

National Mental Health Commission

Corporate Plan 2024-25

August 2024



Australian Government
National Mental Health Commission

Introduction

As the Accountable Authority of the National Mental Health Commission (the Commission), it is my pleasure to present the National Mental Health Commission Corporate Plan 2024–25 (the Plan), as required under paragraph 95(1)(b) of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act). This Plan has been prepared for 2024–25 in accordance with the *Public Governance, Performance and Accountability Rule 2014*.

In the 2024-25 Budget, the Government announced the next steps in the reform of the Commission. As an interim step, the Commission's functions, resources, and associated appropriations will transfer into the Department of Health and Aged Care (the Department) as a non-statutory office on or before 1 October 2024.

During the first quarter of 2024–25, the Commission remains an Executive Agency under the *Public Service Act 1999*, and a non-corporate Commonwealth entity under the PGPA Act, operating under the Health and Aged Care Portfolio and reporting to the Minister for Health and Aged Care. Accordingly, this Plan focusses on setting out our purpose, what we will do to achieve that purpose, and how we will measure our success during the first quarter of 2024–25.

The Commission's activities that are set out in this Plan will form a part of the Department's activities in its Corporate Plan 2024–25 from 1 October 2024, and will be reported upon in the Department's Annual Report 2024–25. The Commission's activities in the outlook period (2026–27 to 2028–29) will be outlined in future Department Corporate Plans and reported on in future Department Annual Reports.

Under the reform, structures will be put in place within the Department from 1 October 2024 to safeguard the Commission's role in promoting transparency and accountability and monitoring the impact of all governments' policies and investments. This will enable appropriate longer-term function and governance arrangements to be established following consultation with the mental health and suicide prevention sectors.



Paul McCormack
Interim Chief Executive Officer

13 August 2024

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Purpose

The National Mental Health Commission's (the Commission's) purpose, as defined by its single Outcome Statement in the Health and Aged Care Portfolio Budget Statements 2024–25 is:

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

The Commission achieves this purpose through actively monitoring the cross-sectoral policies, programs, services and systems that support mental health and wellbeing in Australia; impartially and objectively reporting on their effectiveness and on the impact of government policies and investment on that effectiveness; and providing impartial, practical and evidence-based advice to the Australian Government on national approaches to system improvements and how to cultivate the mental health and wellbeing of the Australian community.

This key monitoring, reporting and advising activity supports the Australian Government to deliver an efficient, integrated and sustainable mental health and suicide prevention system to improve mental health and wellbeing outcomes for Australians and help prevent suicide.

The National Suicide Prevention Office (NSPO) is a specialist non-statutory office established within the Commission to lead the adoption of a national whole-of-governments approach to suicide prevention. The NSPO is working to develop strategic policy advice on the actions required to enhance protective factors, address social determinants, intervene early in distress, and provide integrated, coordinated and compassionate care for those experiencing suicidality or suicidal crisis. The NSPO also supports the building of suicide prevention capacity and capability nationally by working to enhance the scope and consistency of data collection, refine approaches to populations disproportionately affected by suicide, identify research and translation gaps, and monitor and report on progress.

Key Activities

The Commission is responsible for a single Program within its single Outcome. The Program Statement for Program 1.1 National Mental Health Commission in the Health and Aged Care Portfolio Budget Statements 2024–25 is:

The NMHC continues to increase accountability and transparency in mental health and wellbeing, and suicide prevention, through monitoring and reporting on investment in mental health and suicide prevention, and the provision of policy advice to the Australian Government. The NSPO within the NMHC continues to develop a National Suicide Prevention Strategy and a national outcomes framework for suicide prevention.

To support the delivery of this program and to achieve its purpose in 2024–25, the Commission will deliver in two broad areas:

1. Monitoring, reporting and advising on the impact and efficacy of the mental health system, and
2. Leading the adoption of a national whole-of-governments approach to suicide prevention.

The key activities undertaken by the Commission in each of these broad areas are spelt out in the Health and Aged Care Portfolio Budget Statements 2024–25.

