Health Research Strategy and the National Lived Experience (Peer) Workforce Development Guidelines.

We continued our work on the National Workplace Initiative (NWI), releasing a ‘Mentally Healthy Workplaces and COVID-19: Emerging Issues’ series, especially important considering the ongoing impact of COVID-19 on workplaces.

The development of the first National Stigma and Discrimination Strategy has continued with significant engagements from the mental health sector, academics, other allied sectors and, most importantly, a diverse range of lived and living experience.

Work commenced on the establishment of the first National Suicide Prevention Office. The Suicide and Self Harm Monitoring system will transition to this Office as it continues to set new benchmarks for the timely collection, analysis and reporting on data on suicide deaths, attempts and self-harm.

We held community meetings and forums and undertook surveys using our digital ‘Have Your Say’ platform. We commissioned research, presented at conferences, and sought opportunities to listen, engage and consult with people to understand their challenges in accessing and navigating the mental health and suicide prevention systems.

This work is focused on helping us to achieve our goal of delivering universal reform that is from a community’s perspective, that is functional, equitable, compassionate, caring, agile in its response, low or no cost and available when and where people need it.

This is the future of our systems nationally.

Our work has been strongly influenced by our Advisory Board of Commissioners, led during the year by Chair Mrs Lucy Brogden AM. Their advice, support, encouragement and active engagement has enriched the Commission’s work. I take this opportunity of thanking each of them for their enthusiasm and contribution.

I also thank those who have engaged with us during the year from the mental health, suicide prevention and social services sectors, people with lived and living experience, expert advisory groups, and members of communities across Australia for their generosity and tenacious commitment and contribution to strengthening our mental health and suicide prevention systems.

Finally, but by no means least, a heartfelt thank you to the Commission’s staff team. Their knowledge, curiosity, professionalism and hard work have been fundamental to our work and achievements this year.

It has been a challenging year but one during which we have learned much and where we have been reminded of the importance of social connection, working together collaboratively and that our mental health is an integral part of our being and our humanity. Investing in good mental health and wellbeing must be an individual, community and national priority.

Thank you.



**Ms Christine Morgan**  
Chief Executive Officer

## **Vision 2030 – ‘my positive experience’ of our mental health and suicide prevention systems**

*‘At the first sign of mental illness or suicidal thought I know where I can go for help.*

*I know I will be treated with respect and my experience taken seriously because I live in a community that really values mental and social wellbeing.*

*Lots of agencies work together in my community, including the hospital, primary care, and non-government agencies, to provide a range of treatment and support options.*

*I know I can quickly access the services I need and that I and my family will have choice in shaping and working collaboratively in the delivery of my care and support.*

*Whatever I and my family need, the different services will work seamlessly together to support us.*

*There is no risk that we will fall through cracks in the system.*

*As I work towards my personal recovery, I will have support to help me to re-engage and move forward in my life with confidence.”*

# About the Commission

## Contributing Lives, Thriving Communities

### Our Vision

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

### Our Mission

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

At the Commission we believe that everyone has the right to be enabled to live a Contributing Life, shaped by:



### Overview

The National Mental Health Commission (the Commission) is an executive agency under the *Public Service Act 1999* and a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013*. The Commission is part of the federal Minister for Health and Aged Care's portfolio and reports directly to the Minister for Health and Aged Care. The Chief Executive Officer (CEO) is the accountable authority under the *Public Governance, Performance, and Accountability Act 2013* and is responsible for the governance and performance of the Commission. At 30 June 2022, the Commission's Advisory Board included two Co-Chairs and 11 Mental Health Commissioners (as determined by the Minister from time to time), including the CEO.

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

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

The National Suicide Prevention Office (NSPO) is a new office within the Commission that has been established in response to the Final Advice of the National Suicide Prevention Adviser, to lead a national approach to suicide prevention. It will ensure those aspects of suicide prevention which, due to scalability, the need for consistency, and reach, are implemented at a national level. It works across the Australian Government and in close consultation with all jurisdictions with a focus on integrating collaborative efforts, identifying evidence-based best practice, and reducing the potential for duplication.

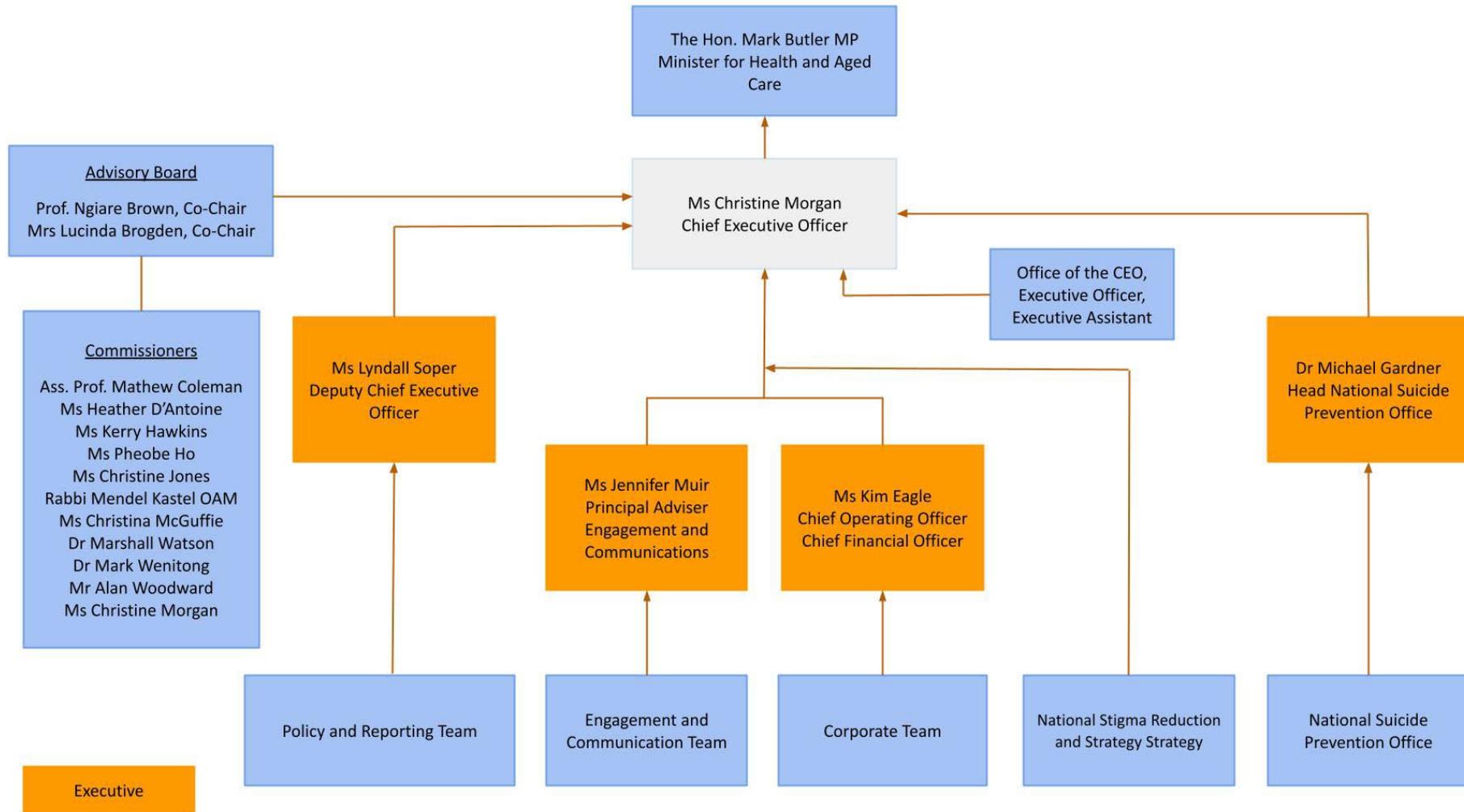
Throughout 2021-22 the Commission continued to work to ensure that investment in mental health is both effective and efficient. We worked with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms and collectively owned and actioned. The Commission acknowledges that engaging stakeholders and facilitating meaningful participation is essential to achieving transformational change.

The Commission prioritised engaging with people with a lived experience of mental ill health and suicide including carers and other support people, to ensure reforms reflect these experiences and insights, and are collectively owned and actioned. Diverse and genuine engagement with those with lived experience, their families and other support people adds value to decision-making by providing direct knowledge about the actual needs of the community, which results in better targeted and more responsive services and initiatives.

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

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

## Our Structure as at 30 June 2022



## Our Commissioners

In 2021-22, the Advisory Board contributed to setting the Commission's strategic direction and priorities, and provided independent expertise and advice to the CEO.

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

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

Lucy has more than 25 years of commercial experience with companies including Macquarie Group and Ernst & Young and more than ten years in organisational psychology. Specifically, Lucy has worked in trusted advisory roles with some of Australia's leading CEOs, Managing Partners, Ministers and Chairs in investment banking, finance, law and government.

### **Professor Ngiare Brown, Co-Chair**

Co-Chair: April 2022 – July 2022

Chair: August 2022 – present

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. Over the past two decades she has developed extensive national and international networks in Indigenous health and social justice, including engagement with the United Nations system. Ngiare is a clinician and researcher, and a chief investigator on multiple national and international grants. She works largely in the translation and implementation space, exploring how to utilise 'best evidence' to inform policy, resourcing and service delivery determinations.

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

(ARACY) Board and the National Centre for Indigenous Genomics Board. Ngiare was also reappointed to the Prime Minister's Indigenous Advisory Council.

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

### **Associate Professor Mathew Coleman**

January 2020 – present



Associate Professor Mathew Coleman is a clinical academic with the Rural Clinical School of WA (University of WA) and consultant psychiatrist with the WA Country Health Service. As a devoted rural medical specialist and academic living and working in country WA, he also runs a small farming business 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. Mathew also draws on his past military experiences to better inform and educate civilian health services to build capacity and expertise in military and veteran mental health.

### **Ms 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. She has been involved with developing and evaluating resources for health professionals and developing a model of care for FASD in Western Australia.

### **Ms Kerry Hawkins**

September 2018 – present



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

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

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

### **Ms 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. Pheobe's areas of interest for reform include eating disorders, youth mental health, and culturally and linguistically diverse issues. 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.

Pheobe is currently on the Steering Committee of the WA Eating Disorders Subnetwork, and outside of clinical practice, continues to be a regular lived experience speaker with the Butterfly Foundation on local and national levels.

**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.

**Rabbi Mendel Kastel OAM**  
September 2018 – present



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

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

**Ms Christina McGuffie**  
September 2018 – present



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

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

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

### **Dr Marshall Watson**

August 2021 – present



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. He is currently working in private practice and has previously been the clinical lead for forensic child and adolescent forensic mental health services in South Australia. 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. His professional interests include medical leadership, cultural competency in health care, and the mental health of young people both in the forensic system and out of home care.

### **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 and has recently pulled back from clinical and moved on to more systems policy and research translation appointments.

Dr Wenitong was the Aboriginal Public Health Medical Officer, and the acting CEO, at the National Aboriginal Community Controlled Health Organisation (NACCHO) in 2012 and prior to working at Apunipima, Dr Wenitong was Senior Medical Officer at Wuchopperen Health Service in Cairns for nine years. His main area of clinical interest is Aboriginal and Torres Strait Islander primary health care and translation of research into practice. Prof (Adjunct) Wenitong is involved in a variety of policy forums including: the national Aboriginal and Torres Strait Islander genomics advisory group, the federal Implementation Plan Advisory Group for the implementation of the National Aboriginal and Torres Strait Islander Health Strategic Framework, the Australian Institute of Health and Welfare Aboriginal and Torres Strait Islander advisory group.

He co-chairs the national evaluation co-design group for the evaluation of the Indigenous Australians' Health Programme. He sits on the Board of the Gayaa Duhwi Leadership in Aboriginal and Torres Strait Islander Mental Health, as well as the boards of Miwatj Aboriginal Health Service (East Arnhem) and Aboriginal Community Controlled Health Service) as well as Community

Enterprise Queensland who manages the remote stores in Far North Queensland. He has consulted on the rollout of the national Australian Nurse Family Partnership Program and the Adult and Youth Aboriginal and Torres Strait Islander prison throughcare consultations and framework development.

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. Dr Wenitong received the 2011 Australian Medical Association Presidents National Award for Excellence in Healthcare and the Queensland Aboriginal and Torres Strait Islander Health Council Hall of Fame Award in 2010. Dr Wenitong and his colleagues' (all Chief Investigators) received the Best Research Publication of 2013. He was awarded the Australian Public Health Association Aboriginal and Torres Strait Islander Public Health Award 2020.

**Mr Alan Woodward**

August 2019 – present



Mr Alan Woodward has worked in the fields of mental health, crisis support and suicide prevention for 20 years as an executive leader, a service and program developer, an evaluator and researcher and as an expert on crisis lines and related community services.

Mr Woodward has contributed to suicide prevention policy and program development nationally. Alan 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.

**Ms Christine Morgan**

March 2019 – present



Ms Christine Morgan is the CEO of the National Mental Health Commission. Prior to joining the Commission, Christine was CEO of the Butterfly Foundation for eating disorders and Director of the National Eating Disorders Collaboration for ten years and prior to that was General Manager at Wesley Mission, over the areas of Corporate Services; and Community & Family Development.

Prior to joining Wesley Mission, Christine was Executive General Manager responsible for managing the strategic direction and business unit effectiveness of the Wholesale, Broadband & Media Business Unit at Telstra; and prior to that held the joint roles of General Counsel and

Company Secretary for a number of ASX listed companies.

### **Ms Niharika Hiremath**

April 2019 – January 2022



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

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

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

### **Professor Helen Milroy**

August 2017 – July 2021



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

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

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

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

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

**Associate Professor Liz Schroeder**

August 2019 – January 2022



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

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

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

## Advisory Board Meetings

Advisory Board – meeting attendance

Meeting date	21/7/21	25/8/21	30/9/21	20/10/21	24/11/21	27/1/22	24/2/22	31/3/22	28/4/22	2/6/22	30/6/22	Total
Ms Lucy Brogden AM (Chair)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Prof. Ngiare Brown	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	9/11
Prof. Mathew Coleman	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Ms Heather D'Antoine	-	-	-	-	-	-	-	-	Y	Y	Y	3/3
Ms Kerry Hawkins	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Ms Niharika Hiremath	Y	N	Y	Y	Y	Y	-	-	-	-	-	5/6
Ms Pheobe Ho	-	-	-	-	-	-	-	-	Y	Y	Y	3/3
Ms Christine Jones	-	-	-	-	-	-	-	-	Y	Y	Y	3/3
Rabbi Mendel Kastel OAM	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Ms Christina McGuffie	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Prof. Helen Milroy	Y	-	-	-	-	-	-	-	-	-	-	1/1
Prof. Liz Schroeder	Y	N	Y	Y	Y	Y	-	-	-	-	-	5/6
Dr Marshall Watson	-	Y	N	Y	Y	Y	Y	N	Y	Y	Y	8/10
Dr Mark Wenitong	-	-	-	-	-	-	-	-	Y	Y	Y	3/3
Mr Alan Woodward	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Ms Christine Morgan	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	9/11

# Annual Performance Statements

## Statement of Preparation

I, Christine Morgan, as the accountable authority of the National Mental Health Commission (the Commission), present the 2021-22 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 2021-25 and the 2021-22 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 black ink, appearing to read 'CMorgan', with a long horizontal flourish extending to the right.

Ms Christine Morgan  
Chief Executive Officer  
14 October 2022

## Performance Targets 2021-22

### Introduction

The Annual Performance Statement details results achieved against planned performance criteria set out in the Commission’s Portfolio Budget Statements (PBS) 2021-22 and the Corporate Plan 2021-25. The Annual Performance Statement demonstrates the link between the Commission’s activities throughout the year and their contribution to achieving the Commission’s purpose.

Each section of the Annual Performance Statement focuses on a Key Activity Area from the Commission’s Corporate Plan 2021-25 and contains:

- an analysis of the Commission’s performance by Key Activity Area;
- key activities delivered during 2021-22; and
- results against the targets and discussion.

