Australian Psychosocial Alliance

Response to the

Discussion Paper: Strengthening the National Mental Health Commission and National Suicide Prevention Office

November 2024

About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) includes Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Open Minds, Ruah, Stride Mental Health and Wellways Australia. We are specialist providers of community managed mental health and wellbeing services in Australia, with most of us registered as NDIS providers with a focus on psychosocial disability.

Members of the APA have extensive experience providing recovery-oriented care and support which focuses on personal goals, participation and living a meaningful life. We have evidence of what works, and combine this with service delivery wisdom, to provide recovery-oriented services that support people to manage their symptoms and build their capacity to participate in society and manage their lives. This includes support to sustain a tenancy, build the skills to live independently, find fulfilling work, and build social connections.

The people who access our supports come from diverse communities across Australia, with each of our organisations having a clear commitment to promoting community inclusion and participation. We have experience providing services to at risk groups, such as LGBTIQ+ individuals, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander people, as well as young people. We recognise the value of lived experience and seek to co-design services and approaches wherever possible.

Submission

We welcome the opportunity to make a submission about the Discussion Paper: Strengthening the National Mental Health Commission and National Suicide Prevention Office. We congratulate the Government on seeking the views of the mental health sector about the future of the National Mental Health Commission and National Suicide Prevention Office. These are two important parts of a comprehensive mental health and suicide prevention ecosystem that provide Government leadership and accountability mechanisms that support the system as a whole.

Overarching position

1. The National Mental Health Commission (NMHC) should have independence and ability to report objectively on mental health system funding, performance, and service delivery across Australia. To maximise this the NMHC should be a fully independent statutory agency with appropriate funding to support necessary infrastructure. A second-best option is for the NMHC to be established as a standalone statutory office to be provided corporate support by the Department of Prime Minister and Cabinet and to report to the Prime Minister.

2. The National Mental Health Commission should be enabled to collect information and, if necessary, require the production of information about the mental health system from all Australian Jurisdictions. This may require enactment through legislation and/or formal agreement as part of the National Mental Health and Suicide Prevention Agreement or associated bilateral agreements with each jurisdiction.

Consultation Questions

We offer responses to the following questions.

3.6 Questions

1. ***Do you think the proposed objectives and functions create an effective framework for the NMHC to deliver on its original intent of promoting transparency and accountability in the performance of the mental health and suicide prevention systems?***
   We generally support the proposed objectives and functions.

2. ***Are there any elements of the NMHC's objectives or functions that you would change, add or remove?***
   The focus should be on holding governments and the mental health ecosystem to account for delivering quality and safe services nationally, in so far as these services are funded directly or indirectly by the Commonwealth.

   The "Advise" function should include an identification of service gaps and how they might be addressed consistently, nationally.

3. ***Should the NMHC's coverage of mental health systems include a focus on the broader concept of wellbeing?***

No. The task of mental health system performance and reform is a large task for a Commission of limited resources. Expanding into wellbeing would dilute the attention required for meaningful, targeted reform in mental health systems focused on the United Convention on the Rights of Persons with Disabilities, and other human rights instruments (ideally including an Australian Human Rights Act in due course).

4. ***Is it necessary to formalise the role of the NMHC in working with Mental Health Commissions across jurisdictions, and if so, do you have any views on how this role should be described?***

For a comprehensive response to mental health system performance and reform opportunities it would be helpful for all mental health commissions, however styled, to work together, sharing data, information, and insights. Shared key performance indictors would facilitate and strengthen the relationship between the Mental Health Commissions and the NMHC, including to hold each Mental Health Commission to account for its relationship with the NMHC.

We envisage that this national approach would complement and feed into national Ministerial meetings, including National Cabinet and the Health Ministers' meetings; and facilitate more consistency across jurisdictions, noting the mobility of the Australian population, in areas such as mental health legislation (including coercive practices), guardianship legislation, enduring powers of attorney, advanced care directives and cross jurisdictional recognition.

5. ***In what ways should the NMHC hold the Government accountable for the performance of the mental health and suicide prevention systems?***

The NMHC should co-produce and publicly report on key performance indicators for the mental health system nationally, including performance at the jurisdictional level. This performance data would include both public, private and community managed (funded) services. It would require a national data set to which all governments must be mandated to contribute.

This would help inform decision making for Commonwealth investment in reform activities, and National Health Agreement and Mental Health and Suicide Prevention Agreement negotiations. It would also support a focus on addressing service gaps and allow National unmet needs and benchmarking activities to occur on an ongoing basis.

A comprehensive data set could also lead to the creation of a National Mental Health Data Asset which could be open to researchers and other mental health system participants to identify opportunities for reform and development, and drive further mental health system performance improvements.

The concept of "accountability" is a two-way proposition. In relation to the "Report" and "Advise" functions of the NMHC there should be a reciprocal accountability for the government to respond publicly on the Report Card, other Reports or Advice and to detail actions it will take in relation to the recommendations or findings and that such responses should be tabled within a timeline specified in legislation. Consistent with our overarching position on the establishment of the NMHC as a Statutory Agency this accountability should be set out in the establishing legislation.

6. ***To what extent should the NMHC engage in advocacy and what does this look like?***

The NMHC should not engage in advocacy. Its role should be to publicly report performance, benchmarking, and unmet needs data, and lived experience feedback, and provide advice (based on this data and information) to Government about how the performance and service gaps might be addressed effectively.