Key activity 1

Increase transparency and accountability by:

- monitoring the impact of all government’s policies and investments in the mental health and suicide prevention system;
- impartially reporting on performance of the mental health and suicide prevention system, and the progress of reforms, to improve mental health, wellbeing and suicide prevention outcomes; and
- providing evidence-based mental health and suicide prevention advice to the Government to develop and promote national approaches to system improvement and investment.

Key activity 2

Deliver the National Suicide Prevention Strategy to the Government and develop a National Suicide Prevention Outcomes Framework.

Performance

The Commission’s performance criteria, targets and methodology reflect its role in supporting the Australian Government to improve Australia’s mental health and suicide prevention systems.

<p>Key activity 1</p> <p>Increase transparency and accountability by:</p> <ul style="list-style-type: none"> • monitoring the impact of all government’s policies and investments in the mental health and suicide prevention system; • impartially reporting on performance of the mental health and suicide prevention system, and the progress of reforms, to improve mental health, wellbeing and suicide prevention outcomes; and • providing evidence-based mental health and suicide prevention advice to the Government to develop and promote national approaches to system improvement and investment. 			
Performance measure	Target	Measure type and rationale	Data source
The Annual National Report Card is published annually by the end of June.	National Report Card published by 30 June 2025.	This output target will measure the timeliness of the delivery of the Report Card to the Australian Government and community, which underpins the report’s relevance.	Date of release.
<p>Key activity 2</p> <p>Deliver the National Suicide Prevention Strategy to the Government and develop a National Suicide Prevention Outcomes Framework.</p>			
Performance measure	Target	Rationale	Data source
Development of the National Suicide Prevention Outcomes Framework.	Design phase to be completed 30 June 2025.	The output target will measure the timeliness of delivering the framework, which underpins its relevance.	Date of release.

Operating Context

Environment

For 2024–25, the Commission expects its external operating environment to continue to be dynamic as changes occur in economic conditions, technology, demography and societal values.

The prevalence of mental illness and suicide in Australia is a priority public health issue that has significant personal, economic and social impacts. Timely access to quality mental health treatment and care is essential, as is access to social, economic and community-based supports for prevention and recovery. The links between social determinants and their impact on suicide risk and mental health and wellbeing are well established. These include adequate housing and health care, education and employment opportunities, income and food security, personal and workplace safety and a fair justice system.

The recent cost-of-living surge is leading to a greater number of people suffering financial hardship, which is expected to exacerbate the difficulties many people face in meeting their needs. In particular, the challenge for many Australians to access affordable housing is increasing the risk of homelessness.

Digital technologies and online connectivity continue to be a growing part of our lives, with governments, businesses and individuals increasingly reliant on its use. While social media platforms have quickly become powerful tools for social connection, there are some sections of the community who are less likely to be included and may suffer. The negative factors associated with higher online connectivity include unrealistic social comparison, exposure to harmful content and disruptions to attention and sleep.

Capabilities

In 2024–25, the Commission will harness the diverse skills and experience of its staff with expertise in public policy, mental health, suicide prevention, research, data and systems analysis, financial and project management. The Commission aims to operate in a flexible work environment within an inclusive, mentally healthy workplace.

The NSPO is supported by an Expert Advisory Group comprising a Chair and representatives with relevant subject matter expertise and experience in relation to suicide prevention.

As part of the 2024-25 Budget, the Government announced a machinery of Government change that will transfer the Commission into the Department of Health and Aged Care from 1 October 2024 as a non-statutory function with an administrative reporting line to the Department. During the final three months of the Commission's operation as an Executive Agency, from 1 July to 30 September 2024, and from 1 October 2024 onwards operating within the Department, the Commission expects its core work, as defined in its Outcome and Program Statements, and its key activities, to be performed by its employees, and for its use of consultants and contractors to be minimal.

Risk oversight

The Commission's approach to risk management is documented in its risk management framework which aligns with section 16 of the PGPA Act 2013 and the Commonwealth Risk Management Policy. It was updated in mid-2024 to reflect updates to the Commonwealth Risk Management Policy.

The Commission applies an integrated risk management framework, where all staff are aware of the risks inherent in the activities we undertake and proactive in their management. The Commission develops and implements policies to support the risk management framework and provides training to staff in key areas of risk, including work health and safety, fraud awareness and protective security. Our enterprise risk register details key strategic and operational risks.

