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REVIEW OF THE MENTAL HEALTH COMMISSION OF NEW SOUTH WALES

REPORT TO PARLIAMENT
2018





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FOREWORD



It is with great pleasure that I present the findings and recommendations of the Review of the Mental Health Commission of New South Wales.

The Review commenced in August last year as a requirement of the *Mental Health Commission Act 2012* (NSW). It provided an important opportunity to look at what the Commission has done since we established it in 2012 and to identify opportunities to strengthen its work.

Mental health is a major issue facing our community. The establishment of the Commission created high expectations to improve the mental health and wellbeing of the people of NSW by improving the use of funds and the accountability of services.

The Commission's work has contributed to this effort by raising awareness of mental health, improving public dialogue and championing the interests of people with mental illness. The Commission's draft strategic plan for the mental health system in New South Wales *Living Well: A strategic plan for mental health in NSW 2014–2024* was adopted by Government to support a decade long commitment to mental health reform.

The NSW Government is reforming mental health care services to improve the wellbeing of the community and outcomes for those with mental illness. At a time of rising demand for information, services and support, the Review has provided a comprehensive look at how the Commission is securing better mental health and wellbeing for everyone.

While the Commission has met the functions under the Mental Health Commission Act and contributed to significant outcomes over the last five years, the Review also found the Commission's role now lacks

clarity as the New South Wales health care system has continued to evolve.

The Government supports refocusing the role of the Commission on monitoring, reviewing and improving the mental health and wellbeing of the people of New South Wales, as well as tightening the Commission's functions to focus on strategic planning, advocacy and systemic reviews. This focuses the Commission's efforts on key levers for change while not duplicating the work of other agencies.

The Review also recommends the Commission must strengthen engagement with stakeholders across government and the sector, and particularly with those with lived experience of mental illness.

I would like to thank everyone involved in the Review, especially those with a lived experience of mental illness, and their families and carers who took the time to contribute, the Reviewer, Dr David Chaplow, and members of the Reference Group who provided their expertise and time to support the Review.

I look forward to seeing the Commission move from strength to strength over the coming years as it continues to enhance the mental health and wellbeing of the people of New South Wales.

A handwritten signature in blue ink that reads "Davies". The signature is stylized and cursive.

The Hon Tanya Davies MP
Minister for Mental Health



EXECUTIVE SUMMARY

The *Mental Health Commission Act 2012* (the Act)¹ requires the Minister to undertake a statutory review of the Mental Health Commission of New South Wales (the Commission) five years after establishment.

The Minister for Mental Health, the Hon. Tanya Davies MP released terms of reference for the review and appointed Dr David Chaplow, a former National Director of Mental Health and Chief Advisor, Ministry of Health, Wellington, New Zealand, to lead the Review.

The Terms of Reference set out three major activities:

- **Part A** - Review of the work of the Commission - including how it has met the functions and principles under the Act.
- **Part B** - Future state recommendations - including the future role, functions, principles and priorities of the Commission.
- **Part C** - A review of the legislation to see that this remains valid and appropriate.

An expert Reference Group made up of peak bodies and government agencies provided input throughout the Review process. The Review took a consultative and inclusive approach, encouraging broad engagement and participation by all stakeholders.

Findings and Recommendations

In respect of Part A, the Review finds that the Commission has met the functions under the Act. The Commission has undertaken an expansive scope of activities and contributed to a range of outcomes over its initial five-year period (2012-2017).

A major function of the Commission was the development of a draft strategic plan for the mental health system in NSW. The Commission completed *Living Well: A strategic plan for mental health in NSW 2014-2024* following extensive stakeholder consultation and the plan was adopted by Government in a major commitment to mental health in NSW.

In addition, the Commission has contributed to a broad range of outcomes over its initial five years. Mental health is increasingly viewed as a shared responsibility requiring integrated approaches across government and the broader sector, and there is a new level of engagement that recognises the important contribution of consumers and carers through mechanisms like co-design and the peer workforce.

In respect of Part B and Part C, the Review makes 17 recommendations to improve the Commission's capacity to better reflect and support the needs of all stakeholders, especially those with a lived experience of mental illness. They include:

Clearer, more effective role

The Review found the purpose for which the Commission was established was valid, but that over time its role has become less relevant and effective. This reflects the greater focus of many agencies across NSW Health on performance monitoring and service improvement, and the increasing integration of mental health in these efforts.

The achievement of mental health and wellbeing requires not only effective health services, but also the contribution and performance of other sectors

which have significant mental health impacts.

The Review found that the Commission's role should be more tightly defined to monitoring, reviewing and improving the mental health and wellbeing of the people of NSW (rather than the system). The Review recommends the Act be amended to better reflect that focus, ensuring the Commission undertakes monitoring and reviews of mental health and wellbeing outcomes, as well as the impact of government strategies, priorities and programs to achieve these.

Renaming the Commission

The Review found the Commission's identity should be strengthened to encompass wellbeing, as part of a whole of life view of mental health. The Review recommends the Commission be named the Mental Health and Wellbeing Commission, the first Australian state to encompass wellbeing in the name of its mental health commission.

Focusing the functions

The Review found that the functions under the Act are too broad to effectively focus the Commission's work. The Commission's work should be refocused on three primary functions: strategic planning (including implementation and reporting), advocacy, and systemic reviews.

A more focused remit will improve effectiveness, and support the Commission to continue to build credibility and trust with consumers, carers and the community while continuing to demonstrate impact. Other functions should remain in the Act, but are considered 'enabling' functions, supporting these three primary functions.

Strengthening reporting

The Review found that the Commission's reporting function lacked impact. To strengthen this, the Review recommends that relevant government agencies be required to prepare a response to a report prepared by the Commission and tabled by the Minister in Parliament.

Adhering to the governing principles

The Act sets out five principles governing the work of the Commission: principles of care, coordination, integration, communication and collaboration. The Review finds that the principles are valid, but the Commission needs to strengthen the way it works with stakeholders to improve adherence to these principles.

The Review recommends that the Commission bolster efforts to improve integration, coordination and collaboration, recommending the Act better reflect the importance of these guiding principles in the work

of the Commission and government agencies.

Building influence across government

Some stakeholders felt the Commission's real impact and potential has been hindered by a perceived lack of authority, and disconnect from the broader government and service delivery system.

The Commission's authority can be strengthened through stronger engagement across government.

The Review makes a number of non-legislative recommendations to enable this. These include the Commission being made a full member of the whole of government Mental Health Taskforce, the development of an engagement strategy in partnership with other agencies, and improved dialogue and presence with other relevant committees across government.

Meeting the needs of specific populations

Like any government or statutory agency, the Commission must ensure that it actively engages the community and those it is established to serve, particularly people with a lived experience of mental illness and their families and carers.

The Review found that the Commission needed to strengthen its engagement with people with a lived experience of mental illness. This group of people had a low perception of the Commission's work, and more than half did not agree that the Commission effectively engaged with them. The review recommends amendments to require the Commission to engage, consult and consider the views of people with a lived experience of mental illness.

The Review also found that the Commission needed to do more to strengthen its work with young people and the LGBTQI community, and recommends both the development of engagement strategies and amendment to the Act to support this.

Strengthening operations of the Commission

The Review found that the operations of the Commission can be strengthened through a regular strategic planning process, undertaken with stakeholders. The review also recommends that the Commission review its structure and capabilities based on the review outcomes.

Next Steps

This report was provided to NSW Government for consideration as to whether the recommendations are supported, and if so what actions should be undertaken.

RECOMMENDATIONS

Recommendation	Requires legislative amendment
<p>1 That the Objects of the Act (section 3) be amended to focus the work of the Commission on <i>monitoring, reviewing and improving the mental health and wellbeing of the people of New South Wales</i>.</p>	Yes
<p>2 That the Mental Health Commission of New South Wales be renamed the Mental Health and Wellbeing Commission of New South Wales, with amendment to section 1 of the Act to reflect this.</p>	Yes
<p>3 That the Commission's functions be rearticulated and refocused, providing clarity on the role and functions of the Commission in the broader system. The Commission should focus on three primary functions: strategic planning, systemic reviews and advocacy, with other functions to remain in the Act but considered enabling functions. Section 12(1) of the Act to be amended such that:</p> <ul style="list-style-type: none"> i. s12(1)(a) be amended to remove historic reference to developing a draft strategic plan, to provide for an ongoing role for the Commission in strategic planning and in implementation of the strategic plan, or other strategic priorities that may be identified by Government. ii. s12(1)(b) remain without amendment. The Commission should also establish a regular reporting cycle, against key reform indicators. iii. s12(1)(c) be amended so the current section (c) is revised to: review, evaluate, report and advise on the mental health and wellbeing of the people of New South Wales, including systemic reviews of programs and services provided to people who have a mental illness, and other issues affecting people who have a mental illness. iv. s12(1)(f, g, h) be amended so these functions continue, but that they be set out in a different order to flow from whole-of-community education to specific issues (i.e. s12(1)(h, f, g)). v. s12(1)(e) be amended to remove policy development from the Act. In addition, the Commission should consider the functions of commissioning research, innovation, as an enabling function. The enabling functions should be listed last in the revised Act. vi. s12(1)(d) remain without amendment, but the Commission should also consider this function an enabling function. The enabling functions should be listed last in the revised Act. 	Yes
<p>4 That the Commission's independence in relation to the preparation of reports should be retained, but as the Act pre-dates the adoption of <i>Living Well</i> by the Government, section 9 should be amended to remove the reference to the development of a strategic plan.</p>	Yes
<p>5 That section 14 of the Act be amended to remove the historic reference to progress reports on the draft strategic plan (s14(1)(a)).</p>	Yes
<p>6 That the Act be amended to require that if the Commission makes recommendation/s in a report pursuant to section 14 that relate to an agency, that agency must respond to the Minister tabling the report in writing within a reasonable period:</p> <ul style="list-style-type: none"> i. detailing the steps it has taken, or plans to take, in relation to the recommendation; or ii. advising that it has decided not to take any action in relation to the recommendation. <p>If subsection (2)(b) applies, the agency must provide the reasons for its decision.</p>	Yes

Recommendation	Requires legislative amendment
<p>7 That the Commission's role in whole-of-government mental health governance be strengthened, such that:</p> <ul style="list-style-type: none"> i. the Commission be made a full member of the Mental Health Taskforce ii. Government and agencies invite the Commissioner to meet with other relevant whole-of-government committees to discuss whole-of-government priorities relating to mental health iii. the Commission work with government agencies to develop a whole-of-government engagement strategy between the Commission and government. 	No
<p>8 That NSW Health and the Commission make publicly available these whole-of-government mental health governance mechanisms (as appropriate) and related roles and responsibilities, with these to be communicated broadly to increase stakeholder awareness of the overarching system governance.</p>	No
<p>9 That the Commission should strengthen efforts to enhance integration, coordination and collaboration across government and the broader system, promote a broad understanding of the mental health system, and to continue to communicate this to stakeholders.</p>	No
<p>10 That the Act be amended to:</p> <ul style="list-style-type: none"> i. move the principles to follow the Objects of the Act, to signify the overarching importance of these to the work of the Commission and government agencies ii. move 'Cooperation between Commission and public sector agencies' from Miscellaneous provisions to follow the principles, to see that there is a closer alignment between these. 	Yes
<p>11 That section 12(2)(d) be amended to require the Commission to engage, consult and consider the views of the populations identified in the Act.</p>	Yes
<p>12 That the Commission's engagement with young people be strengthened, in that:</p> <ul style="list-style-type: none"> i. the Commission co-design and implement appropriate strategies to engage young people (particularly those with lived experience of mental illness) and carers in its work, and advise the Minister for Mental Health on whether the Community Advisory Council appropriately includes the views of young people. ii. section 12(2)(e) be amended to include consideration of the needs of young people. 	Yes
<p>13 That the Commission's engagement with those identifying as LGBTQI be strengthened, in that:</p> <ul style="list-style-type: none"> i. the Commission co-design and implement appropriate strategies to engage people identifying as LGBTQI (particularly those with lived experience of mental illness) and carers in its work, and advise the Minister for Mental Health on whether the Community Advisory Council appropriately includes the views of the LGBTQI community. ii. section 12(2)(e) be amended to include consideration of the needs of the LGBTQI community. 	Yes
<p>14 That the Commission partner with Aboriginal people and communities to prioritise Aboriginal social and emotional wellbeing; and that the Commission establish an Aboriginal governance and engagement mechanism to support this.</p>	No
<p>15 That the Community Advisory Council remains in statute, and related appointments remain Ministerial appointments.</p>	No
<p>16 That the Commission establish a regular strategic planning and prioritisation process, through stakeholder engagement, to set the priorities for the Commission. This process should inform the Commission's own strategic plan and Ministerial Charter letters.</p>	No
<p>17 That the Commission consider the appropriate structure and staff capabilities to ensure that it is capable of credibly fulfilling its functions and the outcomes of this Review.</p>	No



CHAPTER ONE: INTRODUCTION

METHODOLOGY OF THE REVIEW

The Act requires the Minister to undertake a statutory review of the Commission ‘as soon as possible after the period of 5 years from the commencement of this Act’ and ‘undertake a further review of the work of the Commission at least once every 5 years after the first review’, with a report on the outcome ‘to be tabled in each House of Parliament within 12 months after the end of the relevant 5-year period’ (section 20).

The Act further requires that the Review be undertaken in two parts:

- **Part A:** *a review of the work of the Commission taking into account the functions of the Commission and the principles governing the work of the Commission* (section 20(1)(a))
- **Part B:** *a review of the Act to determine whether the policy objectives of the Act remain valid and whether the terms of the Act remain appropriate for securing those objectives* (section 20(1)(b)).

The terms of reference for the Review reflect section 20 of the Act and set the scope and methodology for the Review (see Appendix 1—Terms of Reference—Review of the Mental Health Commission of New South Wales).

Appointment of the Reviewer

The terms of reference for the Review were released in September 2017, and the Minister for Mental Health appointed Dr David Chaplow—former National Director of Mental Health and Chief Advisor of the New Zealand Ministry of Health—to lead the Review, with secretariat support from the Mental Health Branch at the NSW Ministry of Health (the Ministry).

Review governance

The Ministry established a Reference Group (the Group) to provide expert input and advice to the Review, with roles and responsibilities outlined in its terms of reference (see Appendix 2—Reference Group Terms of Reference).

The Group consisted of a range of NSW Health, NSW Government and peak nongovernment organisation (NGO) and community-managed organisation (CMO) stakeholders, including consumer and carer representatives with knowledge and expertise in the Commission’s work. Members of the Group were also invited to participate in stakeholder consultations to represent their respective agencies.

Methods

The Review took a mixed-methods approach, including a desktop review, a stakeholder perceptions survey, roundtable workshops and interviews, a multi-stakeholder forum, a review of commissions in other jurisdictions, and written submissions.

Table 1: Methods used to conduct the Review

	Method	Description	Information sources
Desktop review			
1	Document reviews and interviews	Assessment and analysis of publicly available information and the Commission's submission to the Review; against the Commission's legislated role, functions and principles.	Commission's submission, Commissioner's briefings with Reviewer, Commission website, annual reports.
Stakeholder consultations			
2	Public online survey	Open, independent stakeholder survey to establish views on the work of the Commission and future priorities.	Cross-section of professionals from the mental health, broader health, government, nongovernment and community sectors, and consumers and carers.
3	Stakeholder consultations (roundtables and interviews)	Face-to-face and telephone consultations with groups of stakeholders to seek feedback.	Stakeholders with lived experience of mental illness, their families and carers. Clinicians, service providers, and other stakeholders from the mental health, broader health, government, nongovernment and community sectors.
4	Multi-stakeholder forum	One-day facilitated collaborative consultation to seek input to recommendations.	Cross-section of professionals from the mental health, broader health, government, nongovernment and community sectors, including consumers and carers.
5	Written submissions	Written and formal submissions.	Individuals, clinicians, service providers and organisations.
Review of comparable models and legislation			
6	Review of comparative models	Review of similar commission models across jurisdictions.	Legislative Acts and governance models.
7	Review of <i>Mental Health Commission Act 2012 (NSW)</i>	The Mental Health Commission Act was considered and proposed recommendations made, based on review findings.	Findings from the above processes.

Desktop review of the Commission's work

A desktop review was undertaken to consider the extent to which the Commission had met the functions and principles under the Act, including a review of publicly available information.

The Commission provided a comprehensive submission to the Review (see Appendix 3—Mental Health Commission Submission to the Review), with former Commissioner, John Feneley, also providing a comprehensive briefing on the Commission's work to the Reviewer. The focus of this was on Part A of the Review, with some indication of the Commission's views on Part B and C of the Review.

Stakeholder consultation

Public online survey

An independent survey company, ORC International, was commissioned to co-design, administer and report on an online perceptions survey. The survey questions were tightly aligned with the Terms of Reference, focusing stakeholder perceptions on how the Commission had met the functions and principles under the Act, as well as future directions for the organisation.

The online public perception survey was:

- open for five weeks and received 753 responses
- advertised and promoted via the NSW Health website and social media (Twitter and Facebook)
- broadcast by EmailLink to Multicultural NSW's extensive database of organisations and individuals from culturally diverse communities
- promoted by the Mental Health Commission and mental health consumer and carer peak bodies Being and Mental Health Carers NSW, via their networks
- targeted to over 200 individuals and organisations, who were invited to participate and help circulate the survey to peers and members.

The questionnaire contained both quantitative and qualitative components. Responses were summarised to provide a comparative analysis of results, a summary of key commentary and findings from stakeholder perceptions. The results are referred to in this report, with the report available in Appendix 4—ORC Online Survey Report.

Roundtables, interviews, multi-stakeholder forum, submissions

Community and stakeholder communication commenced in August 2017.

Major features of stakeholder consultations included:

- Approximately 80 people participated in 20 roundtables and interviews with the Reviewer. These considered both Part A and Part B of the Review, and participants shared views and insights to inform Review outcomes.
- Thematic analysis of the interview and roundtable consultations was undertaken.
- A collaborative multi-stakeholder forum focusing on Part B of the Review brought together 60 invited representatives of consumers and carers, NSW Government agencies, the NGO/CMO sector and other organisations. (see Appendix 5—Multi-stakeholder Forum Outcomes Report)
- Written submissions were sought by email to stakeholders, via the NSW Health website, during stakeholder consultations. Ten submissions were received during the public consultation period.
- Full details of the stakeholder engagement process, including submissions received, are in Appendix 6—Stakeholder Consultation Summary.

Review of comparable models and legislation

A review of comparable Commission models was undertaken to consider opportunities to strengthen the NSW model.

The Act was considered with reference to the outcomes of the earlier processes, to determine whether the terms of the Act remained valid.

