



Beyond Blue's submission on the reforms to strengthen the National Mental Health Commission and National Suicide Prevention Office

November 2024

Introduction

- Beyond Blue welcomes the opportunity to contribute to the reforms aimed at strengthening the National Mental Health Commission (NMHC) and the National Suicide Prevention Office (NSPO) (collectively referred to as "the Commission").
- This is a critical opportunity to provide these bodies with genuine independence from government and the powers required to hold governments to account in delivering much-needed system reform.

Recommendations

Beyond Blue recommends that the Commonwealth Government:

1. Narrow the Commission's core functions to independently monitoring, publicly reporting and advising Government on mental health system and suicide prevention system performance. The Commission should not have a role in delivery of programs, services or campaigns, advocacy or complaints handling.
2. Strengthen the Commission's proposed monitoring functions to ensure it can monitor the government's efforts to reform the mental health and suicide prevention systems as well as the performance of the systems themselves, to enable it as a catalyst for change.
3. Strengthen the Commission's proposed reporting functions to ensure it can publicly report on any matter and to any Minister or department head necessary to achieve its legislated role and objectives.
4. Include wellbeing in the remit in recognition of the holistic nature of mental health and wellbeing and the determinants of mental health and suicide.
5. Adopt a variation of option 2 to establish the NMHC and NSPO under a single Statutory Commission within the Prime Minister's portfolio and with two statutory appointees, a National Mental Health Commissioner and a Suicide Prevention Commissioner to provide independence from government, avoid duplication or fragmentation across the mental health and suicide prevention systems and maximise opportunities to promote primary prevention opportunities that address overlapping drivers of psychological and suicidal distress.
6. Adopt option 1 to establish non-statutory governance and advisory arrangements that provides modern, flexible and responsive advice about emerging issues and reflects the diverse experiences and expertise of people impacted by mental health and suicide, service providers and peak bodies.
7. Adequately fund and resource the Commission to perform its legislated duties and roles effectively.

Response to survey questions

Role, objectives and functions

- The proposed **objectives** (page 12 of the Discussion Paper) accurately reflect the need for a refreshed entity to advise the Government and hold it to account for the performance of the mental health and suicide prevention systems. The Commission should not have a role in delivery of programs, services or campaigns, advocacy or complaints handling.
- The proposed **functions** (page 12 of the Discussion Paper) capture the monitoring, reporting and advisory functions that Beyond Blue would like to see in a refreshed organisation. Limiting the functions to these three areas will increase its focus, effectiveness and avoid scope creep. Under this model, policy-making and research functions would be the responsibility of the government supported by the public service.
- We support Mental Health Australia’s articulation of the monitoring and reporting functions (page 2-3 in MHA’s submission).
- The functions could be strengthened by:
 - amending the Commission's monitoring functions to require it to monitor and publicly report on government’s administration and reform of the mental health and suicide prevention systems (rather than only the performance of these systems). We are yet to see the whole-of-government, person-centred reform envisaged by the Productivity Commission’s Mental Health Inquiry. Prevalence of mental health conditions and suicide remains stubbornly high. Systemic issues such as high service costs, access barriers and system fragmentation remain. To ensure the Commission can be an effective catalyst for overdue system change, it must have freedom to independently report and hold a mirror to reform implementation and systems performance. The Commission should also develop productive and collaborative relationships with state and territory governments to explore and lead opportunities for the aggregation and analysis of cross-jurisdictional data and insights.
 - amending the **reporting functions** to:
 - allow **access to relevant data and report on any matter at any time that supports its objectives**, which would ensure its independence to bring important matters to the attention of government and the community.
 - require the Commission to **‘publish’ and table to Parliament, an Annual National Report Card** and any other relevant report.
 - allow the Commission to report to any government minister or department head as necessary to support its objectives.
- The World Health Organization’s definition of mental health, which recognises that mental health is more than the absence of a mental health condition, should be adopted and reflected in the Commission's functions. Mental health, wellbeing and suicide are influenced by a range of drivers or determinants that sit outside the health portfolio. Many reform solutions and actions to promote mental health and wellbeing, require a whole-of-government, whole-of-community approach to system innovation and reform and sit outside the health portfolio. **Ensuring the objectives and functions include the concept of wellbeing is critical to its success in driving population-level change in mental health and suicide prevention.** Legislating powers and governance arrangements that give licence to and facilitate the Commission's work across government, including portfolio areas of housing, criminal justice, social services, education and employment, would help achieve its objectives. It is therefore logical to restore the Commission to sit within the Prime Minister's portfolio, as it originally did.