7. ***Do you have any views on the future functions of the NSPO – and whether its current functions should be maintained, amended, or aligned with the NMHC?***
   We offer no view.

8. ***Do you have any views on whether the NMHC should retain its coverage of suicide prevention, or if this should be led solely by the NSPO?***
   Whilst the issues surrounding suicide prevention are wide ranging, it is impossible to consider comprehensive services for people with a lived experience of a complex mental health issue without considering suicide prevention and postvention.

   The NMHC must have capacity and ability to consider suicide prevention and postvention activities but work closely and collaboratively with the NPSO. The NPSO should lead on suicide prevention issues, but not to the exclusion of the important work of the NMHC in contextualising this work in the mental health ecosystem.

9. ***What parameters or governance arrangements could be put in place to ensure 'other reports as requested or approved by Government' remains within the scope of the NMHC's objectives and functions?***
   Any such request should be fully consistent with the objectives and functions of the NMHC. This could be enshrined in Objects of a National Mental Health Commission Act which would establish the NMHC as a Statutory Agency/Office and govern its operations and decision making.

   Any such requests should be approved by the relevant Minister allocated the legislation. In our view, this should be the Prime Minister as part of the move to the NMHC being a Statutory Agency (or Office supported through the Department of Prime Minister and Cabinet (PM&C)).

   Any such request should be advised to Parliament, with a parliamentary committee providing oversight to the operations and functions of the NMHC including such request and their reports. As indicated in our answer to Question 5, we believe that the Government should be required to table responses to such reports and any advice provided and that a timeline for the provision of such response should be included in legislation.

10. ***Do you have any views on how the involvement of lived experience should be captured in the purpose and functions? What measures can the NMHC and NSPO take to effectively empower the voices of lived experience?***

    The purpose should include a reference to a requirement for co-design, co-production, co-research and co-evaluation with people with lived experience of mental illness or suicide, their families, carers and kin as fundamental to the way in which the NMHC operates.

    It is noted that the proposed "monitor" function appropriately includes "*supporting the full and effective participation of people with lived experience of mental illness and suicidal distress, their families, carers and kin".*

    Under the "report" functions, the NMHC's monitoring and reporting data set should also include the identification of how effectively co-design, co-production, co-research, and co-evaluation is

being implemented in the mental health system and its impact on system performance, improvement and innovation.

Consistent with our position that the NMHC should be a Statutory body, people with lived experience should be required to be represented on advisory bodies and that the roles of these bodies and their membership should be set out in legislation.

4.6 Questions

1. ***Which option would most adequately empower the NMHC to monitor and provide robust, expert advice on the state of Australia's mental health and suicide prevention systems?***
   We do not support any of the options presented.

   The options presented do not provide sufficient independence in monitoring, reporting, and advising Government. This lack of independence, even if perceived in parts of the mental health system, leads to a diminution of the respect for the NMHC's work and the robustness of its reporting and advice by all mental health system actors. This is one of the challenges for the NMHC currently.

   Mental health system participants want a robust and effective NMHC. We are fearful that changes that have been made so far, and that may be contemplated, will emasculate the NMHC and not deliver on its original promise. This would be a very poor outcome for the community, including to consumers and their families, carers and loved ones, as well as public, private and community managed service providers and clinicians.

   The NMHC should be a fully independent statutory agency with appropriate funding to support necessary infrastructure.

   A second-best option is for the NMHC to be established as standalone Statutory Office to be provided corporate support by the Department of Prime Minister and Cabinet and to report to the Prime Minister. This would place the NMHC at the heart of government, with the authority of the Prime Minister in its activities and actions.

   Effective reform of the mental health system requires this level of authority given the whole of government approach required to address the social determinants of mental ill-health, and lengthy problems experienced with achieving significant meaningful reform, as evidenced by the large number of reports that have been delivered over the years and not acted upon.

2. ***Which option would most adequately support the NSPO to deliver on its whole-of-government policy responsibilities?***
   As with the case of the options for the NMHC, the options presented for the NSPO also do not provide the independence and cross government reach that the NSPO requires to ensure full implementation and oversight of the National Strategy. The NSPO should also be an independent statutory office in the portfolio of the PMC.

   The role and functions of the NSPO should remain the same, but as advocated by Suicide Prevention Australia, with appropriate resourcing there would benefits in expanding this function, for example to shift the NMHC's coverage of suicide prevention to the NSPO, or for the NSPO to be available to external agencies as an information point in roll-out of the strategy, e.g. for Local and State Governments.

The Advisory bodies to the NSPO should remain as non-statutory bodies, and the structure of an Advisory Board and the Lived Experience Partnership Group should remain. Suicide Prevention Australia should retain a position on the Advisory Board to continue to represent the sector.

3. ***Which of these options do you see as providing the most overall benefits to the community including to consumers and their families, carers and loved ones?***

The most benefit to these structural arrangements will be achieved by the community, including consumers, families, carers and loved ones seeing and believing that the NMHC is independent of Government (to the maximum extent possible given it is funded [and needs to be funded to an appropriate level] by government). Practically, this means the NMHC must operate at arms-length from any health or social service policy, funding, or service delivery agencies.

Only by having this distance will there be trust in monitoring and reporting by the NMHC and a belief that this is not being influenced by issues other than the data, its independent interpretation (which includes consumers, families, carers and loved ones), and free and frank advice being provided to government.