OVERVIEW OF MENTAL HEALTH IN OUR COMMUNITY

Across Australia in 2015, about four million people were estimated to have experienced a mental illness.² In New South Wales, 70% of males and 65% of females experienced low-level psychological distress, 20% of males and 21% of females experienced moderate-level psychological distress, 6% of males and 9% of females experienced high-level psychological distress, and 4% of males and 5% of females experienced very high-level psychological distress.³

Mental illnesses are the single largest cause of disability in Australia and account for 24% of the total nonfatal disease burden. Severe disorders, such as schizophrenia, severe depression and severe anxiety disorders, account for about 80% of mental health expenditure in Australia.⁴ The Australian Institute of Health and Welfare estimates that national recurrent expenditure on mental health-related services was around \$9 billion in 2015–16.⁵

Many people with mental health difficulties face compounding disadvantage—particularly Aboriginal and Torres Strait Islander people, people living in rural and remote regions, people who are marginalised due to their sexuality, gender, cultural background or job, people who have difficulties with alcohol or other drugs, people living with an intellectual disability and people who experienced childhood trauma.⁶

In addition to the significant personal costs incurred both by people experiencing mental illness, and their families and loved ones, poor mental health also has a significant impact on the individual and the economy, and on society more broadly. Without appropriate care, support and management, mental health problems often lead to other difficulties, including the breakdown of family and personal relationships, poor education,⁷ poor employment outcomes,⁸ over-representation in the justice system,⁹ increased mortality and higher use of health and social services.¹⁰

The economic cost of mental ill-health to Australia is enormous. Estimates range up to \$28.6 billion per year in direct and indirect costs, with lost productivity and job turnover costing a further \$12 billion per year—collectively, \$40 billion per year, or more than 2% of gross domestic product.¹¹

A similarly negative relationship exists between mental illness and educational outcomes, including days absent from school, impact on functioning at school due to symptoms of mental disorder, school performance in different learning areas and enjoyment of school.¹²

Children and adolescents in families with low incomes, or in which parents and carers have lower levels of education and higher levels of unemployment, had higher rates of mental disorders in the previous



Across Australia in 2015, about four million people were estimated to have experienced a mental illness.²

12 months.¹³ There is also a strong geographical relationship, with higher rates of mental disorders found in nonmetropolitan areas.¹⁴

ESTABLISHMENT OF THE MENTAL HEALTH COMMISSION OF NEW SOUTH WALES

In 2011, the NSW Government set up the Taskforce to Establish a Mental Health Commission in New South Wales. The role of the Taskforce was to consult, research and advise on the legislation to establish a mental health commission to meet the mental health needs of New South Wales.

Public consultations by the Taskforce showed the community wanted an independent body to take a holistic approach to addressing the needs of people with mental illness across government and throughout life, while also dealing with other related diseases and disorders.¹⁵

The Taskforce recommended the formation of a Type 2-model commission (see section—Mental Health Commission Models), involving a wide mandate and whole-system focus as the most appropriate for the Mental Health Commission of New South Wales. This model is similar to the National Mental Health Commission (NMHC) (2012) and the mental health commissions established in Canada (2007) and Queensland (2012).

The Mental Health Commission of New South Wales was established in July 2012 under the Mental Health Commission Act in order to monitor, review and improve the New South Wales mental health system, and the mental health and wellbeing of the people of New South Wales.¹⁶

In particular, the Commission was to be a champion for mental health, ensure better accountability of mental health services and the use of mental health funds, and nurture innovation in our approach to mental health.¹⁷

John Feneley was appointed as the inaugural Mental Health Commissioner for a five-year term in August 2012. Catherine Lourey is the current Commissioner, commencing on 18 August 2017.

THE BROADER HEALTH AND HUMAN SERVICES SYSTEM

Mental health system

The mental health and wellbeing system is considered to be services and mechanisms for people who experience mental illness to enable them to recover, improve their mental health and live well in the community. The system includes promotion of mental health and wellbeing; prevention of mental health conditions; supports for people to live in the community; and clinical and nonclinical mental health treatment, rehabilitation and psychosocial support services.

A complex network of services, programs, advocacy and support are available to people with mental health illness in New South Wales. These include psychological treatment and clinical care, alongside psychosocial rehabilitation and disability support services and assistance for families and carers of people with mental illness. A diverse range of agencies and organisations also contribute to the mental health system through activities relating to policy development, research, education, promotion and referral and advisory services.

This section outlines the key organisations and legislation involved in the mental health system within New South Wales. It is not an exhaustive list, but these are the organisations most significantly involved in the development, implementation, administration and review of mental health policy and programs.

The Commission interacts with these organisations in varying ways; however, the purpose of this section is to both provide a context for, and set the scene for the position of, the Commission in the broader New South Wales system. A summary of the information is presented in Appendix 7—Summary of Key Organisations and Agencies in the NSW Mental Health System.

Mental health in the New South Wales public health system

The Australian health system is a dynamic mix of public and private sector health service providers and a range of funding and regulatory mechanisms.

In general, the Australian Government takes responsibility for national policies, regulations, funding of health care (through health insurance arrangements and direct payments to the states and territories), and the delivery of primary health care through Medicare. States and territories have primary responsibility for service delivery through public hospitals; community, public health, ambulance and public dental services; and mental health programs.¹⁸

Both the Commonwealth and state and territory governments share responsibility for mental health policy and the provision of support services for Australians living with a mental disorder. Medicare-subsidised, mental health specific services are provided by psychiatrists, general practitioners (GPs), psychologists and other allied health professionals. These services are provided in a range of settings, for example hospitals, consulting rooms, home visits, over the phone, and online videoconferencing. Nearly 10% of the New South Wales population accessed Medicare-subsidised, mental health-specific services in 2016–17.¹⁹

Specialised mental health care is delivered in and by a range of facilities, including public and private psychiatric hospitals, psychiatric units or wards in public acute hospitals, community mental health care services and government-operated and nongovernment-operated residential mental health services. State and territory governments are responsible for providing specialised mental health services and associated psychosocial rehabilitation and disability support programs.²⁰ In New South Wales, key public health agencies are local health districts, statutory health corporations, affiliated health organisations and the Ministry. These bodies are recognised or established under the *Health Services Act 1997* (NSW).

Mental Health Act 2007 (NSW)

Within New South Wales, the Minister for Health, jointly with the Minister for Mental Health, administers three key mental health system Acts:

- *Mental Health Act 2007*
- *Mental Health Commission Act 2012*
- *Mental Health (Forensic Provisions) Act 1990* (NSW)

The NSW Mental Health Act governs the care, treatment and control of people in New South Wales who experience a mental illness or mental disorder.

NSW Health

The NSW Government will invest a record \$1.9 billion in mental health in the 2017–18 Budget, an increase of \$87 million from the previous year.²¹ New South Wales mental health reform, shifting from hospital to community care, also receives an additional \$20 million from a budget of \$95 million this financial year.

Since 2013, NSW Health has been pursuing the better alignment of mental health with the wider governance and accountability arrangements of the New South Wales health system. These efforts are to make mental health central to the accountabilities of agencies and organisations across the Health Cluster, and embedded in NSW Health’s strategic priorities.

NSW Health provides specialist mental health services through its 15 local health districts (LHDs), and the speciality health networks of the Justice Health and Forensic Mental Health Network, Sydney Children’s Hospital Network and through grants and competitive tenders to the nongovernment sector.

In New South Wales, there are 58 inpatient facilities that provide public mental health services.²² Core specialist clinical services provided by NSW Health include acute assessment and treatment services, and continuing care and rehabilitation services, all of which are provided in both hospital and community settings.

Mental health services are also delivered through collaboration with a range of other government agencies responsible for housing, education, family services and the criminal justice system.

Ministry of Health

The Ministry of Health (the Ministry), is the system manager for the New South Wales public health system. As system manager, the Ministry of Health sets and manages the Performance Management Framework for all LHDs and ‘pillars’ (pillars are statutory health corporations providing services across the state; important sources of expertise for the health system). The Framework includes the performance expectations to achieve the required levels of health improvement, service delivery and financial performance. The Framework applies at both a whole-of-health service and facility or service level, promoting and supporting a high-performance culture across the system.

The Framework is rigorously applied through service agreements which set out the service, performance and funding expectations, supporting the devolution of decision-making, responsibility and accountability for safe, high-quality, patient-centred care to LHDs, other health services and support organisations.

Service agreements support the delivery of strategic priorities, and contain several mental health-specific key performance indicators, related to effectiveness, appropriateness, safety and access to services, as well as mental health reform.²³



The NSW Government will invest a record \$1.9 billion in mental health in the 2017–18 Budget, an increase of \$87 million from the previous year.²²

Within the Ministry, the Mental Health Branch:

- supports the maintenance of the mental health legislative framework
- supports the NSW Health strategic priority of system integration by delivering mental health reforms across the state
- leads the implementation and monitoring of the strategic plan developed by the Commission for the mental health system in New South Wales: *Living Well: A strategic plan for mental health in NSW 2014–2024*²⁴
- supports the monitoring of the performance framework as it relates to mental health.

The work of the Branch is delivered in partnership with the New South Wales public health system, including LHDs, Justice Health and Forensic Mental Health Network, Sydney Children’s Hospital Network, as well as CMOs, research institutions and other partner agencies.

Chief Psychiatrist

High-level advice is provided to the Mental Health Branch on the needs of the New South Wales population by the NSW Chief Psychiatrist. This role also provides clinical input to policy development and implementation to improve the mental health and wellbeing of the population, and professional leadership to New South Wales mental health clinicians across all areas.

System Information and Analytics

In terms of mental health information and data, the System Information and Analytics branch of the Ministry provides health information to improve purchasing and performance management in the New South Wales health system. Within this branch, the InforMH unit provides data and information which is used by the Ministry for developing and implementing policy, and monitoring the performance of New South Wales mental health services.

Official Visitors program

Official Visitors are individuals from the community, independent of the health system, who represent a range of cultural, professional and personal backgrounds. Official Visitors are appointed by the NSW Minister for Mental Health to visit people in mental health inpatient facilities in New South Wales and are available to assist consumers on Community Treatment Orders. The aims of the program are to safeguard standards of treatment and care, and provide advocacy for the rights and dignity of people being treated under the NSW Mental Health Act.

Pillars

Clinical Excellence Commission (CEC)

The CEC was established in 2004 to promote and support improved clinical care, safety and quality across the New South Wales public health system. In particular, it contributes to the NSW Health strategic priority of providing world-class clinical care by continuing to embed quality improvement to ensure safer patient care.

As part of the CEC's operations, the Mental Health Drug and Alcohol Root Cause Analysis Review Committee meets to review investigation findings. The Committee classifies and thematically analyses systemic issues, and escalates issues of concern to the LHDs and the Clinical Risk Action Group, which is the peak quality and safety group within NSW Health. The Committee's aim is to identify key issues, create context and provide greater insight into mental health incidents to improve the health system.

Agency for Clinical Innovation (ACI)

The ACI works with clinicians, consumers and managers to design and promote better health care for New South Wales. In collaboration with the CEC, the ACI supports the NSW Health strategic priority to provide world-class clinical care by promoting the delivery of better value care through safe, high-quality, efficient and evidence-based care.

Within the organisation, the Mental Health Network works with clinicians, consumers and carers, hospitals, CMOs, and other key partners to develop and implement evidence-based programs, frameworks and models of care.

The aim of the Network is to promote collaboration, innovation and quality improvement in mental health service delivery through a more integrated health system. The ACI offers the Network support and expertise in service redesign and evaluation, specialist advice on health care innovation, and advice on development of clinical guidelines, models of care, knowledge sharing and continuous capability building.

Bureau for Health Information (BHI)

The BHI is responsible for delivering independent, accurate and comparable information on the performance of the public health system in New South Wales, to enhance accountability and support efforts to improve health care. In its annual report *Healthcare in focus*, BHI reports on three mental health indicators with state and LHD-level comparisons (seclusion events in psychiatric acute inpatient unit; follow-up in the community within seven days of discharge; and readmission within 28 days of discharge).

BHI is currently developing plans for further public reporting on mental health performance. It will issue a *Data matters* report in 2018 to scope and discuss plans for measuring and publicly reporting on the performance of public mental health services. In 2019, BHI expects to issue a thematic *Insights* report, comprising comparative analysis of performance against a set of agreed indicators.

Health Education and Training Institute (HETI)

HETI supports education and training for health care across the New South Wales health system. It promotes the NSW Health strategic priority of supporting its people and culture by developing effective health professional managers and leaders.

After a functional review of the NSW Institute of Psychiatry by the Mental Health Commission of New South Wales in 2013, the Institute became the newly established mental health portfolio, HETI, in 2017. As a result, HETI became an accredited higher education provider to deliver quality higher education in mental health.

As part of HETI's functions, the Mental Health Portfolio provides mental health education and training for the mental health workforce, the wider health workforce on mental health-related matters and other sector partners.

Local Health Districts

NSW Health delivers mental health services through 15 LHDs—eight cover the Sydney metropolitan region, and seven cover rural and regional New South Wales.

LHDs typically provide comprehensive and specialist mental health services, as well as providing training, education, research and evaluation programs. These services include inpatient and community mental health care, from prevention and early intervention to treatment, rehabilitation and continuing care.



NSW Health delivers mental health services through 15 LHDs—eight cover the Sydney metropolitan region, and seven cover rural and regional New South Wales.

Specialty Health Networks

Justice Health and Forensic Mental Health Network

The Justice Health and Forensic Mental Health Network is a statutory health corporation established under the Health Services Act. It provides comprehensive health services to people in the adult correctional environment, courts and police cells, and to juvenile detainees and people within the New South Wales forensic mental health system or the community. The Network's Forensic Hospital caters for forensic and correctional patients as defined by the Mental Health (Forensic Provisions) Act.

Other relevant health organisations

Mental Health Review Tribunal

The Tribunal is a specialist quasi-judicial body established under the Mental Health Act with wide jurisdiction in conducting both civil and forensic hearings. The Tribunal reviews voluntary and involuntary patients in civil hearings, and reviews the cases of all forensic patients who have been found not guilty by reason of mental illness or who have been found unfit to be tried.

Health Care Complaints Commission (HCCC)

The Health Care Complaints Commission protects public health and safety by dealing with complaints about health service providers in New South Wales. It is an independent body established under the *Health Care Complaints Act 1993* (NSW). The Act defines the scope of the HCCC's work, which is to:

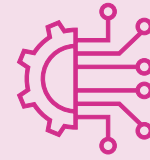
- receive and assess complaints relating to health service providers in New South Wales
- resolve or assist in the resolution of complaints
- investigate serious complaints that raise questions of public health and safety
- prosecute serious complaints.

Other NSW Government agencies

A key aspect of the Commission has been its work with other agencies to improve integrated care and support offered to people who experience mental illness as well as their access to employment, education, housing, justice and general health care.

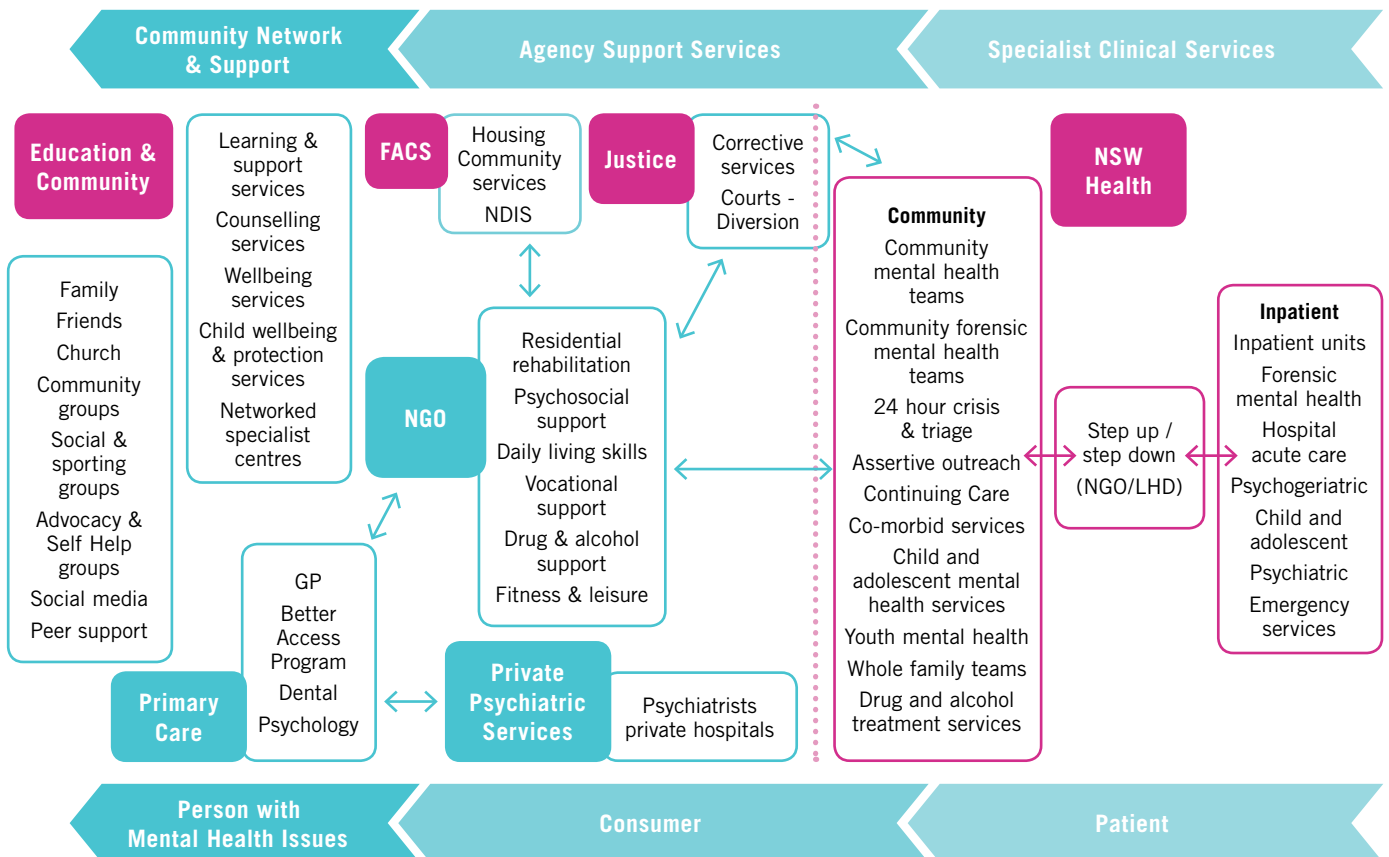
Integrated care involves effective and efficient care for the health needs of the whole person, in partnership with the individual and their carers and family. This emphasises greater communication and connectivity between health care providers in primary care, community and hospital settings, and government and nongovernment community-based services close to home.

The availability of agency and community network support services such as employment, education, housing and justice are critical in ensuring that people who experience mental illness have access to a sustainable continuum of care (see below Figure 1). Consistent with the national agenda, and in response to *Living Well: A strategic plan for mental health in NSW 2014–2024*,²⁵ New South Wales mental health reform initiatives identify the need for a whole-of-government enhancement of mental health care and integrated service delivery.



