



Australian Government
National Mental Health Commission

National Mental Health Commission

Corporate Plan

2016 – 2020



The National Mental Health Commission's website: www.mentalhealthcommission.gov.au

Contents

Introduction	2
Purpose	3
Environment	6
Performance	8
Work Plan 2016 -17	8
Key work areas:	8
1. Hold the system to account for improved outcomes in mental health and suicide prevention.....	8
2. Review of the services available to veterans and members of the Australian Defence Force in relation to prevention of self-harm and suicide	9
3. Drive improved approaches to suicide prevention	10
4. Help shape the role of Primary Health Networks in relation to mental health and suicide prevention	11
5. Develop multi-sectoral approaches to child and youth wellbeing	12
6. Build on Contributing Lives, Thriving Communities to create intersectoral momentum	13
7. Continuously improve the Commission’s operations.....	14
Capability	15
Risk Oversight and Management	17

Introduction

I, as the Chief Executive Officer (accountable authority) of the National Mental Health Commission, present the 2016-17 National Mental Health Commission's Corporate Plan, which covers the reporting periods of 2016-2020, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*.

This plan is prepared in accordance with the *Public Governance, Performance and Accountability Rule 2014*.

This plan sets out our purpose, what we will do to achieve that purpose and how we will measure our success.

The National Mental Health Commission's Annual Report 2016-17 will report against this plan.

A handwritten signature in black ink, appearing to read 'David Butt', is positioned above the printed name and title.

David Butt
Chief Executive Officer
Commissioner

19 August 2016

Purpose

Our vision

Our goal and reason for existence

All people in Australia achieve the best possible mental wellbeing to enable them to lead contributing lives in socially and economically thriving communities.

The World Health Organisation defines mental health as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Our mission

How we will achieve our vision

To be a catalyst for change by providing insights, evidence and advice to decision makers, service providers and communities. Connecting people to lead contributing lives.

Our values

The principles driving our work

Maximise equity and opportunity for all people in Australia, regardless of mental wellbeing.

Human relationships and social connectedness

Mental wealth is a national asset that reflects the resilience and wellbeing of our people.

Accountability and transparency

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



The National Mental Health Commission's (the Commission's) purpose is to provide insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems and to act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community. The Commission provides cross-sectoral leadership on the policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia.

Throughout 2016-17 and over the next three years, the Commission will continue to support the Australian Government to ensure investment in mental health is both effective and efficient. We will work with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned and enable participation in government process.

People with a lived experience of mental health, including carers and other support people, are actively engaged in all areas of the Commission's work. The Commission works to ensure the right of all people to participate in decisions that affect their care and the conditions that enable them to live contributing lives – nothing about us without us. The Commission ensures diverse and genuine engagement with people with lived experience, their families and other support people to add value to decision-making by providing direct knowledge about the actual needs of the community which results in better targeted and more responsive services and initiatives.

Throughout its existence, the Commission has applied the *Contributing Life* framework to its work – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. The Commission will work to support individuals to live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; participate in community, education and employment; have knowledge, assurance and respect, and can contribute to socially and economically thriving communities.

A contributing life can mean many things. It can mean a fulfilling life enriched with close connections to family and friends, good health and wellbeing to allow those connections to be enjoyed, having something to do each day that provides meaning and purpose – whether it be a job, supporting others or volunteering - and a home to live in, free from financial stress and uncertainty.

Indigenous people have significantly higher rates of mental distress, trauma, suicide and intentional self-harm, as well as exposure to risk factors such as stressful life events, family breakdown, unemployment, racism, discrimination, imprisonment, crime victimisation and alcohol and substance misuse. The Commission supports Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing as an overarching strategic priority which sits across all of our key work areas.

The Commission will facilitate collaboration across all sectors to promote mental health and prevent mental illness and suicide – this includes health, housing, human services, income support, justice, education, employment, defence, veterans affairs and the broader system to maximise outcomes and integrate service provision.

The Commission is a listed entity under the *Public Governance, Performance and Accountability Act 2013* with the Commission's purpose set out in clause 14 of Schedule 1 of the *Public Governance, Performance and Accountability Rule 2014*.

In November 2014, the Commission delivered to the Australian Government *Contributing Lives, Thriving Communities: Report of the National Review*, a comprehensive review of mental health programs and services. The vision for the Review is in its title – Contributing Lives, Thriving Communities. It is framed by the Contributing Life principles and goes on to recognise that, if people can live fully contributing lives, this will enable socially and economically thriving communities, and a more productive Australia.