### Portfolio Budget Statements Performance Measures

#### Our Outcome

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

#### Program 1.1

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

**Table 1: Portfolio Budget Statements 2021-22 targets and Corporate Plan 2021-25 key activity areas**

Performance Criteria	2021-22 Targets (PBS)	Corporate Plan – Key Activity Area
Monitor and report on national progress to improve mental health, prevent suicide and address recommended areas for focus - PBS p.374	Prepare and disseminate the annual National Report on Mental Health and Suicide Prevention by 28 February	1. Mental health and suicide prevention system performance and reform
	Prepare and deliver an annual report to Health Ministers on the progress of the implementation of the Fifth National Mental Health and Suicide Prevention Plan by 30 June	1. Mental health and suicide prevention system performance and reform

Performance Criteria	2021-22 Targets (PBS)	Corporate Plan – Key Activity Area
Undertake research, analysis and evaluation on key national mental health priorities to provide evidence-based advice to government to promote mental health and wellbeing - PBS p.374	Deliver the following strategies, guidelines and frameworks to government: - National Mental Health Research Strategy. - National Peer Work Development Guidelines. - National Children's Mental Health and Wellbeing Strategy. - Vision 2030 (including the implementation opportunities and priorities). - National Disaster Mental Health and Wellbeing Framework	2. Provide advice to the Australian Government on mental health and suicide prevention  3. Shaping the future – strategic reform and catalyst for change
Promote opportunities for consumer and carer engagement and participation in the mental health system, to provide direct knowledge about the needs of the community - PBS p.375	Conduct consumer and carer surveys, workshops and steering groups	4. Collaboration and engagement
	Undertake the consumer and carer survey and include the results in the annual report to the Health Ministers on the progress of the implementation of the Fifth National Mental Health and Suicide Prevention Plan	1. Mental health and suicide prevention system performance and reform
	Engage broadly with consumers and carers through the consultation process for the roadmap for Vision 2030, the National Children's Mental Health and Wellbeing Strategy and the National Research Strategy, together with other work of the NMHC	1. Mental health and suicide prevention system performance and reform  4. Collaboration and engagement
	Incorporate consumer and carer engagement and participation in the development of the National Strategy to Reduce Stigma and Discrimination for people with mental ill-health	1. Mental health and suicide prevention system performance and reform  4. Collaboration and engagement

## Corporate Plan 2021-2025 Performance Measures

**Table 2: Summary of results against targets for 2021-22**

Key Activity Area	Achieved / On track	Substantially achieved	Partially achieved	Not achieved
1. Mental health and suicide prevention system performance and reform	2	1	2	0
2. Provide advice to the Australian Government on mental health and suicide prevention	3	1	0	0
3. Shaping the future – strategic reform and catalyst for change	5	3	0	0
4. Collaboration and engagement	3	0	0	0

### Results Key

- **Achieved** – 100% of the target for 2021-22 has been achieved.
- **On track** – is on track to achieve the target over the 2022-2026 reporting period.
- **Substantially achieved** – 75-99% of the target has been achieved in 2021-22. In some instances, the key activity has been deferred due to disaster response activity arising from COVID-19 pandemic.
- **Partially achieved** – 50-75% of the target has been achieved in 2021-22. In some instances, the key activity has been deferred due to disaster response activity arising from COVID-19 pandemic.
- **Not achieved** – less than 50% of the target has been achieved in 2021-22. In some instances, the key activity has been deferred due to disaster response activity arising from COVID-19 pandemic.

## Analysis of performance

In 2021-22 the Commission performed strongly against the performance indicators identified in its PBS and Corporate Plan. The Commission’s performance targets were achieved or on track for 13 measures and substantially achieved for five measures. Only two of the Commission’s 20 performance targets were partially achieved.

The Commission delivered on its purpose by continuing to provide evidence-based policy advice to Government, monitoring and reporting on investment in mental health and suicide prevention initiatives, disseminating information on ways to continuously improve Australia’s mental health and suicide prevention systems, and acting as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

Throughout the year, the Commission continued to engage and collaborate with stakeholders – particularly people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned. This included promoting understanding of the outcomes that matter and driving transformational change across mental health and suicide prevention systems for people with lived experience of mental health issues.

The Commission worked closely with government agencies including the Department of Health and Aged Care, Department of Prime Minister and Cabinet and mental health and suicide prevention agencies in each of the jurisdictions.

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

2021-22 was a year of significant change for the mental health and suicide prevention sectors. The COVID-19 pandemic has brought the mental health and wellbeing of individuals and communities into even sharper focus. It also brought increased attention to the prevalence and role of loneliness and social isolation as a risk to the mental health of individuals. The impact of extreme weather events connected to climate change, such as bushfires and floods, have also had a lasting impact on Australians' mental health and wellbeing and emphasised how important the physical environment is to ensuring wellbeing. The Commission leveraged its leadership role in mental health and suicide prevention to collaborate with other agencies and across jurisdictions to respond to the ongoing COVID-19 pandemic and help to minimise the mental health impact on the community.

An important aspect of shifting focus towards prevention of suicide and mental ill health is increasing awareness and improving mental health literacy. This can be seen by the programs and campaigns we have implemented, such as #ChatStarter, that build connections and support the development of resilience, particularly among children and young people (See Case Study on page 48.)

A new specialist office within the Commission, the National Suicide Prevention Office (NSPO) was established in response to the *Final Advice of the National Suicide Prevention Adviser*. The Commission received funding in the 2021-22 Budget for nine staff, including the Head of the NSPO who reports to the CEO of the Commission and the Minister for Health and Aged Care.

The NSPO is a critical national driver of the working towards zero suicides by ensuring a whole-of-government approach that is informed by lived experience and creates opportunities to respond early and effectively to distress. The NSPO manages an Expert Advisory Group to support the development, implementation, and application of the monitoring system by providing advice as required. The membership of the Expert Advisory Group includes representation from suicide prevention experts, academics and researchers, service providers, and people with lived experience.

The NSPO continued work on the suicide monitoring system established by the Commission with the Australian Institute of Health and Welfare in September 2020. The National Suicide and Self-Harm Monitoring System has provided improved coherence, accessibility, quality and timeliness of national data and information on suicide, suicide attempts and self-harm.

The Commission's work included the *National Children's Mental Health and Wellbeing Strategy*; and the *National Disaster Mental Health and Wellbeing Framework*. We also delivered two actions from

the *National Fifth Mental Health and Suicide Prevention Plan* - the *National Mental Health Research Strategy* and the *National Lived Experience (Peer) Workforce Development Guidelines*.

In June, the *National Report 2021* was released on the Commission's website. Due to the dissolution of the Council of Australian Government (COAG) Health Council, the presentation of the *Fifth Plan 2020 Progress Report* to State and Territory Health Ministers was delayed as the Plan had to be endorsed by each Health Minister prior to publication. This delay subsequently impacted on the finalisation of the *Fifth Plan 2021 Progress Report*.

We have continued our work on the National Workplace Initiative (NWI), releasing the *Mentally Healthy Workplaces* and *COVID-19: Emerging Issues* series, providing organisations with expert insights and tips to address key challenges impacting workplace mental health. The guides also connect organisations to other sources of helpful guidance and support.

The Commission's *Have Your Say* online engagement platform supported consultation and engagement for the National Stigma and Discrimination Reduction Strategy, the NWI and links to other external consultations to ensure the voice of lived experience was heard.

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

Performance criteria	Target	Rating
Annual National Report publicly released on time*	28 February	The Commission published <i>the National Report 2021</i> on its website in June. Noting that the initial delay was due to the impact of COVID-19 on data collection, the report was published immediately following the conclusion of the Australian Government caretaker period <b>Result: Substantially achieved</b>
The relevance of issues identified in the Annual National Report, including any recommendations, received by government	Stakeholder satisfaction >80%	Four out of five stakeholders responded to the Commission's survey, and all four respondents indicated that issues raised in the Report were relevant or significantly relevant <b>Result: Achieved</b>
The annual Fifth National Mental Health and Suicide Prevention Plan implementation progress report delivered to Health Ministers on time*	30 June	The Commission published the <i>Fifth Plan 2020 - Progress Report</i> on its website in June. The delay in publishing the 2020 report was due to the ongoing impact of COVID-19 on key stakeholders and data custodians' data sharing and quality assurance activities. This delay impacted the finalisation of the <i>Fifth Plan 2021 Progress Report</i> , which is now scheduled for release by the first quarter of 2023 <b>Result: Partially achieved</b>
The Fifth National Mental Health and Suicide Prevention Plan: The Consumer and Carer Perspective delivered to Health Ministers on time*	30 June	The Commission chose not to undertake the consumer and carer survey in 2021-22 after reconsidering its approach to collecting high quality data on the perspectives of consumers and carers, based on a recommendation in the 2020 Consumer and Carer Report. This resulted in the development of a new survey for Connections2022 during 2021-22. Due to disruptions caused by COVID-19, the rollout of the new survey was rescheduled to commence on 5 July 2022 <b>Result: Partially achieved</b>
Identify areas that require more specific and detailed evidence and information to inform the mental health and suicide prevention system needs	Commission specialist spotlight reports and papers	A range of specialist spotlight reports and papers on emerging issues and gaps in evidence across the mental health and suicide prevention sectors were commissioned in 2021-22 to inform the Commission's work and contribute to its advice to government <b>Result: Achieved</b>

*Source: NMHC Corporate Plan 2021-2025 p.9-10 and PBS p.378*

\* Performance Measure included in the NMHC Portfolio Budget Statements 2021-22

## National Report 2021

The Commission published the Monitoring Mental Health and Suicide Prevention National Report 2021 on its website in June. The National Report provides an assessment of the progress of current reforms and their impacts on communities, the incidence and impact of any significant events during the period, and areas of the systems that still require focus.

Similar issues, themes and advice consistently emerged across the findings of recent inquiries both nationally and at a jurisdictional level. This report identified six priority areas that required greater focus to work towards an effective, connected and well-functioning mental health and suicide prevention system. These areas are—prevention and early intervention, accessibility, integrated and coordinated care, lived experience participation, workplace and the workforce, and an outcomes-driven system. These areas aligned with the key principles and approaches set out in Vision 2030, the Commission’s blueprint for mental health in Australia.

This report marked a period of significant change for the mental health and suicide prevention sectors. Events such as the COVID-19 pandemic, bushfires, floods and drought exacerbated existing issues of mental ill health and suicide, resulting in increased demand for mental health services and supports, putting additional pressures on an already stretched workforce. The report noted increasing concern with the elevated risk for women and young people. These events also fostered a greater appreciation of the impact of social determinants by highlighting how the social, cultural and economic environments we live within are inextricably linked with our mental health and wellbeing.

The Commission commenced work on the National Report 2022 which will form the Commission’s 10-year anniversary edition.

## Relevance of issues addressed in the National Report 2021

The Commission surveyed its key stakeholders – the Minister’s office, Australian Government Department of Health and Aged Care, and the Department of Prime Minister and Cabinet – via the *Have Your Say* engagement platform, asking them to rate the relevance of the issues identified in the *National Report 2021*.

Four of the five stakeholders responded to the survey, with results indicating that issues raised in the *National Report 2021* were relevant or significantly relevant (i.e. a rating of 80%) for the Government and the Australian community. Stakeholder comments supported these ratings and indicated that the Commission’s advice reflected the current priority issues for the Australian community, noting its good links with lived experience and that the Commission provided important information on the reform of the mental and suicide prevention systems. One respondent added that the issues identified in the report are relevant but would benefit from more focus on next steps for the Government.

## The Fifth National Mental Health and Suicide Prevention Plan - The progress report

The *Fifth National Mental Health and Suicide Prevention Plan 2020 - Progress Report* with its supporting documentation on performance indicators and technical report, was published on the Commission website in June. The delay in releasing the report was due to the ongoing impact of COVID-19 on gathering data from the wide range of stakeholder and data custodians. The *Fifth Plan 2021 Progress Report* has also been delayed, and is now scheduled for release by 30 June 2023.

The 2020 report noted the progress in implementing the Fifth Plan, with the completion of 32 of the Implementation Plan's 66 actions and sub-actions.

**Table 3: Fifth Plan Actions and Sub-Actions Implementation Progress**

Fifth Plan Actions and sub-actions	Number
Completed	22
Commenced - on track	25
Commenced - not on track	7
Yet to commence	9
Not due to commence	1
Actions implemented independently in all jurisdictions and at varying stages of progress	2
<b>TOTAL</b>	<b>66</b>

The Commission focused on reporting on the health and wellbeing and system performance for three population groups - young Australians; older Australians; and Aboriginal and Torres Strait Islanders - as the data released since the previous report showed no evidence of significant national changes in health, wellbeing or system performance trends.

The Fifth Plan reporting cycle is closing earlier than planned based on the previous Government's decision in 2021 to develop a new National Mental Health and Suicide Prevention Agreement that includes a series of bilateral agreements between the Commonwealth and states and territories.

### The Fifth National Mental Health and Suicide Prevention Plan - The consumer and carer report

The Commission chose not to undertake the consumer and carer survey in 2021-22 after reconsidering its approach to collecting high quality data on the perspectives of consumers and carers, based on a recommendation in the *2020 Consumer and Carer Report*. This resulted in the development of a new survey for Connections2022 during 2021-22. Due to disruptions caused by COVID-19, the rollout of the new survey was rescheduled to commence on 5 July 2022.

The Commission, in partnership with ORIMA Research, developed an online national survey to collect baseline data on the reality of people's experience of the mental health and suicide prevention systems, through the lens of their local community. The Connections2022 Survey is part of Commission's *Making Connections for Your Mental Health and Wellbeing* program that includes targeted roundtables and conversations with local communities. Due to the impact of COVID-19 on local communities, the rollout of this program was rescheduled from late 2021 to July to October 2022. Survey results will inform the policy and advisory work of the Commission and provide insights for the development of a National Outcomes Framework for Vision 2030.

### Specialist reports and papers

The Commission identified the need for spotlight reports in targeted areas to build awareness of evidence and promote best practice across the mental health and suicide prevention systems. A range of reports on emerging issues and gaps in evidence across the mental health and suicide prevention sectors were commissioned to inform the Commission's work and contribute to its advice to government.

**Table 4: Summary of work commissioned in 2021-22**

Summary of work commissioned in 2021-22	Partner/Organisation
Spotlight report on partnerships between Aboriginal and Torres Strait Islander organisations and mainstream mental health services, as well Primary Health Networks to improve guidance on best-practice partnerships	Yulang Indigenous Evaluation
Scoping study to map key concepts, gaps in evidence, and to identify what really matters most for older adults with mental illness and their carers	National Ageing Research Institute
Project to identify the specific competencies required by professionals in the mental health workforce to meet the needs of people in two priority populations: people from LGBTQIA+ communities and people from CALD backgrounds	ORIMA Research
Spotlight report on person-centred and consumer-directed care concepts used in mental health	University of South Australia
Report on Australian and international evidence on the social determinants of mental health, including the impact on specific population groups across Australia as well as the impact of societal context	Nous Group
Investigate the current experience of barriers and enablers to accessing the National Disability Insurance Scheme for people living with a psychosocial disability to better understand how to address gaps	Centre for Disability Research and Policy, University of Sydney
Lived experience journey mapping project to assist with identifying effective interventions for people at risk of suicide and who live with mental illness	University of New England
This project provides the first national consultation process to enable stakeholders to express their views on a set of principles for forensic mental health in Australia. It also provides greater clarity about how future co-design work in forensic mental health can be best approached	University of Melbourne, Murdoch Children's Research Institute, Mental Health Matters 2, Qld Forensic Mental Health Service, Qld Centre for Mental Health Research
<i>Tracking the mental health and wellbeing of Australians under the COVID-19 pandemic</i> - 10 Pandemic Plan Priority Populations Research Grants to investigate the pandemic's impact on ten at-risk communities, with findings to inform recovery actions for the Response Plan	Council on the Ageing, University of Newcastle, Australian Men's Forum, Australian Human Rights Commission, Phoenix Australia, Full Stop, LGBTIQ+ Australia, People with Disability Australia, Mental Health Australia, Embrace Multicultural Mental Health, National Mental Health Consumer and Carer Forum
Research to inform the National Stigma and Discrimination Reduction Strategy	Centre for Social Impact University of New South Wales School of Population Health, University of Melbourne Dr Chris Groot, Dr Jenni Whelan, Dr Ian Enright, ABSTARR Consulting Public Interest Advocacy Centre Swagata Bapat Consulting
Development of a guide and accompanying image library for all Australians that will establish an evidence-based safe and acceptable representation of mental health and wellbeing to reduce stigma in communication	Mindframe

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

Performance Criteria	Target	Rating
The government is supported and informed by expert policy advice*	Stakeholder satisfaction >80%	Four out of five stakeholders responded to the Commission's survey, and all four respondents indicated that the advice provided was used or accessed sometimes or often. The comments from stakeholders supported this rating <b>Rating: Achieved</b>
Advice is timely and efficient	Stakeholder satisfaction >80%	Three of the four key stakeholders were either satisfied or extremely satisfied with the Commission's responsiveness to requests for advice or assistance. The comments from stakeholders supported these ratings. One stakeholder was unsatisfied <b>Rating: Substantially achieved</b>
Advice is evidence-based including lived experience and sector data measured by internal analysis through content review or case studies	100%	The Commission ensured that all its advice to the Australian Government was evidence-based drawing on a diverse range of insights and expertise, including the perspectives of those with lived experience, their family, friends and carers <b>Rating: Achieved</b>
Participate and contribute to government mental health and suicide prevention forums, inquiries and committees	>20	The Commission provided 19 written submissions, two presentations to government inquiries and participated in 15 external committees and 3 international forums <b>Rating: Achieved</b>

Source: NMHC Corporate Plan 2021-2025 p.9 and PBS p. 369

\* Performance Measure included in the NMHC Portfolio Budget Statements 2021-22

### Expert policy advice

The Commission continued to provide expert and timely, evidence-based advice to the Australian Government, the Ministers' office and other government agencies, covering a broad range of systems and sectors. Advice focused on points of intersection and the spectrum of need from promotion and prevention to interventions to improve social and economic participation, as well as access to social and other supports including housing, employment, education, social, clinical and emergency services and supports.

