Chapter 5

National Mental Health Commission

Introduction

5.1 In the 2011–12 Federal Budget the Government allocated $32 million over five years for the establishment and operation of the National Mental Health Commission (the Commission).[1] The Commission will comprise nine commissioners, raising the profile of mental health issues, and the provision of independent advice to improve transparency and accountability in mental health policy.[2]

5.2 The Commission's advice and feedback on mental health policy and spending measures is envisaged to help inform and shape future reform and spending:

> The core function of the Commission will be to monitor, assess and report on how the system is performing and its impact on consumer and carer outcomes.[3]

5.3 In the first instance, the Commission will produce an Annual National Report Card on Mental Health and Suicide Prevention. The Report Card will assess the relative effectiveness of a range of mental health programs and services, highlighting which services are actually delivering outcomes for people experiencing mental illness.[4]

5.4 The Government intends to establish the Commission as an executive agency within the Department of Prime Minister and Cabinet and governed by a Chief Executive Officer. Under this model, the Commission will report to an agency minister within the Prime Minister's portfolio, who will also be responsible for appointing the nine commissioners.[5]

---

1 Of the $32 million, $12 million is new funding while the remainder has been redirected from the 2009–10 budget measure, *Leadership in mental health reform—continuation and further efficiency.* Department of Treasury, *Part 2: Expense Measures—Health and Ageing*, Budget 2011–12, http://www.budget.gov.au/2011-12/content/glossy/health/html/health_overview_11.htm (accessed 9 October 2011).

2 National Mental Health Commission Interim Office, *Submission 527*, p.1.

3 Department of Treasury, *A new National Mental Health Commission*, Budget Overview 2011–12, http://www.budget.gov.au/2011-12/content/glossy/health/html/health_overview_11.htm (accessed 9 October 2011).

4 *National Mental Health Reform 2010–12—Ministerial Statement*, 10 May 2011, p. 33.

5 Department of Prime Minister and Cabinet, *Answer to a question on notice*, Estimates 2011–12, Outcome 1.1.1., 8 July 2011.

5.5 While most submitters who commented on the Commission supported the concept of an independent voice on mental health,[6] several suggested changing the format of the Commission, mostly with respect to ensuring its independence from or links to government, but also its membership and representation, accountability and operation.

Membership and representation

5.6 Under the Government's plan for the National Mental Health Commission, the commissioners will be appointed by the relevant agency minister, presently the Minister for Mental Health and Ageing. The Interim Office of the Commission notes that consultation is underway to inform the selection of the commissioners and that an announcement is expected in the coming months. The first meeting of the Commission is planned for early 2012.[7]

5.7 Some submitters expressed views about which groups should be represented on the Commission. The Aboriginal and Torres Strait Islander Healing Foundation, for example, welcomed the Commission but considered that an Indigenous Commissioner would be integral to its success in meeting the needs of Indigenous people:

> However, it is important...that any strategies to address the mental health issues for Aboriginal and Torres Strait Islander people are undertaken within a cultural framework and meet the diverse needs of the Aboriginal and Torres Strait Islander community. The appointment of an Indigenous Mental Health Commissioner will ensure that cultural responses are given appropriate weight and the community will feel that the Federal government is sincere in their efforts to Close the Gap at all levels.[8]

5.8 The Australian Clinical Psychology Association held the view that the Commission may be able to facilitate better coordination of mental health service delivery, but that it 'need[s] experts':

> We may need some representation from professional bodies like our own and others, but it needs to have experts working in the field and we need representation from our psychology board.[9]

5.9 The Private Mental Health Consumer Carer Network considered that consumers, carers and the private sector should be represented on the Commission:

---

6 See for example, Mr Frank Quinlan, Chief Executive Officer, Mental Health Council of Australia, *Committee Hansard*, 5 September 2011, p. 82.; NSW Nurses Association, *Submission 178*, p. 6.; SANE Australia, *Submission 654*, p. 1.

7 National Mental Health Commission Interim Office, *Submission 527*, p. 2.

8 Aboriginal and Torres Strait Islander Healing Foundation, *Submission 208*, p. 14.

9 Dr Judy Hyde, President, Australian Clinical Psychology Association, *Committee Hansard,* 19 August 2011, p. 23.

> We are of the very firm belief that there must be a consumer commissioner and a carer commissioner in order to bring the consumer and carer perspectives to the very entity that is going to be looking at the transparency of services and also looking towards policies and looking towards advising government on perhaps where...mental health funding [is] best allocated.
>
> I also think that the private sector is an area that too often gets forgotten in our health system, certainly in mental health. We have approximately 20 per cent of inpatient beds and around the same for the mental health workforce, so it is a significant area...
>
> We believe that the commission must have a consumer commissioner, a carer commissioner and a commissioner from the private sector.[10]