The review assessed the efficiency and effectiveness of existing national mental health programs across all levels of government and the private and not-for-profit sectors that support individuals experiencing mental ill-health and their families and other support people. The review provides twenty-five recommendations across nine strategic directions. They form a strong, achievable and practical plan to assist the government implement actions that will reform Australia's mental health and suicide prevention systems, to enable more people to lead contributing lives and build more thriving communities.

The Australian Government's response in November 2015 largely endorsed in full or in principle most of the recommendations and much of the Commission's focus going forward is on implementation of those reforms, as well as monitoring and reporting on performance.

Environment

The Commission's *Contributing Lives, Thriving Communities: Report of the National Review* (the 2014 Review) found that the growth in costs of mental illness can be curtailed and outcomes improved by better matching services to need. Through examination of evidence and research, consultation and its own independent reports and advice, the Commission has found that a whole-of-person, whole-of-system and whole-of-life approach is essential to delivering a sustainable mental health system and to improve mental health and wellbeing in Australia. Poor mental health has significant personal, economic, productivity and social impacts.

The difficult challenge facing Australian governments, the private sector and the community is the need for better coordinated and integrated support across a range of sectors and systems that are person centred and support people to live contributing lives. Timely access to quality mental health and physical health treatment and care is important, but to prevent mental health difficulties and enable recovery individuals and their families also need timely access to the right type of social, economic and community-based supports. The issues transcend portfolio and intergovernmental barriers and include employment, education, housing, justice, income support, early childhood and family support, aged care, psychosocial services, Indigenous and culturally and linguistically diverse communities, defence and veterans' affairs, and addressing stigma and discrimination. Mental health and suicide prevention are national issues, but improved outcomes also will require action and improvements at a local level.

Since the release of *Contributing Lives, Thriving Communities*, the Commission continues to undertake work that provides leadership, insight, advice and evidence on ways to improve Australia's mental health and suicide prevention systems, and acts as a catalyst for change to achieve those improvements. Given the complex interplay between sectors, jurisdictions and systems, the Commission plays a crucial leadership and accountability role in Australia's mental health and suicide prevention systems.

The Commission's accountability and monitoring role is critical to ensuring the government and the community receive a complete picture of mental health and wellbeing in Australia and to ensure reforms are delivering results and value for money. Independent monitoring and reporting is one of the Commission's core functions. The Commission's reporting also shares data analyses, best practice examples, and the stories and experiences of mental health consumers and carers.

Over the next few years, the Commission proposes a process of transformational change, guided by 25 recommendations across the following nine strategic directions:

1. Set clear roles and accountabilities to shape a person-centred mental health system.
2. Agree and implement national targets and local organisational performance measures.
3. Shift funding priorities from hospitals and income support to community and primary health care services.
4. Empower and support self-care and implement a new model of stepped care across Australia.
5. Promote the wellbeing and mental health of the Australian community, beginning with a healthy start to life.

6. Expand dedicated mental health and social and emotional wellbeing teams for Aboriginal and Torres Strait Islander people.
7. Reduce suicides and suicide attempts by 50 per cent over the next decade.
8. Build workforce and research capacity to support systems change.
9. Improve access to services and support through innovative technologies.

Over the next 10 years, the Commission proposes further actions which build on the initial reforms to create a quality, high-performing mental health and suicide prevention system so that all Australians achieve the best possible mental health and wellbeing.

Factors which may impact on the Commissions success:

There are many factors internal and external to the organisation which may impact on the Commission's performance.

They include, but are not exclusive of:

- Success is dependent on collaboration between Key Stakeholders to implement changes as outlined in the review
- Government capacity to invest and redirect funding into areas which add the greatest value
- Government policy to support and influence reform
- Changes to current government direction, policy or legislation
- The need to invest in workforce reform
- Investment and a re-focus on prevention and early intervention
- Development and adoption of agreed national targets and performance measures across the jurisdictions and investment in technology and innovation
- A clear coordinated national approach to suicide prevention strategies

The Commission does not anticipate these factors to be of significant risk due to the significant and broad stakeholder alignment with the directions for reform as proposed by the Commission, the Commission's reputation of working collaboratively with all key stakeholders, its independent advisory function to government and the community, and the Commission's reputation within the sector.

Performance

The Commission's Work Plan 2016-17 has been developed in collaboration with the Chair and Commissioners and links to the Recommendations from *Contributing Lives, Thriving Communities*.

Work Plan 2016 -17

Key work areas:

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

A core function of the Commission is independent reporting on the extent to which people with lived experience of mental illness, their families and other support people, are supported to live contributing lives, across health and other domains, such as early childhood, education, employment, disability and housing. The Commission considers the outcomes and experiences of mental health consumers and carers, with analyses at national, regional and local levels and identification of areas where further change is needed.