The Commission continued to demonstrate its capacity to deliver new evidence-based strategies. Through the delivery of the *National Children's Mental Health and Wellbeing Strategy*, the Commission produced a robust strategy which draws on a diverse range of population specific insights and expertise, including the necessary perspectives of those with lived experience, professionals, carer, kin and family.

A survey of the Commission’s key stakeholders indicated that its advice was often or sometimes used or accessed to inform their work, integral to the development of funding packages in the Budget and invaluable in providing important insights and evidence to develop policy. Three of the four survey respondents were either satisfied or extremely satisfied with the Commission’s responsiveness to requests for advice or assistance. The comments from stakeholders supported these ratings and indicated the Commission provided very rapid responses to requests for advice – particularly in relation to 2019-2020 bushfires and the COVID-19 pandemic. One stakeholder was unsatisfied, noting that the Commission could be more responsive in its communication. All feedback will be used as a guide for the Commission’s work during 2022-23.

### Advice based on the voice of lived experience and data

The Commission draws on a diverse range of insights and expertise, including the perspectives of those with lived experience, their family, friends, carers and support people. The Commission translates the insights and perspectives of those who have both accessed and been excluded from the mental health and suicide prevention systems to provide strategic policy recommendations and advice to Government and decision makers. These contributions are informed through the lens of the Commission’s *Contributing Life Framework*, and its whole-of-person, whole-of-system, whole-of-life approach as necessary to ensure that our responses meet people’s needs.

The Commission’s advice is based on the data and evidence it has gathered, combined with an understanding of people’s lived experiences, from both users of services and those working to support them, and from the many examples of innovation across the sector, both in Australia and internationally. The Commission’s advice includes plans, frameworks, reports, submissions, studies and direct responses to requests from Government. Table 5 provides a summary of reports, strategies and guidance documents produced by the Commission in 2021-2022. Table 6 provides a summary of the evidence used based on the Commission’s consultation processes and commissioned research papers.

**Table 5: Summary of the Commission’s advice in 2021-22**

Advice/ Report	Details and website links
Blueprint	Vision 2030 for Mental Health and Suicide Prevention in Australia – Final Summary <a href="#">Vision 2030 - National Mental Health Commission</a>
Report	Monitoring Mental Health and Suicide Prevention. National Report 2021 <a href="#">National Report 2021</a>
Report	Fifth National Mental Health and Suicide Prevention Plan: 2020 Progress Report 3 <a href="#">Fifth National Mental Health and Suicide Prevention Plan 2020: Progress Report</a>
Strategy	National Children’s Mental Health and Wellbeing Strategy – the package includes: Full Report; Summary Report; Stakeholder Kit; Tip Sheet; and At a Glance. <a href="#">Children’s Mental Health and Wellbeing Strategy - National Mental Health Commission</a>
Strategy	National Mental Health Research Strategy <a href="#">National Mental Health Research Strategy - National Mental Health Commission</a>
Reports on consultation	Appendices with summary of the workshop findings and 18 background research papers <a href="#">National Mental Health Research Strategy - National Mental Health Commission</a>
Strategy	National Stigma and Discrimination Reduction Strategy <a href="#">Stigma and Discrimination Reduction Strategy - National Mental Health Commission</a>
Reports on consultation	Summary of findings from 6 workstream consultation workshops, 7 evidence reviews and 4 background briefs commissioned to support the strategy by the Commission at:

Advice/ Report	Details and website links
	<a href="#">Resources I Have Your Say - National Mental Health Commission</a>
Guidance	Lived Experience (Peer) Workforce Development Guidelines – the package includes: Guidelines; Roadmap; and Roles. <a href="#">Lived Experience Workforce Guidelines - National Mental Health Commission</a>
Reports on consultation	Summary of Consultations Report <a href="#">National Mental Health Commission // National Lived Experience Workforce Development Guidelines: Summary of Consultations</a>
Guidance	National Workplace Initiative produced a range of guidance material including: Blueprint for a Mentally Healthy Workplace - communications pack; and Mentally Healthy Workplaces and COVID-19 – a series of guides; and Industry Initiatives supporting Mentally Healthy Workplaces – a series <a href="#">National Workplace Initiative - National Mental Health Commission</a>
Reports on consultation	Summary of feedback on release 1 of the Blueprint for Mentally Healthy Workplaces <a href="#">Blueprint for Mentally Healthy Workplaces I Have Your Say - National Mental Health Commission</a>
Framework	National Disaster Mental Health and Wellbeing Framework – cross-jurisdictional agreement <a href="#">Disaster Framework - National Mental Health Commission</a>
Reports on consultation	Community research to inform the development of the National Disaster Mental Health and Wellbeing Framework <a href="#">Our Stories Beyond the Disaster 2021</a>

### Committees, submissions and inquiries

The Commission provided 19 written submissions and two presentations to government inquiries. In addition, the Commission participated in 13 external committees. The submissions are available on the Commission’s website here [Submissions - National Mental Health Commission](#).

### International

International engagements provided the Commission with an opportunity to share and align Australia’s insights and approach to mental health and suicide prevention reform. The Commission’s engagement extends internationally with colleagues through participation in international forums such as eMental Health International Collaborative (eMHIC), International Initiative for Mental Health Leadership and the Global Anti-Stigma Alliance, as well as country specific opportunities for knowledge sharing, and representation on behalf of the Government with the bi-annual global mental health summit led by the World Health Organisation (WHO).

### Submissions

Some examples of submissions submitted by the Commission in 2021-22 include:

- The consultation by the **Select Committee on Mental Health and Suicide Prevention** - the Commission’s response provided the Committee with information on key issues and priorities for the Committee to consider, linking this to the Commission’s work and lines of inquiry detailed in the Committee’s terms of reference. As a key strategic reform policy project the content of Vision 2030 was reflected throughout this submission. The Commission highlighted the need to focus on the following priorities: workforce; system and structural stigma and discrimination; prevention and early intervention; workplaces; integrated and coordinated care within and beyond the health system; valuing and integrating lived experience knowledge; and measurement of outcomes.

- The consultation on the draft **National Mental Health Workforce Strategy 2021-2031** - the Commission's submission noted that the draft strategy did not adequately address its intended purpose as there is a fundamental gap in the provision of targeted strategies to address the underlying causes of the known challenges facing Australia's mental health system. It is difficult to see how some of the actions identified will address these underlying causes and barriers and support the achievement of the identified priority areas.
- The consultation on the **National Summit on Women's Safety** – the Commission's response recommended the development of a National Mental Health and Wellbeing Strategy for Women and their Children experiencing Domestic Violence, led by the Commission, in collaboration with key stakeholders including women and children with lived experience of domestic violence and mental ill-health.

**Table 6: Summary of the evidence-based advice provided by the Commission through submissions, inquiries, and participation in the listed committees**

Type	Details
Submission	Consultation on the National Summit on Women's Safety
Submission	Consultation on the draft National Mental Health Workforce Strategy 2021-2031
Submission	Senate Standing Committee on Community Affairs inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural and regional Australians
Submission	Consultation by the Select Committee on Mental Health and Suicide Prevention
Submission	Feedback on the draft FSC Life Insurance Code of Practice
Submission	Consultation on the proposed NDIS legislative improvements and the Participant Service Guarantee
Submission	Response to the Consultation Draft: National Safety and Quality Health Service (NSQHS) Standards user guide for acute and community mental health services
Submission	Response to the Consultation Draft Primary Health Care 10 Year Plan
Submission	Consultation on the Draft National Healthcare Interoperability Plan
Submission / Inquiries	Select Committee on Social Media and Online Safety
Submission	Consultation draft National Plan to End Violence Against Women and Children 2022-2032
Submission	Review of the National School Reform Agreement
Submission	Inquiry into the financial administration of homelessness services in Western Australia
Submission	National Disability Employment Strategy – Consultation Paper
Feedback	Consultation on Draft Youth Engagement Strategy
Feedback	Consultation for the National Initial Assessment and Referral for Mental Healthcare – Child and youth
Feedback	Standing Committee on Social Policy and Legal Affairs Inquiry into family, domestic and sexual violence Australian Government response
Feedback	Consultation for the National Initial Assessment and Referral for Mental Healthcare - Older Adults
Feedback	Response to SuperFriend Psychological Crisis Response Framework
Inquiries	House of Representatives Select Committee on Mental Health and Suicide Prevention
Inquiries	Royal Commission into Defence and Veteran Suicide
Committee	National Suicide and Self-Harm Monitoring System Expert Advisory Group
Committee	Suicide Prevention Interdepartmental Committee
Committee	Assessing the Cost-Effectiveness of Prevention of High Body Mass Index and Eating Disorders in Australia - Project Steering Committee

Type	Details
Committee	Australian Health Protection Principal Committee - Aged Care Advisory Committee
Committee	Better Access Stakeholder Engagement Group
Committee	Defence Veteran Suicide Expert Advisory Group
Committee	Mentally Healthy Workplace Alliance
Committee	National Cabinet National Federation Reform Council
Committee	Senior Officials Mental Health Implementation Steering Group
Committee	Oceania Mental Health Advisory Group
Committee	Veterans Advisory Group
Committee	National Infant and Child Disaster Mental Health Advisory Committee
Committee	National Disability Insurance Agency Mental Health Sector Reference Group
Committee	National Mental Health Workforce Strategy Taskforce
Committee	Independent Hospital Pricing Authority Mental Health Working Group
Forum	eMental Health International Collaborative
Forum	International Initiative for Mental Health Leadership
Forum	Global Anti-Stigma Alliance

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

Performance criteria	Target	Rating
Deliver the National Mental Health Research Strategy to Government*	By 30 June	The Commission delivered the Strategy to Government and published it on its website in April <b>Rating: Achieved</b>
Deliver the National Lived Experience (Peer) Workforce Development Guidelines to Government*	By 30 June	The Guidelines were delivered to Government and published on the Commission's website in December <b>Rating: Achieved</b>
Develop a National Children's Mental Health and Wellbeing Strategy as requested by the Minister for Health as part of the Government's Long-Term National Health Plan: The strategy outlines the requirements for an effective system of care for children, seeking to create a new, shared understanding of the roles of families, communities, services, and educators in promoting and supporting child mental health and wellbeing. It also provides a framework to guide the most critical investments in our children and families*	Publish September	The Strategy was delivered to Government in September and published on our website in October following its launch. The delay in publishing the Strategy was due to the requirement that it coincide with the launch of the Strategy by the then Minister for Health and Aged Care <b>Rating: Substantially achieved</b>
Develop and publish Vision 2030; Blueprint for Mental Health and Suicide Prevention, as requested by the Minister for Health, to cast a national direction for mental health and wellbeing in Australia. It is a long-term blueprint for a successful, connected, and well-functioning mental health and suicide prevention system meeting the needs of all Australians*	Publish October	The Vision 2030 documents were published on the Commission's website in March. The delay was due to the reprioritisation of Commission resources in response to the impact of COVID-19 <b>Rating: Substantially achieved</b>
Deliver the National Disaster Mental Health and Wellbeing Framework to guide a coordinated approach to improve how governments respond to and support people's mental health before, during and after natural disasters*	Publish October	The Framework was delivered to government on 26 July 2021. The framework was endorsed by States and Territories and delivered to the National Recovery and Resilience Agency (now known as the National Emergency Management Agency) for implementation, but not yet published <b>Rating: Substantially achieved</b>
In collaboration with the Mentally Healthy Workplace Alliance, lead and deliver the National Workplace Initiative to provide a nationally consistent approach to workplace mental health	Progress the development	The Commission is on track to deliver the National Workplace Initiative as scheduled. Resources to support mentally healthy workplaces are available on our website <b>Rating: On track</b>

Performance criteria	Target	Rating
Develop the National Stigma and Discrimination Reduction Strategy: a vision for a society where all Australians can live long and contributing lives, free from stigma and discrimination on the basis of their experience of mental ill health. A strategy which can be readily implemented in order to effect change at a structural, societal and individual level	Progress the development	Substantial progress has been made towards the development of the Strategy. This project is due to be delivered to the Government in 2022-23
		<b>Rating: On track</b>
Collaboration, co-design, stakeholder engagement, consultation or participation in the development of all national strategies, frameworks and plans to ensure collective ownership measured by internal analysis through content review or case studies*	100% participation	The Commission's work is supported by the participation of stakeholders in its consultations and engagement programs to inform and guide the development of our work. Evidence is detailed below and under the <i>Engagement and Collaboration</i> section
		<b>Rating: Achieved</b>

*Source: NMHC Corporate Plan 2021-2025 p.11-12 and PBS p.377-788*

\* Performance Measure included in the NMHC Portfolio Budget Statements 2021-22

### National Mental Health Research Strategy

The Commission published the National Mental Health Research Strategy, an action in the National Fifth Mental Health and Suicide Prevention Plan, on its website in April. The Strategy will inform academics and practitioners to stimulate partnerships and collaboration in mental health research, guide research funding decisions, enhance research collaborations with people with lived experience of mental ill health and caring, and guide future government policy.

The strategy outlines five guiding principles for driving reform in the mental health research system:

1. Strengthen mental health research
2. Strive for research with impact
3. Support lived experience, collaboration and leadership
4. Embrace a whole-of-life and whole-of-community approach
5. Grow a strong mental health research workforce

To develop this strategy the Commission worked in partnership with representatives of a wide range of stakeholders involved in mental health research including academics, researchers, funders, policy and decision makers, and people with lived experience and carers. The range of perspectives informing the strategy include:

- national and international evidence on mental health research priorities for over 20 areas of research.
- input and guidance received through a Steering Committee and Expert Advisory Group.
- targeted consultations through a stakeholder workshop exploring the current gaps, challenges and opportunities in Australian mental health research.
- analyses of over 119,000 Australian mental health research publications and citations and international benchmarking.
- analysis of funding of Australian mental health research in the context of burden of disease.

- previous national and international reviews including findings from the Productivity Commission review into mental health.

### National Lived Experience (Peer) Workforce Development Guidelines

In December, the Commission launched the National Lived Experience (Peer) Workforce Development Guidelines, an action in the National Fifth Mental Health and Suicide Prevention Plan. The Guidelines are premised on the understanding that a thriving mental health lived experience workforce is a vital component of quality, recovery-focused mental health services.

The Guidelines are the result of extensive consultation and a co-production process with people with diverse perspectives to ensure that a broad range of views, experiences, identifications and cultural perspectives were included. Stakeholders who contributed to the Guidelines included people with personal or direct lived experience (consumers), families and carers, designated lived experience workers, people working for government departments, mental health commissions, managers and employers, and non-designated colleagues.

The Guidelines act as a roadmap for ongoing collaboration. They aim to support change across the mental health sector by improving understanding of the benefits of the lived experience (peer) workforce, by supporting employers to assess their local readiness and prioritise activities that support successful implementation. They will continue to be developed as the lived experience workforce grows, and our shared knowledge and understanding of this essential work deepens.