A key aspect of the Commission has been its work with other agencies to improve integrated care and support offered to people who experience mental illness as well as their access to employment, education, housing, justice and general health care.

Figure 1: New South Wales continuum of care



Department of Family and Community Services (FACS)

Research commissioned by FACS in 2014²⁶ suggested that one in three people receiving their services may be directly affected by mental illness. Many services provided by FACS are therefore integrated into the Government's existing mental health programs and directives.

In collaboration with other government agencies and CMOs, FACS contributes to the mental health system through its key objectives, which are that:

- children and young people are protected from abuse and neglect
- people with disability are supported to realise their potential
- social housing assistance is used to break disadvantage
- people are assisted to participate in social and economic life
- people experiencing domestic and family violence, or at risk of it, are safer
- Aboriginal people, families and communities have better outcomes.

Their futures matter is the NSW Government's reform strategy to support vulnerable children and families. It is a plan for a cohesive, accountable system in which client outcomes, strong evidence and needs-based supports are centred around children and families.

NSW Department of Education

Evidence indicates that wellbeing is associated with better student outcomes in a broad range of domains from academic achievement to mental health and responsible life choices. In 2015, the NSW Department of Education released the *Wellbeing framework for schools*. All public schools in New South Wales are required to have a planned approach to support the wellbeing of their students. A wellbeing self-assessment tool and professional learning package to help schools assess current approaches to wellbeing and identify areas for future growth was made available in 2017.

The *Wellbeing framework for schools* is complemented by the *Supported students, successful students* package, a four-year, \$167.2 million initiative that has increased counselling and wellbeing services in public schools across New South Wales.

The Department of Education has invested in several evidence-based approaches to support prevention, early intervention and targeted responses to enhance the wellbeing and mental health of children and young people. These include:

- **Youth Aware of Mental Health:** a mental health and suicide-prevention program for young people aged 14–16 years. The Department of Education is working with the Black Dog Institute to implement the Youth Aware of Mental Health program as one of the LifeSpan strategies. The Department has established 16 positions to lead the implementation of this program across the state.
- **Project Air for Schools:** a partnership between the Department of Education, University of Wollongong and NSW Health; a registered professional learning package delivered by school counselling staff. The project's aim is to increase the capacity of school staff to use evidence-informed responses for young people with complex mental health issues, including responding to suicidal behaviours, self-harm and personality disorders.
- **Positive Behaviour for Learning:** a whole-school approach to support student wellbeing, led by a team of 36 that provides direct support to schools.
- **the NSW Anti-bullying Strategy:** cross-sectoral support for schools, with information and resources for strengthening cultures that value and respect diversity, and which empower positive student bystander behaviour. The NSW Anti-bullying Strategy website has been developed in consultation with expert academic advisers, principal and parent groups, for educators, parents, carers and students.

The Department of Education's *Strategic plan 2018–2022* has a strong focus on student wellbeing and includes as one of its goals, 'Every student is known, valued and cared for in our schools'.

NSW Department of Justice

The NSW Department of Justice is responsible for the administration and development of a just and equitable legal system of courts, tribunals, laws and other mechanisms that further the principles of justice in New South Wales.

Like other jurisdictions, individuals with mental health disorders and cognitive impairment in New South Wales are significantly overrepresented in the criminal justice system, in that:

- **half of all adult inmates** have been **diagnosed or treated** for a **mental health problem**²⁷
- **87% of young people in custody** have a **past or present psychological disorder**²⁸
- people with a **mental health disorder** and/or **cognitive impairment** are **three to nine times more likely** to be in **prison** than the general New South Wales population.²⁹

The NSW Department of Justice is developing a Disability Justice Strategy to address issues of mental illness and cognitive impairment in the justice system. This includes the Cognitive Impairment Diversion program, a joint initiative between the Department of Justice and NSW Health to help defendants with a cognitive impairment, and who are charged with low-level offences, to address the underlying causes of their offending behaviour.³⁰

Department of Premier and Cabinet (DPC)

The DPC leads the New South Wales public sector to deliver on the Government's commitments and priorities. The Department partners with agencies and the private, not-for-profit and academic sectors, to optimise public sector performance and ensure that services are delivered on time, within budget and to the community's expectations.

NSW Treasury

NSW Treasury provides advice to the NSW Government on managing the state's finances and assets, as well as monitoring the performance of its commercial agencies and developing its financial and industrial relations policies.

Audit Office of NSW

The Audit Office of NSW is the independent auditor of the New South Wales public sector, reporting directly to Parliament on the NSW Government's financial statements and use of public money.

Areas of risk in the public sector are identified through a strategic, annual, audit planning process. The *Public Finance and Audit Act 1983* (NSW) allows the office to conduct financial statement audits and performance audits of agencies in the public sector.

A financial statement audit results in an independent audit opinion on the annual financial statements of an agency, outlining whether the financial statements comply with accounting standards, laws, regulations and other relevant statutory requirements. Additionally, a performance audit assesses whether government agencies are carrying out their activities effectively, economically and efficiently and in compliance with all relevant laws.

In 2015, the Audit Office assessed how well NSW Health and LHDs provide follow-up care for mental health consumers within seven days of being discharged from public mental health units.³¹ The report concluded that mental health consumers receive good follow-up in the first seven days after their discharge from mental health units overall; however, the report offered several recommendations for further possible improvement.

The Mental Health Commission of New South Wales is subject to audit by this office.

NSW Ombudsman

The NSW Ombudsman is an independent agency whose role is as an impartial watchdog over public and private sector agencies in New South Wales. Accountable to the public through Parliament, the mandate of the NSW Ombudsman is to improve the conduct and decision-making of agencies within its jurisdiction by making sure agencies and organisations in New South Wales undertake their roles and responsibilities properly and meet their obligations to the community.

The NSW Ombudsman assists agencies within its jurisdiction to address problems with their performance. These problems may be uncovered by complaints from the public, or by people who work for those agencies. Problems may also come to the Ombudsman's attention through their own work in scrutinising agency systems, overseeing investigations or reviewing the delivery of services.

National Mental Health

In 2012, the Council of Australian Governments issued *The roadmap for national mental health strategy reform 2012–2022*, outlining several priority issues for reform of Australia’s mental health system.³² These included:

- promoting person-centred approaches
- improving mental health and social and emotional wellbeing
- preventing mental illness
- focusing on early detection and intervention
- improving access to high-quality services and supports
- improving the social and economic participation of people with mental illness.

The National Framework for Recovery-Oriented Mental Health Services

The *National framework for recovery-oriented mental health services* was endorsed by the Australian Health Ministers’ Advisory Council in 2013.³³ The Framework describes the practice domains and key capabilities required for the mental health workforce to operate using a recovery-oriented approach. It identifies that cultural and attitudinal change are necessary within the mental health workforce and that the contribution of people with a lived experience of mental illness is fundamental to achieving this.

The Fifth National Mental Health and Suicide Prevention Plan

The *fifth national mental health and suicide prevention plan*, released in October 2017, sets out a national approach for collaborative government effort over the next five years.³⁴ It is underpinned by eight priority and activity areas:

1. Achieving integrated regional planning and service delivery
2. Suicide prevention
3. Coordinated treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place.

National Mental Health Commission

The NMHC was established in 2012 and supports the Australian Government to deliver an efficient, integrated and sustainable mental health system to improve mental health outcomes for Australians and help prevent suicide. It also provides independent reports and advice to the community and government on the effectiveness of the mental health sector.

The organisation’s philosophy, ‘Contributing lives, thriving communities’ is strongly anchored in the concept of recovery. In 2014, the NMHC released *Contributing lives, thriving communities: report of the National Review of Mental Health Programmes and Services*,³⁵ with recommendations on health promotion and wellbeing, person-centred mental health, hospital-to-community based care funding, suicide prevention, Aboriginal people, workforce capacity, technological innovation and research.

The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Agency (NDIA) is an independent statutory agency implementing the NDIS, enabling eligible people with a psychosocial disability to access a wide range of support services to facilitate their participation in community life.

Under the NDIS, NSW Health will continue to be responsible for the diagnosis of people with mental illness and provide clinical treatment, rehabilitation and early intervention for health conditions.³⁶

Primary Health Networks (PHNs)

PHNs were established to increase the efficiency, effectiveness and coordination of medical services for patients, particularly those at risk of poor health outcomes. Further to the NHMC’s 2014 review, PHNs were given responsibility for planning and integrating mental health at the regional level across Australia. From 2016, some Commonwealth mental health program funding was transitioned to PHNs to form a mental health care flexible funding pool. PHNs have the flexibility to use this funding to commission regionally delivered primary mental health services suited to local needs within a stepped-care model.³⁷



CMOs and affiliated health organisations

An effective and sustainable mental health system encompasses a mix of government and not-for-profit organisations. In New South Wales, these organisations include affiliated health organisations working individually and together to ensure the best health outcomes for the people of New South Wales. One of the key areas of the Commission's work is collaboration and partnership with CMOs, peak bodies, academic institutions, professional groups and various government agencies to facilitate the development of better approaches.

CMOs are a key component of the mental health care system, being publicly funded to provide a variety of mental health programs and support services to people with mental illness. A range of organisations also provide research, education, advocacy and policy-related activities for people with mental illness and their families and carers, throughout New South Wales and Australia.

NSW Health allocated \$83.1 million to CMOs in 2017-18, to support people with complex long-term mental illnesses to live well in the community. This is in addition to \$22.3 million for grants and competitive tenders to CMOs to deliver community-based, mental health-related services such as family and carer support, day programs, Aboriginal mental health, translational research and an enhancement to Lifeline.

Mental Health Coordinating Council (MHCC)

The MHCC is the peak body for community-managed mental health organisations in New South Wales and has been working in partnership with the Mental Health Commission of New South Wales since July 2013.

Established more than 30 years ago, the MHCC represents the views of nongovernment, community-managed mental health organisations and programs to government and the broader human services sector. It works through consultation and collaboration with consumers, carers and other stakeholders; advocates for policy development and legislative reform for the sector; builds capacity through partnerships and workforce development; and informs the sector on strategic directions in community mental health.

The organisation also provides research and publications on the current directions in community mental health and related areas and, as a registered training organisation, it offers accredited training in recovery-oriented and trauma-informed practice. The MHCC consults with a variety of sectors in addition to the mental health sector, and members sit on several national and statewide committees and boards to effect systemic change.

CMOs and NGOs

The Commission partners with several organisations that include people who have a lived experience of mental illness, their families and carers. The Commission funds and works closely with four key mental health organisations (Being, Mental Health Carers NSW, WayAhead and beyondblue) to improve the mental health and wellbeing of people in New South Wales.

Being

Being is a mental health and wellbeing consumer advisory group, and is the independent peak body for people with lived experience of mental health issues (consumers). Being works with consumers to ensure the lived experience voice is captured and at the forefront of influencing change in legislation, policy and service delivery, through consultations, training, peak advisory groups, policy and research on key consumer issues, and runs community awareness events and forums.

Mental Health Carers NSW

Mental Health Carers NSW is the peak body for mental health carers, consulting with carers to help influence positive changes in policy, legislation and service delivery. This includes convening forums and regular carer peak advisory committees, and providing feedback on policies and services to the Commission, government and service providers.

WayAhead

WayAhead aims to influence decision-makers to create positive changes for consumers, carers and the community. It works in partnership with others to combat the stigma of mental illness and to promote mental health and wellbeing through public education, support and advocacy. WayAhead provides information and support to mental health consumers, their families and carers, and to the general public, and runs the Mental Health Information Line and the Anxiety Disorders Information Line.

beyondblue

beyondblue is a national nongovernment organisation working to reduce the impact of depression, anxiety and suicide in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery. It publishes position statements and information papers on key issues associated with depression, anxiety and suicide prevention.

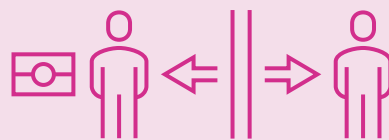
Other CMOs and NGOs

The Ministry of Health Mental Health Branch funds many other CMOs to deliver a range of targeted treatment, psychosocial rehabilitation, recovery and disability support programs. These include:

- Housing and Accommodation Support Initiative (HASI) including the Recovery and Resource Services Program, which will conclude over the coming year, with the investment directed to HASI-type supports
- Community Living Supports (CLS)
- Pathways to Community Living Initiative (PCLI)
- Family and Carer Mental Health Program.

The Ministry is also trialling a co-location model of clinical and psychosocial support through the LikeMind pilot program. LikeMind is an innovative program delivered by CMOs that aims to provide integrated care through a single point of contact for assessment, triage and treatment.

Other programs have been funded by the Ministry and LHDs through historical grant and ad hoc funding arrangements. In addition, CMOs also deliver Commonwealth-funded mental health programs.



A significant gap persists in mental health outcomes between Aboriginal and non-Aboriginal people, and studies indicate that mental health and related problems make up a significant contribution to the overall health gap.⁴²

Aboriginal social and emotional wellbeing

Consistent with other Australian states and territories, Aboriginal people in New South Wales continue to experience poorer social and emotional wellbeing and higher rates of a range of mental illnesses than non-Aboriginal Australians. Whilst access to community-based mental health care, particularly care that is sensitive to specific needs, is lower amongst Aboriginal people, the Australian Institute for Health and Welfare estimates that up to twice as many hospital separations for mental and behavioural disorders occur for Aboriginal people as for the non-Aboriginal population.³⁸

In the 2014–15 Australian Bureau of Statistics National Aboriginal and Torres Strait Islander Social Survey, 33% of adult respondents had high or very high levels of psychological distress.³⁹ A significant gap persists in mental health outcomes between Aboriginal and non-Aboriginal people, and studies indicate that mental health and related problems make up a significant contribution to the overall health gap.⁴⁰

There are also well documented limitations to the quality and availability of data in New South Wales on health service use and health outcomes for Aboriginal people, largely due to issues around identification and presentation.⁴¹ NSW Health is working to improve the quality of data collected and information reported on the health of Aboriginal people, and on services delivered to Aboriginal people.

The recently renewed *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2017–2023* identifies the need to better integrate services across the mental health system.⁴² These services include those for social and emotional wellbeing, mental health, substance abuse, suicide prevention, and social support, and those provided by Aboriginal Community Controlled Health Services (ACCHSs), GPs and allied health professions. It also identifies the need to focus on a consultative and collaborative approach to improve access to integrated, culturally appropriate mental health care delivered through the primary care sector.

In partnership with the Aboriginal Health and Medical Research Council (AH&MRC) of NSW, NSW Health developed the *NSW Aboriginal health plan 2013–2023* to improve the health and wellbeing of Aboriginal communities across the state, including mental health outcomes. Adopting an integrated planning and service delivery approach, NSW Health collaborates with the AH&MRC, ACCHSs, PHNs, the Commonwealth Government, and a range of Aboriginal organisations and communities in order to improve mental health outcomes across the New South Wales Aboriginal population.⁴³

Aboriginal Health and Medical Research Council of NSW

Established in 1985, the AH&MRC is the peak representative body and voice of Aboriginal communities on health in New South Wales. It represents its members, which include ACCHSs that deliver culturally appropriate comprehensive primary health care to their communities.

The purpose of the organisation is to:

- lead the Aboriginal health agenda for better policies, programs, services and practices
- ensure Aboriginal knowledge informs decision-making processes
- support, strengthen and sustain ACCHSs.

With respect to mental health, the AH&MRC has a Policy Program Co-Designer (Social and Emotional Wellbeing) to represent the organisation and ACCHS on issues related to mental health and social and emotional wellbeing of Aboriginal people in New South Wales. The AH&MRC has also a memorandum of understanding with the Mental Health Commission of New South Wales and the NSW Mental Health Association, and works collaboratively with the Mental Health Branch of the Ministry of Health under the NSW Health Partnership Agreement.

Aboriginal Community Controlled Health Services and National Aboriginal Community Controlled Health Organisation (NACCHO)

ACCHSs (also known as Aboriginal medical services) offer primary health care services which are initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it. Research indicates that, for Aboriginal people, access to service is critical and, where ACCHSs exist, the community prefers them and does use them.⁴⁴

ACCHSs range from large services with several medical practitioners, visiting specialists and social health teams who provide counselling and other supports, to small services that rely on nurses and/or Aboriginal and Torres Strait Islander Health Workers to provide most services. NACCHO is the national peak body representing the 143 ACCHSs which operate in urban, regional and remote regions across Australia.

There is significant partnership and information-sharing between ACCHSs, NACCHO, the AH&MRC, NSW Health and PHNs to facilitate effective and culturally appropriate services to the Aboriginal community, particularly in rural and remote regions of New South Wales. Mental health is a priority area for PHNs so, for example, ACCHSs partner closely with PHNs to map services and identify gaps, and to commission mental health services.

Aboriginal and Torres Strait Islander mental health services are also provided through mainstream services. Culturally appropriate health services and providers play a crucial role in facilitating more effective mental health service delivery and improved mental health outcomes for Aboriginal people. Pivotal to the effective delivery of these services is an understanding and emphasis upon cultural awareness, cultural respect, cultural safety and an understanding of the social and cultural determinants of health.

MENTAL HEALTH COMMISSIONS IN OTHER JURISDICTIONS

Mental health commission models

There has been a significant increase in the number of mental health commissions established in developed countries. Over the past decade, several governments within Australia have established mental health commissions. These commissions vary in role and authority.

Research has found that mental health commissions fall into two broad groups:⁴⁵

- **Type 1:** a narrow and restricted model focused on individual cases that is predominantly reactive across regulatory, inspectorial and medico-legal functions. Jurisdictions that have adopted this typology include the Republic of Ireland, Scotland and Victoria.
- **Type 2:** a broader model focused on proactive, system-wide consultation and surveillance, rather than individual cases, for transparent accountability monitoring independent of service providers and management. These commissions can also apply more direct influence on governments via legislated and mandated direct reporting to first ministers, governments and parliaments. Queensland, New South Wales, the Australian National Commission and Canada have adopted this model.



There has been a **significant increase** in the number of mental health commissions established in developed countries.

A comparison of mental health commissions

Appendix 8—Comparison of Mental Health Commissions across jurisdictions shows a comparison of 10 mental health commissions—six in Australia and four overseas. With the exception of Western Australia, the NSW Commission has the largest annual budget in Australia and the most number of full-time staff in Australia.

The large size of the Western Australian Mental Health Commission, the longest existing commission in Australia, is due to the broad functions it undertakes. It does not provide direct mental health services, but it does purchase services for the state from a range of public and private service providers, and is also responsible for the network of drug and alcohol treatment services and programs formerly provided by the Drug and Alcohol Office of the Department of Health.

All the commissions examined had some independence, but not all were created under mental health-related statutes. For example, the New South Wales and Queensland commissions were established under specific mental health commission legislation, and the South Australian and Western Australian commissions were created under general public sector Acts. With the exception of Queensland and Victoria, and the Scottish and Irish agencies, clear definitions of the powers and authorities for the commissions to act are not explicit.