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

Key enterprise risks covered by this plan are outlined below.

Key risks

Risk Category	Risk Description	Key Mitigations	Risk Tolerance
Delivery	Inability to deliver committed work i) on time, or ii) to meet quality requirements.	Commission’s internal governance arrangements supporting a culture of transparency and performance.	The Commission has a high risk tolerance for undertaking activities that contribute to supporting the mental health and wellbeing of the community through monitoring, reporting and advising on the policies, programs, services and systems that support mental health in Australia.
Resources	Failure to meet financial management responsibilities, including effective budget management. Fraud or corruption.	Commission’s internal governance arrangements supporting a culture of transparency and performance. Emphasis on updating internal policies, procedures, instructions, and delegations to support effective management of Commission business.	The Commission has a low risk tolerance for the mismanagement of financial resources and fraud
ICT and Data	Cyber breach or loss of sensitive information	Shared risk with the Department - Essential 8 monitoring and uplift. Staff training and awareness raising.	The Commission has a low risk tolerance for inappropriate, illegal, or fraudulent access to systems, which might result

Risk Category	Risk Description	Key Mitigations	Risk Tolerance
			in the exposure of personal data and critical information.
People	<p>Failure to ensure staff wellbeing, health and safety, including in management of the transition into the Department.</p> <p>Failure to achieve governance, workplace and delivery culture reforms.</p> <p>Inadequate workforce capability and utilisation.</p>	<p>Commission's internal governance arrangements supporting a culture of transparency and performance.</p> <p>Joint oversight of transition and reform progress with the Department</p>	<p>The Commission has a low risk tolerance for any activities that may cause harm to the safety and wellbeing of our people.</p> <p>The Commission has a high risk tolerance for taking a flexible approach to recruiting and retaining an engaged, diverse and skilled workforce.</p>
Policy	<p>Inadequate corporate memory, sector knowledge, technical skill or professional expertise.</p> <p>Ineffective engagement by the Commission in the stakeholder consultation led by the Department on future governance arrangements and functions for the Commission.</p>	<p>Recruitment targets both sector and APS skills and expertise.</p> <p>On-the-job learning and induction materials.</p> <p>Commission's internal governance arrangements supporting a culture of transparency and performance.</p> <p>Joint oversight of transition and reform progress with the Department, with key personnel moving into the Department to provide continuity of expertise.</p>	<p>The Commission has a high risk tolerance for providing advice to the Australian Government that supports the best possible solutions to existing and emerging mental health and suicide prevention priorities and challenges.</p>
Compliance	<p>Failure to comply with legislative and governance requirements including WHS legislation, Public</p>	<p>Commission's internal governance arrangements supporting a culture of transparency and performance.</p>	<p>The Commission has a low risk tolerance for non-compliance with relevant legislation and requirements</p>

Risk Category	Risk Description	Key Mitigations	Risk Tolerance
	Service Act and PGPA Act. Badly managed Machinery of Government transition to the Department.	Joint oversight of transition and reform progress with the Department.	
Stakeholders	Ineffective engagement with stakeholders, including individuals with lived experience.	Commission's internal governance arrangements supporting a culture of transparency and performance. Paid participation policy	The Commission has a high risk tolerance for stakeholder engagement activities, in particular people with lived experience, to inform its advice to Government and reporting on the mental health and suicide prevention systems.

Cooperation

The Commission has a valuable capability to bring together stakeholders that represent diverse mental health and suicide prevention sector perspectives and are connected to community need. The Commission engages across sectors and jurisdictions to improve its evidence base, leverage expertise and resources, and ensure robust, reliable and accountable advice and reporting. This includes, but is not limited to, the health, housing, human services, income support, justice, education, employment, defence and veterans' affairs sectors.

The Commission's work also includes working with non-government organisations and academics who conduct research, provide services and advocate for the needs of those they serve. Engagement of lived experience is one of the Commission's core commitments, allowing it to benefit from a diverse range of perspectives, including the full breadth of mental illness and recovery. The Commission will continue to strengthen the involvement of people who have first-hand experience of accessing care and support, in designing, governing, delivering and evaluating the mental health and suicide prevention systems.

Subsidiaries

The Commission has no subsidiaries.