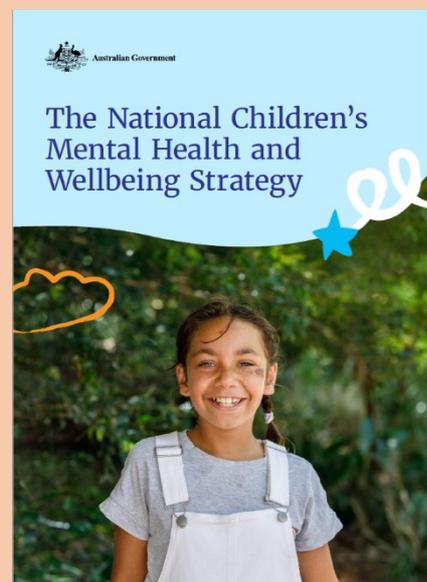
### National Children's Mental Health and Wellbeing Strategy

The Commission launched the world's first National Children's Mental Health and Wellbeing Strategy (the Children's Strategy) via webinar in October. The Strategy outlined the requirements for an effective system of care for children up to 12 years of age, and seeks to create a new, shared understanding of the roles of families, communities, services, and educators in promoting and supporting child mental health and wellbeing.

The Strategy has presented an opportunity for uniting efforts across portfolios to achieve meaningful change. For example, the need for health and education systems to align to support children is clearly articulated in the strategy, with recommended actions to achieve this goal. It provides a framework to guide crucial investment in the mental health and wellbeing of children and their families. There has been widespread support from across health, education and social service sectors to implement the Strategy as well as considerable interest from philanthropic organisations.

The Strategy uses four action areas to outline the requirements for an effective system of care for children: family and community, service system, education settings and evidence and evaluation. As a direct outcome of the strategy, the Australian Government aligned investment with these four action areas in the Budget 2021-22.

## Case study 1: Learnings from engagement informed the National Children's Mental Health and Wellbeing Strategy



Extensive consultation contributed to the development of the Children's Strategy, ultimately shaping the approach of the Commission to the mental health and wellbeing of children and young people.

Round 1 (January– February 2020) - target audience of 70 participants from the specialist colleges and peaks.

Round 2 (July – August 2020) - focus groups consisting of 49 participants from the following sectors/communities - out-of-homecare, justice, child protection; educators; culturally and linguistically diverse communities; Aboriginal and Torres Strait Islander communities; rural and remote communities, parents, carers, children and young people.

Round 3 (16 December 2020 – 15 February 2021) - online public consultation was conducted from with 117 survey responses and 61 free form submissions.

The consultation produced several key learnings:

- Children cannot be effectively supported in isolation, particularly when facing disadvantage. Supporting families and communities holistically ensures that a child receives the best possible care
- Australia's current service system is fragmented and difficult to navigate. There is a lack of clarity about where to seek help, and no clear pathways for referring families to appropriate care
- Education settings provide an ideal opportunity for supporting children, but educators need the resources and tools to enact positive change
- Research into children's mental health is behind research for other cohorts, and evaluation of services and programs is not standard practice. This means that we often do not know if the supports we are offering children are genuinely effective

### Vision 2030 for Mental Health and Suicide Prevention

Vision 2030 articulates the experience expected by all those who use the mental health and suicide prevention systems in Australia. It is a shared destination for experiencing a successful, connected and well-functioning mental health and suicide prevention system that not only meets the needs of the whole community but responds flexibly to the needs of individuals and their communities. The Commission published Vision 2030 and its Executive Summary on 1 July 2022.

Vision 2030 informs the mental health reform agenda and the broader work of the Commission by bringing together the thematic findings of Connections 2019. It contextualises those findings with current and recent Australian and international principles, standards, plans and reviews, research evidence on effective mental health systems and service approaches, and information on potential future needs of mental health for all Australians.

The consultation process included a consensus building survey, ongoing stakeholder engagement, and meetings with subject matter experts and each jurisdiction, including representatives from Ministers' offices, departments and mental health commissions. The Vision 2030 project

connected with people with lived experience of mental ill-health, their families, supporters, and communities, and with the service providers and clinical experts who deliver mental health care. It helped to identify and prioritise issues and build consensus for mental health and suicide prevention by enabling their voices to provide a starting point for the ongoing work of investing in mental health and transforming mental health care.

Vision 2030 is based on a broad understanding of mental health that encompasses social and emotional health, community wellbeing and the social determinants of health. Integration between all these elements is key to building a strong, sustainable, and effective approach to mental health care. Key findings from the feedback highlighted the need to focus on the intersection between mental health, physical health, social determinants of health, and trauma. It highlighted the connection between healthy communities and individual health. Mental ill-health can be both a consequence and a contributory cause of social isolation, economic distress, and physical illness. The people most at risk of poor mental health outcomes are also the people most at risk in other areas of life.

### National Natural Disaster Mental Health Framework

The Commission led the development of a cross-jurisdictional National Disaster Mental Health and Wellbeing Framework (the Framework) to guide federal, state and territory governments and recovery partners to support mental health and wellbeing before, during and after disasters. The Framework was submitted to Government in July.

People's mental health and wellbeing following disasters is dependent on collaborative and well-coordinated action by all recovery partners. While it is well-recognised that social factors can strengthen or undermine people's health, including mental health, this is particularly evident following a disaster where so many people are affected. This Framework focuses on action to support individuals as well as action to strengthen families and communities given that evidence clearly indicates community connections are vital to recovery, adaptation, and resilience in the future. It also discusses the importance of place-based design, how the key components of care are provided, and the role of local bodies and regional agencies (such as Primary Health Networks and Local Health Districts) in shaping how the local responses are provided.

The Framework has been endorsed by State and Territory Governments. The Framework outlines what all Australians can expect as the components of an appropriate mental health response to disasters and clarifies responsibilities for enabling this response. The National Recovery and Resilience Agency (now known as the National Emergency Management Agency) will lead implementation of the Framework, in partnership with States and Territories.

### National Workplace Initiative

In collaboration with the Mentally Healthy Workplace Alliance, the Commission continued to lead the development of the National Workplace Initiative (NWI) to deliver an evidence-based framework for workplace mental health strategies, and to showcase successful approaches to mentally healthy workplaces.

The four NWI committees established by the Commission—the Framework Working Group, the Stakeholder and Communications Working Group, the Evaluation Working Group and the Communications Community of Practice—continued to meet in 2021-22 to ensure the participation of key stakeholders in the design, shaping and development of the NWI project.

Activity focussed on finalising the digital platform including user experience design and testing, development of the digital platform and testing by key stakeholders. Compliance activities to assure the quality of the digital platform included passing the Alpha Assessment for the digital service standard, engaging IT security advisors and Infosec Registered Assessors Program assessors and a draft Privacy Impact Assessment.

The Commission, in partnership with the Mentally Healthy Workplace Alliance, created a series of evidence-based, easy-to-use guides to support the mental health and wellbeing of Australian workers and to encourage mentally healthy workplaces during the disruption caused by COVID-19. The *Mentally Healthy Workplaces and COVID-19: Emerging Issues* series provides organisations with expert insights and tips to address key challenges impacting workplace mental health. The guides also connect organisations to further sources of guidance and support. Other resources released include the Blueprint for Mentally Healthy Workplaces, the framework for a nationally consistent approach to mentally healthy workplaces, and a series on effective mental health approaches implemented by industries.

The Commission also drafted a Quality Assurance Framework and Monitoring Framework for Mentally Healthy Workplaces and prepared a bespoke library of photographs and illustrations reflecting the diversity of Australians and their workplaces to be used throughout the digital platform and resources. The drafting of a controlled vocabulary and information architecture strategy that provides definitions and categories for classifying information related to mentally healthy workplaces is an essential element of a content management platforms such as the NWI digital platform.

### National Stigma and Discrimination Reduction Strategy

The National Stigma and Discrimination Reduction Strategy was tasked to the Commission by the National Federation Reform Council, and will be the first comprehensive and systemic approach to addressing mental health-related stigma and discrimination in Australia. The Strategy's long-term vision is for an Australian community where everyone has equal dignity, respect and value and is able to live a life of meaning and purpose free from mental health-related stigma and discrimination. It will build on existing efforts and insights to bring a renewed focus on upholding human rights and will generate actions that can be readily implemented across sectors and jurisdictions to effect change at an individual, societal and structural levels.

In 2021-22, the Commission progressed the development of the Strategy by establishing a project team, identifying and exploring priority areas of focus and working through a multilayered collaborative process to bring together a diverse range of stakeholder perspectives. This has involved more than 170 engagement touchpoints including meetings, events and other opportunities to contribute.

Key activities included:

- working with the Strategy's five [governance committees](#) (comprising 68 individuals including co-chairs and members with lived experience), which formally met 26 times, providing oversight, feedback and expert advice through all stages of the project
- developing project [Guiding Principles](#)
- commissioning 11 [background briefs and evidence reviews](#)
- working with the Behavioural Economics Team of the Australian Government in the Department of Prime Minister and Cabinet to undertake a nationally representative survey of nearly 8,000 individuals around experiences of stigma and discrimination

- conducting an expression of interest process, involving 300 applications from members of the public, to identify a diverse range of people with lived experience to participate in online workshops
- holding [six online workshops](#) in November to bring together 180 people with lived experience and sector stakeholders to consider each of the key areas of focus for the Strategy
- working with an Indigenous-led organisation in March to run a culturally safe [workshop and focus group with around 25 Aboriginal and Torres Strait Islander people](#)
- working with a facilitator in March to undertake a [consultation process with 15 culturally and linguistically diverse community leaders](#)
- developing and maintaining a [project website](#) to enable public access to project updates and products, including research papers and workshop reports
- preparing a public consultation process on the Draft Strategy.

Following a period of public consultation, the Strategy is planned for delivery to Government in 2022-23.

### Engagement summary of key projects

The Commission continued to engage with stakeholders representing diverse groups across the mental and suicide prevention sectors. The Commission's work is supported by advisory committees, steering groups and expert advisory committees with representation from key stakeholders that meet regularly to inform and guide the development of our work. The Commission also undertakes consultations and engagement programs via workshops, surveys, public forums and targeted interviews.

Due to the disruption caused by the COVID-19 pandemic, face-to-face engagement was replaced by virtual engagement in 2021-22, including 1,013 people participating in webinars to launch the *National Children's Mental Health and Wellbeing Strategy* and the *National Lived Experience (Peer) Workforce Development Guidelines*.

**Table 7: Summary of major consultation activities**

Topic	Commission Committees			Consultation		
	No.	Meetings	Members	No. People/Orgs	Responses/survey/submissions	Total no. of individuals
National Children's Mental Health and Wellbeing Strategy	2	10	30	120	179	329
National Workplace Initiative	4	34	57	227	145	429
Vision 2030: Blueprint for mental health and suicide prevention	1	5	18	294	121	433
National Disaster Mental Health and Wellbeing Framework	2	6	31	294	-	325

Topic	Commission Committees			Consultation		
	No.	Meetings	Members	No. People/Orgs	Responses/survey/submissions	Total no. of individuals
National Lived Experience (Peer) Workforce Development Guidelines	1	10	12	121	556	698
Mental Health Research Strategy	2	6	30	100	-	131
National Stigma and Discrimination Reduction Strategy	5	12	67	79	8,311	8457
<b>TOTAL</b>	<b>17</b>	<b>83</b>	<b>245</b>	<b>1,235</b>	<b>9,312</b>	<b>10,802</b>

*Source: Internal records of meetings and surveys*

## Key Activity 4. Collaboration and Engagement

2021-22 Performance criteria	Target	Rating
Increase the evidence for whole-of-life outcomes and experiences of mental health consumers, carers and sector representatives including suicide risk	Publish results of the annual community and stakeholder engagement program	The Commission published five reports on its website on the outcomes of consultations and community research that informed the development of a range of products  <b>Rating: Achieved</b>
Evidence gathered from engagement activities is translated and informs and guides all work: reporting; advising; strategic reform and collaboration and engagement measured by internal analysis through content review or case studies	100%	The Commission documents evidence from all of its engagement activities to inform policy advice and project development including roundtables discussions and 81 consultations on the <i>Have Your Say</i> engagement platform  <b>Rating: Achieved</b>
Maintain and extend the national prominence of mental health and wellbeing through communication, engagement, collaboration and sector community of practice	>30 webinar, speech, presentation or distribution of targeted information	The Commission distributed targeted information, through campaigns such as #ChatStarter, and participated in 29 external speaking engagements with a total audience of 43,404  <b>Rating: Achieved</b>

*Source: NMHC Corporate Plan 2021-2025 p.12 and PBS p. 375*

### Evidence for whole-of-life outcomes

The voice, and expertise, of lived and living experience plays a significant role in all the Commission does, especially when it comes to national reform of the mental health and suicide prevention systems. It is through listening to those providing services, those who fund services, and most importantly, those who access and have difficulty accessing services that we will find the information we require to move towards the mental health system Australia needs. This will help to ensure that services meet diverse local and cultural needs, that they are more targeted and responsive and efficacy is maximised.

The Commission published five reports on the outcomes of consultations and community research that informed the development of its strategies and policy advice.

**Table 8: Published reports on the Commission’s consultation processes and community research**

Published reports
National Mental Health Research Strategy - Appendices with summary of the workshop findings and 18 background research papers <a href="#">National Mental Health Research Strategy - National Mental Health Commission</a>
National Stigma and Discrimination Reduction Strategy - Summary of findings from 6 workstream consultation workshops, 7 evidence reviews and 4 background briefs commissioned to support the strategy by the Commission at: <a href="#">Resources I Have Your Say - National Mental Health Commission</a>
Lived Experience (Peer) Workforce Development Guidelines Summary of Consultations Report <a href="#">National Mental Health Commission // National Lived Experience Workforce Development Guidelines: Summary of Consultations</a>
National Workplace Initiative - Summary of feedback on release 1 of the Blueprint for Mentally Healthy Workplaces <a href="#">Blueprint for Mentally Healthy Workplaces I Have Your Say - National Mental Health Commission</a>
Community research to inform the development of the National Disaster Mental Health and Wellbeing Framework <a href="#">Our Stories Beyond the Disaster 2021</a>

### Engagement and collaboration across the sectors

The Commission’s stakeholder engagement program ensures access to a vital source of knowledge, providing a pipeline of lived experience-informed evidence, information and data that informs the Commission’s strategic advice to government. This engagement crosses all jurisdictions with mental health and suicide prevention system stakeholders representing all stages of life and experiences. It also involves mental health, suicide prevention and social services, researchers and governments at all levels. We also provide opportunities for knowledge exchange and contribution nationally and internationally.

#### Roundtables – stakeholder organisations

The Commission held two roundtable meetings to bring together leaders from the mental health and suicide prevention sector, including service providers and peak body CEOs and leading researchers. The roundtables examined critical ‘point in time’ issues from diverse perspectives, identifying possible responses and fostering relationships of collaboration and accountability. The roundtables enable the Commission to connect with leaders in the industry and across sectors, foster a shared understanding and provide rapid and informed advice to government. The Commission encouraged other government agencies to participate in these discussions as observers.

The Commission also convened a youth mental health support roundtable, to enable young people and relevant organisations to share their stories, experiences and ideas on the latest developments in Government policy and programs that affect them.

**Table 9: Summary of methods used in the Commission’s engagement program in 2021-22**

Consult	Co-design and co-production approach		Inform
<ul style="list-style-type: none"> <li>• Have Your Say platform</li> <li>• Surveys &amp; research</li> <li>• Focus groups</li> <li>• One-on-one meetings</li> <li>• Public meetings, community meetings, regular</li> <li>• Sector &amp; CEO roundtables, workshops and webinars</li> <li>• Online feedback and discussion</li> <li>• Targeted interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-Stakeholder forums</li> <li>• Advisory panels</li> <li>• Consultative committees</li> <li>• Participatory decision-making processes</li> <li>• Workshops</li> </ul>	<ul style="list-style-type: none"> <li>• Expert Advisory / Steering groups</li> <li>• Joint projects</li> <li>• Multi-stakeholder initiatives</li> <li>• Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of stakeholders into governance structure (e.g. as members of particular committees)</li> <li>• Newsletters</li> <li>• Position Statements</li> <li>• Reports and Submissions</li> <li>• Interest register updates</li> <li>• Social media</li> <li>• Letters</li> <li>• Corporate documents</li> <li>• Speeches and public presentations</li> <li>• Media releases, interviews, media content</li> <li>• Blogs</li> </ul>

Digital platforms

The Commission engaged with the sector and the broader community through a variety of different digital platforms including newsletters, social media and websites, increasing its reach significantly in 2021-22.

The Commission launched its first online stakeholder engagement platform—*Have Your Say platform*—enabling 81 consultations to be undertaken to collect evidence to support the development of the National Stigma and Discrimination Reduction Strategy, Lived Experience Participation Forum and National Workplace Initiative. 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* provides links to other projects and consultations that are conducted externally to the Commission, but contribute to building the evidence used to inform our work.