Mental Health Commission of New South Wales

The Mental Health Commission of New South Wales most closely resembles Queensland's commission in terms of its size, structure, functions and principles. In contrast to the other agencies, the Mental Health Commission of New South Wales is unique, in that it reports to the Minister for Mental Health and the Minister for Health conjointly. Additionally, the Mental Health Commission Act, on which the Commission is established, specifies that the Commissioner or at least one Deputy Commissioner must be a person who has or has had a mental illness.⁴⁶

CHAPTER TWO: PART A REVIEW OF THE WORK OF THE MENTAL HEALTH COMMISSION 2012–2017

The responsibilities of the Commission under the Mental Health Commission Act are comprehensive and ambitious.

The Review finds that the Commission has worked within an expansive scope of activities and delivered a broad range of outcomes over its initial five-year period (2012–2017), to meet the functions under the Act.

The establishment of the Commission by the NSW Government was ‘one of the most important mental health reforms in the history of New South Wales’.⁴⁷ The announcement of the Commission captured the hopes of mental health consumers and carers, not only for service system reform but also for change at a societal level.

Creating the Commission in a complex governance and service environment required substantial effort over 2012 and 2013. Defining and delivering a strategic program of work in the context of varied and high expectations by consumers, carers, clinicians, service providers and policy makers has been challenging.

The Review finds that the Commission’s coordination, advocacy and leadership role for New South Wales mental health has contributed to six major outcomes:

1. There has been some broad-scale improvement in the way mental health and wellbeing is perceived and discussed in the community, with mental health increasingly viewed as a responsibility across government and the broader social sector, beyond the health system. As a result, there is a new emphasis on services and programs that span multiple domains of government and non-government responsibility, including housing, education, health, justice and employment.
2. Actively seeking the views and perspectives of mental health consumers and carers has resulted in a new level of engagement and inclusiveness in the mental health agenda. ‘Patients’ are now recognised as consumers, carers are increasingly engaged as important stakeholders, and the concepts of the peer workforce, co-design with consumers and carers, and mental health and wellbeing (rather than mental illness) are being adopted more in NSW Government agencies and the community. Mental health is increasingly viewed as part of life for every person in New South Wales.



The 10-year strategy of *Living Well* shows the need for a longer-term effort and the constant refinement of focus for mental health reform.

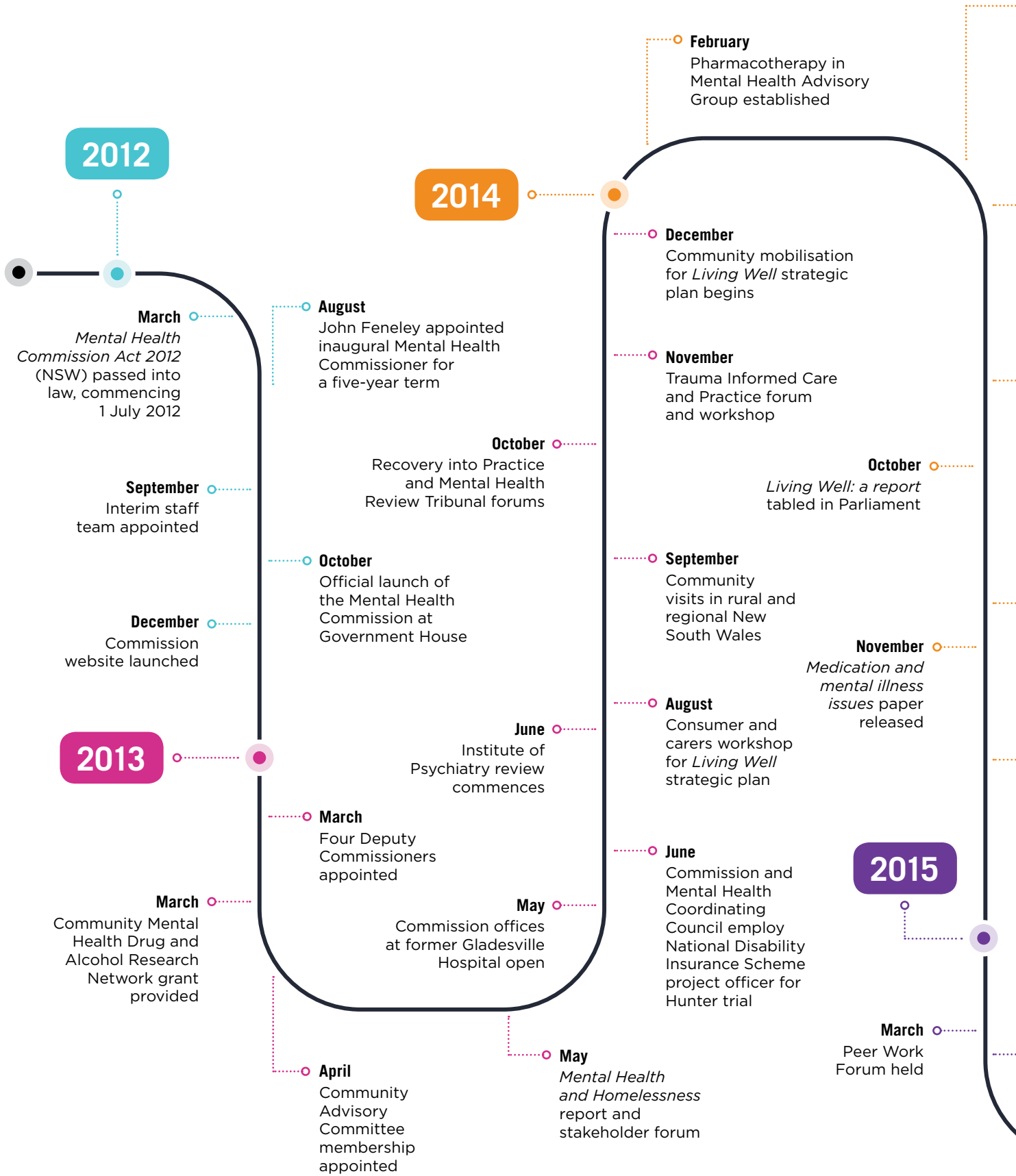
3. The *Living Well: A strategic plan for mental health in NSW 2014–2024* launched a holistic approach to mental health and wellbeing through life, across sectors and agencies and integrated with society and culture. *Living Well* sets out an expansive range of consumer and carer needs. Although described by some of its stakeholders as ‘too nebulous’ to really drive reform,⁴⁸ it has helped frame a full suite of issues ahead of further refining priorities.
4. The Commission has advocated for mental health at a whole-of-government level, establishing leadership and authority in mental health across, and on behalf of, the NSW Government. The Commission’s substantial expertise in mental health has greatly supported the information and research available in areas including housing, education, health and medications, and criminal justice.
5. The Commission generated submissions, analysis and research to New South Wales and national inquiries, policy consultations and legislative reviews, enhancing policy and program development for people with lived experience of mental illness.
6. The commissioning of strategic research and sector partnerships to seed innovation in services has accelerated the adoption of new practice approaches. Examples of this work include the Mental Health Atlas, the investment in the systems approach to suicide prevention (Lifespan) and promotion of peer work through employer resources (Peer Work Hub).

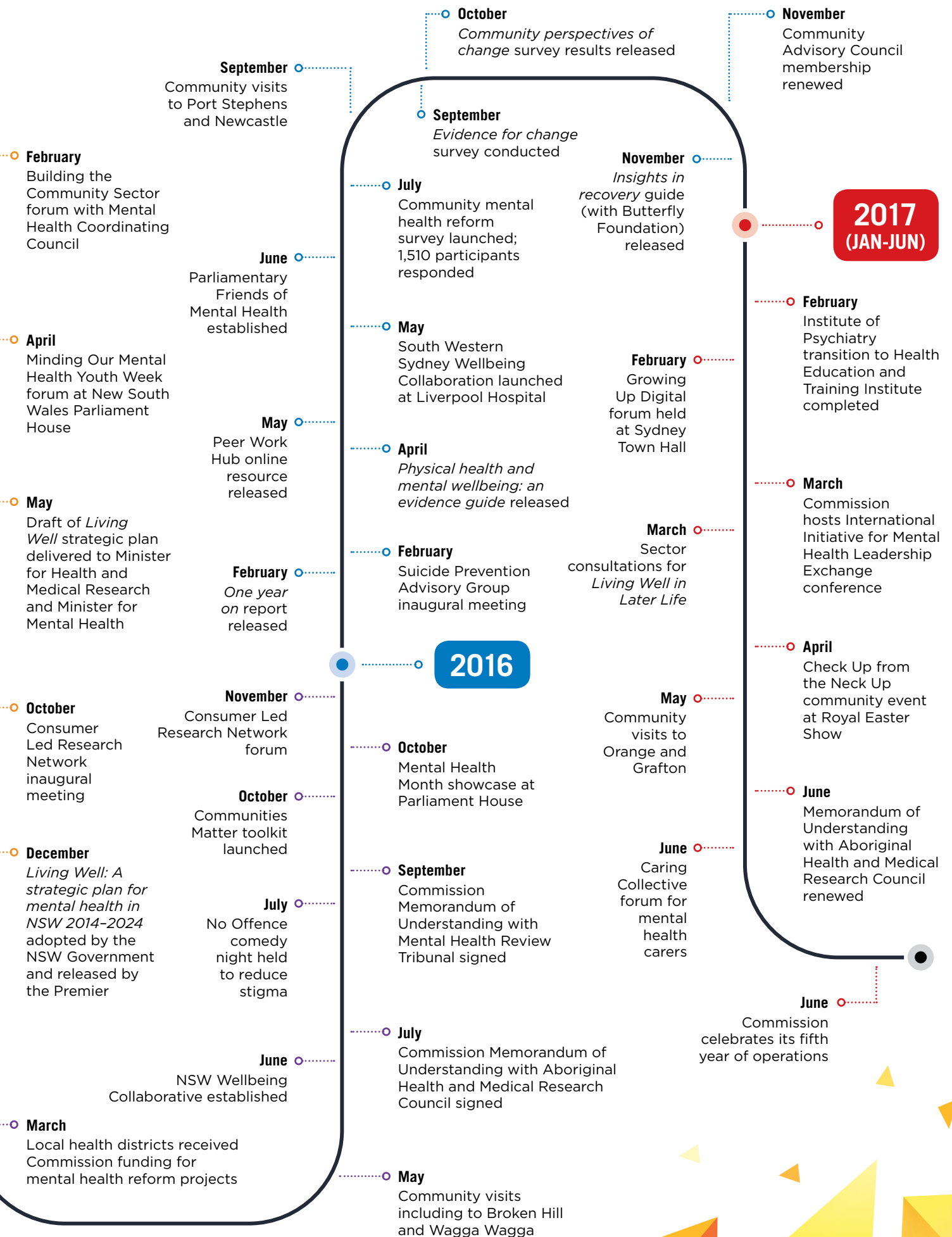
The creation of the Commission by the NSW Government was met with great enthusiasm and has seen equal ambition and energy by the Commission.

The 10-year strategy of *Living Well* shows the need for a longer-term effort and the constant refinement of focus for mental health reform. An ongoing concerted drive to engage fully with consumers and carers, and the government and nongovernment sectors across New South Wales, will support further outcomes in the next phase of the Commission’s work.

The following section outlines key activities of the Commission towards these outcomes, aligned with the functions and governing principles for the Commission set out in the Act and Ministerial Charter Letter.

HIGHLIGHTS OF THE MENTAL HEALTH COMMISSION 2012–2017





FUNCTIONS OF THE COMMISSION UNDER SECTION 12(2) OF THE ACT

The Review finds that the Commission has undertaken a comprehensive suite of work, and has delivered against the functions under the Act. A synthesis of the work of the Commission against the Act, showing how the Commission has met the functions, is provided here (further detail on the work of the Commission can be found in the Commission's submission to the Review in Appendix 3–Mental Health Commission submission to the Review).

Section 12(1) of the Act lists nine functions of the Commission (a-i), which are set out below along with how the Commission has met each function.

(a) Prepare, in consultation with providers of mental health and related services and government agencies, a draft strategic plan for the mental health system in New South Wales for submission to the Minister for approval

On 15 December 2014, the New South Wales Premier the Hon Mike Baird MP, released *Living Well: A strategic plan for mental health in NSW 2014–2024*. The NSW Government committed to all 141 actions of the Strategic Plan, with the core direction of redesigning the mental health system to better respond to the needs and wishes of people who experience mental illness, and their families and carers.

The Government's launch of the Strategic Plan was a landmark moment for the Commission, fulfilling one of its central functions under its 2012 establishment legislation, and representing a powerful endorsement of the whole-of-government, whole-of-life and whole-of-community perspectives it brings to its work.

**Mental Health Commission,
Annual Report 2014–2015**

The adoption of *Living Well* by the NSW Government was the culmination of more than two years' work engaging with communities across New South Wales, developing evidence for mental health strategies, and refining priorities and actions to implement mental health reform. Consumers, carers, academics and service providers joined in working groups to develop ideas for the Strategic Plan, and 17 research papers helped inform *Living Well* (see Appendix 9—Research papers commissioned by the Commission).

The Commission approached the task of developing the draft Strategic Plan with an extensive consultation process that included a series of face-to-face and electronic consultations involving more than 2000 people, the largest ever consultation on mental health in communities right around New South Wales. More than 800 consumers and carers were engaged to ensure their experiences and needs were at the heart of the strategy for mental health in New South Wales.

Living Well: A report was a companion paper to the Strategic Plan, detailing consumer experiences, needs, wishes and priorities for mental health support and community wellbeing.

(b) Monitor and report on the implementation of the strategic plan

A comprehensive *Progress report on the implementation of 'Living Well: A strategic plan for mental health in NSW 2014–2024': One year on* was released in 2015, detailing one year of achievements, as follows:

- The Mental Health Reform Implementation Taskforce was established to oversee implementation of *Living Well* (recently renamed the Mental Health Taskforce).
- Planning commenced on the transition of long-stay patients to community accommodation, with the initial focus on aged care.
- NSW Wellbeing Framework for Schools was implemented, with \$167 million in new investment.
- LHDs began reshaping their services in line with *Living Well*, and the Integrated Care Strategy was initiated across NSW Health.
- Mental Health and Drug and Alcohol networks were initiated with the ACI.

Six supporting research papers were released alongside the *One year on* report (see Appendix 9—Research papers commissioned by the Commission).

The Commission's annual reports, with highlights of the year's activities and progress towards reform objectives, detail its work to Parliament and the community. The Commission also reports on its work to the public via its website, social media and other communication channels.

Readiness and evidence for change

To monitor the community's experience of mental health reform, the Commission undertook two surveys. The 2015 Ready for Change survey included the views of 744 respondents about their understanding of *Living Well*.

The 2016 Community Perspective of Change survey collected responses from 1510 people about their experiences of reform so far, as consumers, families and carers and people working in the sector. Survey results were published in 2017. Overall, the findings indicate the community has seen some evidence of improvement across priority areas, with the greatest improvement evident in service providers' focus on recovery (34%).

(c) Review and evaluate, and report and advise on, mental health services and other services and programs provided to people who have a mental illness, and other issues affecting people who have a mental illness

The Commission has completed a broad range of activities towards this function. The Commission has:

- funded reform-oriented projects in every LHD to explore local ways to improve evidence-based mental health services and programs aligned to *Living Well*
- completed over 40 reports and submissions which assess and advise on mental health services and issues affecting people who have a mental illness (see Appendix 10—Reports published by the Commission; Appendix 11—Submissions made by the Commission)
- reviewed the NSW Population Health Survey in 2014–2015 to ensure evidence is available to support policy, service and program planning by including additional questions on and analysis of mental health
- reviewed transparency and accountability of mental health funding in New South Wales in 2016–2017, using four LHDs as examples in partnership with the Ministry of Health, Treasury and the NSW Audit Office
- reviewed, in 2017, community-managed organisational funding using four NGOs as examples to ensure funding is aligned to *Living Well* and the Commission's functions.

Innovation in mental health service planning

An innovative project to assess existing service capacity and identify service gaps took place in Far West NSW in 2015–2016. Funded by the Commission, the **Integrated Mental Health Atlas of Far West NSW** was part of an international effort providing the first consistent way to classify and geo-locate the range of mental health services on offer across health, social care, education, employment and housing. Far West NSW LHD and Far West NSW PHN have used the Atlas.

Supporting readiness for mental health reform in LHDs

Using Commission funding provided to all LHDs in NSW, **Nepean Blue Mountains LHD** conducted a review of its mental health services for 12–18 year olds. This was to improve the system for vulnerable children and their families, and to identify more efficient alignment of services, strategies to reduce presentations to the emergency department, and opportunities for innovation in care delivery.

(d) Promote and facilitate the sharing of knowledge and ideas about mental health issues

The Commission has a strong record in promoting and facilitating knowledge sharing with consumers, carers, clinician, service providers or policy makers, and across government agencies. Communication is driven through its content-rich website, social media, surveys and a community visits program, with information provided to policy-making and service agencies.

The Commission also undertakes specific knowledge-sharing projects, including:

- the International Initiative for Mental Health Leadership 2017 Exchange (in partnership with the Ministry of Health), which attracted 500 visitors, half being international; this provided established and emerging New South Wales leaders with access to networks and ideas from overseas
- a two-day knowledge exchange training course, Supporting the Promotion of Activated Research and Knowledge, co-hosted with the NMHC (2016)
- funding the MHCC to develop the 2015 fourth edition of the *Mental health rights manual: an online guide to the legal and human rights of people navigating the mental health and human service systems in New South Wales*
- commissioning and publishing analysis, in 2015, of New South Wales results of national surveys on mental health literacy and stigma
- knowledge-sharing forums such as the Recovery into Practice forum, the Trauma Informed Care and Practice workshop, and Facilitating Communication in the Criminal Justice System workshop.

The Commission established a Pharmacotherapy in Mental Health Advisory Group in 2014 to ensure expert advice is available to the health system on the use of medications for mental health.

Whole-of-government collaboration for wellbeing

A substantial whole-of-government achievement is the establishment in June 2015 of the **NSW Wellbeing Collaborative** to support wellbeing initiatives, share knowledge and promote innovative and successful activities. Arising from the Wellbeing Collaborative, the NSW Department of Education and Communities developed and is implementing the **Wellbeing Framework for Schools**, organised around the concepts 'Connect, thrive and succeed', and supported by a literature review.

Sharing consumer experiences of medication and mental illness

The Commission gathered more than 160 submissions from consumers and carers about their experiences of medications for mental illness, and published these in a 2014 paper ***Medications and mental illness and a series of short films***, highlighting good practice and things that need to change to promote safety and focus on recovery. This work brought consumer perspectives on medications to GPs and pharmacies across New South Wales.

