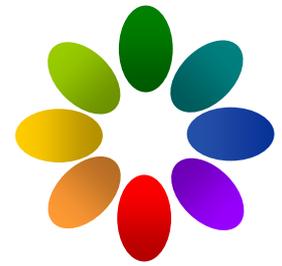


# MENTAL HEALTH COMMISSION LEADERS FORUM



## COMMUNIQUÉ

16 February 2015  
Brisbane, Australia



**Standing (L-R):** National Mental Health Commissioner David Butt, Western Australia Mental Health Commissioner Timothy Marney, Queensland Mental Health Commissioner Lesley van Schoubroeck, Executive Director, Mental Health Services South Australia Leonie Nowland. **Sitting (L-R):** Victoria Mental Health Complaints Commissioner Lynne Coulson-Barr, New Zealand Mental Health Commissioner Lynne Lane, New South Wales Mental Health Commissioner John Feneley.

## Context

1. Chief executives or responsible officers of the seven existing or developing Mental Health Commissions in Australia and New Zealand met in Brisbane on 16 February 2015. The purpose of the meeting was to share knowledge and review the Memorandum of Understanding agreed in May 2014.
2. Change has continued unabated in that time as all Commissions have responded to their respective circumstances and the expectations of consumers, families and carers as well as service providers and other government agencies.
3. An estimated one in five Australians will experience mental health difficulties including mental illness in any given year. According to the recent Report on Government Services, Government spending per person has increased over time from \$249 per person in 2005-06 to \$317 per person in 2012-13. A similar situation exists in New Zealand.
4. Despite increases in resources and services, much remains to be done.

## Memorandum of Understanding

5. In 2014, Commissions agreed to a Memorandum of Understanding that identified five areas of shared interest and cooperation.
6. **Aboriginal and Torres Strait Islander and Maori Mental Health** is and continues to be an important focus for all Commissions. Commissions support the [National Aboriginal and Torres Strait Islander Leadership in Mental Health](#) group (NATSILMH). NATSILMH group members comprise senior Aboriginal and Torres Strait Islander people working in the areas of social and emotional wellbeing, mental health and suicide prevention. NATSILMH aims to help restore, maintain and promote social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander peoples by advocating and providing advice and leadership. It is currently overseeing revisions to the [2010 Wharerātā Declaration](#) which is an international statement that promotes a vision of “healthy Indigenous individuals, families and communities through Indigenous leadership”. It sets out to achieve excellent mental health services in Indigenous communities, culturally competent mainstream services and Indigenous leadership that influences positive change. The aim is to agree on an adaptation of the Declaration to the Australian context. Queensland, Western Australia, New South Wales and the National Mental Health Commission will continue to contribute financially to a secretariat hosted by the New South Wales Mental Health Commission to support NATSILMH.



7. Commissioners undertook to promote the **7th World Conference [Healing our Spirits Worldwide](#)** to be held in Hamilton New Zealand in November 2015.
8. A common focus on the reduction of **Seclusion and Restraint** has been led by the National Mental Health Commission through a dedicated project to look at best practice in reducing and eliminating the seclusion and restraint of people with mental health issues and to help identify good practice approaches. The importance of moving towards the elimination of seclusion and restraint was supported by all participants and it was agreed that efforts to reduce seclusion and restraint should continue with leadership through the national Safety Quality Partnership Standing Committee which includes chief psychiatrists from around the nation and the work led in New Zealand by District Health Boards supported by the KPI group and Te Pou. The National Mental Health Commission is planning to release a position paper on seclusion and restraint in 2015, based on commissioned research.
9. **Work and mental health** remains an important area of focus for all jurisdictions, with both individual and collective action underway. Commissions commend the work of the Mentally Healthy Workplace Alliance, a collaborative project between business, the mental health sector and government. The Alliance was initiated by the National Mental Health Commission and is made up of organisations including Business Council of Australia, Australian Industry Group, Australian Chamber of Commerce and Industry, Australian Psychological Society, beyondblue, the Black Dog Institute, Comcare, COSBOA, Mental Health Australia, Safe Work Australia, SANE, SuperFriend and UNSW. The National Mental Health Commission's *Champions of Mental Health Peer Work Initiative* is providing the opportunity for 30 experienced peer workers and trainers to undertake a recognition program to become trainers and assessors of the Certificate IV in Mental Health Peer Work. New South Wales and Queensland have promoted mentally healthy workplaces through programs delivered by the Maudsley Institute, and Western Australia is currently awaiting the outcomes of the [Parliamentary Inquiry](#) into the mental health of the FIFO workforce. The report is due in March 2015 building on a discussion paper issued towards the end of 2014.
10. **Knowledge exchange** between Commissions is ongoing but informal. All established Commissions are committed to supporting the developments in South Australia as it moves to establish a Mental Health Commission there in 2016.
11. **International benchmarking** is a challenging area. The Commissions agreed to continue to support the International Initiative in Mental Health Leadership (IIMHL) and encourage staff and individuals and representatives from government and non-government organisations to participate in this international collective. The New South Wales Mental Health Commissioner will attend the Vancouver meeting in 2015 and all Commissioners look forward to supporting the 2017 gathering to be hosted in Sydney by the New South Wales Mental Health Commission.