**Table 10: Summary of Commission’s online engagement in 2021-22**

<p><b>Commission’s newsletters:</b> 8 issues 4,556 subscribers increase by 34%</p>	<p><b>Commission’s website:</b> 151,619 users/ 217,218 sessions 45,172 downloads / 364,728 page views</p>
<p><b>Commission’s social media:</b> 57% increase in followers 4,168,752 reached 87,559 engaged with Commission’s messaging</p>	<p><b>Most popular downloads:</b> Fifth National Mental Health and Suicide Prevention Plan, a COVID-19 Fatigue Flyer National Report 2020</p>
<p><b>Commission’s engagement platform - <i>Have Your Say</i>.</b> 14,020 users/1,161 platform registered 81 consultations/ 21,694 sessions / 90,093 page views (some consultations do not require registration)</p>	

## Making Connections for Your Mental Health

The Commission scheduled a second outreach program, Connections2022, to hear directly from communities about their experience of the mental health and suicide prevention system through face-to-face conversations, sector and community leader meetings and an online National Connections Survey. The program provided the opportunity for comprehensive listening and engagement, designed to give voice to those who may not otherwise have the power to influence. It is also the opportunity to share Vision 2030 with a range of communities.

The evidence and data collected and lived experience stories shared by individuals and organisations from each community gathered through Connections2022 will inform the development of a *National Outcomes Framework* for Vision 2030. The *National Connections Survey* provides an opportunity for anyone living in Australia to participate and contribute to the development of the Outcomes Framework.

The planning and preparation work to visit approximately 35 communities was completed in 2021-2022, however, commencement of the survey was delayed twice due to COVID-19 restrictions in late 2021 and the extensive floods in first half of 2022. The survey was rolled-out on 5 July 2022 to coincide with first Connections2022 visit to local communities. The reports summarising the information collected from these conversations will be posted on the Commission's Have Your Say platform. The first reports are currently available online: [Making Connections for Your Mental Health and Wellbeing \(Connections 2022\)](#).

## The Lived Experience Participation Forum

In 2021-22 the Commission, in collaboration with consumer and carer organisations, planned a Lived Experience Participation Forum to discuss the key priorities for strengthening lived and living experience participation within the current mental health reform agenda. Its aim was to work collaboratively with established and emerging lived experience leaders to identify those areas of agreed priority, to broaden understanding of activities across the sector, and to assist in strengthening networks. A Working Group representing lived experience representatives and organisations worked with the Commission to plan the forum.

Scheduled for October, the forum was postponed to July 2022 due to the impact of COVID-19 on planning arrangements, however, due to the floods, severe weather and government directions in early July 2022, the forum had to be postponed again.

In September the Commission brought together those who had been invited to the Forum to participate in the third consultation component for the scoping of the development of national mental health peak organisations.

In relation to more general lived experience participation, the Commission is considering an alternative engagement opportunity.

## Case study 2: #ChatStarter – an innovative campaign collaborating for youth mental health



### Key facts:

- #ChatStarter provides a single point of access to free, evidence-based resources already developed by the mental health sector
- #ChatStarter highlights the importance of investing in community, family and peer-based resources and supports, alongside more traditional mental health and suicide prevention services
- Over 130 community and cultural organisations were reached through the #ChatStarter campaign with resources produced in six languages
- 58,526 people viewed and/or downloaded the available resources on the Head to Health's #ChatStarter page
- 194 individual media mentions of #ChatStarter across radio, tv online and print.
- 10,868,858 people reached across social media platforms, with 8,941,533 people reached by partner organisations

The new program **#ChatStarter** was developed by the Commission in collaboration with batyr, Beyond Blue, Butterfly Foundation, headspace, Kids Helpline, Orygen, and ReachOut and launched via a webinar in August. The program was in response to the ongoing challenge of pandemic restrictions and the increasing impacts these are having on the mental health of children and young people.

The reach of this innovative campaign was significantly enhanced as it was the first time Facebook, Tik Tok and Instagram supported a single national youth and parents' mental health campaign. #ChatStarter, through social media, encouraged these communities to use tips and resources available on the Department of Health and Aged Care's [Chatstarter - Helping parents and young people support each other | Head to Health](#) website to help them have supportive conversations with the young people and children in their life, and to share and promote the benefits with their communities online. This was the first-time targeted resources from a variety of national youth services have been housed on one platform.

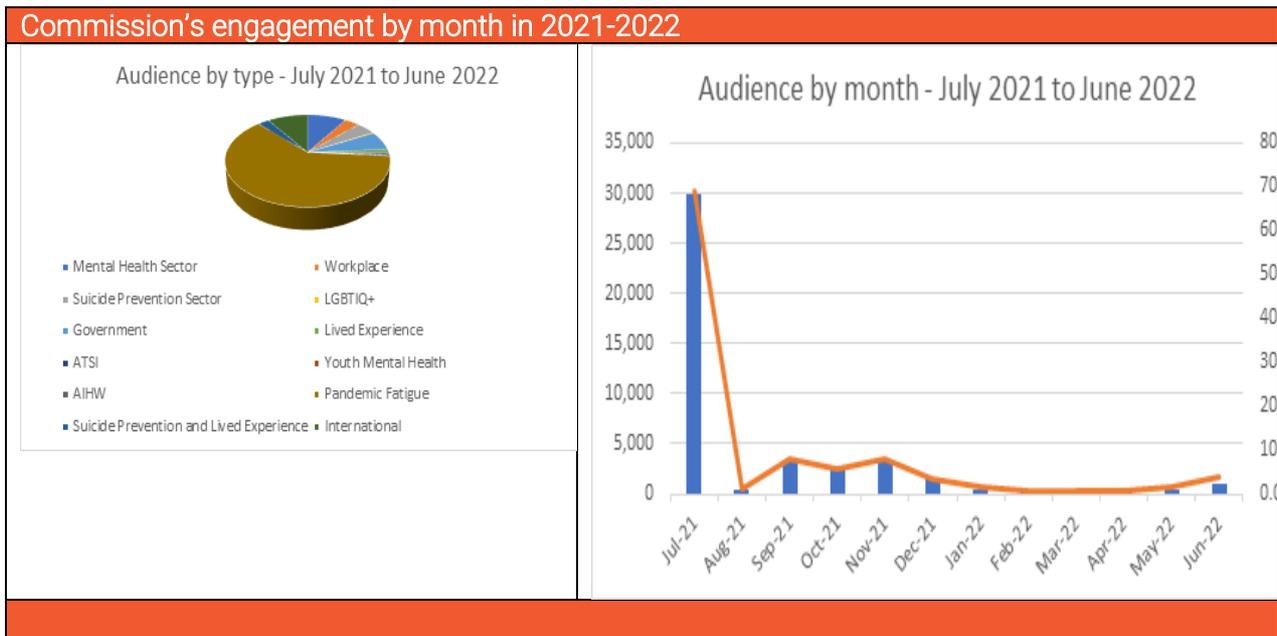
The Commission worked with young people with lived experience and their parents to co-produce all aspects of the program based on what they identified would help and support them.

## Engagement summary of key projects

The Commission continued its engagement and participation with stakeholders representing diverse groups across the mental and suicide prevention sectors to inform our work. Table 7 on page 42 provides a summary of the engagement on Commission projects.

## Speaking Engagements

The Commission participated in 34 external speaking engagements in 2021-22 with a total audience of 45,404, including a pandemic fatigue-themed speech by the Commission CEO delivered to approximately 25,000 Telstra employees in July.



These events provided the Commission with an opportunity to widely engage with a range of organisations and populations, to strengthen relationships and seek feedback on what the respective sectors identify as the shortcomings of the mental health and suicide prevention support systems.

The Commission participated in five international speaking engagements—the WHO Mental Health Summit, Together Against Stigma International Conference, the Brunei-Australia Mental Health Seminar, the East Asia Summit, the eMHIC International Congress and the Global Congress on Mental Health hosted by the Mexican Government. Events the Commission presented at include:

- the Roses in the Ocean Lived Experience (of suicide) Summit
- the 31<sup>st</sup> International Association for Suicide Prevention World Congress
- the LGBTIQ+ Suicide Prevention Strategy
- the Arts, Wellbeing and Creativity Summit, a digital event used as a platform to discuss the positive effects of arts and creativity for mental health and wellbeing, and the potential for the arts to help address a major policy challenge
- the Royal Australian and New Zealand College of Psychiatrists - Family and Domestic Violence Conference
- the Second Indigenous Suicide Prevention Forum – an opportunity to affirm the commitment of the newly established National Suicide Prevention Office to work closely with Aboriginal and Torres Strait Islander groups

## Report on Financial Performance 2021-22

At year-end, the balance of appropriations remaining was \$7,825,762 and \$2,993,294 for Departmental and Administered, respectively. These balances included 2021-22 appropriations, as well as unspent amounts from prior years.

Activities during the financial year resulted in an expenditure of \$12,910,022 for Departmental and \$3,726,206 for Administered. Compared to the budget this resulted in an underspend of approximately 18% in Departmental and an under spend of approximately 31% in Administered, primarily due to the establishment of the National Suicide Prevention Office being later than expected and delays with the delivery of the Connections 2022 program due to ongoing COVID-19 restrictions.

### NMHC Resource Statement 2021-22

	Actual available appropriation for 2021-22 \$'000	Payments made 2021-22 \$'000	Balance remaining 2021-22 \$'000
	(a)	(b)	(a) – (b)
<b>Departmental</b>			
Annual appropriations - ordinary annual services <sup>1</sup>	20,824	13,167	7,657
Annual appropriations - other services - non-operating <sup>2</sup>	200	31	169
<b>Total departmental annual appropriations</b>	<b>21,024</b>	<b>13,198</b>	<b>7,826</b>
<i>Total departmental resourcing</i>	<i>21,024</i>	<i>13,198</i>	<i>7,826</i>
<b>Administered</b>			
Annual appropriations - ordinary annual services <sup>1</sup>	8,176	5,183	2,993
<b>Total administered annual appropriations</b>	<b>8,176</b>	<b>5,183</b>	<b>2,993</b>
<i>Total administered resourcing</i>	<i>8,176</i>	<i>5,183</i>	<i>2,993</i>
<b>Total resourcing and payments for National Mental Health Commission</b>	<b>29,200</b>	<b>18,381</b>	<b>10,819</b>

<sup>1</sup> Appropriation Act (No. 1) 2021-22 (both Operating and Departmental Capital Budget) and prior-year departmental appropriation and section 74 external revenue.

<sup>2</sup> Appropriation Act (No. 2) 2021-22 Equity Injections

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## Expenses for Outcome 1

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### 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

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	Budget <sup>1</sup>	Actual expenses	Variance
	2021-22	2021-22	2021-22
	\$'000	\$'000	\$'000
	(a)	(b)	(a) – (b)
<b>Program 1: National Mental Health Commission</b>			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	5,398	3,726	1,672
Departmental expenses			
Departmental appropriation <sup>2</sup>	14,819	11,619	3,200
Expenses not requiring appropriation in the Budget year <sup>3</sup>	983	1,291	-308
<b>Total for Program 1</b>	<b>21,200</b>	<b>16,636</b>	<b>4,564</b>
<b>Total expenses for Outcome 1</b>	<b>21,200</b>	<b>16,636</b>	<b>4,564</b>
	2021-22	2021-22	
<b>Average staffing level (number)</b>	47	40	

<sup>1</sup> Budget information represents the budgeted expenses for outcome 1 as per the 2021-22 Portfolio Budget Statements.

<sup>2</sup> Departmental appropriation combines ordinary annual services (Appropriation Act Nos. 1, 3 and 5) and retained revenue receipts under section 74 of the Public Governance, Performance and Accountability Act 2013<sup>1</sup>.

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

# Management and Accountability

## Corporate Governance

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

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

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

The Commission Executive is currently:

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

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

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

The National Suicide Prevention Office (NSPO) is a new office within the Commission that has been established to lead a national approach to suicide prevention. The Head of the NSPO is a key role that is responsible for driving the NSPO priorities and a substantial program of work to implement the strategic approach for suicide prevention in Australia to be a 'whole of government' response. The role reports through the Accountable Authority (the CEO of the Commission) to the Minister for Health and Aged Care.

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

In 2021-22 Internal Audit was conducted by Walter Partners in accordance with the Commission's Internal Audit Plan 2019-20 to 2021-22. The audit assessed the effectiveness of the internal control framework for financial management activities, ensuring compliance with relevant Commonwealth

legislation and policy requirements, including in relation to procurement, financial delegations, management of financial records, travel arrangements and credit cards. The Internal Audit Report found that the Commission's financial processes and internal controls were operating in an efficient, effective, economical and ethical manner. Internal audit activity in 2021-22 also included work in relation to the Risk Management Framework, the forward work plan and performance reporting. In late 2021-22 the Commission appointed BellchambersBarrett as its new internal audit provider. In conjunction with BellchambersBarrett, the Commission has established an Internal Audit Work Program 2022-2025 which will focus on areas including: cyclical testing of ICT and financial controls, fraud prevention, annual performance statements, procurement and contract management, legislative compliance, and risk management.

The Commission's Accountable Authority Instructions, reissued in 2021, set out appropriate controls and directions for staff in relation to requirements under the PGPA Act and relevant policies of the Australian government. The Commission operates in a shared corporate services environment provided by the Department of Health and Aged Care, and the Commission regularly reviews internal systems and procedures to simplify and streamline our operations and make best use of resources.

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

The Corporate Plan 2021–2025 guides the work of the Commission to achieve its objectives and is available on our website.

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

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

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

## **Audit and Risk Committee**

The Commission's Audit and Risk Committee is responsible for providing independent advice and assurance to the CEO on the Commission's financial and performance reporting responsibilities, risk oversight and management, and system of internal control. The Committee members are listed below. The Committee met four times in 2021-22 and reviewed and endorsed the Commission's Financial Statements, the Internal Audit Report, Annual Performance Statements and Corporate Plan 2021–2025.

The Committee also reviewed and endorsed new or revised versions of governance documents including: the Fraud Control Plan, the Accountable Authority Instructions and the Internal Audit Charter.

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

For further detail regarding the Committee's role and functions, see the Commission's Audit and Risk Committee Charter at: <https://www.mentalhealthcommission.gov.au/getmedia/9d29d57c-0cc9-4d60-a2d1-8846b96ccbc3/NMHC-Audit-and-Risk-Committee-Charter.pdf>.

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Meetings attended / total meetings	Total annual remuneration (GST inc.)	Additional Information
<b>Mr William Northcote</b>  (Chair)	Mr Northcote (B Bus, FCPA (Rtd)) has worked for over 36 years in leadership and senior management positions for not-for-profit and government entities. His roles included CEO, CFO and General Manager Corporate Affairs and as such brings valuable skills and experience in finance, risk oversight and management, systems of internal control, human resources, compliance and security in a Commonwealth government setting.	4/4	\$10,000	nil
<b>Ms Carol Lilley</b>	Carol Lilley is an independent board director and chair or member of a number of Commonwealth Government audit committees. She was a partner at PricewaterhouseCoopers and has over 20 years' experience in financial statement audit, internal audit, and project and risk management, with a particular focus on government. Carol holds a Bachelor of Commerce from the University of Western Australia. She is a graduate of the Australian Institute of Company Directors, a Fellow of Chartered Accountants Australia and New Zealand, and a certified internal auditor, and was a registered company auditor.	4/4	\$11,000	nil
<b>Mr Tony Krizan</b>	Tony Krizan, FCPA, is a senior public servant with extensive experience across a number of industries and featuring 32 years 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 also has extensive experience on governance, audit and risk committees across government and the professional and community sectors.	3/4	nil	nil

## External Scrutiny

No judicial, administrative tribunal decisions or decisions from the Australian Information Commissioner relating to the Commission were handed down during 2021–22. 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 2021–22 there were no reports on the operations of the Commission by a Parliamentary Committee or the Commonwealth Ombudsman and there were no capability reviews of the Commission released.

## Fraud Prevention

The Commission's fraud control processes are set out in the Fraud 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 Commission's CEO certifies that she is satisfied that the Commission:

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

There were no instances of fraud in 2021–22.

## Management of Human Resources

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

The Commission engages highly skilled staff and has a culture of professionalism with leadership and resources that enable a high standard of performance. The CEO and Executive provide strategic leadership and align individual performance with the Commission's vision and goals. Staff are afforded opportunities to develop their skills and continuous learning is promoted. The Commission actively encourages and promotes a mentally healthy workplace.