In its ongoing monitoring and reporting, the Commission draws on existing data, indicators and frameworks, including the domains presented in the 2014 report, *Contributing Lives, Thriving Communities*, and subsequent developments through the Mental Health Information Strategy Sub-Committee (MHISSC). The Commission also considers the impact of mental health reforms and policy developments, including regional integration of mental health services and planning through Primary Health Networks, rollout of the National Disability Insurance Scheme, and the expected 5th National Mental Health and Suicide Prevention Plan.

Target in 2016-17:

- Publish an annual national report on mental health and suicide prevention.
- Progress the development of data and indicators to support national reporting.
- Release issues papers and position papers that analyse progress on critical issues, including:
 - the economics of mental health.
 - research and evaluation of online forums for people with severe mental illness.
- Develop a reporting framework to guide future monitoring and reporting by the Commission.

Target over the next four years:

- Continue our independent reporting on whole-of-life outcomes and experiences of mental health consumers and carers, best practice examples of systems and services to support contributing lives, and tracking progress in implementing national mental health reforms.
- Drive further development of data and data capability to support comprehensive national reporting on whole-of-life outcomes and system performance, by:
 - Influencing and contributing to national data development priorities through the Mental Health Information Strategy Sub-Committee (MHISSC) of the Mental Health, Drug and Alcohol Principal Committee (MHDAPC), which reports to the Australian Health Ministers Advisory Council (AHMAC).
 - Working in partnership with the AIHW and the ABS to develop and analyse data for key indicators in national reporting frameworks.
 - Developing appropriate analytical capacity within the Commission.

2. Review of the services available to veterans and members of the Australian Defence Force in relation to prevention of self-harm and suicide

This Review will examine the self-harm and suicide prevention services available to current and former members of the Australian Defence Force (ADF), to assess their accessibility and effectiveness.

The primary focus of the Review will be on examining the data and evidence about the services and programs provided by the Departments of Defence and Veterans' Affairs. It is also acknowledged that many ex-service organisations provide a wide range of services to former serving members and their families. The Review will also give consideration to these services, particularly in the context of any gaps identified in the services provided by the ADF and DVA. The Review will consider in relation to self-harm and suicide prevention:

- The range of services available to current and former serving members and their families.
- The effectiveness of these services in supporting members and their families while they serve, as they transition from Defence to civilian life, and later in their civilian life.
- Any duplication or gaps in current services and how they might be addressed.
- Any barriers to current and former serving members accessing services, taking into account cultural relevance, availability of providers, employment, functional capacity and degree of ill health.
- The extent to which former serving members utilise services provided by other parts of government, ex-service organisations, the private sector or non-government organisations

- The incidence of suicide among serving and former serving ADF members compared to the broader Australian community.

The Review will be informed by a reference group comprising current and former members of Defence. The reference group will include the Chair of the Prime Ministerial Advisory Council on Veterans' Mental Health and the Deputy President of the Repatriation Commission.

The Commission will report its findings to the Minister for Veterans' Affairs and Defence Personnel, the Hon Dan Tehan MP, and the Minister for Health, the Hon Sussan Ley, MP.

The Review will also consider previous studies and inquiries, including the implementation of recommendations arising from these inquiries. This includes Inquiries conducted by the Senate and the study conducted by Professor David Dunt in 2009 on suicide in the ex-service community.

The Review will not be limited by the terms of reference and can make other recommendations for the Government to examine in relation to suicide and self-harm by serving and former serving members of the ADF.

Target in 2016-17:

A report outlining preliminary findings will be provided to Government for its consideration by 16 December 2016, with a final report to be provided to Government by 28 February 2017.

3. Drive improved approaches to suicide prevention

The Commission will work with the Australian Advisory Group on Suicide Prevention and a wider group of stakeholders to give advice to government which will assess current action, identify gaps, and recommend evidence-based approaches to support improved outcomes in suicide prevention, including care after a suicide attempt. This work will include consideration of targeted strategies for particular population groups, including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse populations, people who are Lesbian Gay Bisexual Transgender or Intersex (LGBTI), and people living in rural and remote areas.

To ensure broader engagement with stakeholders across sectors, workshops and meetings will be held to discuss national priorities, share knowledge of what is known about regional approaches and work to improve data and monitoring.

Target in 2016-17:

- Develop agreed priorities with the Australian Advisory Group on Suicide Prevention for national and regional action to reduce suicide and suicide attempts, including common evaluation criteria which can be applied across different trials.
- Work collaboratively and share with stakeholders the learnings from trials of regional suicide prevention approaches, including PHN sites, Black Dog Institute's research trials, and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP).