(e) Undertake and commission research, innovation and policy development in relation to mental health issues

An output of the Commission's work in its first five years has been the generation of research, directly and through partnerships, to guide policy, program and service development. Twenty-three research papers were released by the Commission or in partnership, between 2012 and 2017, in support of *Living Well* and *One year on* (see Appendix 9). Publications and activities include:

- a \$500,000 investment into the Centre of Research Excellence in Suicide Prevention (part of the Black Dog Institute) to develop a systems approach to suicide prevention in New South Wales (2015)
- formation of the Community MHDA Research Network, in partnership with the MHCC and Network of Alcohol and other Drugs Agencies (2013)
- evaluation of Police Mental Health Intervention Training and development of meaningful and relevant video training material (2014)
- a literature review conducted by the Blue Knot Foundation about the safety of media, and public discussions about child sexual abuse (2016)
- data linkage to better understand access to mental health services by people with intellectual disability, with the University of New South Wales, as part of a project funded by the National Health and Medical Research Council (2013–2017)
- a research synthesis report conducted by the Australian Housing and Urban Research Institute, *Mental health and homelessness: final report* (2013)
- *Prevention First: A Prevention and Promotion Framework for Mental Health*, developed with the support of the former Hunter Institute for Mental Health (now Everymind) (2015)
- analysis of findings of the NSW Coroner's Court to highlight systemic issues in New South Wales that are contributing to the premature deaths of people with mental illness (2016–2017)
- *Support in tough times: encouraging young people to seek help for their friends*, undertaken by the NSW Commission for Children and Young People with funding from the Mental Health Commission, to support students referring mental health issues to adults (2014).

The Commission has also been involved in other innovative research projects, including the Electro Convulsive Therapy Network and the iBobbly suicide-prevention phone app for young Indigenous people.

Aligning research priorities with the reform directions in *Living Well*

A research-related achievement is the outcome of the Commission's efforts to align research priorities with the reform directions in *Living Well*. The Commission has close relationships with leading research bodies including the **Black Dog Institute**, the **Brain and Mind Centre** and **Everymind**. In the university sector, the Commission supported the **University of Sydney** and **University of New South Wales** to develop a formal partnership in mental health, addiction and neuroscience. The Commission also entered into a Memorandum of Understanding with the **University of Newcastle** and **Aboriginal Health and Medical Research Council** to foster a collaborative approach to research.

Consumer led research

Importantly, the Commission established the **Consumer Led Research Network** in October 2014 to promote, support and undertake consumer led research. The Network is independent of the Commission and the Commission supports the Network's secretariat. An indicator of the success of the Network is that it is regularly approached by mental health services to provide advice on and contribute to research projects in New South Wales.

NSW Electroconvulsive Therapy (ECT) Network

The Commission funded the University of New South Wales for the Clinical Alliance and Research in ECT project to improve clinical ECT services. The work contributes to a world-first clinical database with potential to identify the safest and most effective approaches to ECT. Thirty-two Australian hospitals participate in the network, and 75 New South Wales clinicians have been trained.

(f) Advocate for and promote the prevention of mental illness and early intervention strategies for mental health

A key focus of prevention and early intervention strategies has been the Commission's work in suicide prevention, including:

- partnering with Everymind in 2013 to produce an online resource, *Conversations matter*, that now also includes material for professionals working with Aboriginal and culturally and linguistically diverse communities
- partnering with Everymind to develop *Communities matter* to support towns in taking effective local action for suicide prevention
- providing seed funding to the Centre of Research Excellence in Suicide Prevention and developing in partnership a Suicide Prevention Framework for NSW outlining how multiple, proven suicide prevention strategies could be rolled out in a coordinated way. This foundational work informed Lifespan – an evidence based system approach to suicide prevention.
- in response to *The fifth national mental health and suicide prevention plan* the NSW Suicide Advisory Group has been established, co-chaired with the Executive Director of the Mental Health Branch at the NSW Ministry of Health to oversee the development of a Strategic Framework for Suicide Prevention in NSW.
- enabling a world-first suicide-prevention trial, Lifespan, developed by the Centre for Research Excellence in Suicide Prevention with \$14.7 million funding from the Paul Ramsay Foundation
- establishing the NSW Suicide Prevention Advisory Group in February 2016.

More broadly, the Commission worked with Everymind to develop *Prevention First: A Prevention and Promotion Framework for Mental Health* in 2015 examining the evidence base for prevention and early intervention of mental ill-health, including gaps in the evidence.

Innovation in early intervention strategies for young people

In one of Australia's first projects to integrate online and offline mental health services, the Commission partnered with **ReachOut.com** for the **Pathways to Mental Health Care in Western NSW** project. In 2015, the project piloted a new online self-assessment tool that allowed young people in rural and regional New South Wales to recognise and understand their mental health issues and access three levels of early intervention mental health support through a stepped-care approach.

(g) Advocate for and promote the general health and well-being of people who have a mental illness and their families and carers

The Commission has undertaken a range of advocacy initiatives, including the following:

- The Commission developed *Physical health and mental wellbeing: evidence guide*, with the University of New South Wales and South Eastern Sydney LHD Mental Health services. It outlines evidence for comprehensive lifestyle interventions to improve the physical health of consumers living with mental illness. It provides proven strategies to improve access to physical health services, and health promotion, prevention and early intervention for people with coexisting mental and physical health issues.
- The Commission provided expert health and wellbeing advice to the NMHC through 2015 and 2016, which brought all jurisdictions together to establish the *Equally Well Consensus Statement*.
- The NSW Government adopted, with guidance from the Commission, the *Healthy Active Lives* program principles in September 2013, aimed at improving the physical health of young people who experience psychosis.
- The Commission worked with consumers as well as mental health and ageing organisations to develop *Living Well in later life: The case for change*, with the aim of supporting good health in older age among people living with mental illness.
- The Commission worked to map social and emotional wellbeing policies supporting Aboriginal people (2017) and provide ongoing advice on how to improve the inclusion of people with disabilities, including psychosocial disability, in government initiatives.

Living Well in later life: The case for change

This work has highlighted several opportunities, including understanding that mental distress is not a 'normal' part of ageing. Recovery is essential later in life as it is at any age. Thirty organisations worked with the Commission to develop the Statement of Principles:

1. Promote prevention and early intervention in later life
2. Eliminate ageism and related stigma and discrimination
3. Increase participation of older people in the decisions which affect them
4. Increase ageing-friendly, culturally informed and accessible services and information
5. Reduce suicide and suicide risk in older people
6. Implement person-centred, trauma-informed, recovery-focused approaches, including older person peer worker models
7. Increase the focus on mental health as being equally important as physical health in care responses for older people
8. Increase the number and capacity of specialist services for older people in line with population ageing
9. Increase workforce knowledge and skills
10. Reduce service fragmentation and access barriers through improved governance, care pathways and funding models at federal, state and local levels
11. Promote the quality use of medicines for older people.

(h) Educate the community about mental health issues, including for the purpose of reducing the stigma associated with mental illness and discrimination against people who have a mental illness

Since 2012, the Commission has undertaken proactive media activities and community events to raise awareness of mental health and reduce stigma and discrimination in the community and human service systems, including the following (see Appendix 12—Examples of forums and events held by the Commission):

- Youth Week Pop Up website developed by the NSW Youth Advisory Committee and the Commission as part of the Minding Our Mental Health Forum (2014)
- Comedy night, No Offence..., sharing insights into experience of mental illness and stigma (2015)
- Parliamentary Friends of Mental Health and showcases (2015 and 2016)
- Living Well@Work community forum to break down stigma and discrimination in workplaces
- Consumer Lived Experience Steering Group established in 2016 and a Carer Lived Experience Steering Group established in 2017
- Check Up from the Neck Up events held by the Commission in public places (e.g. Martin Place and the Royal Easter Show) to normalise help-seeking, working with LHDs and other health promotion service partners
- The Commission's website and social media provide a stage for sharing personal experiences of mental illness, with personal stories on the website attracting around 25,000 unique views to date.

In 2015, the Commission asked the University of Melbourne to analyse the New South Wales results of the National Surveys of Mental Health Literacy and Stigma, to better understand the experience of stigma and discrimination relating to mental health, for people in New South Wales.

Consumer Lived Experience Steering Group

The Commission established a Consumer Lived Experience Steering Group in 2016 and asked its members to develop a priority project that they thought would make the greatest positive impact. Supported by the Commission, participants consulted with 150 fellow consumers around New South Wales and the resulting project is under way. The project will produce a guide for government and community agencies on how to foster meaningful consumer and carer participation, influence and leadership.

(i) Other functions relating to mental health as may be prescribed by the regulations

There are no other functions prescribed in the regulations.

AREAS FOR FOCUS UNDER SECTION 12(2) OF THE ACT

Section 12(2) specifies the matters that the Commission must take into consideration or focus on when exercising their functions. Table 2 on the next page sets out the ways in which the Commission has addressed the areas for focus nominated in section 12(2) of the Act in relation to the exercise of its functions.

Table 2. Responses to the areas of focus – section 12(2)

Area of focus in section 12(2) of the Act	Response in exercise of Commission’s functions
<p>(a) to focus on systemic mental health issues</p>	<ul style="list-style-type: none"> ☑ <i>Living Well</i> takes a broad focus on systemic mental health issues from youth to later life, including prevention, medication, care for people with psychosocial disability, health, education, justice, employment and housing. ☑ Actions taken by the Commission from 2012-2017 under <i>Living Well</i> address systemic issues including empowering and strengthening communities, improving coordination of human services, promotion of a strong evidence base for action, and greater engagement and collaboration with mental health consumers.
<p>(b) to take into account co-morbid issues associated with mental illness, such as drug and alcohol use and disability</p>	<ul style="list-style-type: none"> ☑ Physical health and wellbeing of people living with mental illness has been a strong focus of the Commission’s work, including development of a focused evidence guide. ☑ Intellectual, physical and psychosocial disability has been addressed through research projects and extensive engagement with the implementation of the NDIS. ☑ The impact of medications for mental illness is also under consideration through the Pharmacotherapy Advisory Group.
<p>(c) to take into account issues related to the interaction between people who have a mental illness and the criminal justice system</p>	<ul style="list-style-type: none"> ☑ Review of experiences of people with mental illness who come into contact with the justice system, <i>Towards a Just System</i>. ☑ Data linkage project to understand the impact of psychosis on offending behaviour. ☑ Electronic database containing de-identified information about forensic patients to enable evidence-based developments in services for forensic patients. ☑ Work in trauma-informed approaches to justice settings in NSW.
<p>(d) to engage and consult with:</p> <p>(i) people who have a mental illness and their families and carers, and</p> <p>(ii) the government and non-government sectors, and</p> <p>(iii) the whole community</p>	<ul style="list-style-type: none"> ☑ The Commission engaged with more than 2,000 stakeholders in the development of <i>Living Well</i>. Two community surveys undertaken with more than 2,200 respondents have extended engagement. ☑ The Consumer Lived Experience Steering Group and Carer Lived Experience Steering Group provide direct mechanisms for ongoing consultation with consumers and carers. ☑ The NSW Government sector is engaged with the Commission regularly, through initiatives such as the NSW Wellbeing Collaborative and the Mental Health Taskforce, which incorporates the Department of Premier and Cabinet, NSW Treasury, Department of Justice and NSW Department of Education and Community Services. ☑ National government sector engagement includes the National Mental Health Commission, the National Disability Insurance Agency and the Australian Bureau of Statistics. ☑ Non-government sector partners include Being, Mental Health Carers Network, WayAhead, the Black Dog Institute, Reach Out, Beyond Blue, and the Butterfly Foundation.
<p>(e) to take into account the particular views and needs of different sections of the community, including Aboriginal communities, culturally and linguistically diverse communities and regional and remote communities</p>	<ul style="list-style-type: none"> ☑ A Memorandum of Understanding with the Aboriginal Health and Medical Research Council provides an over-arching mechanism for relationships with Aboriginal communities, supported by local engagement with Aboriginal communities across NSW. The iBobbly project works with young Aboriginal people at risk of suicide. ☑ CALD communities have been consulted and engaged in community visits in South Western Sydney and Western Sydney. The Transcultural Mental Health Centre is a partner of the Commission and CALD consumers are carers are represented though stakeholder organisations such as the Mental Health Coordinating Council. ☑ Community visits have been undertaken across regional and remote communities.

PRIORITIES OF THE COMMISSION IN THE 2016 MINISTERIAL CHARTER LETTER

The Review finds that the Commission has delivered against the priorities in the 2016 Ministerial Charter Letter. This work is described in Appendix 13—Priorities of the Commission in the 2016 Ministerial Charter Letter.

PRINCIPLES GOVERNING THE WORK OF THE COMMISSION

The Review considers that the principles governing the work of the Commission have largely been met, but that there are opportunities to strengthen the way the Commission works to achieve these. This is particularly relevant to the principles of coordination and integration, and communication and collaboration across the system. It is recognised that these principles also apply to public sector agencies (s16(2)).

Following is an overview of stakeholder perceptions of how the five principles set out in the Act (s11) have been met. Opportunities to strengthen the Commission's work in relation to these principles are discussed in Chapter 3.

The five principles in the Act that govern the work of the Commission, reflected in *Living Well* and in the Commission's activities, are as follows:

- a. People who have a mental illness, wherever they live, should have access to the best possible mental health care and support
- b. People who have a mental illness and their families and carers should be treated with respect and dignity
- c. The primary objective of the mental health system should be to support people who have a mental illness to participate fully in community life and lead meaningful lives
- d. The promotion of good mental health and the effective provision of mental health services are the shared responsibility of the government and nongovernment sectors
- e. An effective mental health system requires:
 - (i) a coordinated and integrated approach across all levels of government and the nongovernment sector, including in the areas of health, housing, employment, education and justice, and
 - (ii) communication and collaboration between people who have a mental illness and their families and carers, providers of mental health services and the whole community.

Assessing adherence to principles is a qualitative matter. ORC International undertook an online consultation survey between October and November 2017 with a total of 753 responses—40% were from representatives of organisations and 60% from individuals.

Among individuals:

- 24% were people with lived experience of mental illness
- 21% were family members or carers of a person with mental illness
- 41% were health professionals
- 11% were other professionals
- 3% were members of the public
- 26% were not born in Australia
- 16% spoke a language other than English at home
- 5% identified themselves as Aboriginal
- 2% were young people under the age of 24 years.⁴⁹

For the **first three** of the Commission's governing principles, two-thirds of the respondents (67%) agreed or strongly agreed that the Commission worked to the relevant quality of care principles for people with mental illness. People with lived experience of mental illness and their carers were less supportive (50% agreed or strongly agreed).⁵⁰

For the **fourth principle**, two-fifths of respondents (42%) agreed or strongly agreed that the Commission had operated from a whole-of-government and whole-of-community perspective.⁵¹ Respondents from within NSW Health or other NSW Government agencies were asked whether the work of the Commission was aligned with that of other state government agencies. Over one-third of respondents (38%) agreed or strongly agreed, and over one-third (36%) disagreed or strongly disagreed.⁵²

Nongovernment organisations were more positive about the Commission's alignment with the broader health system, with two-fifths of respondents (40%) agreeing or strongly agreeing, and one-fifth (21%) disagreeing or strongly disagreeing. There was a relatively high proportion of neutral responses for this question (39%).⁵³

For the **fifth principle**, about half the submissions (53%) agreed or strongly agreed that the Commission had enhanced communication and collaboration with its stakeholders. Just over one-quarter (27%) disagreed or strongly disagreed, and a high proportion (20%) opted for the 'neither' category. People with lived experience of mental illness, their families and carers, and health professionals, were less likely to agree that the Commission had enhanced communication and collaboration with its stakeholders; 41% and 45% agreed or strongly agreed,

respectively. Levels of agreement were relatively low among peak bodies (57% agreed or strongly agreed) and not-for-profit organisations (52%); and were relatively high among 'other' NSW Government (78%) and the academic sector (75%).⁵⁴

Responses to the question about whether the Commission had enhanced integration and coordination across the sector were split evenly between broad agreement (34%) and broad disagreement (38%), with more than one-quarter (28%) remaining neutral. Submissions from NSW Government were the most positive in response to this statement (43%), while health professionals and other individuals were the least positive (25%).⁵⁵

STAKEHOLDER PARTNERSHIPS ESTABLISHED BY THE COMMISSION

Partnerships are at the heart of the work of the Commission, which is in a unique and fortunate position to work with a broad range of partners with which it shares values and a commitment to improving the mental health system in NSW...

The Commission partners with organisations that include people who have a lived experience of mental illness, and their families and carers, through consumer participation at all levels of planning, service delivery and policy development. It also partners with community and government groups that bring a regional or local collaboration focus to their work, because mental health reform needs to respond to specific needs in different areas of NSW. And it partners with organisations conducting research that can be translated readily into better practice.

Mental Health Commission website

The Commission's partnerships with stakeholders include formal partnerships based on memorandums of understanding, and also on less formal partnerships that, nonetheless, require strong commitment between organisations collaborating towards shared goals.

Formal agreements include those made with:

- Aboriginal Health and Medical Research Council
- Australian and New Zealand Mental Health Commissions
- Everymind (formerly Hunter Institute of Mental Health)
- Insurance and Care NSW (icare)
- Mental Health Review Tribunal
- University of Newcastle
- WayAhead Mental Health Association NSW

Commission partnerships include those with New South Wales and Australian Government agencies, research institutions and universities, and nongovernment organisations delivering services to mental health consumers and carers.

KEY CMOs FUNDED BY THE COMMISSION

The Commission provides funding to four key mental health organisations (Being, WayAhead, Mental Health Carers NSW and beyondblue) annually to engage and empower consumers and carers, ensure these groups are represented, and to improve the mental health and wellbeing of people in New South Wales. The Ministry of Health previously provided funding to these organisations under the ministerially approved grants program; funding responsibility was then transferred to the Commission to support relevant organisations in the community sector to achieve the objectives of *Living Well* (see Chapter One, under Community-Managed Organisations).



CHAPTER THREE: PARTS B AND C FINDINGS AND RECOMMENDATIONS

The second part of the Review is an analysis and review of the Commission and the Act in the context of the broader mental health and social sector. Recommendations about the future role, functions, principles and priorities comprise Part B of the Review. The recommendations inform the amendments to the Mental Health Commission Act, which comprise Part C of the Review.

PURPOSE AND ROLE OF THE COMMISSION

The Commission was established for the purpose of monitoring, reviewing and improving the mental health system and the mental health and wellbeing of the people of New South Wales (s3).

The Review finds that the purpose for which the Commission was established was valid. However, over the past five years there has been a greater focus by NSW Health on strengthening performance monitoring of the health system and embedding accountability for mental health across NSW Health agencies. This has meant there is now a lack of clarity about the Commission's role, functions and responsibilities in the context of the broader system.

The stakeholder perception survey found:

- Only 30% of NSW Health stakeholders agreed there was clarity of alignment between the work of the Commission and NSW Government, while 40% did not agree that there was clarity of alignment. Fifty per cent of respondents from other NSW Government agencies agreed there was clarity of alignment, and 29% disagreed.⁵⁶
- 40% of respondents from other organisations (e.g. NGOs) agreed there was alignment with the broader mental health system, and 21% disagreed.⁵⁷

This confusion and lack of role clarity is particularly evident in relation to the Commission's role in monitoring, reviewing and improving the mental health system. There are already many organisations established for this purpose.