5.10 Similarly, the National Mental Health Consumer and Carer Forum believed that people with first-hand experience of the mental health system should be represented on the Commission:

> We believe that the development of a national mental health commission will be an outstanding and exciting opportunity to involve mental health consumers and carers. We are advocating for the establishment of a consumer and carer specific advisory body to inform the commission...
>
> It is seen as essential that there must be commissioners who have a lived experience as a consumer and/or a carer.[11]

5.11 With respect to consumer representation on the Commission, the committee notes that the budget overview indicates that the Government wishes to engage consumers:

> [The Commission] will also provide a strong and consolidated consumer voice, which will contribute to more responsive and accountable policy and program directions within the sector.[12]

5.12 The committee notes that consumer representation can be delivered in different ways. In New Zealand consumers are members of its Mental Health Commission Advisory Group.[13] In Western Australia there is an association of consumers funded by the Western Australia Mental Health Commission, as well as a

---

10 Ms Janne McMahon, Independent Chair, Private Mental Health Consumer Carer Network, *Committee Hansard*, 5 September 2011, pp. 53–54.

11 Mr Keiran Booth, Carer Co-Chair, National Mental Health Consumer and Carer Forum, Committee Hansard, 5 September 2011, p. 46.

12 Department of Treasury, *A new National Mental Health Commission*, Budget Overview 2011–12, http://www.budget.gov.au/2011-12/content/glossy/health/html/health_overview_11.htm (accessed 9 October 2011).

13 New Zealand Mental Health Commission, *Our Advisory Group*, http://www.mhc.govt.nz/our-advisory-group (accessed 27 October 2011).

Consumer Advisor appointed to the Commission.[14] There is consumer and carer representation on the Board of the Mental Welfare Commission for Scotland,[15] while there are also members with lived experience of mental illness amongst the directors of the Mental Health Commission of Canada.[16] New South Wales, which is currently in the process of establishing a commission, has recognised that it will need 'designated and ongoing consumer, carer and family engagement and representation'.[17]

Accountability and operation

5.13 Some submitters queried whether or not the Commission, as an executive agency of the Department of Prime Minister and Cabinet, would be able to provide fully independent advice. However, it was clear from the evidence that the Commission's wider accountability and effective operation was also important.

5.14 As the body promoting accountability and transparency in mental health services, some submitters asserted that the Commission's own operation must be accountable and transparent. The Australian Council on Healthcare Standards expressed concern that the parameters governing how the Commission will report on mental health services have not yet been determined:

> It is encouraging to note that the Commission will 'report on Australian Government and state system performance against service expectations'. It is unclear however, what system performance will be measured against, and no reference is made to the recently updated National Standards for Mental Health Services 2010, nor an accreditation framework to drive implementation of, or monitor assessment against, these standards.[18]

5.15 The Australian College of Mental Health Nurses held a similar view, but extended it to the authority of the Commission:

> The ACMHN believes that the national Mental Health Commission must operate with clear guidelines around its roles and responsibilities, independence, and authority to implement changes.[19]

---

14 Western Australia Mental Health Commission, *Consumer and carer involvement*, http://www.mentalhealth.wa.gov.au/mentalhealth_changes/Consumer_carer.aspx (accessed 13 October 2011)

15 The Mental Welfare Commission for Scotland, *Our Board*, http://www.mwcscot.org.uk/web/FILES/Commissioners/BoardDetails2011.pdf (accessed 13 October 2011)

16 Mental Health Commission of Canada, *Non-Government Directors*, http://www.mentalhealthcommission.ca/English/Pages/MHCC_Non_Gov_Directors.aspx#Peter (accessed 13 October 2011)

17 New South Wales Health, *Establishment of the NSW Mental Health Commission*, http://www.health.nsw.gov.au/mhdao/mhcommission.asp (accessed 13 October 2011)

18 Australian Council on Healthcare Standards, *Submission 110*, p. 1.

19 Australian College of Mental Health Nurses, *Submission 447*, p. 8.

5.16 Rather than implementing changes, the Public Health Association of Australia considered that the Commission should exert pressure on governments to consider mental health issues in implementation across a broad range of initiatives. It recommended that the Federal Government should:

> Use the new National Mental Health Commission to advocate for the inclusion and measurement of mental health in all government initiatives and programs. This will allow the effect of the multiple influences on mental health to be visible and for broad, appropriate action to be taken.[20]

5.17 The committee notes that the Commission's stated function is advisory rather than authoritative. This advisory role is a function that some submitters consider will only be possible in partnership with other organisations and governments. The Mental Health Council of Australia considered that the Commission will need to engage effectively with the states and territories, as well as the broader health and community sectors, in order to link the many levels of mental health services and inform 'effective planning':

> Ensuring that various plans are linked to clearly defined and reportable targets is one way of ensuring greater scrutiny of progress. Feeding all of these processes into the 10 Year Roadmap will also be important. [21]