Staff capability is developed through ongoing workforce planning and staff participation in the performance and development scheme. Under the performance and development scheme, the performance of staff is aligned with the Commission's Corporate Plan and objectives, with performance reviewed periodically during each reporting period. Effective management and development of staff was a key factor to the achievement of Commission objectives in 2021–22.

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

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

Determinations under section 24(1) of the *Public Service Act 1999* are used to set the remuneration and conditions for staff. As at 30 June 2022, section 24(1) determinations were in operation for two (2) SES employees. A further section 24(1) determination is also in place for all staff covered by the Enterprise Agreement 2017-20, to facilitate salary increases based on productivity improvements.

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

In accordance with the Enterprise Agreement and where appropriate, Individual Flexibility Agreements are used to supplement the benefits or remuneration provided to non-SES employees. These arrangements are agreed between the CEO or CEO delegate and the employee. As at 30 June 2022 there were four (4) such agreements in effect.

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

## Human Resources Statistics

### Details of Accountable Authority

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

### APS Employment Arrangements 2021-22

	SES	Non-SES	<i>Total</i>
National Mental Health Commission Enterprise Agreement 2017-2020	0	47	47
Individual 24/1 Determinations	2	0	2
<i>Total</i>	2	47	49

### Employees 2021-22 Indigenous

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

### Employees 2020-21 – Indigenous

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

Employees 2021-22 - employment type by location

	Ongoing	Non-Ongoing	<i>Total</i>
NSW	24	5	29
Qld	1	0	1
SA	0	0	0
Tas	0	0	0
Vic	2	2	4
WA	0	0	0
ACT	12	3	15
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
<i>Total</i>	39	10	49

Employees 2020-21 - employment type by location

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

Ongoing employees 2021-22 – location

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
NSW	7	0	7	14	3	17	0	0	0	24
Qld	1	0	1	0	0	0	0	0	0	1
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	2	0	2	0	0	0	2
WA	0	0	0	0	0	0	0	0	0	0
ACT	2	0	2	10	0	10	0	0	0	12
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	10	0	10	26	3	29	0	0	0	39

Non-ongoing employees 2021-22 – location

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
NSW	1	0	1	2	4	6	0	0	0	7
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	0	0	0	3	0	3	0	0	0	3
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	1	0	1	5	4	9	0	0	0	10

Ongoing employees 2020-21 - location

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

## Non-Ongoing Employees 2020-21 – Location

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

Ongoing Employees 2021-22 – Gender and Classification

	Male			Female			Indeterminate			Total
	Full-time	Part-time	<i>Total Male</i>	Full-time	Part-time	<i>Total Female</i>	Full-time	Part-time	<i>Total Indeterminate</i>	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	1	0	1	0	0	0	1
EL 2	3	0	3	11	2	13	0	0	0	16
EL 1	6	0	6	7	1	8	0	0	0	14
APS 6	0	0	0	6	0	6	0	0	0	6
APS 5	0	0	0	0	0	0	0	0	0	0
APS 4	1	0	1	0	0	0	0	0	0	1
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
<i>Total</i>	10	0	10	26	3	29	0	0	0	39

### Non-Ongoing Employees 2021-22 – Gender and Classification

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

Ongoing Employees 2020-21 – Gender and Classification

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

### Non-Ongoing Employees 2020-21 – Gender and Classification

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

Employees 2021-22 - full and part-time status

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

Employees 2020-21 – full and part-time status

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

### Salary Ranges by Classification

	Minimum Salary	Maximum Salary
SES 3	-	-
SES 2	\$231,175	\$281,432
SES 1	\$175,354	\$227,311
EL 2	\$132,917	\$158,193
EL 1	\$114,197	\$130,153
APS 6	\$88,863	\$99,863
APS 5	\$77,866	\$84,466
APS 4	\$69,949	\$76,104
APS 3	\$62,910	\$67,747
APS 2	\$54,989	\$61,146
APS 1	\$48,832	\$53,669
Other	-	-
<i>Minimum/Maximum range</i>	\$48,832	\$281,432

### Key Management Personnel – Remuneration

Name	Position title	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long-term benefits		
Christine Morgan	Chief Executive Officer	358,428	0	0	40,394	4,681	0	0	403,503
Lyndall Soper	Chief Executive Officer (acting)	41,667	0	2,901	5,824	850	0	0	51,242

### Senior Executives – Remuneration

Total remuneration bands	Number of senior executives	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
\$0 - \$220,000	0	0	0	0	0	0	0	0	0
\$220,001 - \$245,000	0	0	0	0	0	0	0	0	0
\$245,001 - \$270,000	0	0	0	0	0	0	0	0	0
\$270,001 - \$295,000	2	242,698	0	22,840	37,723	5,147	0	0	308,408
\$295,001 - \$320,000	0	0	0	0	0	0	0	0	0
\$320,001 - .....	0	0	0	0	0	0	0	0	0

### Other Highly Paid Staff – Remuneration

Total remuneration bands	Number of other highly paid staff	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
235,001-245,000	0	0	0	0	0	0	0	0	0
245,001-270,000	1	222,688	0	0	30,918	3,758	0	0	257,365
270,001-295,000	0	0	0	0	0	0	0	0	0
295,001-320,000	1	232,800	0	24,920	35,141	6,194	0	0	299,055
320,001-345,000	0	0	0	0	0	0	0	0	0
345,001-370,000	0	0	0	0	0	0	0	0	0
370,001-395,000	0	0	0	0	0	0	0	0	0

## Purchasing

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

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

## Consultants

During 2021–22, three new consultancy contracts were entered into involving total actual expenditure of \$306,354.86 (GST inclusive). There was one ongoing consultancy contract active during the period, involving total actual expenditure of \$265,975.47 (GST inclusive).

Details of consultancy contract expenditure during 2021-22 are set out in the table below.

### Expenditure on reportable consultancy contracts in 2021-22

Name of Organisation	Expenditure \$ (GST inc)
The University of New South Wales (ABN 57 195 873 179)	262,975.47
Pryan Pty Ltd (ABN 48 153 393 358)	163,996.27
The University of New England (ABN 75 792 454 315)	130,169.71
Barrett Family Trust No 2 & Others T/A BellchambersBarrett (ABN 14 942 509 138)	12,188.88

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](http://www.tenders.gov.au).

Decisions to engage consultants during 2021–22 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 2021–22, the Commission entered into 64 new reportable non-consultancy contracts, with a total actual expenditure of \$2,706,459.24 (inclusive of GST). In addition, in 2021–22 the Commission had 45 ongoing reportable non-consultancy contracts, with total actual expenditure during 2021–22 of \$3,258,172.59 (inclusive of GST).

In total, during 2021–22 the Commission had 109 new and ongoing reportable non-consultancy contracts, with a total actual expenditure of \$5,964,631.83 (inclusive of GST). The organisations receiving the largest share of reportable non-consultancy contract expenditure during 2021-22 are set out in the table below.

### Expenditure on reportable non-consultancy contracts in 2021-22

Name of Organisation	Expenditure \$ (GST inc)
Investa Asset Management Pty Ltd (ABN 16 089 301 922)	1,021,611.94
Hays Specialist Recruitment (Australia) Pty Ltd (ABN 47 001 407 281)	711,471.80
PreviousNext Pty Ltd (ABN 69 135 290 309)	636,546.90
Primary Communication Partners Pty Ltd (ABN 36 617 864 347)	275,405.35
Shera Pty Ltd (ABN 60 008 587 282)	201,201.40

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 2021–22 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 2021–22 that were exempt from being published in AusTender on the basis that it would disclose exempt matters under the *Freedom of Information Act 1982*.

## Procurement Initiatives to Support Small Business

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

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

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

## Advertising campaigns

No advertising campaigns were undertaken by the Commission during the 2021–22 year.

## Grants

Information on grants awarded during the 2021–22 year is available at [www.mentalhealthcommission.gov.au](http://www.mentalhealthcommission.gov.au) and on GrantConnect at: <https://www.grants.gov.au/>.

## 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/ads>.

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>

## Carer Recognition

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

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

## Freedom of Information

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

## Work Health and Safety

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

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

## Ecologically sustainable development and environmental performance

In 2021–22 the Commission maintained a range of measures which contributed to ecologically sustainable development (ESD), including:

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

The Commission's consumption of resources, particularly energy and paper, continued to remain low in 2021–22 due to a continuation of part-time remote work arrangements during the COVID-19 pandemic 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.



## **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 2022:

- (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 2022 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 2022 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.

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



Sally Bond

Executive Director

Delegate of the Auditor-General

Canberra

7 October 2022

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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 2022 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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



Christine Morgan  
Chief Executive Officer

7 October 2022



Kim Eagle  
Chief Financial Officer

7 October 2022

## Statement of Comprehensive Income

for the period ended 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget \$
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Employee benefits	1.1A	6,933,079	5,687,302	6,477,000
Suppliers	1.1B	4,713,706	3,142,201	8,351,000
Finance costs	1.1C	10,586	19,020	24,000
Depreciation and amortisation	3.2	1,251,561	1,176,357	950,000
Loss on disposal of asset	3.2	1,090	1,489	-
<b>Total expenses</b>		<b>12,910,022</b>	<b>10,026,369</b>	<b>15,802,000</b>
<b>Own-source revenue</b>				
Revenue from contracts with customers	1.2A	1,035,000	1,081,218	135,000
Other revenue	1.2B	39,000	33,000	33,000
<b>Total own-source revenue</b>		<b>1,074,000</b>	<b>1,114,218</b>	<b>168,000</b>
<b>Net cost of services</b>		<b>(11,836,022)</b>	<b>(8,912,151)</b>	<b>(15,634,000)</b>
Revenue from Government	1.2C	15,525,000	8,282,000	15,525,000
<b>Surplus/(deficit) on continuing operations</b>		<b>3,688,978</b>	<b>(630,151)</b>	<b>(109,000)</b>

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

## Statement of Financial Position

as at 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget \$
<b>ASSETS</b>				
<b>Financial assets</b>				
Cash and cash equivalents	3.1A	8,123	52,640	123,000
Trade and other receivables	3.1B	8,372,022	3,843,657	4,389,000
<b>Total financial assets</b>		<b>8,380,145</b>	<b>3,896,297</b>	<b>4,512,000</b>
<b>Non-financial assets</b>				
Buildings - Right-of-use asset	3.2	876,896	1,459,621	3,204,000
Leasehold improvements	3.2	215,979	511,937	-
Plant and equipment	3.2	126,354	87,197	206,000
Prepayments		-	-	2,000
<b>Total non-financial assets</b>		<b>1,219,229</b>	<b>2,058,755</b>	<b>3,412,000</b>
<b>Total assets</b>		<b>9,599,374</b>	<b>5,955,052</b>	<b>7,924,000</b>
<b>LIABILITIES</b>				
<b>Payables</b>				
Suppliers	3.3A	299,601	215,346	606,000
Other payables	3.3B	178,203	124,070	112,000
<b>Total payables</b>		<b>477,804</b>	<b>339,416</b>	<b>718,000</b>
<b>Interest bearing liabilities</b>				
Leases	3.4	861,780	1,459,742	2,490,000
<b>Total interest bearing liabilities</b>		<b>861,780</b>	<b>1,459,742</b>	<b>2,490,000</b>
<b>Provisions</b>				
Employee provisions	6.1	1,232,378	965,929	850,000
Other provisions	3.5	70,110	70,110	70,000
<b>Total provisions</b>		<b>1,302,488</b>	<b>1,036,039</b>	<b>920,000</b>
<b>Total liabilities</b>		<b>2,642,072</b>	<b>2,835,197</b>	<b>4,128,000</b>
<b>Net assets</b>		<b>6,957,302</b>	<b>3,119,855</b>	<b>3,796,000</b>
<b>EQUITY</b>				
Contributed equity		609,933	461,466	686,000
Retained surplus		6,347,369	2,658,389	3,110,000
<b>Total equity</b>		<b>6,957,302</b>	<b>3,119,855</b>	<b>3,796,000</b>

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

**Statement of Changes in Equity**

for the period ended 30 June 2022

	2022 \$	2021 \$	Original Budget \$
<b>CONTRIBUTED EQUITY</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	461,466	437,466	462,000
<b>Adjusted opening balance</b>	<b>461,466</b>	<b>437,466</b>	<b>462,000</b>
<b>Transactions with owners</b>			
<b>Contributions by owners</b>			
Departmental capital budget	148,467	24,000	224,000
<b>Total transactions with owners</b>	<b>148,467</b>	<b>24,000</b>	<b>224,000</b>
<b>Closing balance as at 30 June</b>	<b>609,933</b>	<b>461,466</b>	<b>686,000</b>
<b>RETAINED EARNINGS</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	2,658,389	3,288,540	3,219,000
Adjustment for rounding	2	-	-
<b>Adjusted opening balance</b>	<b>2,658,391</b>	<b>3,288,540</b>	<b>3,219,000</b>
<b>Comprehensive income</b>			
Surplus/(deficit) for the period	3,688,978	(630,151)	(109,000)
<b>Total comprehensive income</b>	<b>3,688,978</b>	<b>(630,151)</b>	<b>(109,000)</b>
<b>Closing balance as at 30 June</b>	<b>6,347,369</b>	<b>2,658,389</b>	<b>3,110,000</b>
<b>Total Equity</b>	<b>6,347,369</b>	<b>2,658,389</b>	<b>3,110,000</b>
<b>TOTAL EQUITY</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	3,119,855	3,726,006	3,681,000
Adjustment for rounding	2	-	-
<b>Adjusted opening balance</b>	<b>3,119,857</b>	<b>3,726,006</b>	<b>3,681,000</b>
<b>Comprehensive income</b>			
Surplus/(deficit) for the period	3,688,978	(630,151)	(109,000)
<b>Total comprehensive income</b>	<b>3,688,978</b>	<b>(630,151)</b>	<b>(109,000)</b>
<b>Transactions with owners</b>			
<b>Contribution by owners</b>			
Departmental capital budget	148,467	24,000	224,000
<b>Total transactions with owners</b>	<b>148,467</b>	<b>24,000</b>	<b>224,000</b>
<b>Closing balance as at 30 June</b>	<b>6,957,302</b>	<b>3,119,855</b>	<b>3,796,000</b>

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

**Accounting Policy****Equity Injections**

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

## Cash Flow Statement

for the period ended 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget \$
<b>OPERATING ACTIVITIES</b>				
<b>Cash received</b>				
Appropriations		13,088,054	10,433,990	15,525,000
Rendering of services		764,754	1,806,152	135,000
<b>Total cash received</b>		<b>13,852,808</b>	<b>12,240,142</b>	<b>15,660,000</b>
<b>Cash used</b>				
Employees		(6,562,323)	(5,510,879)	(6,477,000)
Suppliers		(4,633,980)	(3,500,585)	(8,318,000)
Interest payments on lease liabilities		(10,586)	(19,020)	(24,000)
Net GST paid		(101,359)	(36,698)	-
Section 74 receipts transferred to the Official Public Account		(1,643,519)	(2,395,889)	-
<b>Total cash used</b>		<b>(12,951,767)</b>	<b>(11,463,071)</b>	<b>(14,819,000)</b>
<b>Net cash from operating activities</b>		<b>901,041</b>	<b>777,071</b>	<b>841,000</b>
<b>INVESTING ACTIVITIES</b>				
<b>Cash used</b>				
Purchase of property, plant and equipment		(65,529)	(80,205)	(224,000)
<b>Total cash used</b>		<b>(65,529)</b>	<b>(80,205)</b>	<b>(224,000)</b>
<b>Net cash used by investing activities</b>		<b>(65,529)</b>	<b>(80,205)</b>	<b>(224,000)</b>
<b>FINANCING ACTIVITIES</b>				
<b>Cash received</b>				
Appropriations - Departmental capital budget - Bill 1		34,320	17,170	24,000
Appropriations - Equity injections - Bill 2		31,209	63,035	200,000
<b>Total cash received</b>		<b>65,529</b>	<b>80,205</b>	<b>224,000</b>
<b>Cash used</b>				
Principal payments of lease liabilities		(945,558)	(847,408)	841,000
<b>Total cash used</b>		<b>(945,558)</b>	<b>(847,408)</b>	<b>841,000</b>
<b>Net cash used by financing activities</b>		<b>(880,029)</b>	<b>(767,203)</b>	<b>(617,000)</b>
<b>Net (decrease)/increase in cash held</b>		<b>(44,517)</b>	<b>(70,337)</b>	<b>-</b>
Cash and cash equivalents at the beginning of the reporting period		52,640	122,977	123,000
<b>Cash and cash equivalents at the end of the reporting period</b>	3.1A	<b>8,123</b>	<b>52,640</b>	<b>123,000</b>