These organisations and their roles in the mental health system are described in the introduction to this report. In summary, they include:

- **NSW Ministry of Health** – system manager, responsible for performance and operation of the New South Wales public health system (including quality, safety and accessibility of services, financial management and public health)
- **BHI** – responsible for independent reporting on the health system, including specific mental health reports
- **CEC** – responsibilities relate to quality and safety of services including clinical investigations, incident management and reviews to inform system improvements
- **ACI** – works with clinicians, consumers and managers to design and promote better health care
- **Official Visitors program** – provides visits to people in mental health inpatient facilities to safeguard standards in treatment and care
- **HCCC** – investigates individual complaints against providers
- **NSW Audit Office** – has broad powers to undertake financial and performance audits
- **NSW Ombudsman** – assists agencies to address performance issues
- **NSW Coroners Court** – investigates deaths and may make recommendations to prevent future deaths, with a view to improving public health and safety.

In some respects, this level of confusion about the Commission's role reflects the breadth and complexity of the mental health system and findings of other reports and reviews, which highlight the need for better coordination and design of the mental health system.⁵⁸



The work should be **holistic and systemic**, and should consider the **social determinants of mental health and wellbeing** and **integrated approaches to improve outcomes.**

To provide focus to the Commission's work and reduce duplication of effort with other agencies in the health sector, the Review recommends that the role of the Commission should be refocused on *monitoring, reviewing and improving the mental health and wellbeing of the people of New South Wales.*

This refocuses the Commission's work on the outcomes and impact of cross-sectoral government strategies on improving mental health and wellbeing. It recognises that issues relating to mental illness are broader than the health system, and the achievement of mental health and wellbeing for individuals and society requires not only effective health services, but the contribution and performance of other sectors which have significant mental health impacts.

The work should be holistic and systemic, and should consider the social determinants of mental health and wellbeing and integrated approaches to improve outcomes.

Recommendation 1 (legislative)

1. **That the Objects of the Act (section 3) be amended to focus the work of the Commission on *monitoring, reviewing and improving the mental health and wellbeing of the people of New South Wales.***

Renaming the Commission

The Review recommends that the name of the Commission be amended to incorporate wellbeing. This was considered important in focusing the work of the Commission on mental health and wellbeing outcomes, particularly on a whole-of-life view of mental health and wellbeing. This will explicitly recognise the importance of the work of the Commission beyond the health system.

The World Health Organization defines mental health as:

...a state of wellbeing in which every individual realizes 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.⁵⁹

World Health Organization Mental Health Action Plan 2013–2020

This positive dimension of mental health is already a priority in the Commission's work.

The aim of this recommendation is to strengthen the Commission's work beyond the health system, particularly to support stronger collaborative approaches across whole-of-government, the broader system, and the community. This will better reflect the existing scope of the Commission's work, rather than suggesting an expanded scope.

This is not intended to detract from the importance of acute care and treatment for mental illness, but aligns more appropriately with the Commission's broader remit. Importantly, the new name will also support the Aboriginal view of mental health as encompassing social and emotional wellbeing.⁶⁰

This Review recommends the renaming of the Commission to the Mental Health and Wellbeing Commission, and a related amendment to section 1 of the Act.

Recommendation 2 (legislative)

2. That the Mental Health Commission of New South Wales be renamed the Mental Health and Wellbeing Commission of New South Wales, with amendment to section 1 of the Act to reflect this.

REFOCUSING THE COMMISSION'S FUNCTIONS

The functions of the Mental Health Commission under the Act (s12) were considered by many stakeholders to be too broad. Over half the survey respondents agreed the Commission had been effective in five of 13 functions, with the highest level of agreement being 61%.⁶¹ Fewer than half the respondents agreed the Commission had effectively exercised its role in eight of the 13 functions. The most positive responses agreed that the Commission had been effective in developing the strategic plan and community education (61% and 56%, respectively).⁶²

The current, broad functions were seen as problematic in several ways:

- Stakeholders lacked understanding of the Commission's role—the broad remit has created an expectation that the Commission will be able to operate effectively across a broad range of functions.
- The focus of the Commission was not clear to stakeholders, with a sense that the Commission can pick and choose focus areas.
- There was concern that the Commission's broad remit had set it up for failure. 'We're being too tough in expecting them to do too much'.⁶³

Stakeholders expressed concern that the Commission was perceived as a 'catch all' or 'last port of call' on mental health, with confusion about when it was appropriate for the Commission to act or when other parts of the system needed to take the lead. It was recognised that the Commission could not 'do it all' and needed to work with other departments and agencies, but it was unclear how the Commission engaged with the housing, social welfare and correctional services in particular.

These concerns have grown over time. Stakeholders felt the Commission had clear priorities in its early years, as it established the organisation and engaged stakeholders to develop *Living Well*. Since then however, the Commission was seen by some stakeholders to 'lose its way' to some extent; with some respondents observing that a more explicit, consultative, rigorous planning and prioritisation process may have assisted with its direction.⁶⁴

The Commission needs to maintain credibility with stakeholders while continuing to be effective. The Review finds that the current functions of the Commission are too broad, and that there is a significant lack of clarity among stakeholders about its roles and functions.⁶⁵

While the Review shows that the Commission has delivered a suite of work in each function, the work lacked clear strategic approach, and could have benefited from a clearer more focused articulation of the outcomes that the work of the Commission was seeking to achieve.⁶⁶

Functions of the Commission

The Review finds that the scope of the Commission's functions needs to be narrowed, so the Commission can focus its work more effectively and more closely align with the broader mental health system.

The Review finds that the Commission's work should be focused on the following **three primary functions**:

1. Strategic planning, reporting and implementation
2. Systemic reviews and reporting
3. Advocacy

These functions have been identified as the key levers and most appropriate areas of focus to see the Commission strengthens its impact over the next five years.

Primary functions

1. Strategic planning, reporting and implementation

Strategic planning

Living Well: A strategic plan for mental health in NSW 2014-2024, adopted by the NSW Government in December 2015, and *The fifth national mental health and suicide prevention plan*, endorsed by the Council of Australian Governments Health Council in August 2017, together set a strategic framework for mental health in New South Wales.

*(Living Well) sets a 10-year vision and describes the initial set of actions required to lay the groundwork for change within the mental health sector and our approach to mental health and wellbeing. It also provides a solid basis for a continuing engagement with service providers across a full spectrum of government and community activities, and the community itself.*⁶⁷

This Review heard there was a sense of great hope with the release of *Living Well*,⁶⁸ with the recovery-oriented language embraced by consumers and carers. There was a view that the Commission had 'changed the landscape' through *Living Well*, and the ORC survey results indicated that 61% of respondents agreed or strongly agreed that the Commission had developed an effective strategic plan.⁶⁹

However, few stakeholders mentioned positive effects of the plan. There was a strong view that *Living Well* was more of a philosophical and policy document than a practical strategic plan. This is recognised in *Living Well* itself:

*This is a strategic plan for mental health in NSW. It does not directly govern the operation of services but instead lays out directions and principles for reform which agencies and service providers must find ways to embed in the supports they offer to people in our community.*⁷⁰

The prevailing theme from survey respondents about the plan was that they had seen little impact on the mental health system or on the mental health and wellbeing of the people of New South Wales or, when there had been some impact, it was 'not significant' or 'minimal'. Individuals with lived experience of mental illness were most likely to say that the impact of the plan had been negligible.

There was some concern that *Living Well* was considered a 'nebulous strategic plan that has no teeth to deliver', with 'great intentions, but no impact in making things different'.⁷¹ The plan was considered too broad, meaning that those responsible for implementation had to pick and choose actions from the document, without a sense of making systemic progress.

The Strategic Plan was so broad and lacked clarity as to how grand statements could be achieved.

Peak body

While the plan recognised that mental health reform takes time, it was considered that the effectiveness of *Living Well* was limited as it had not been effectively translated into whole-of-system operational planning. This meant that there was confusion about strategic systemic priorities and responsibilities of agencies, and that the mental health reform agenda was not clear. There was also concern that *Living Well* had undervalued acute service delivery and underplayed the need for tertiary services for those with severe illness.

Living Well reflected that:

The Plan will need to be revisited in the next two to three years to refocus activity on the next priorities...⁷²

It is imperative that we revisit this Plan at regular intervals during its 10-year horizon, to check and adjust the directions set out here so that they achieve the improvements we expect.⁷³

The *Queensland Mental Health Commission Act 2013* (QLD) contains provisions which require that Commission to prepare any appropriate amendments of the whole-of-government strategic plan and submit them to the Minister for approval.

The Review recommends that, should the Minister request it, the Commission lead a consultation process to develop a second iteration of *Living Well*, to focus government and health sector efforts for the second five years of implementation, and that this be submitted to the Minister for approval. Section 12(1)(a) should be amended to allow for this.

The Commission's role in implementation of *Living Well*

The Commission has responsibility for delivering specific actions under *Living Well*, and is well placed to support agencies in implementing the plan and other priorities identified by Government. The Commission can provide a holistic and systemic perspective, supported by data, evidence, reporting and the voice of lived experience.

By taking a systemic approach to implementation through collaboration and engagement, the Commission can enhance its role in influencing identified priorities across government agencies and the broader mental health sector and the community.

When organisations were asked about the highest priority for the Commission, the most common response was *whole-of-government collaborative approaches* (16%),⁷⁴ with a view that the Commission

...continue to lead whole-of-government approach to mental illness.

NSW Health respondent

The Review considers that this can be met through a greater emphasis by the Commission on supporting implementation of *Living Well* and other priorities identified by Government. The Commission is not responsible for implementation of actions when another agency is lead, but is a facilitator and collaborator, with a whole-of-system perspective and able to work with supporting agencies. This proposed amendment also reflects provisions in the *Queensland Mental Health Commission Act*, which require the Queensland Commission to facilitate implementation of the strategic plan.⁷⁵

The Commission is uniquely placed, with a systemic perspective rather than only a service line, to exercise strong leadership for greater integration and coordination. This should include sharing knowledge and leading practice approaches, with the Commission having the credibility to influence the way the system works together.

The Review recommends that section 12(1)(a) be amended to remove historic reference to developing a draft strategic plan, to provide for an ongoing role for the Commission in strategic planning and implementation or other strategic priorities that may be identified by Government.

Monitoring, reporting, evaluation and review

Stakeholders were less positive about the way the Commission had reported on *Living Well* than they were about the effectiveness of the plan itself. Just 44% of respondents agreed or strongly agreed that the Commission had sufficiently monitored or reported on implementation of the plan (55% of organisations, and 31% of those with a lived experience of mental illness).⁷⁶

The Commission should establish a regular reporting cycle, against key reform indicators. The Act currently allows for the Commission to ‘monitor and report on implementation of the strategic plan’. The Review recommends that the Commission’s role in monitoring and reporting on implementation of the strategic plan should continue, and that the monitoring and reporting provisions in this section remain without amendment (s12(1)(b)).

2. Systemic reviews and reporting

The Commission’s role in undertaking systemic reviews and reporting, using data and evidence was seen as an important lever for advocacy and reform. When respondents were asked about the highest priority for the Commission, ‘reporting, monitoring and evaluation’ was the third most common response.⁷⁷ In ranking the relevance of the current functions in the future, the Commission’s current role in reviewing, evaluating, reporting and advising was ranked as the most important by the most stakeholders.⁷⁸

Forty-one per cent of survey respondents agreed that the Commission had been effective in reviewing and evaluating mental health services and programs,⁷⁹ and 46% agreed it had been effective in reporting and advising.⁸⁰ The impact of the Commission’s work in this area is reported as significant in raising public awareness, engaging consumers with lived experience, and consultation and engagement.⁸¹

The Review found that this impact could be strengthened and that the Commission’s work could be better targeted. With a refocused remit of the Commission on monitoring, reviewing and improving the mental health and wellbeing of the people of New South Wales, this function (which currently focuses on ‘mental health services and other services and programs provided to people who have a mental illness, and other issues affecting people who have a mental illness⁸²’) should similarly be refocused on outcomes.

This should see the Commission monitoring and reviewing the mental health and wellbeing outcomes, and the impact of government strategies and priorities on improving the mental health and wellbeing of the people of New South Wales. This reporting should be holistic and systemic and should consider the social determinants of mental health and wellbeing and integrated approaches to improve outcomes.

It should go beyond the traditional domains of mental health or health, and encompass not just the role of the public health system in improving outcomes, but also the roles of private and general practice and the broader social sector, for example disability, justice, housing and education services.

The refocusing of this function in line with the revised objects of the Act recognises the rigorous performance monitoring, review, investigatory and reporting powers of other agencies (described in the report’s introduction and earlier in this section).

For the Commission to be effective in delivering this function, it needs to work strategically, systemically and collaboratively with other stakeholders. It will also require the internal resources to undertake the early scoping and diagnostics for reports, stakeholder engagement and comparative data analysis across datasets.

It is recognised that the Commission does not own data sources, and should not establish a data-collection facility, but rather works with government agencies to access data through the powers under the Act that are described later in this section.

The Review recommends that the Commission’s role in undertaking systemic reviews continue, but that the focus of this should be on the outcomes and improvements to the mental health and wellbeing of the people of New South Wales.

The Review recommends that section 12(1)(c) be amended to ‘to review, evaluate, report and advise on the mental health and wellbeing of the people of New South Wales, including systemic reviews of programs and services provided to people who have a mental illness, and other issues affecting people who have a mental illness’.

3. Advocacy

The Commission has a key role in advocating broadly across government to influence priorities, approach and action. This includes to reduce stigma and discrimination, promote prevention of mental illness, advocate for recovery-oriented and trauma-informed approaches, and ensure that mental health and wellbeing is considered in the design and delivery of government programs and services.

Stigma and discrimination were identified as a significant ongoing issue, not just in the community but also in the health and broader social sectors. The Commission has a leading role in providing a strong interface with the community, educating the community about mental health issues, including reducing stigma and discrimination associated with mental illness.

When asked about the highest priorities for the Mental Health Commission (an open-ended question, related to any priorities), survey respondents identified more advocacy for people with mental health issues as the highest priority.

Advocacy for those with mental health conditions, and keep the needs of those who experience a loss of mental wellbeing at the forefront of reform.

Mental health service provider or NGO

The Review finds that the sections of the Act related to this function remain valid (s12(1)(f, g, h)), but that consideration could be given to reordering these so the functions flow from whole-of-community education to specific issues (i.e. s12(1)(h, f, g)).

Enabling functions

With the Commission focused on the previous three primary functions, the Review recommends that the below functions of the Act be considered 'enabling functions'. While these functions should continue to be listed in the Act, it is only expected that the Commission will exercise these in alignment with the achievement of the above primary functions.

This supports the Review findings that the current functions are too broad and unfocused, and narrows the focus of the Commission's work to the three primary functions.

Knowledge sharing

Half of survey respondents (51%) agreed the Commission was effectively fulfilling its current knowledge-sharing function.⁸³ The respondents that agreed most commonly referred to the Commission's meetings and conferences, and the access to more publicly available information and resources, as examples of success. Those disagreeing felt this work could be strengthened through more consultation with those with lived experience, wider collaboration with the NGO sector and more information dissemination.

Given that knowledge sharing focused on usual and expected business practices and processes, the Review considers that this should remain in the Act, but is not a primary function of the Commission; however, it may be undertaken to support the delivery of its primary functions.

Research, innovation

In relation to the Commission's work in research and innovation, 37% and 38% of stakeholders, respectively, agreed that this had been effective. When asked more about the Commission's research, innovation and policy development work, the most common response was that it had little impact.⁸⁴

In focusing the Commission's work and functions, the Review finds that the Commission may commission research and support innovation to inform the primary functions above, but the Review recommends that the Commission consider research and innovation to be enabling functions.

This also acknowledges the many other organisations established to further the mental health research agenda (including, for example, the National Health and Medical Research Council, the Black Dog Institute, the Schizophrenia Research Institute, Everymind and the NSW Centre for Rural and Remote Mental Health), and innovation, for example the ACI.

Functions to be removed from the Act

Policy development

The Review finds the Commission's policy development function needs to be clarified. The Commission has a role in influencing the development of policy (for example, through submissions to government) but has no mandate to develop or promote government policy, so the policy development function should be removed from the Act.

Recommendation 3 (legislative)

3. That the Commission's functions be rearticulated and refocused, providing clarity on the role and functions of the Commission in the broader system. The Commission should focus on three primary functions: strategic planning, systemic reviews and advocacy, with other functions to remain in the Act but considered enabling functions. Section 12(1) of the Act to be amended such that:
- i. s12(1)(a) be amended to remove historic reference to developing a draft strategic plan, to provide for an ongoing role for the Commission in strategic planning and in implementation of the strategic plan, or other strategic priorities that may be identified by Government.
 - ii. s12(1)(b) remain without amendment. The Commission should also establish a regular reporting cycle, against key reform indicators.
 - iii. s12(1)(c) be amended so the current section (c) is revised to: review, evaluate, report and advise on the mental health and wellbeing of the people of New South Wales, including systemic reviews of programs and services provided to people who have a mental illness, and other issues affecting people who have a mental illness.
 - iv. s12(1)(f, g, h) be amended so these functions continue, but that they be set out in a different order to flow from whole-of-community education to specific issues (i.e. s12(1)(h, f, g)).
 - v. s12(1)(e) be amended to remove policy development from the Act. In addition, the Commission should consider the functions of commissioning research, innovation, as an enabling function. The enabling functions should be listed last in the revised Act.
 - vi. s12(1)(d) remain without amendment, but the Commission should also consider this function an enabling function. The enabling functions should be listed last in the revised Act.

THE COMMISSION'S AUTHORITY TO PREPARE INDEPENDENT REPORTS

Many stakeholders expressed strong support for the Commission's role as an 'independent voice'⁸⁵ to Government and the community. As an independent, credible voice, the Commission can provide strong advice through its systemic reviews. The Commission should ensure its credibility is maintained and strengthened, so its independent voice has influence across government.