5.18 Similarly, Catholic Social Services Australia (CSSA) believed that the Commission's success will 'depend on active participation by community managed services and NGOs'.[22] In addition, CSSA expressed concern about whether the Commission as currently envisaged will be able to generate practical, coordinated improvements to mental health services:

> In the absence of clear terms of reference, it is hard to comment on the Commission's potential as an effective 'watchdog' and advisory body.
>
> The Commission will need to represent a broad spectrum of consumer, carer, service provider and community interests in order to guide realistic long term planning and coordination. A very real challenge for the Commission will be to demonstrate leadership for systemic and policy change that transcends jurisdictional and portfolio silos. [23]

5.19 While CSSA expressed doubts about whether or not the Commission could transcend portfolio and jurisdictional boundaries, several other submitters suggested that the Commission must be completely independent from government in order to deliver impartial advice.

---

20 Public Health Association of Australia, *Submission 195*, p. 7.

21 Mental Health Council of Australia, *Submission 198*, pp 3–4.

22 Catholic Social Services Australia, *Submission 206*, p. 3.

23 Catholic Social Services Australia, *Submission 206*, p. 3.

5.20 The Department of Health and Ageing explained that the rationale for the Commission's positioning in the Prime Minister's Department is to ensure cross-portfolio coordination:

> **...**really importantly, the fact that the mental health response is not just a health response. The thinking behind having the agency housed within the Department of the Prime Minister and Cabinet is really recognising the need for many portfolios to be engaged in improving mental health outcomes.[24]

5.21 Some witnesses to the inquiry considered that this arrangement will be effective, while others suggested that the Commission should be independent from government. Those satisfied with the placement of the Commission as an executive agency under the Prime Minister's portfolio included the National Mental Health Consumer and Carer Forum.[25]

5.22 The Mental Health Council of Australia explained that there could be both advantages and disadvantages to independence from government:

> We certainly have a view that the principle of independence is an important one to the commission, but so too is the power and capacity of the commission to get access to a range of data sources. We think that positioning the commission within the Department of Prime Minister and Cabinet will allow the commission to gain access to and have the authority across portfolios within the federal government, and that is welcomed...
>
> We will adopt a supportive but a wait-and-see approach.[26]

5.23 Beyondblue expressed a similar view, as did Professor Hickie, who considered that the Commission needed to operate at a high level order to be equipped to make decisions about overarching policy and funding issues:

> ...I think at this stage we have become more generally concerned that we get a national commission that does operate at a higher level; and, within the bureaucracy, Prime Minister and Cabinet is obviously the highest level. We would expect it, however, to have the characteristics of independence that you are talking about...[27]

5.24 Professor McGorry agreed, although noted that eventually, independence could be better achieved outside of government:

---

24 Ms Rosemary Huxtable, Deputy Secretary, Department of Health and Ageing, *Committee Hansard*, 5 September 2011, p. 21.

25 Mr Keiran Booth, Carer Co-Chair, National Mental Health Consumer and Carer Forum, *Committee Hansard*, 5 September 2011, p. 48.

26 Mr Frank Quinlan, Chief Executive Officer, Mental Health Council of Australia, *Committee Hansard*, 5 September 2011, pp 82–83.

27 Professor Ian Hickie, *Committee Hansard*, 5 September 2011, p. 69. See also, Ms Dawn O'Neil, (then) Chief Executive Officer, Beyondblue, *Committee Hansard*, 19 August 2011, p. 61.

> I think the ideal is actually an independent commission—I think that is what we should aim for in due course; that is really the only way to guarantee independence—similar to the Human Rights Commission and those sorts of structures.[28]

5.25 Several other witnesses were more sceptical of the level of independence that the Commission could have if it were an executive agency within the Department of Prime Minister and Cabinet. Professor Lyn Littlefield, Australian Psychological Society, considered that the Commission should be independent from government because one of its key roles is to evaluate government spending:

> It should be an independent body. I think it should be a body that looks at transparency, accountability and evaluation of the money that is spent in mental health. In those respects I do think it is a very important body. It should give advice as to the best services possible for what we want to do. It needs real experts on it.[29]

5.26 The Royal Australian and New Zealand College of Psychiatrists expressed a similar view:

> The Royal Australian and New Zealand College of Psychiatrists supports the development of a mental health commission but that this needs to be independent of government to objectively report on the state and progress of mental health services.[30]

28 Professor Patrick McGorry, *Committee Hansard*, 5 September 2011, p. 69.

29 Professor Lyn Littlefield, Executive Director, Australian Psychological Society, *Committee Hansard*, 19 August 2011, p. 17.

30 Dr Maria Tomasic, President, Royal Australian and New Zealand College of Psychiatrists, *Committee Hansard*, 5 September 2011, p. 25.