Target over the next four years:

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

4. Help shape the role of Primary Health Networks in relation to mental health and suicide prevention

Working with PHNs and the Australian Government Department of Health, the Commission will monitor and support PHNs in transitioning to commissioning and planning mental health and suicide prevention services according to identified needs within their regions.

The Commission's work will include:

- Promoting the role of consumers and carers in PHN actions involving co-design, co-development and co-commissioning of services.
- Monitoring the evaluation of PHN lead sites in mental health and suicide prevention, and sharing learnings more broadly through reporting, relevant expert advisory groups, and other stakeholder engagement.
- Assisting in developing timely performance indicators which over time demonstrate the outcomes being achieved by PHNs, monitoring achievement (or otherwise) of those outcomes, and providing advice on ways to continuously improve performance.
- As required, providing advice and support to PHNs, including PHN Guidance material, to promote uptake of relevant Commission projects, for example, improving the physical health and wellbeing of people with a mental illness, and creation of mentally healthy workplaces.

Target in 2016-17:

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

Target over the next four years:

- Equip PHNs with evidence-based information to build capacity and guide planning and commissioning of mental health services and suicide prevention, and to improve service integration through a more flexible and joined-up system at a local level.
- Analyse mental health consumer and carer outcomes at PHN level.
- Report on learnings and successes from evaluations of PHN lead sites included in the Annual National Report (refer KWA 1).

5. Develop multi-sectoral approaches to child and youth wellbeing

While there is much work underway in different sectors to address child mental health and wellbeing, there is no nationally agreed strategy that brings together approaches to promotion, prevention and early intervention across the different sectors of peri-natal, early childhood and school education, transition to work, and health. The Commission will work with stakeholders from across these sectors to develop agreed national strategies, and promote a life course approach that recognises key transitions in the lives of children and youth, the needs of different population groups, and puts in place strategies for early intervention to address childhood trauma.

Target in 2016-17:

- Support nationally agreed action towards improved outcomes in child and youth mental health, addressing issues such as:
 - Children and families at risk
 - Perinatal mental health
 - Childhood trauma
 - Resilience and mental fitness
 - Aboriginal and Torres Strait Islander considerations
 - Cross-sectoral issues including health, human services, employment, accommodation, justice, and education
 - Workforce training
 - Caregiving/parenting/environments
 - Communication/messaging/health literacy/advocacy
 - Research agendas.

Target over the next four years:

- Support the development of a national strategic approach to the first 1,000 days of child development (from conception to the age of two) and child and youth wellbeing, with multi-sectoral collaboration on prevention and early intervention.

6. Build on Contributing Lives, Thriving Communities to create intersectoral momentum

To be able to live Contributing Lives, people with mental illness need support across the spectrum of social services, not solely from the health system. This includes housing, education, employment and other social services. Care and support is most effective if coordinated around the needs of the person, rather than the needs of the system. The Commission has a number of projects in various stages of completion, that are being progressed to build capacity across a range of sectors, to promote positive mental health, and support people to live contributing lives.

Targets in 2016-17:

- Identify areas of current activity and potential future opportunities to build on existing mechanisms of engagement with consumers and carers in policy development, program design, implementation and monitoring.
- Launch, promote and evaluate the outcomes of the National Consensus Statement *“Equally Well. To improve the physical health and wellbeing of people living with a mental illness”* endorsed by consumer and carer groups, professional colleges, non-government organisations and relevant government agencies.
- Monitor the outcomes of the National Consensus Statement.
- Promote mentally healthy workplaces through the Mentally Healthy Workplace Alliance.
- Monitor indicators and support work to promote cultural change to reduce seclusion and restraint, promote peer workforce development across jurisdictions, and share knowledge of what is working and what is not.
- Support strategic research to progress understanding of the housing experiences of people with mental illness.

Targets over the next four years:

- Based on the scoping of current activities to engage consumers and carers, identify actions to pursue opportunities identified for improvements.
- Support alignment of mental health and suicide prevention research, policy and practice with the identified needs and participation goals of mental health consumers and carers.
- Continue to monitor and bring the recommendations of *Contributing Lives, Thriving Communities* to the attention of policy makers and promote the need for further intersectoral action where required.

- Continue to build intersectoral momentum through strategic engagement and partnerships with government agencies, State and Territory bodies, non-government and private sector organisations and mental health consumers and carers.

