



**Australian Government**

**National Mental Health Commission**

*Interim Office*

## **Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services**

This submission responds to the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services in Australia, with reference to item g) in the Terms of Reference; the delivery of a national mental health commission. This submission has been prepared by the Interim Office of the National Mental Health Commission ('the Commission') to expand upon and complement an earlier submission from the Department of Health and Ageing, which included input on the establishment of the agency provided by the Department of the Prime Minister and Cabinet.

### **Introduction**

Mental illness is not a single condition that can be discretely defined by one set of clinical parameters. It is a broad term which covers a vast range of experiences or diagnoses and impacts upon people, their families, colleagues, carers and loved ones. Similarly, the mental health system is not easily defined. In establishing Australia's first National Mental Health Commission, it is important to note the complexity of the task of increasing accountability and transparency in a field which crosses most government services, all jurisdictions, non-government and not-for-profit service providers.

Through the 2011-12 Budget, the Australian Government is investing \$32 million over five years to establish Australia's first National Mental Health Commission as an Executive Agency within the Prime Minister's portfolio. This is part of the Government's \$2.2 billion investment in mental health reform through the 2011-12 *Delivery on National Mental Health Reform* Budget package. The Commission is being established in response to stakeholders' requests for a high profile, national voice on mental health and an improvement in accountability, oversight and transparency in the form of a Commission, independent from the agencies which administer mental health spending.

The Commission will report to Parliament via the Prime Minister, in recognition that mental health requires a whole of government focus. The Minister for Mental Health and Ageing will have day to day oversight of the Commission in his new role as Minister Assisting the Prime Minister on Mental Health Reform.

By providing timelier and more accessible information about mental health and related systems, consumers and carers will be able to make more informed decisions about their care and support. This will also ensure that mental health policy continues to be considered

not only from a health perspective, but also from a whole of person, whole of life perspective.

### **Governance of the Commission**

Nine Mental Health Commissioners will be selected with a wide variety of expertise across different sectors. The Commissioners will provide advice to the Government on relevant issues including mental health system performance, outcomes and policy directions. Of the nine Commissioners, one will be the Chair. The Chair will provide leadership and guidance to the group of Commissioners. Discussions are taking place within Government, including consultations with a range of stakeholders, around the appointments to the Commission. This process is ongoing and it is expected that an announcement regarding Commissioners will be made in the coming months.

In June 2011, Ms Robyn Kruk AM was appointed CEO designate of the Commission. Ms Kruk started work in June 2011 on a part time basis as head of the Interim Office to guide establishment in the lead up to formal commencement of activities. The agency, to be based in Sydney, will commence operation in January 2012 with the first meeting of the Commission in late January or early February 2012.

### **Role of the Commission**

The Commission's major role will be to increase accountability and transparency by reporting publicly on the effectiveness of mental health and related services. This will inform future funding and administration of mental health services. It cannot do this without the active engagement of consumers and carers, and service providers as well as states and territories which contribute significant funding for mental health. Discussions have commenced with other state based mental health commissions on how best to engage and share information in order to help Governments plan more effectively for the future mental health needs of the nation.

The Commission will not be a funder or a service provider. Nor will it take on the roles of other statutory entities such as state based health care complaints organisations, the Human Rights Commission, Health Workforce Australia, the Australian Institute of Health and Welfare or the Australian Commission on Safety and Quality in Health Care. It will however, align its activities with relevant health entities as part of a focus on information sharing, collaboration and avoiding duplication of effort.

### **Functions of the Commission**

The Commission will be taking action immediately to strengthen public accountability and transparency through its development of the Annual National Report Card on Mental Health and Suicide Prevention ('the Report Card').

A process has commenced to investigate the existing spectrum of data sources and reports in the mental health space, which will frame a range of options for the scope and format of the Report Card.

This will provide the basis for meaningful consultation with the sector, stakeholders, consumers and carer representatives in early 2012 and also for consideration by the Mental Health Chair and Commissioners. It is expected that the first Report Card will be published in late 2012. Recognising that the Commission is designed to improve outcomes for people, the Report Card will be informed by both the data on the performance and outcomes of the system as well as the actual lived experience of those encountering the system. It is intended that the first Report Card be released in late 2012.

Over the longer term, in summary, the Commission will also:

- *monitor and report on the performance of the mental health system including through ongoing evaluation of the Ten Year Roadmap for Mental Health Reform which is currently being developed;*
- *develop, collate and analyse data and reports from other sources including Commonwealth agencies' reporting on progress - with a particular focus on ensuring a cross sectoral perspective is taken to mental health reform;*
- *provide mental health policy advice to Government in consultation with relevant agencies;*
- *engage consumers and carers in mental health policy and service improvements; and*
- *provide an Annual Report on its activities to Parliament, through the Prime Minister.*

### **An accountable and transparent Commission**

The establishment of the Commission has been funded by the Commonwealth to increase accountability and transparency in mental health services, including through oversight of the administration of mental health programs and services. To ensure that the Commission is itself accountable and transparent from the outset, the first priority has been to meet and consult with consumers, carers, stakeholders and their representatives. This has occurred in a number of formats including through established bodies and individual representative organisations, and by participating in key events such as the two consultative forums held by the Mental Health Council of Australia (MHCA) on the Commission and the Ten Year Road Map for Mental Health Reform ('the Roadmap').

The CEO designate also participated in sessions at the annual Mental Health Services (THeMHS) Conference in September 2011, which gave consumers and carers a chance to ask seek information about the Commission and its priorities. Consultation continues, specifically in regard to determining the most effective and inclusive manner in which to engage consumers and carers in the work of the Commission.

## **National Mental Health Commission – Interim Office**

The outcome of these and further consultations will form a presentation and a paper at the first meeting of the Commission in early 2012. This will complement the papers prepared by the MHCA following the two forums held in early September. All of these papers will be on the agenda for the first meeting of the Commission.

Below is a brief summary of themes which have emerged from consultation with stakeholders, consumers and carers on their aspirations for the Commission:

- *Consumers and carers feel that they are not part of the decision making process in relation to policy development or service delivery.*
- *There is a need to recognise and disseminate models of best practice in care and support in mental health services.*
- *Services should be focused around the needs of the person requiring assistance rather than defined by the nature of the service provider.*
- *There needs to be a structured and transparent evaluation of services so that users as well as administrators and clinicians can have a better understanding of what works.*
- *Evidence on the effectiveness of different methodologies or treatments is sometimes difficult to obtain.*
- *The data on mental health is opaque and focussed on inputs and outputs, rather than outcomes.*
- *Data needs to be more accessible to consumers and carers to assist them in making better informed decisions about their treatment.*
- *There needs to be a coordinated focus on the mental health workforce that acknowledges scarcity and accessibility issues and the need to adopt more flexible service models of care with a strong community focus.*
- *There is strong support for early intervention initiatives but greater need for coordination of services.*
- *The sector is conscious of the need to strengthen its capacity to be a more effective contributor to policy and practice in mental health service delivery.*
- *The Commission should seek the views of consumers and carers, including seeking out the views from those who may not be as prominent or accessible.*

Consultation will continue over the coming months as the agency moves closer to formal establishment and commencing operation on 1 January 2012. You may contact the interim office at the details below:

### **National Mental Health Commission**

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