## National directions

12. The National Mental Health Commission's Review of Mental Health Programmes and Services is keenly awaited by all jurisdictions. Decisions about the recommendations in this report are essential to inform planning at state level particularly in promotion, awareness and early intervention. The extension of the Personal Helpers Mentors Program (PHaMs) and the Mental Health Respite Carer Support program until 30 June 2016 was welcomed. Commissioners urge the Commonwealth Government to release the findings of the review as soon as possible and to provide States and Territories with an opportunity to comment on the recommendations prior to making firm decisions.
13. Participants noted the concerns about lack of clarity in how the National Disability Insurance Scheme will cater for people with psychosocial disability. New South Wales is representing all Commissions on a national working party. Of particular concern, is the lack of clarity about funding for continuity of care for



those people who do not qualify for services and supports in Tier 1 or Tier 2 following the trial period. It is understood that this may be resolved on a state by state basis.

## A consumer focus

14. Participants reinforced their commitment to a consumer focus in all their work and to including consumers, families and carers in co-design and evaluation of policies, programs and services. However, structures and processes are required to ensure this vision becomes reality. Participants are committed to supporting effective mechanisms and look forward to learning more from Victoria's Mental Health Complaints Commission about ways of better supporting people to have their complaints and concerns addressed.
15. All Australian jurisdictions support the National Mental Health Consumer and Carer Forum which is auspiced by the Mental Health Council of Australia and is funded through contributions from State and Territory Governments. It provides an opportunity for mental health consumers and carers to meet, form partnerships and be involved in the development and implementation of mental health reform. All Commissioners were concerned that they also had mechanisms in place that best engaged the breadth and diversity of consumers, families and carers acknowledging that the traditional organisational based structures need to be augmented by flexible mechanisms using social media for example. Victoria's Mental Health Complaints Commissioner reported that their presence on social media platforms, including Facebook has provided for immediate feedback from very diverse groups. In New Zealand the Commissioner actively supports the work of the consumer and family/whanau networks to strengthen their roles as partners in service delivery and development.
16. Consumer focus requires systems that provide independent oversight of rights protection, particularly for people involuntarily treated whether as inpatients or outpatients. There is not a common approach across Australia and New Zealand or even within Australia. Participants noted the recent changes to mental health legislation in Western Australia, Victoria and proposed changes in Queensland. Participants committed to sharing information about the effectiveness of the different approaches.
17. The importance of access to and availability of information for consumers, families and carers was discussed and each Commission will give further thought to how best the various mental health systems can provide useful, relevant information in a timely way. The New Zealand Mental Health Commission undertook this role and many of their materials will be made available to other Commissions. The Commissioner also drew attention to the real time [feedback model](#) for services that has been developed in New Zealand.

## Current priorities of Commissions

18. Over the next twelve months:
  - The National Mental Health Commission will continue its role as a catalyst for change within the mental health system, with its specific work priorities also subject to the Commonwealth Government's response to the National Review of Mental Health Programmes and Services.
  - New South Wales will develop mechanisms for monitoring progress towards the reform actions outlined in the Strategic Plan for Mental Health in NSW, which was adopted by the NSW Government in December 2014. The Commission will engage with Government and the community around the challenges presented by system-wide reform, with the aim of refining expectations and supporting implementation of the Plan. The Commission will extend its work with Maudsley International to pilot



Mental Wellbeing Impact Assessment tools in Australia, supporting workplaces, communities and policymakers to measure wellbeing and giving them tools to improve it. It will also focus on research, managing a program of projects intended to fill knowledge gaps with urgent policy and practice implications, including: the use of phone app technology to prevent suicides among Aboriginal young people; approaches to formally integrate online and community mental health support; and developing recovery-oriented support for people with eating disorders.