7. Continuously improve the Commission's operations

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

Target in 2016-17:

- **Secretariat and other support to the Commission**
 - Six Commission meetings are held each year, with at least three outside of Australian cities and one focused on Aboriginal and Torres Strait Islander issues.
 - Government, cross sector and community stakeholders are engaged and inform Commissioners by way of correspondence, attendance at Commission meetings, forums, briefings and formal agreements.
- **Effective and efficient running of the Commission**
 - 2016-2020 Corporate Plan incorporating the 2016-17 Work Plan is submitted to the Minister and the Finance Minister.
 - Commission is running within budget, efficiently and judiciously.
 - Statutory reporting and governance obligations are met.
 - Commission staff has performance and development agreements in place with performance reviews conducted in accordance with policy.
 - The Commission develops and implements a Mentally Healthy Workplace policy and plan.
- **Stakeholder Engagement: The Commission:**
 - Engages and supports the work of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) and National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)
 - Contributes to relevant national committees and conferences.
 - Engages with national and state agencies to progress shared priorities.
 - Ensures appropriate engagement of people with a lived experience in the work of the Commission.
 - Engages the community and other NGOs including through MOUs as appropriate.

Targets over the next four years:

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

Capability

To achieve the Commission's purpose, expertise in public sector policy and mental health and suicide prevention is needed. The Commission engages highly skilled and experienced staff and has a number of Commissioners with a wide variety of experience across different sectors that bring a range of relevant expertise to the Commission. The Commission works collaboratively with a variety of stakeholders from the government, private and community sectors. People with a lived experience of mental health, including carers and other support people are involved in all areas of the Commission's work.

People and Culture

The Commission has a culture of professionalism with leadership and resources that enable a high standard of performance. Staff are afforded opportunities to build their skills and continuous learning is promoted. The Commission encourages a workplace culture of openness, diversity and inclusiveness.

The Commission implements governance arrangements and processes to ensure clear accountabilities.

Commissioners

The Chair and Commissioners bring a range of expertise and perspectives. They are committed to giving an independent view of system performance and a voice to the experiences of people living with mental health difficulties or suicide risk and their families and support people. The Commissioners provide leadership that sets a clear direction.

Staff

The CEO and executive provide strategic leadership and align individual performance with the Commission's goals. Staff attracted and retained by the Commission are committed, skilled, motivated and responsive, and achieve results. Staff capability is developed through ongoing workforce planning and staffs' participation in the performance and development scheme.

Partners

The Commission collaborates and partners with external stakeholders to influence change and drive improvement and to maximise effort and resources.

The Commission has in place a Paid Participation Policy which recognises the valuable specialised and expert contributions made by people who have a first-hand experience of a mental health condition or are a family member or other support person.

The Commission also works closely with research institutions, industry providers and state and territory governments to leverage expertise and resources to ensure robust, reliable and accountable advice and reporting.

Operations

The Commission is committed to working in line with the APS Values and applying whole-of-government initiatives and will continue to work towards increased productivity through flexibility and innovation.

The community expects a whole-of-government experience with access to information, security of data and protection of privacy, and we are committed to meeting these expectations.

The Commission operates in a corporate services shared services environment and regularly reviews internal systems and procedures to simplify and streamline its operations and make best use of resources.

Fiscal Environment

The Commission's budget is published in the Portfolio Budget Statements 2016-17.

Risk Oversight and Management

The Commission is an independent executive agency in the Health Portfolio, established under the *Public Service Act 1999*. The Commission operates as a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* and complies with the Commonwealth Risk Management Policy.

The Commission's risk profile and tolerance is somewhat different to other Commonwealth agencies. We are a small entity that provides independent advice and reports to Government and the community on mental health outcomes and reform, at arms-length from the departments and agencies that manage funding and services.

A relatively high overall appetite for risk is behind the Commission's main functions and greatest opportunities – delivering regular, independent reports on Australia's performance in promoting good mental health and wellbeing, preventing mental ill health, and supporting people living with mental health difficulties and their families and friends; and providing frank and fearless advice on issues of national significance or impact. In other areas the Commission has no tolerance of risk, that is, of dishonest, deceptive and fraudulent conduct.

The Commission's Risk Management Framework aims to support and develop an enterprise-wide approach to risk management and a culture that supports risk management as an everyday part of the work of all staff. It also reflects the operating and resource realities of a very small agency.

Collectively, the Commission strives for a culture and a risk management approach that helps us continuously improve. This brings many potential benefits, including an increased likelihood of achieving goals and meeting expectations; improved identification of opportunities and threats; improved stakeholder confidence and trust; and growing organisational resilience, operational effectiveness and efficiency.

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