Some stakeholders expressed frustration in relation to how this role was currently exercised, with a view that the Commission did not have powers to effect change. For example, three of the nine peak bodies and representative NGO respondents to the ORC survey wanted the Commission's authority to be strengthened so that it had the 'legislative teeth' to 'insist on the changes and make sure the laws and regulations are applied vigorously'.⁸⁶

The Commission is established under the Mental Health Commission Act, which articulates its powers and responsibilities. The Commission exercises independence in relation to its reporting function, and can request data from government agencies to enable this. The Act provides that:

- The **Commission is subject to the direction and control of the Minister, except in relation to the preparation and contents of the draft strategic plan or any other report prepared by the Commission.** (s9)
- The Commission may, at any time, prepare a report on any of the following:
 - progress of the preparation of the draft strategic plan
 - the implementation of the strategic plan
 - a systemic issue relating to the mental health system or affecting people who have a mental illness
 - the funding of mental health services in New South Wales. (s14(1))
- The Commission may enter into arrangements with any public sector agency in relation to the **provision by the agency of information that is required by the Commission** for the exercise of its functions. (s16(3))
- **The Commission may request a public sector agency to provide the Commission with any information** held by the agency that is reasonably required by the Commission for the exercise of its functions and **the agency must comply with such a request** if it is reasonable to do so. (s16(4))

- Any dispute arising between the Commission and a public sector agency about a request for information...is to be resolved between the Minister administering this Act and the Minister responsible for the public sector agency. (s16(5))

The sort of independence appropriate for the Commission to be effective was considered by the Government when the Commission was established. It was considered that the Commission could be most effective if it operated within a government framework, and it was therefore specifically placed within the Minister's direction and control, except in relation to the draft strategic plan and any other reports, where it exercises independence (s9).⁸⁷

The Review recommends that the Commission's independence be maintained in relation to the provision of reports, but that section 9 of the Act be amended to remove the historic reference to the draft strategic plan. As the strategic plan is now a Government plan, any reiteration of the strategic plan should be undertaken at the direction of the Minister.

The Review finds that the impact of the Commission's reporting function needs to be strengthened (as described earlier in this section), and recommends that the Act be amended to require government agencies to provide a response to reports that are prepared by the Commission, pursuant to section 14 of the Act and tabled in Parliament by the Minister, when such a report contains recommendations relevant to an agency. This reflects provisions in the Queensland Mental Health Commission Act, and is aimed at strengthening the impact of Commission reports.

In fulfilling this independent reporting role, the importance of the Commission's access to data was emphasised by stakeholders. It was suggested in consultations that the Commission should have more authority to access data held by NSW Health and other government agencies, with some concern that agencies were not always forthcoming with providing data. The Review also heard that there were opportunities to strengthen data literacy and related capabilities within the Commission.

(The Commission) needs to have more independence and access to data from NSW Government agencies so they can do their job.

Health professional

The Review recognises the importance of the Commission's access to a range of data, and finds that the current Act has sufficient provisions to enable such access, and has sufficient escalation and dispute resolution processes. The Review also recognises that agreements have been developed between the Commission and agencies to operationalise these provisions, and to allow the Commission to suggest indicators and data useful in reporting outcomes.

Some stakeholders considered that these independent reporting powers should be enhanced and that the Commission should move towards a stronger investigatory and audit role.

The Commission should be given powers to investigate all individual cases of abuse and neglect. This would enable them to compile evidence for systemic change...and fill the gaps where we disappear when the HCCC, Minister, Ombudsman and community let us down. Some states have active commissions. Why don't we?

A person with lived experience of mental illness

The Review does not support this, as there are many organisations in New South Wales with monitoring, investigatory, reporting and audit functions in the health and broader government system. These are outlined in the introduction to this report, and earlier in this section. Effective investigation and audit functions require significant resources and highly specialised skills, for example, recognised clinical leadership to undertake systemic clinical investigations and service reviews.

The Review finds that the Commission, in exercising its reporting functions should not duplicate functions of other agencies already resourced for investigatory, monitoring and reporting activity but, when relevant, the Commission may cooperate or work in partnership with these agencies.

The Commission's reporting should focus on the purpose of the Commission: *monitoring, reviewing and improving the mental health and wellbeing of the people of New South Wales.*

The reporting provisions under the Act should be updated to remove historic reference to preparation of the draft strategic plan.

Recommendations 4-6 (legislative)

4. That the Commission's independence in relation to the preparation of reports should be retained, but as the Act pre-dates the adoption of *Living Well* by the Government, section 9 should be amended to remove the reference to the development of a strategic plan.
5. That section 14 of the Act be amended to remove the historic reference to progress reports on the draft strategic plan (s14(1)(a)).
6. That the Act be amended to require that if the Commission makes recommendation/s in a report pursuant to section 14 that relate to an agency, that agency must respond to the Minister tabling the report in writing within a reasonable period:
 - i. detailing the steps it has taken, or plans to take, in relation to the recommendation; or
 - ii. advising that it has decided not to take any action in relation to the recommendation.

If subsection (2)(b) applies, the agency must provide the reasons for its decision.

STRATEGIC OPERATING ENVIRONMENT

Strengthening the Commission's authority

Stakeholders consistently raised issues regarding the Commission's operating context and governance arrangements and, in this context, the ability of the Commission to have greater impact.

Many stakeholders expressed concern that the Commission did not have adequate powers to be effective in its role, and that the authorising environment in which the Commission operated lacked clarity and was not well understood or communicated.⁸⁸

There was a strong view from stakeholders that the Commission had great potential but lacked influence across government. The Review considers it important that the Commission continues to retain independence in its reporting, but there was a perception that it lacked the necessary authority with a disconnect from the broader government and service-delivery system, which undermined its 'actual influence' and ability to create real change.

A key issue arising from the Review is how the Commission's impact can be strengthened, so it can be most effective in improving the mental health and wellbeing of the people of New South Wales. The Review makes both legislative and non-legislative recommendations relating to this.

Whole-of-government governance

Stakeholders called for the development of 'robust governance enabling the Commission to work together with other agencies,' with greater recognition of the social and fiscal benefits of collaboration. It was generally felt the Commission should report to the DPC (or a Parliamentary Committee) for central agency reporting to boost the Commission's authority.⁸⁹

A peak, whole-of-government engagement mechanism for the Commission is as an observer member of the Mental Health Taskforce (the Taskforce). This is chaired by the NSW Health Secretary and comprises health and human services agencies, reporting to whole-of-government mechanisms through the Minister for Mental Health and the Minister for Health.

The Taskforce enables senior executive-level discussion of the Government's mental health priorities and cross-portfolio matters, enhances cross-agency collaboration, and provides oversight of the governance, funding and accountability arrangements supporting implementation of *Living Well*. The Taskforce works collaboratively with the Commission in delivery and review of actions and approaches aligned with *Living Well*. This is supported by a Cross-Agency Working Group on Mental Health.

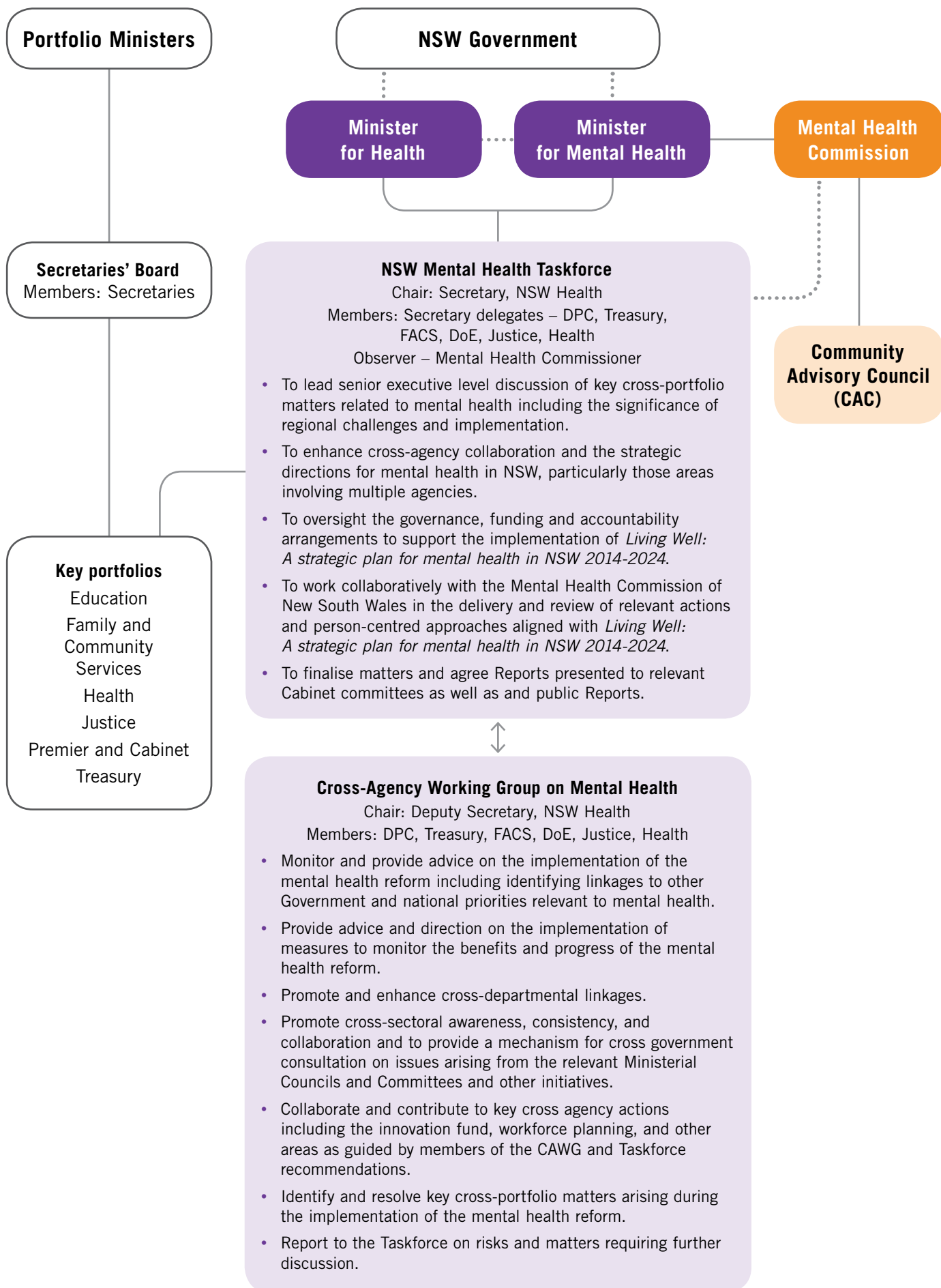
The Review finds that the existing interagency collaborative mechanisms need to be better communicated to stakeholders, and that the Commission's role in these needs to be strengthened for greater input to existing forums and a stronger influence on government.

Clear leadership and high-level stakeholder engagement are critical to the Commission's success, and can be embedded in existing mechanisms; they do not need to be directed through the formal authority of a central agency reporting line.

To enable this, the Review considers that the Commissioner should be appointed to full membership of the Taskforce. This will allow the Commission to fully participate in discussions with government agencies at the most senior levels, rather than with observer status.

In addition, Government and agencies should consider regularly inviting the Commissioner to meet with other relevant whole-of-government committees to discuss whole-of-government priorities relating the mental health. This will enable the Commission to have greater influence at the highest levels of Government.

Figure 2: NSW Government mental health governance





The Commission has informal relationships with many Government agencies, particularly at senior levels within human services agencies.

The Commission has informal relationships with many Government agencies, particularly at senior levels within human services agencies. The Review does not recommend that the Commission reports to the DPC, but it should continue to foster relationships with the DPC and NSW Treasury to strengthen its influence. The core business of the DPC is brokering outcomes, and it can advise which agencies might have an interest in an issue and then support their engagement with the Commission.

The Commission's informal authority can be strengthened through deeper relationships across government. The Commission can work collaboratively with government agencies to develop a whole-of-government engagement and relationships building strategy, to strengthen informal relationships between the Commission and across government.

Recommendations 7 and 8 (non-legislative)

7. That the Commission's role in whole-of-government mental health governance be strengthened, such that:
 - i. the Commission be made a full member of the Mental Health Taskforce
 - ii. Government and agencies invite the Commissioner to meet with other relevant whole-of-government committees to discuss whole-of-government priorities relating to mental health
 - iii. the Commission work with government agencies to develop a whole-of-government engagement strategy between the Commission and government.
8. That NSW Health and the Commission make publicly available these whole-of-government mental health governance mechanisms (as appropriate) and related roles and responsibilities, with these to be communicated broadly to increase stakeholder awareness of the overarching system governance.

PRINCIPLES GOVERNING THE COMMISSION'S WORK

There was a relatively high level of agreement from ORC survey respondents (67%) that the Commission had worked to the principles that people with a mental illness should have access to the best possible care, be treated with dignity and respect, and are supported to live fully in the community and lead meaningful lives.

When suggestions were made for improvement to the principles that govern the Commission's work, these focused on **enhanced integration**, taking a more **holistic approach**, and **greater coordination** with other departments and services.⁹⁰

The interdependence and cooperation of the Commission with government and the nongovernment sector and people who have a lived experience of mental illness is articulated in the Act through the principle set out in section 11(e) of the Act, that:

An effective mental health system requires:

- a **coordinated and integrated approach** across all levels of government and the nongovernment sector, including in the areas of health, housing, employment, education and justice, and
- **communication and collaboration** between people who have a mental illness and their families and carers, providers of mental health services and the whole community.

These principles apply across government agencies:

- *It is the duty of the Commission and public sector agencies that provide mental health services or are involved in dealing with people who have a mental illness to **work co-operatively in the exercise of their respective functions.** (s16(1))*
- *A public sector agency should have regard to the principles set out in section 11 in exercising its functions. (s16(2))*

The integration of mental health into the health and social system is fundamental to sustained change. The 'mainstreaming' of mental health, in particular, underpins the significant system reforms necessary to deliver an effective mental health system. Better alignment of mental health with the wider governance and accountability arrangements of the New South Wales health system is a key priority of NSW Health.

Better integration and alignment will increase accountability for mental health across agencies and organisations in the NSW Health structure, see these are highlighted in NSW Health's strategic priorities, and ensure that mental health can benefit from innovation and leading practice approaches across the New South Wales health system. A description of these responsibilities is outlined in the introduction to this report.

This integration needs to continue more broadly. The 'mental health system' was referred to by many stakeholders through the consultations, but there did not appear to be a common understanding of what it meant. The Commission should continue its work in encouraging understanding that the mental health system encompasses the promotion of mental health and wellbeing, the prevention of mental health conditions, supports for people to live in the community, and a range of mental health treatment, rehabilitation and psychosocial support services.

The mental health system needs to continue to move towards operating as other specialist service systems do; fully integrated with the broader health and social system. The Commission has a key role in supporting this integration.

The independence of the Commission enables it to operate with a wide range of stakeholders and to broker different conversations about reform. Its support for new relationships among stakeholders will be critical. This brokerage role enables the Commission to act as the independent bridge among stakeholders.⁹¹

However, just 34% of survey respondents agreed that the Commission had enhanced integration and coordination across the sector, with 38% disagreeing.⁹² This percentage was particularly low among health professionals (22% agreeing) and Aboriginal people (9% agreeing).⁹³ Just over half of other NSW Government agencies (56%) agreed the Commission had enhanced integration and coordination.

There should be more cross-portfolio action led by the Commission.

Peak body/representative NGO

Similarly, when asked how the Commission can be more strategically focused, the most common response (one-third of respondents) suggested that the Commission work more closely with all stakeholders (33%) and with consumers, carers and communities, health professionals and other service providers (27%). A further 14% suggested that the Commission take a more whole-of-government approach, and 11% suggested that the Commission needed increased authority.⁹⁴

This indicates there is a significant opportunity to strengthen the Commission's focus on engagement and whole-of-government and systemic approaches. Fewer stakeholders saw increasing the formal authority of the Commission as important.

Opportunities need to be identified to take the work to a whole-of-government approach.

NSW Health respondent

The Commission's work in communication and collaboration had some support. About half of respondents (53%) agreed that the Commission had enhanced communication and collaboration with stakeholders, and 27% disagreed. NSW Government and other organisations (stakeholders the Commission was likely to have most direct contact with) were most positive about the Commission's effort in this area (71% and 60% agreed, respectively). Respondents with lived experience of mental illness and their families and carers were least likely to agree (41%).⁹⁵

There was a clear view that, for the Commission to have greater impact, it needs to strengthen engagement, integration and coordination across government and the broader system, and communicate this to stakeholders.

There was also suggestion that the principles be strengthened in relation to recognising and incorporating lived experience of mental illness. However, the Review considers that the current principle requiring communication and collaboration are sufficient, but that the Commission needs to strengthen its work in this regard. To support this, the review recommends that section 12(2), which directs how the Commission should exercise its functions, be amended to require the Commission to not just engage and consult but to also consider the views of people who have a lived experience of mental illness; as well as government and non-government sectors and the community. This is described later in this section.

The Review finds that the principles under the Act are sound, but there is an opportunity for the Commission to work with people with lived experience and their carers, government agencies and the broader sector to strengthen the way that they are exercised. Greater emphasis should be given to seeing that they are translated into practice.

This will be supported by the strengthened role of the Commission in the whole-of-system governance arrangements, and the realignment of functions, as described.

The Review finds that the Act should be amended to move the principles to follow the Objects of the Act, and that reference to cooperation between the Commission and public sector agencies should be moved from the Miscellaneous (Part 4 of the Act) section to follow the principles, to see that there is closer alignment between these.

Recommendations 9 and 10 (legislative and non-legislative)

9. **That the Commission should strengthen efforts to enhance integration, coordination and collaboration across government and the broader system, promote a broad understanding of the mental health system, and to continue to communicate this to stakeholders.**
10. **That the Act be amended to:**
 - i. **move the principles to follow the Objects of the Act, to signify the overarching importance of these to the work of the Commission and government agencies**
 - ii. **move ‘Cooperation between Commission and public sector agencies’ from Miscellaneous provisions to follow the principles, to see that there is a closer alignment between these.**

Meeting the needs of specific populations

People with lived experience of mental illness

The importance of the Commission’s role in amplifying the voice and wisdom of those with a lived experience of mental illness was recognised widely by stakeholders. People with a lived experience of mental illness, and their families and carers, hold unique insight into how services can best respond to their needs and promote recovery. This is true not just of health care but of related services including education, employment, housing and family services.

The Commission’s ‘lived experience voice’ was described as having ‘great resonance for people looking for help’.⁹⁶ Stakeholders particularly valued the high level of representation afforded by the Commissioner and Deputy Commissioners, including direct contact with that level in the system.

It was recognised that the Commission had performed well in consumer and carer engagement, particularly at the early stages and during the consultation on *Living Well*. However, there was a view that this level of engagement had become less of a focus, and consumers felt that some important projects could have benefited from greater consumer engagement.⁹⁷

People with a lived experience of mental illness, and their carers, generally had a poorer perception of the work of the Commission. Only about half the respondents (52%) thought the Commission's work had effectively engaged and consulted with people with a mental illness, and about three in 10 (29%) disagreed or strongly disagreed with this statement. People who had experienced mental illness themselves were markedly less likely to agree that the Commission had effectively engaged and consulted with them (29% agreed, 60% disagreed).⁹⁸

It needs to engage more with actual mental health sufferers, rather than the multitude of NGOs who do little to help or represent us.