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

**Administered Schedule of Comprehensive Income**

*for the period ended 30 June 2022*

	Notes	2022 \$	2021 \$	Original Budget \$
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Suppliers	2.1	3,726,206	4,764,929	5,398,000
<b>Total expenses</b>		<u>3,726,206</u>	<u>4,764,929</u>	<u>5,398,000</u>
<b>Income</b>				
<b>Non-Taxation Revenue</b>				
Other Revenue		-	-	-
<b>Total non-taxation revenue</b>		<u>-</u>	<u>-</u>	<u>-</u>
<b>Total income</b>		<u>-</u>	<u>-</u>	<u>-</u>
<b>Net cost of services</b>		<u>(3,726,206)</u>	<u>(4,764,929)</u>	<u>(5,398,000)</u>
<b>Deficit</b>		<u>(3,726,206)</u>	<u>(4,764,929)</u>	<u>(5,398,000)</u>

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

### Administered Schedule of Assets and Liabilities

as at 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget \$
<b>ASSETS</b>				
<b>Financial assets</b>				
Cash and cash equivalents	4.1A	703	34	-
Trade and other receivables	4.1B	45,909	125,818	45,000
<b>Total financial assets</b>		<b>46,612</b>	<b>125,852</b>	<b>45,000</b>
<b>Total assets administered on behalf of Government</b>		<b>46,612</b>	<b>125,852</b>	<b>45,000</b>
<b>LIABILITIES</b>				
<b>Payables</b>				
Suppliers	4.2	1,153,483	2,486,182	666,000
Other payables		-	470	-
<b>Total payables</b>		<b>1,153,483</b>	<b>2,486,652</b>	<b>666,000</b>
<b>Total liabilities administered on behalf of Government</b>		<b>1,153,483</b>	<b>2,486,652</b>	<b>666,000</b>
<b>Net Liabilities</b>		<b>(1,106,871)</b>	<b>(2,360,800)</b>	<b>(621,000)</b>

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

**Administered Reconciliation Schedule***for the period ended 30 June 2022*

	2022	2021	Original Budget
	\$	\$	\$
<b>Opening assets less liabilities as at 1 July</b>	<b>(2,360,800)</b>	<b>(621,510)</b>	-
<b>Net cost of services</b>			
Expenses	(3,726,206)	(4,764,929)	(5,398,000)
<b>Transfers from the Australian Government</b>			
Administered transfers from Australian Government	5,516,783	3,209,754	5,398,000
<b>Appropriation transfers to OPA</b>			
Transfers to OPA	(536,648)	(184,115)	-
<b>Closing assets less liabilities as at 30 June</b>	<b>(1,106,871)</b>	<b>(2,360,800)</b>	-

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

**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 2022

	Notes	2022 \$	2021 \$	Original Budget \$
<b>OPERATING ACTIVITIES</b>				
<b>Cash received</b>				
Net GST received		79,909	-	-
<b>Total cash received</b>		<b>79,909</b>	-	-
<b>Cash used</b>				
Suppliers		(5,059,375)	(2,944,447)	5,398,000
Net GST paid		-	(81,159)	-
<b>Total cash used</b>		<b>(5,059,375)</b>	<b>(3,025,606)</b>	<b>5,398,000</b>
<b>Net cash used by operating activities</b>		<b>(4,979,466)</b>	<b>(3,025,606)</b>	<b>5,398,000</b>
<b>Cash from Official Public Account</b>				
Appropriations		5,516,783	3,209,754	5,398,000
<b>Total cash from Official Public Account</b>		<b>5,516,783</b>	<b>3,209,754</b>	<b>5,398,000</b>
<b>Cash to Official Public Account</b>				
Appropriations		(536,648)	(184,114)	-
<b>Total cash to Official Public Account</b>		<b>(536,648)</b>	<b>(184,114)</b>	-
Cash and cash equivalents at the beginning of the reporting period		34	-	-
<b>Cash and cash equivalents at the end of the reporting period</b>	4.1A	<b>703</b>	<b>34</b>	-

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

Budgetary reporting information is disclosed after the primary financial statements. The original budget is the budget published in the 2021-22 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

## Budget Variance

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

- the variance between budget and actual is greater than +/- 10% and the variance is greater than \$100,000 of the original budget for a line item; and
- an item is below this threshold but is considered important for the reader's understanding or is relevant to an assessment of the discharge of accountability and to an analysis of the Commission's performance.
- Variations relating to cash flow are a result of the factors explained for variations related to net cost of services, or assets and liabilities.
- The original budget was prepared before the 2021 final budget outcome was known. As a consequence, the opening balance of the statement of financial position was estimated and in some cases variations between the 2022 final outcome and the budget estimates can in part be attributable to unanticipated movements in prior year-end balances.

The budget is not audited.

Budget Variance Explanation	Affected statements and line items
<p>The Commission was tasked with development of the National Workplace Initiative. The Commission has adjusted the budget to align with the work program for delivery in 2023.</p> <p>The Commission received Departmental funding in the 2021-22 budget for the National Suicide Prevention Office (NSPO). The variance relates to the expected establishment of the NSPO being later than expected.</p> <p>The Commission has been engaged by other Government entities to provide advice on mental health in Australia. This has resulted in an increase of revenue from other customers.</p> <p>To continue to deliver high quality outcomes for mental health in Australia, the Commission's staffing profile grew. This resulted in an increase in staffing related costs such as employee leave provisions.</p> <p>The Commission entered into an additional lease to accommodate the increase of staff. This resulted in depreciation being higher than budgeted.</p>	<p>Statement of Comprehensive Income:</p> <ul style="list-style-type: none"> <li>- Employee benefits</li> <li>- Suppliers</li> <li>- Depreciation and amortisation</li> <li>- Revenue from customers</li> </ul> <p>Statement of Financial Position:</p> <ul style="list-style-type: none"> <li>- Trade and other receivables</li> <li>- Suppliers</li> <li>- Other payables</li> <li>- Leases</li> <li>- Employee provisions</li> </ul> <p>Cash Flow Statement:</p> <ul style="list-style-type: none"> <li>- Appropriations</li> <li>- Employees</li> <li>- Suppliers</li> </ul>
<p>The Commission received Administered funding in the 2021-22 budget for the National Suicide Prevention Office (NSPO). The variance relates to the expected establishment of the NSPO being later than expected.</p>	<p>Administered Schedule of Assets and Liabilities &amp; Comprehensive Income:</p> <ul style="list-style-type: none"> <li>- Suppliers</li> </ul> <p>Administered Cash Flow Statement:</p> <ul style="list-style-type: none"> <li>- Suppliers</li> <li>- Appropriations</li> </ul> <p>Administered Reconciliation Schedule</p> <ul style="list-style-type: none"> <li>- Expenses</li> </ul>

## Overview

### Objectives of the National Mental Health Commission

The National Mental Health Commission (the Commission) is a not-for-profit Australian Government controlled entity with its principle place of business being Level 29, 126 Phillip 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 and liabilities recorded at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

### New Accounting Standards

No accounting standards have been adopted earlier than the application date as stated in the standard.

No new/revised/amended accounting standards and/or interpretations issued prior to the date of signing of the financial statements and applicable to the current reporting period had a material effect on the Commission's financial statements.

The adoption of AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Entities, did not have a material effect on the Commission's financial statements.

### COVID-19 Impact

The Commission has undertaken critically important activities of government and for the mental health of Australia during the COVID-19 pandemic and has worked in close partnership with the Department of Health and Aged Care in response to all aspects of the COVID-19 pandemic. COVID-19 does not have the potential to significantly affect the ongoing structure and financial activities of the Commission and has not impacted the valuation of non-financial assets or recoverability of receivables.

### Taxation

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

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

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

### Reporting of Administered activities

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

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

### Events After the Reporting Period

#### **Departmental**

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

#### **Administered**

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

## Financial Performance

This section analyses the financial performance of the National Mental Health Commission for the period ended 30 June 2022

### 1.1 Expenses

	2022	2021
	\$	\$
<b>1.1A: Employee Benefits</b>		
Wages and salaries	5,252,428	4,279,970
Superannuation:		
Defined contribution plans	689,105	577,265
Defined benefit plans	190,664	168,449
Leave and other entitlements	780,911	637,056
Other employee benefits	19,971	24,562
<b>Total employee benefits</b>	<b>6,933,079</b>	<b>5,687,302</b>

#### Accounting Policy

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

### 1.1B: Suppliers

#### Goods and services supplied or rendered

Contracted services	4,035,560	2,645,036
Travel	99,706	52,037
IT services	46,062	20,190
Property operating expenses	206,812	209,125
Audit fees	39,000	33,000
Conferences and seminars	17,713	4,704
Other	204,852	124,184
<b>Total goods and services supplied or rendered</b>	<b>4,649,705</b>	<b>3,088,276</b>

Goods supplied	20,961	18,644
Services rendered	4,628,744	3,069,632
<b>Total goods and services supplied or rendered</b>	<b>4,649,705</b>	<b>3,088,276</b>

#### Other suppliers

Workers compensation expenses	23,137	19,565
Short-term leases	40,864	34,360
<b>Total other suppliers</b>	<b>64,001</b>	<b>53,925</b>
<b>Total suppliers</b>	<b>4,713,706</b>	<b>3,142,201</b>

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

**Accounting Policy**

Contracted services

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

	2022	2021
	\$	\$
<b>1.1C: Finance Costs</b>		
Interest on lease liabilities	<u>10,586</u>	<u>19,020</u>
<b>Total finance costs</b>	<u>10,586</u>	<u>19,020</u>

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

## 1.2 Own Source Revenue and Gains

	2022	2021
	\$	\$
<b>1.2A: Revenue from Contracts with Customers</b>		
Rendering of services	1,035,000	1,081,218
<b>Total revenue from contracts with customers</b>	<b>1,035,000</b>	<b>1,081,218</b>
<b>Disaggregation of revenue from contracts with customers</b>		
Type of customer:		
Australian Government entities (related parties)	1,035,000	1,081,218
	<b>1,035,000</b>	<b>1,081,218</b>
<b>Timing of transfer of goods and services:</b>		
Over time	1,035,000	1,081,218
	<b>1,035,000</b>	<b>1,081,218</b>

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	39,000	33,000
<b>Total other revenue</b>	<b>39,000</b>	<b>33,000</b>

### 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	15,525,000	8,282,000
<b>Total Revenue from Government</b>	<b>15,525,000</b>	<b>8,282,000</b>

### 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

	2022	2021
	\$	\$
<b>2.1: Suppliers</b>		
<b>Goods and services supplied or rendered</b>		
Outsourced providers and contractors	3,378,788	4,504,856
Travel	119,783	39,966
Other	227,635	220,107
<b>Total goods and services supplied or rendered</b>	<b>3,726,206</b>	<b>4,764,929</b>
Services rendered	3,726,206	4,764,929
<b>Total goods and services supplied or rendered</b>	<b>3,726,206</b>	<b>4,764,929</b>
<b>Total suppliers</b>	<b>3,726,206</b>	<b>4,764,929</b>

## 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

	2022	2021
	\$	\$
<b>3.1A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	8,123	52,640
<b>Total cash and cash equivalents</b>	<b>8,123</b>	<b>52,640</b>

#### 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	358,541	94,937
<b>Total goods and services receivables</b>	<b>358,541</b>	<b>94,937</b>

#### Appropriations receivables

For existing programs	7,648,848	3,568,384
Equity injection & Departmental capital budget	168,791	85,852
<b>Total appropriations receivables</b>	<b>7,817,639</b>	<b>3,654,236</b>

#### Other receivables

GST receivable from the Australian Taxation Office	195,842	94,484
<b>Total other receivables</b>	<b>195,842</b>	<b>94,484</b>
<b>Total trade and other receivables (gross)</b>	<b>8,372,022</b>	<b>3,843,657</b>

#### Total trade and other receivables (net)

<b>8,372,022</b>	<b>3,843,657</b>
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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 (2020-21: 30 days), are recognised at the nominal amounts.

### 3.2 Non-Financial Assets

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

##### Reconciliation of the opening and closing balances for the period ended 30 June 2022

	Buildings - Right-of-use Asset	Leasehold improvements	Plant and equipment	Computer software	Total
	\$	\$	\$	\$	\$
<b>As at 1 July 2021</b>					
Gross book value	3,185,087	1,453,966	128,518	24,505	4,792,076
Accumulated depreciation, amortisation and impairment	(1,725,466)	(942,030)	(41,320)	(24,505)	(2,733,321)
<b>Total as at 1 July 2021</b>	<b>1,459,621</b>	<b>511,936</b>	<b>87,198</b>	<b>-</b>	<b>2,058,755</b>
<b>Additions:</b>					
Purchased	347,596	-	65,529	-	413,125
Depreciation and amortisation	-	(295,957)	(25,283)	-	(321,240)
<b>Disposals:</b>					
Other (gross book value)	-	-	(31,291)	-	(31,291)
Depreciation on Disposals	-	-	30,201	-	30,201
Depreciation on right-of-use assets	(930,321)	-	-	-	(930,321)
<b>Total as at 30 June 2022</b>	<b>876,896</b>	<b>215,979</b>	<b>126,354</b>	<b>-</b>	<b>1,219,229</b>
<b>Net book value as at 30 June 2022 represented by</b>					
Gross book value	3,532,683	1,453,966	162,756	24,505	5,173,910
Accumulated depreciation, amortisation and impairment	(2,655,787)	(1,237,987)	(36,403)	(24,505)	(3,954,681)
<b>Total as at 30 June 2022</b>	<b>876,896</b>	<b>215,979</b>	<b>126,354</b>	<b>-</b>	<b>1,219,229</b>
<b>Carrying amount of right-of-use assets</b>	<b>876,896</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>876,896</b>

The opening 'gross book value' and 'accumulated depreciation, amortisation and impairment' amounts for Leasehold improvements and Plant and equipment have been updated to align with the 30 June 2021 closing balance, however these changes have not affected the total net asset value as reported at 30 June 2021.

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.

## 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 in June 2022. 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:

	2022	2021
Buildings - Right of use assets	3 years	3 years
Leasehold improvements	Lease term	Lease term
Plant and equipment	3 to 5 years	3 to 4 years

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

### Impairment

All assets were assessed for impairment at 30 June 2022. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

### Derecognition

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

**Accounting Policy (continued)**

***Intangibles***

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

The Commission's software assets were fully depreciated in prior years.

### 3.3 Payables

	2022	2021
	\$	\$
<b>3.3A: Suppliers</b>		
Trade creditors and accruals	299,601	215,346
<b>Total suppliers</b>	<u>299,601</u>	<u>215,346</u>

Settlement is usually made within 30 days (2020-21: 30 days).

### 3.3B: Other Payables

Salaries and wages	155,124	110,099
Superannuation	23,079	13,971
<b>Total other payables</b>	<u>178,203</u>	<u>124,070</u>

#### **Accounting Policy**

##### Financial Liabilities

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

##### Unearned Income

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

### 3.4 Interest Bearing Liabilities

	2022	2021
	\$	\$
<b>Leases</b>		
Lease liabilities - Buildings	861,780	1,459,742
<b>Total interest bearing liabilities</b>	<b>861,780</b>	<b>1,459,742</b>

Total cash outflow for leases for the year ended 30 June 2022 was \$997,009 (30 June 2021: \$900,788).

#### Maturity analysis - contractual undiscounted cash flows

Within 1 year	675,358	901,350
Between 1 to 5 years	188,724	638,830
<b>Total leases</b>	<b>864,082</b>	<b>1,540,180</b>

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

The Commission in its capacity as lessee, has entered into lease agreements for its offices in Sydney and Canberra (noting there are two separate agreements for the different floors in the Canberra office). The lease in Sydney expires in February 2023 with an option to extend. One of the leases for the Canberra office expires in April 2023 and has an option to extend.

#### Accounting Policy

Lease liabilities are measured at the present value of the remaining lease payments, discounted using the Commission's incremental borrowing rate at 1 July 2019 and at 30 September 2021 in line with the lease commencement date.

### 3.5 Other Provisions

	Provision for makegood \$	Total \$
<b>As at 1 July</b>	<b>70,110</b>	<b>70,110</b>
Additional provisions made	-	-
Amounts used	-	-
<b>Total as at 30 June 2022</b>	<b>70,110</b>	<b>70,110</b>
<b>Other provisions expected to be settled</b>		
No more than 12 months	70,110	
More than 12 months	-	
<b>Total other provisions</b>	<b>70,110</b>	

The Commission has one lease for rental premises (2021: one) which requires restoration of the leased premises to their original conditions at the conclusion of the lease. The Commission has made a provision to reflect the present value of this obligation.