Institutional settings

- The Discussion Paper proposes four options for where the Commission is institutionally positioned (pages 17 and 18). **Beyond Blue supports option 2 with some important changes.** The NMHC and NSPO would be established as a single Statutory Office, with two statutory appointees, a **National Mental Health Commissioner** and a **National Suicide Prevention Commissioner** both reporting to the Prime Minister. The administration of the entity should be supported by a suitably qualified administrator to lead the business operations of the entity, enabling the Commissioners to primarily focus on fulfilling their statutory obligations.
- The Commission must be established under an Act of Parliament given the importance of being genuinely independent from Executive Government. The relationship to government and the objectives, functions, powers and responsibilities must be clearly articulated in legislation to enable effective monitoring, public reporting, and advising. This autonomy is critical to effectively administer its functions and achieve its objective of advising, monitoring and reporting.
- While there are significant distinctions between suicide prevention and mental health, there are also synergies, for example, in the determinants-focused primary prevention approach in the draft [National Suicide Prevention Strategy](#). Keeping the two offices together would promote cross-fertilisation and collaboration while separating them would risk system fragmentation, siloed activity and duplication. A single entity – particularly given the clear findings of the NMHC Review and the operational efficiency challenges facing any small agency – would be more cost-effective than establishing two independent organisations, allowing the maximum amount of appropriated funding to be applied to the Commission's 'frontline' work rather than to administration and overheads.
- While independent, the Commission and Commissioners should **be located within the Department of Prime Minister and Cabinet portfolio**, while being supported by the administrative infrastructure of the department. This arrangement will further enhance its independence and support whole-of-government work on mental health and suicide prevention.
- The Commission must be provided with the **appropriate powers** to discharge its functions, including the power to require the government to provide data and information (subject to reasonable limits).
- It is critical that the Commission is **properly funded and resourced** to have capacity to achieve its objectives. This includes **contemporary capabilities** including in data science and analysis, mental health and wellbeing and suicide prevention expertise, monitoring and evaluation, implementation science and systems thinking.

Governance and advisory arrangements

- The Discussion Paper proposes two options for its governance and advisory set up (page 23). On balance, **Beyond Blue supports option 1** - non-statutory advisory arrangements. This option provides **greater clarity about powers and accountabilities for officeholders**, including the National Mental Health Commissioner, the Suicide Prevention Commissioner and the CEO/GM of the Commission.
- This model is also a more **contemporary approach**, enabling the Commission and its Commissioners to adopt a **flexible and responsive** approach and **draw on advice relevant to emerging issues**. A non-statutory arrangement is also more **cost-effective**, ensuring greatest resourcing allocated to the administration of the work for better community outcomes rather than governance.
- **Separate non-statutory advisory boards** should be established to support the National Mental Health Commissioner and the Suicide Prevention Commissioner.
- The advisory boards should be comprised of members with **diverse expertise and experiences**. The following must be prescribed in statute to ensure effective advice:
 - designated positions for people who have lived or living experience of mental health conditions or suicide
 - designated positions for family members, carers or supporters
 - experts in mental health and suicide prevention

- representatives from a diverse range of peak bodies, mental health and suicide prevention service providers and service providers in areas strongly linked to mental health, wellbeing and suicide such as housing, criminal justice, social services, education and employment.
- Given the diversity of the board members, onboarding, training and supports should be provided to build psychological and cultural safety (especially in relation to First Nations social and emotional wellbeing) and ensure board practices are inclusive and accessible.

Other comments

- It is critical that the Commission and its impact is evaluated regularly, with reports transparently published.