- New Zealand will continue to improve access to timely and relevant information on mental health outcomes to confirm progress being made in the priority areas identified by Government. Priority will also be given to supporting initiatives to intervene earlier in the life course, to integrate primary care and specialist services and to ensure sustainable funding for the sector's continued development.
- Queensland will facilitate the implementation of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*. The second phase of the strategic planning process is to see actual changes in policies, programs, daily practice and resource allocation that will improve the lives of people across the State. The Commission will lead the development of a suicide action plan, a drug and alcohol action plan and an awareness, promotion and early intervention plan. The Department of Health has committed to develop a new Mental Health, Alcohol and Drugs Services Plan and the Commission will provide on-going input to the development of new mental health legislation which is being led by the Department of Health.
- South Australia is moving to the establishment of a Mental Health Commission in 2016. The form of that Commission is not yet determined.
- Victoria's Mental Health Complaints Commissioner will focus on establishing their ongoing work practices and will continue to be guided by the voices, experiences and needs of consumers, carers and families. This will include finalising an engagement strategy to deepen relationships with consumers, carers, families and services and identify opportunities for them to participate in the design and implementation. Western Australia will complete public consultation on the State's draft Mental Health, Alcohol and Other Drug Services Plan 2015-2025. In addition, a new suicide prevention strategy will be commenced and amalgamation of the Mental Health Commission and the State's Drug and Alcohol Authority is anticipated to be completed by mid-2015. Considerable work is underway to implement the *Mental Health Act 2014*, and work will continue on reforming the funding process for mental health services; which is a function unique to the Western Australian Mental Health Commission.

## Are we making a difference?

19. All commissions are committed to improving lives of people affected by mental health and drug and alcohol problems but each has a different structure and mandate. And none of the commissions works alone. In each jurisdiction other government agencies and non-government bodies play very important roles.
20. The National Mental Health Commission has a number of Commissioners in addition to the chief executive and New South Wales has four Deputy Commissioners similar to the original model in place in New Zealand. Queensland, New South Wales and Western Australia all have advisory councils. These commissioners and advisory councils contribute in different ways.
21. The focus of the Commission in Victoria is on complaints management and Western Australia has the capacity to influence change through policy coordination and control of the mental health budget. The mandates of the other commissions to drive change are largely through policy advice. Queensland's model for reflecting on and measuring its effectiveness has been made available to the group. Details of the model are available on its [website](#).



22. In the longer term our effectiveness must be judged on our contribution to the collective effort to improve mental health and wellbeing across Australia and New Zealand. To the extent that we can develop agreed measures, we will be able to measure the success of our combined efforts.

## Next steps

23. Participants reaffirmed their commitment to working collaboratively and agreed to endeavour to meet again within 12 months.

## Participants

National Mental Health Commissioner <a href="http://www.mentalhealthcommission.gov.au">www.mentalhealthcommission.gov.au</a>	David Butt
New South Wales Mental Health Commissioner <a href="http://www.mhc.nsw.gov.au">www.mhc.nsw.gov.au</a>	John Feneley
New Zealand Mental Health Commissioner <a href="http://www.hdc.org.nz">www.hdc.org.nz</a>	Lynne Lane
Queensland Mental Health Commissioner <a href="http://www.qmhc.qld.gov.au">www.qmhc.qld.gov.au</a>	Lesley van Schoubroeck
South Australia representative Executive Director, Mental Health Services Northern Adelaide Local Health Network <a href="http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+of+health/mental+health+and+substance+abuse">www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+of+health/mental+health+and+substance+abuse</a>	Leonie Nowland
Victoria Mental Health Complaints Commissioner <a href="http://www.mhcc.vic.gov.au">www.mhcc.vic.gov.au</a>	Lynne Coulson-Barr
Western Australia Mental Health Commissioner <a href="http://www.mentalhealth.wa.gov.au">www.mentalhealth.wa.gov.au</a>	Timothy Marney