## Assets and Liabilities Administered 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

	2022	2021
	\$	\$
<b>4.1A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	703	34
<b>Total cash and cash equivalents</b>	<b>703</b>	<b>34</b>
<b>4.1B: Trade and Other Receivables</b>		
<b>Other receivables</b>		
GST receivable from the Australian Taxation Office	45,909	125,818
<b>Total other receivables</b>	<b>45,909</b>	<b>125,818</b>
<b>Total trade and other receivables</b>	<b>45,909</b>	<b>125,818</b>

### 4.2 Administered - Payables

	2022	2021
	\$	\$
<b>4.2 Suppliers</b>		
Trade creditors and accruals	1,153,483	2,486,182
<b>Total suppliers</b>	<b>1,153,483</b>	<b>2,486,182</b>

Settlement is usually made within 30 days (2020-21: 30 days).

## Funding

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

### 5.1 Appropriations

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

	Annual appropriation 2022 \$	Annual appropriation 2021 \$
<b>Departmental</b>		
Ordinary annual services <sup>1</sup>	15,525,000	8,282,000
Adjustments to appropriations <sup>2</sup>	1,643,519	2,395,889
Capital Budget <sup>3</sup>	24,000	24,000
Equity injections	200,000	-
<b>Total departmental appropriation</b>	<b>17,392,519</b>	<b>10,701,889</b>
Appropriation applied (current and prior years)	<b>(13,198,100)</b>	<b>(10,584,532)</b>
<b>Variance<sup>4</sup></b>	<b>4,194,419</b>	<b>117,357</b>
<b>Administered</b>		
Ordinary annual services	5,398,000	4,906,000
Adjustments to appropriations <sup>2</sup>	206,341	20,362
<b>Total administered appropriation</b>	<b>5,604,341</b>	<b>4,926,362</b>
Appropriation applied (current and prior years)	<b>(5,182,655)</b>	<b>(3,199,309)</b>
<b>Variance<sup>5</sup></b>	<b>421,685</b>	<b>1,727,052</b>

#### Commentary:

<sup>1</sup> There were no amounts withheld under section 51 of the PGPA Act from 2021 or 2022 departmental ordinary annual services appropriations.

<sup>2</sup> Adjustments to appropriations relate to receipts retained under PGPA Act Section 74.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> The administered ordinary annual services items variance relates to unspent funding for the year (the former section 11 of the Appropriation Acts).

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

	2022	2021
	\$	\$
<b>Departmental</b>		
<i>Appropriation Act (No 2) 2018-2019 <sup>1</sup></i>	-	75,533
<i>Appropriation Act (No. 1) 2020-2021 - Capital Budget</i>	-	10,319
<i>Appropriation Act (No. 1) 2020-2021</i>	-	3,568,384
<i>Appropriation Act (NO 1) 2021-2022</i>	7,648,848	-
<i>Appropriation Act (No 2) 2021-2022 - Capital Budget</i>	168,791	-
<i>Appropriation Act (No. 1) 2021-2022 - cash held by the Commission</i>	8,123	52,640
<b>Total departmental</b>	<b>7,825,762</b>	<b>3,706,876</b>
<b>Administered</b>		
<i>Appropriation Act (No 1) 2018-2019 <sup>1</sup></i>	-	468,583
<i>Appropriation Act (No 1) 2020-2021</i>	-	2,571,574
<i>Appropriation Act (No 1) 2021-2022</i>	2,992,591	-
<i>Appropriation Act (No.1) 2021-2022- cash held by the Commission</i>	703	34
<b>Total administered</b>	<b>2,993,294</b>	<b>3,040,191</b>

**Commentary:**

<sup>1</sup>Unspent appropriations returned in the current financial year.

## People and Relationships

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

### 6.1 Employee Provisions

	2022	2021
	\$	\$
<b>6.1: Employee Provisions</b>		
Leave	1,232,378	965,929
<b>Total employee provisions</b>	<b>1,232,378</b>	<b>965,929</b>

#### **Accounting Policy**

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

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

#### Leave

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

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

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

#### Separation and Redundancy

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

#### Superannuation

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

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

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

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

## 6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Commission, directly or indirectly. The Commission has determined the key management personnel to be the Chief Executive Officer. In 2021-22 this includes the period when the Deputy CEO was acting CEO. Key management personnel remuneration is reported in the table below:

	2022	2021
	\$	\$
Short-term employee benefits	402,996	347,339
Post-employment benefits	46,218	34,068
Other long-term employee benefits	5,531	4,639
<b>Total key management personnel remuneration expenses<sup>1</sup></b>	<b>454,745</b>	<b>386,046</b>

The total number of key management personnel that are included in the above table is two (2021: one).

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

## 6.3 Related Party Disclosures

### Related party relationships:

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

### Transactions with related parties:

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

Significant transactions with related parties can include:

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

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

## Managing Uncertainties

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

### 7.1 Financial Instruments

	2022	2021
	\$	\$
<b>7.1:A Categories of Financial Instruments</b>		
<b>Financial assets at amortised cost</b>		
Cash and cash equivalents	8,123	52,640
Goods and services receivable	358,541	94,937
<b>Total financial assets at amortised cost</b>	<b>366,664</b>	<b>147,577</b>
<b>Financial liabilities</b>		
<b>Financial liabilities measured at amortised cost</b>		
Suppliers	299,601	215,346
<b>Total financial liabilities measured at amortised cost</b>	<b>299,601</b>	<b>215,346</b>

#### Accounting Policy

##### Financial Assets

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

##### Financial Assets at Amortised Cost

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

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

Amortised cost is determined using the effective interest method.

##### Effective Interest Method

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

##### Impairment of Financial Assets

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

##### Financial Liabilities at Amortised Cost

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

**7.2 Administered - Financial Instruments**

	<u>2022</u>	<u>2021</u>
	\$	\$
<b>7.2A : Categories of Financial Instruments</b>		
<b>Financial assets at amortised cost</b>		
Cash and cash equivalents	<u>703</u>	<u>34</u>
<b>Total financial assets at amortised cost</b>	<u>703</u>	<u>34</u>
<b>Financial liabilities measured at amortised cost</b>		
Suppliers	<u>1,153,483</u>	<u>2,486,182</u>
<b>Total financial liabilities measured at amortised cost</b>	<u>1,153,483</u>	<u>2,486,182</u>

### 7.3. Contingent Assets and Liabilities

#### 7.3A: Departmental - Contingent Assets and Liabilities

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

#### Accounting Policy

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

#### 7.3B: Administered - Contingent Assets and Liabilities

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

#### 7.4: Fair Value Measurement

##### Fair value measurements at the end of the reporting period

	2022	2021
	\$	\$
<b>Non-financial assets</b>		
Property, plant and equipment - at fair value	342,333	599,134
<b>Total non-financial assets</b>	<b>342,333</b>	<b>599,134</b>
<b>Financial liabilities (approximate to fair value)</b>		
Suppliers	299,601	215,346
Other payables	178,203	124,070
Lease liabilities - Buildings - at amortised cost	861,780	1,459,742
<b>Total financial liabilities</b>	<b>1,339,584</b>	<b>1,799,158</b>

##### Accounting Policy

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

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

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

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

Financial liabilities are held at amortised cost. At 30 June, they approximate fair value.

#### 7.5 Administered - Fair Value Measurement

##### Fair value measurements at the end of the reporting period

	2022	2021
	\$	\$
<b>Financial liabilities</b>		
Trade creditors and accruals (approximate to fair value)	1,153,483	666,169
<b>Total financial liabilities</b>	<b>1,153,483</b>	<b>666,169</b>

## Other Information

### 8.1 Current/Non-Current Distinction for Assets and Liabilities

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

	2022	2021
	\$	\$
<b>Assets expected to be recovered in:</b>		
<b>No more than 12 months</b>		
Cash and cash equivalents	8,123	52,640
Trade and other receivables	8,372,022	3,843,657
<b>Total no more than 12 months</b>	<b>8,380,145</b>	<b>3,896,297</b>
<b>More than 12 months</b>		
Building - Right of use asset	876,896	1,459,621
Leasehold improvements	215,979	511,937
Plant and equipment	126,354	87,197
<b>Total more than 12 months</b>	<b>1,219,229</b>	<b>2,058,755</b>
<b>Total assets</b>	<b>9,599,373</b>	<b>5,955,052</b>
<b>Liabilities expected to be settled in:</b>		
<b>No more than 12 months</b>		
Suppliers	299,601	215,346
Other payables	178,203	124,070
Employee provisions	506,789	364,980
Leases	675,358	901,350
Other provisions	70,110	-
<b>Total no more than 12 months</b>	<b>1,730,061</b>	<b>1,605,746</b>
<b>More than 12 months</b>		
Employee provisions	725,589	600,949
Leases	186,422	558,392
Other provisions	-	70,110
<b>Total more than 12 months</b>	<b>912,011</b>	<b>1,229,451</b>
<b>Total liabilities</b>	<b>2,642,072</b>	<b>2,835,197</b>

**8.1B: Administered - Aggregate Assets and Liabilities**

	2022	2021
	\$	\$
<b>Assets expected to be recovered in:</b>		
<b>No more than 12 months</b>		
Cash and cash equivalents	703	34
Trade and other receivables	45,909	125,818
<b>Total no more than 12 months</b>	<b>46,612</b>	<b>125,852</b>
<b>More than 12 months</b>	-	-
<b>Total more than 12 months</b>	-	-
<b>Total assets</b>	<b>46,612</b>	<b>125,852</b>
<b>Liabilities expected to be settled in:</b>		
<b>No more than 12 months</b>		
Suppliers	1,153,483	2,486,182
Other payables	-	470
<b>Total no more than 12 months</b>	<b>1,153,483</b>	<b>2,486,652</b>
<b>More than 12 months</b>	-	-
<b>Total more than 12 months</b>	-	-
<b>Total liabilities</b>	<b>1,153,483</b>	<b>2,486,652</b>

# Navigation Aids

## List of requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	<b>Letter of transmittal</b>		
17AI	Page 5	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	<b>Aids to access</b>		
17AJ(a)	Page 4	Table of contents.	Mandatory
17AJ(b)	Page 128-129	Alphabetical index.	Mandatory
17AJ(c)	Page 125-127	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 114-124	List of requirements.	Mandatory
17AJ(e)	Page 2	Details of contact officer.	Mandatory
17AJ(f)	Page 2	Entity's website address.	Mandatory
17AJ(g)	Page 2	Electronic address of report.	Mandatory
17AD(a)	<b>Review by accountable authority</b>		
17AD(a)	Page 6-7	A review by the accountable authority of the entity.	Mandatory
17AD(b)	<b>Overview of the entity</b>		
17AE(1)(a)(i)	Page 9	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 11	A description of the organisational structure of the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(1)(a)(iii)	Pages 3, 9-10, 22-23	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	Pages 3, 9, 22-23	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Pages 5, 58	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Pages 5, 58	Position of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Page 58	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
17AE(1)(b)	n/a	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)	n/a	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	<b>Report on the Performance of the entity</b>		
	<b>Annual performance Statements</b>		
17AD(c)(i); 16F	Pages 21-49	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	<b>Report on Financial Performance</b>		
17AF(1)(a)	Page 50-51	A discussion and analysis of the entity's financial performance.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AF(1)(b)	Pages 50-51	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	n/a	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
17AD(d)	<b>Management and Accountability</b>		
	<b>Corporate Governance</b>		
17AG(2)(a)	Page 56	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Page 56	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page 56	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 56	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(2)(c)	Pages 52-53	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 53	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
<b>Audit Committee</b>			
17AG(2A)(a)	Page 54	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 55	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 55	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 55	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 55	The remuneration of each member of the entity's audit committee.	Mandatory
<b>External Scrutiny</b>			
17AG(3)	Page 56	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Page 56	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		may have a significant effect on the operations of the entity.	
17AG(3)(b)	Page 56	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 56	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
<b>Management of Human Resources</b>			
17AG(4)(a)	Page 56-57	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Pages 58-69	<p>Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following:</p> <ul style="list-style-type: none"> <li>(a) statistics on full-time employees;</li> <li>(b) statistics on part-time employees;</li> <li>(c) statistics on gender;</li> <li>(d) statistics on staff location.</li> </ul>	Mandatory
17AG(4)(b)	Pages 58-69	<p>Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following:</p> <ul style="list-style-type: none"> <li>Statistics on staffing classification level;</li> <li>Statistics on full-time employees;</li> <li>Statistics on part-time employees;</li> <li>Statistics on gender;</li> <li>Statistics on staff location;</li> </ul>	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		Statistics on employees who identify as Indigenous.	
17AG(4)(c)	Pages 56-57	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	Pages 56-57	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 70	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 57	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 57	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
	<b>Assets Management</b>		
17AG(5)	n/a	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
	<b>Purchasing</b>		
17AG(6)	Page 73	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
	<b>Reportable consultancy contracts</b>		
17AG(7)(a)	Page 73	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 73	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 73	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 73	A statement that	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		<p><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></p>	
<b>Reportable non-consultancy contracts</b>			
17AG(7A)(a)	Page 74	<p>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).</p>	Mandatory
17AG(7A)(b)	Page 74	<p>A statement that</p> <p><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></p>	Mandatory
17AD(daa)	<b>Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts</b>		
17AGA	Pages 73-74	<p>Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.</p>	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
<b>Australian National Audit Office Access Clauses</b>			
17AG(8)	Page 74	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
<b>Exempt contracts</b>			
17AG(9)	Page 74	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
<b>Small business</b>			
17AG(10)(a)	Page 75	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 75	An outline of the ways in which the procurement practices of the	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		entity support small and medium enterprises.	
17AG(10)(c)	n/a	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that  <i>"[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."</i>	If applicable, Mandatory
<b>Financial Statements</b>			
17AD(e)	Pages 80-113	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
<b>Executive Remuneration</b>			
17AD(da)	Page 71	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
<b>Other Mandatory Information</b>			
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that  <i>"During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website."</i>	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AH(1)(a)(ii)	Page 75	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 75	A statement that <i>"Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website]."</i>	If applicable, Mandatory
17AH(1)(c)	Page 75	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 76	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	n/a	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Page 76	Information required by other legislation.	Mandatory

## Glossary of abbreviations and acronyms

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

**Commission:** The National Mental Health Commission.

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

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

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

**COVID-19:** The term used for the disease caused by the virus SARS-CoV-2, as established by the World Health Organization, the World Organisation for Animal Health, and the Food and Agriculture Organization of the United Nations. COVID-19 is also known as '2019 novel coronavirus', '2019-nCoV' and coronavirus'.

**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:** In this report, 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 Suicide and Self-Harm Monitoring System:** Established by the Australian Institute of Health and Welfare and the Commission, the [National Suicide and Self-Harm Monitoring System](#) 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.

**Pandemic:** The World Health Organization defines a pandemic as an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

**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:** In this report, 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.

**Secretariat:** Support provided for meetings of the Commissioners.

**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.

AASB: Australian Accounting Standards Board

ABS: Australian Bureau of Statistics

AIDA: Australian Indigenous Doctors' Association

AIME: Australian Indigenous Mentoring Experience

AIHW: Australian Institute of Health and Welfare

ARACY: Australian Research Alliance for Children and Youth

ASL: Average Staffing Level

CEO: Chief Executive Officer

CFO: Chief Financial Officer

COO: Chief Operating Officer

CP: Corporate Plan

COAG: Council of Australian Governments

DCB: Departmental Capital Budget

eMHIC: eMental Health International Collaborative

ESD: ecologically sustainable development

FASD: fetal alcohol spectrum disorders

FOI: Freedom of Information

FRR: Financial Reporting Rule

GST: Goods and Services Tax

IPS: Information Publication Scheme

MHWA: Mentally Healthy Workplace Alliance (the Alliance)

NACCHO: National Aboriginal Community Controlled Health Organisation

NDIS: National Disability Insurance Scheme

NFRC: National Federation Reform Council

NMHC: National Mental Health Commission

NSPO: National Suicide Prevention Office

NSQHS: National Safety and Quality Health Service

NWI: National Workplace Initiative

OATSIH: Office of Aboriginal and Torres Strait Islander Health

OPA: Official Public Account

PBS: Portfolio Budget Statements

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

PHN: Primary Health Network

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

PRIDoC: Pacific Region Indigenous Doctors' Congress

WAAMH: Western Australian Association for Mental Health

WHO: World Health Organisation

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