A person with lived experience

It was seen as critical that the voice of lived experience be more fully embedded in the Commission's work, and that the Commission had an important role in facilitating this. People with lived experience of mental illness advocated for being listened to and involved as the highest priority for the Commission.⁹⁹

The Review finds that the Commission needs to strengthen the way it works in engaging with consumers, and the legislation needs to be amended for a greater focus on this. The Commission has a critical role in ensuring the voices of lived experience guide the system and are embedded into it to influence how it operates. This was stated as genuine co-design, effected by true involvement, true listening and true leadership—including people with lived experience of mental illness filling some leadership positions.¹⁰⁰



It was seen as **critical** that the **voice of lived experience** be more **fully embedded** in the **Commission's work**, and that the **Commission** had an **important role** in **facilitating** this.

The Review recognises that the Commission is developing a lived-experience framework to further understand the activities that would benefit from consumer and carer influence, leadership and participation.

Given the outcomes of the Review which show a significant need to strengthen the Commission's focus on working with lived experience, the Review recommends that the legislation be strengthened (s12(2)(d)) to require the Commission to engage, consult *and consider the views of* people with a lived experience of mental illness. This amendment will also apply to the way that the Commission engages and consults with government and non-government sectors and the community, strengthening the Commission's work in this regard and reinforcing the related principles.

Engagement with young people and LGBTQI people

The Review heard views from particular population groups, especially Aboriginal people, young people and people who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) that their needs and views were not appropriately considered by the Commission.¹⁰¹

The Review found that there were limited opportunities identified for young people with lived experience of mental illness to be heard, and that the Commission could play a role in enabling this.

This was considered important by the Review, considering the higher rates of mental illness experience by young people, and to support efforts to minimise the impact of mental illness across their lifetime. Only 36% of stakeholders agreed that the Commission had effectively fulfilled its function to develop innovative responses to the mental health and wellbeing needs of young people.

Similarly, given the disproportionately poor mental health experienced by the LGBTQI community,¹⁰² the Review considers it appropriate that the Commission provide further focus on its work with that community. The Review heard that the Commission can support organisations to improve practice and outcomes for LGBTQI community members, by championing inclusion in the broader mental health sector and reinforcing the need to adapt practice to meet the needs of specific communities.¹⁰³



The Review found that there were limited opportunities identified for young people with lived experience of mental illness to be heard, and that the Commission could play a role in enabling this.

The Review recommends that the Commission's engagement with young people be strengthened, specifically that:

- the Commission co-design and implement appropriate strategies to engage young people (particularly those with lived experience of mental illness, and their carers) in its work, and advise the Minister for Mental Health about whether the Community Advisory Council appropriately includes the views of young people
- section 12(2)(e) be amended to include consideration of the needs of young people.

The Review also recommends that the Commission's engagement with those identifying as LGBTQI be strengthened, specifically that:

- the Commission co-design and implement appropriate strategies to engage people identifying as LGBTQI (particularly those with lived experience of mental illness, and their carers) in its work, and advise the Minister for Mental Health about whether the Community Advisory Council appropriately includes the views of the LGBTQI community
- section 12(2)(e) be amended to include consideration of the needs of the LGBTQI community.

Engagement with Aboriginal people

The Review heard that the Commission initially had strong governance in relation to Aboriginal social and emotional wellbeing, particularly in its early years. Since 2015, there has been a continuing Memorandum of Understanding between the Commission and the AH&MRC of NSW. This Memorandum was reaffirmed in 2017, and promotes working in partnership to improve Aboriginal mental health and wellbeing in New South Wales.

The Commission was acknowledged for some significant initiatives in improving Aboriginal social and emotional wellbeing, including six specific actions in *Living Well* and leadership in the development of the National Aboriginal and Torres Strait Islander Leadership in Mental Health group. However, there is much more to be done across the system to bring together the Aboriginal view of social and emotional wellbeing with the clinical perspective of mental health, and to improve outcomes and delivery of services for Aboriginal people.

Feedback from survey respondents showed just over half of all submissions (53%) agreed or strongly agreed that the Commission's work takes into account the needs of Aboriginal people.¹⁰⁴ However, only 36% of Aboriginal people agreed with this statement, and 45% disagreed.

The Review heard that Aboriginal social and emotional wellbeing, needs to be integrated into *Living Well* actions and the health and social sectors generally. This is to support the determinants of social and emotional wellbeing, and to ensure support services are culturally appropriate and accessible. The Commission has an important role in advocating for this across the broader system.

Consultation with Aboriginal leaders and health workers reinforced the importance of ongoing input to the Commission's planning and prioritisation process. It was noted that engagement should be enacted through the Memorandum of Understanding and through broader partnership approaches that include stakeholder perspectives. Engagement needs to be embedded in all levels of the system, recognising the importance of Aboriginal people having ongoing input, a genuine partnerships approach and a voice in decision-making.

It was the view of the Aboriginal leaders consulted that this should include an established Aboriginal social and emotional wellbeing governance mechanisms by the Commission, with a regular forum (e.g. twice yearly) with Aboriginal leaders.

The Review finds that the Commission should strengthen partnerships with Aboriginal people, organisations, workforce and communities to enable prioritisation of Aboriginal social and emotional wellbeing, and establish an Aboriginal governance mechanism for this. The Commission should work with Aboriginal leadership to develop this mechanism.

Engagement with other priority communities

In relation to engagement with other priority communities, 48% of all respondents agreed that the Commission had considered the needs of CALD communities in its work, but only 23% of those born overseas and speaking a language other than English at home agreed with this. Forty-seven per cent of stakeholders agreed that the Commission had taken into consideration the needs of rural and remote communities, but only 36% of respondents from inner regional areas, and 31% from outer regional or remote areas, agreed with this.¹⁰⁵

It is recognised that the Commission has made efforts to reach many communities as part of its work, and in particular its visit schedule. The Review considers that the Act already includes sufficient provisions in this regard (s12(2)(e) and s10(4)(d)); however, the Commission should continue to focus on ensuring that the needs of these communities are considered.

Community Advisory Council

The terms of reference for the Review specifically require consideration of whether section 10, establishing the Mental Health Community Advisory Council in statute, remains valid, with consideration of the role of any advisory group, and whether this is more appropriately an administrative function of the Commission.

Given the strategic importance of the Community Advisory Council in advising the Commission on its work, the Review considers that appointments to this council should remain as Ministerial appointments.

Recommendations 11-15 (legislative and non-legislative)

11. That section 12(2)(d) be amended to require the Commission to engage, consult and consider the views of the populations identified in the Act.
12. That the Commission's engagement with young people be strengthened, in that:
 - i. the Commission co-design and implement appropriate strategies to engage young people (particularly those with lived experience of mental illness) and carers in its work, and advise the Minister for Mental Health on whether the Community Advisory Council appropriately includes the views of young people.
 - ii. section 12(2)(e) be amended to include consideration of the needs of young people.
13. That the Commission's engagement with those identifying as LGBTQI be strengthened, in that:
 - i. the Commission co-design and implement appropriate strategies to engage people identifying as LGBTQI (particularly those with lived experience of mental illness) and carers in its work, and advise the Minister for Mental Health on whether the Community Advisory Council appropriately includes the views of the LGBTQI community.
 - ii. section 12(2)(e) be amended to include consideration of the needs of the LGBTQI community.
14. That the Commission partner with Aboriginal people and communities to prioritise Aboriginal social and emotional wellbeing; and that the Commission establish an Aboriginal governance and engagement mechanism to support this.
15. That the Community Advisory Council remains in statute, and related appointments remain Ministerial appointments.

PRIORITIES

A refreshed strategic planning and engagement cycle

The Review found that the Commission's work needs to be more strategically focused, and greater engagement with stakeholders would assist with this.¹⁰⁶ The Commission would benefit from a clearly communicated, engagement-focused, strategic planning and prioritisation process. Annual prioritisation and agenda setting for the Commission was generally undertaken (in 2012, 2016, 2017) as a negotiated process between the Commission and the Minister for Mental Health, with the priorities articulated in a Ministerial Charter letter. The Commission made the 2016 Ministerial Charter letter publicly available.

There is an opportunity to strengthen the Commission's strategic planning and reporting process and align it with broader strategic planning, including with *Living Well*. The Commission's strategic planning should be undertaken in broad consultation with all relevant stakeholders. This will help to reduce any duplicative efforts, and see that the Commission's efforts are targeted. For example, NGO stakeholders had a view that the Commission sometimes initiated activity where there were already well established operators, indicating that the Commission could have been better focused on systemic need.

A strengthened strategic planning and prioritisation process will enhance the Commission's ability to influence change and align work to areas of need. This will also help the Commission identify unique and effective activities that it is best placed to deliver. This should be coupled with a monitoring and reporting process so the Commission reports on progress against its strategic priorities and strengthens its credibility with stakeholders.

Recommendation 16 (non-legislative)

16. That the Commission establish a regular strategic planning and prioritisation process, through stakeholder engagement, to set the priorities for the Commission. This process should inform the Commission's own strategic plan and Ministerial Charter letters.

Structure and resources of the Mental Health Commission

While this was a strategic rather than an operational review of the Commission, with a budget of \$10.5 million (a recurrent grant), 22 full-time equivalent staff (including the Commissioner and Deputy Commissioner), five part-time Deputy Commissioners and six agency personnel (some part-time) in 2016-17,¹⁰⁷ the Commission's significant resourcing was questioned.

There was a view that the staffing profile of the Commission may have driven the work, rather than the work determining the resource requirements. For example, there was a view that the strong focus on media and communications by the Commission may have been at the expense of more substantive issues.

It was noted that the size and make-up of the Commission may distort the Commission's priorities and issues of focus. There was a view that the Commission needed to refocus its efforts, and the staffing and resources of the Commission be similarly focused. There was also some support for the Commission to open up opportunities for designated lived-experience positions.

The Review recommends that the Commission consider the appropriate structure and staff capabilities to ensure that it is capable of credibly fulfilling its functions and the outcomes of this Review, to see impact over the next five years.

Recommendation 17 (non-legislative)

17. That the Commission consider the appropriate structure and staff capabilities to ensure that it is capable of credibly fulfilling its functions and the outcomes of this Review.



The Review recommends that the Commission consider the appropriate structure and staff capabilities to ensure that it is capable of credibly fulfilling its functions and the outcomes of this Review, to see impact over the next five years.



CHAPTER FOUR: NEXT STEPS

This report has been provided to the Minister for Mental Health and the Minister for Health, for consideration by the NSW Government, which will consider the findings and recommendations. A formal response will be prepared and will detail if the recommendations are accepted and, if so, what actions should be undertaken to respond to the findings of the report.

ABBREVIATIONS AND ACRONYMS

Abbreviations

The Act	<i>Mental Health Commission Act 2012 (NSW)</i>
The Commission	Mental Health Commission of New South Wales
The Commissioner	Mental Health Commissioner of New South Wales
The Ministry	NSW Ministry of Health
The Reviewer	Dr David Chaplow

Acronyms

ACI	Agency for Clinical Innovation
AH&MRC	Aboriginal Health and Medical Research Council
BHI	Bureau for Health Information
CALD	Culturally and linguistically diverse
CEC	Clinical Excellence Commission
CMO	Community-managed organisation
DPC	NSW Department of Premier and Cabinet
FACS	NSW Department of Family and Community Services
HASI	Housing and Accommodation Support Initiative
HCCC	Health Care Complaints Commission
HETI	Health Education and Training Institute
LGBTQI	Lesbian, gay, bisexual, transgender, queer or intersex ¹⁰⁸
LHD	Local health district
NACCHO	National Aboriginal Community Controlled Health Organisation
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGO	Nongovernment organisation
NMHC	National Mental Health Commission
NSW	New South Wales
MHCC	Mental Health Coordinating Council
MHDA	Mental Health Drug and Alcohol
PHN	Primary health network
QLD	Queensland
TOR	Terms of reference

GLOSSARY OF TERMS¹⁰⁹

Carer

A person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member, friend, neighbour or member of the broader community.

Community

A group of people living in the same place or having a particular characteristic in common. The condition of sharing or having certain attitudes and interests in common.

Community-managed organisation

Private, not-for profit organisation that can flexibly respond to the identified, unmet needs of communities and are managed by a board of representatives and elected members. CMOs range from single-focus, locally based organisations to large national and international organisations working across a range of areas.

Consumer

A person living with mental illness who uses, has used or may use a mental health service.

Criminal justice system

A system of laws and rulings to protect community members and their property. It determines which events causing injury or offence to community members are criminal. Criminal offenders may be punished through the law by fines, imprisonment and/or community service.

Cultural and linguistic diversity

The wide range of cultural groups that make up the Australian population and Australian communities. The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. The term 'CALD background' is used to reflect intergenerational and contextual issues, not just the migrant experience.

The term 'culturally and linguistically diverse' is used in its broadest, most inclusive sense and it acknowledges the roles of background, experience, length of stay, inter- and transgenerational issues and diversity within and between communities, along with language and culture, in contributing to diversity.¹¹⁰

Disability

A disability arises when a person's physical, mental, intellectual or sensory impairment hinders their full, effective participation in society on an equal basis with others. This definition includes but is not limited to the definition of 'disability' in the *Disability Discrimination Act 1992* (Cwlth).

Discrimination (mental illness)

Unfair treatment of a person or group of people on the basis of a particular characteristic. Discrimination happens when people act on stigmatising views about people living with mental illness.

Early intervention

Early identification of risk factors and provision of timely treatment, care or support for people experiencing early signs and symptoms of mental illness. It aims to prevent the incidence, severity and impact of mental illness.

Indicator

A quantitative measure used to assess the extent to which a given objective has been achieved.

Lived experience (mental illness)

People with lived experience of mental illness are people who identify as someone who is living with (or has lived with) mental illness. People with lived experience are sometimes referred to as consumers.

Local health districts and specialty networks

NSW Health organisations which manage public hospitals and provide health services to communities within a specific geographical area. Eight LHDs cover the Sydney metropolitan region and seven cover rural and regional NSW. In addition, two specialist networks focus on children's and paediatric services, and justice health and forensic mental health. A third network operates across the public health services provided by St Vincent's Hospital, the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.¹¹¹

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 make a contribution to their community.

Mental health system (or services)

Comprises all services whose primary function is providing treatment, care or support to people living with mental illness and/or their carers.

Mental health problem

Diminished cognitive, emotional or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.

Mental illness (or disorder)

A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders and schizophrenia.

National Disability Insurance Agency

An independent statutory agency whose role is to implement the National Disability Insurance Scheme, which will support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers.¹¹²

National Disability Insurance Scheme

Provides eligible participants, who have permanent and significant disability (that may vary in intensity, which often occurs with psychosocial disability), with the reasonable and necessary supports they need to enjoy an ordinary life. The NDIS also connects people with disability and their carers, including people who are not NDIS participants and their carers, to supports in their community.

National Mental Health Service Planning Framework

A framework to guide evidence-based decision-making about the mix and level of mental health services and workforce needed to meet local circumstances.

National Mental Health Strategy

A framework to guide mental health reform. It includes the National Mental Health Policy, the Mental Health Statement of Rights and Responsibilities and four successive National Mental Health Plans.

National Safety and Quality Health Service Standards

Standards to protect the public from harm and improve the quality of health service provision. They provide a quality-assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met.

Non-government organisations

Private organisations that may or may not be not-for-profit.

Pathways to community living initiative

A coordinated statewide approach to supporting people with enduring and serious mental illness who have been in hospital for more than 12 months to re-establish their lives, when possible, in the community.

Peer worker

Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed in a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities.

Person-centred

Treatment, care and support that places the person at the centre of their own care and considers the needs of the person's carers.

Pillar

The 'pillar' agencies in NSW Health are statutory health corporations which provide services for the whole state and are an important source of expertise for the health system. These services are not limited to defined geographical areas, but are functionally defined through the services they provide.¹¹³ The pillars include the Agency for Clinical Innovation, the Bureau of Health Information, the Clinical Excellence Commission, the Health Education and Training Institute (formerly the Clinical Education and Training Institute) and the Cancer Institute NSW.

Policy

A course or principle of action adopted or proposed by an organisation or individual.

Prevention (mental illness)

Action taken to prevent the development of mental illness, including action to promote mental health and wellbeing and to reduce the risk factors for mental illness.

Prevention (suicide)

Action taken to reduce the incidence of suicide.

Primary health networks

Entities contracted by the Commonwealth to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Primary care

Generally the first point of contact for people living with mental health problems or mental illness and their carers. Primary care providers include GPs, nurses, allied health professionals, pharmacists and Aboriginal and Torres Strait Islander health workers.

Promotion (mental illness)

Action taken to promote mental health and wellbeing.

Psychosocial disability

The disability experience of people with impairments and participation restrictions related to mental illness. These impairments and restrictions can include reduced ability to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives.

Recovery

The *National framework for recovery-oriented mental health services: guide for practitioners and providers* outlines that there is no single description or definition of recovery, because recovery is different for everyone. It notes that central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination. Some characteristics of recovery commonly cited are that it is a unique and personal journey; a normal human process; an ongoing experience and not the same as an end point or cure; a journey rarely taken alone; and nonlinear, with it being frequently interspersed with both achievement and setbacks. It defines personal recovery as being able to create and live a meaningful and contributing life in a community of choice, with or without the presence of mental illness.

Research

The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.

Respect

A feeling of deep admiration for someone or something elicited by their abilities, qualities or achievements. Due regard for the feelings, wishes or rights of others.

Review

A formal assessment of something with the intention of instituting change if necessary.

Social and emotional wellbeing

Refers to the Aboriginal and Torres Strait Islander view of health. This view is holistic and includes mental health and other factors such as the social, spiritual and cultural wellbeing of people and the broader community.

Specialised mental health services

Services provided by psychiatric hospitals, psychiatric units or wards in hospitals, community mental health care services and residential mental health services.

Stigma

A negative opinion or judgement that excludes, rejects, shames or devalues a person or group of people on the basis of a particular characteristic. Stigma may include self-stigma, social stigma and structural stigma. Stigma against people living with mental illness involves perceptions or representations of them as violent, unpredictable, dangerous, prone to criminality, incompetent, undeserving or weak in character.

Strategic plan

An organisation's direction and decisions on allocating its resources to purpose this direction. It may also include mechanisms to guide the implementation of the strategy.

Living Well: A strategic plan for mental health in NSW 2014–2024

A NSW Government-endorsed vision for a mental health system focused on community-based mental health support, backed by an initial \$115 million commitment to a suite of mental health programs and initiatives that make it easier for people who experience mental illness to live and be supported in the community.¹¹⁴

One year on: Progress report on the implementation of 'Living Well: A strategic plan for mental health in NSW 2014–2024'

An account to the NSW Minister for Mental Health on the implementation of *Living Well* and the notable achievements made towards its overall objectives. It focuses on the preparations that agencies have made to better support the people of New South Wales by strengthening community-based responses to mental health needs and to shift our system from acute response towards prevention and earlier intervention.¹¹⁵

Trauma-informed care and practice

An organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families and carers, and service providers.

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2. REFERENCE GROUP TERMS OF REFERENCE
3. MENTAL HEALTH COMMISSION SUBMISSION TO THE REVIEW
4. ORC ONLINE SURVEY REPORT
5. MULTI-STAKEHOLDER FORUM OUTCOMES REPORT
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