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Reforms to Strengthen the National Mental Health Commission and National Suicide Prevention Office

A submission to the Australian Government

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yourtown welcomes the opportunity to respond to Australian Government's consultation on the reforms to strengthen the National Mental Health Commission (NMHC) and National Suicide Prevention Office (NSPO). The below questions outline **yourtown's** responses to the online survey as part of the consultation process.¹

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

No

The mention of wellbeing is missing from the proposed objectives and functions for the NMHC. The NMHC objectives and functions need to focus not only on reducing mental ill health but to reducing mental ill health and improving general wellbeing. Wellbeing should be reflected in the objectives and functions.

Early Intervention and prevention should also be reflected in the objectives and functions. A focus on early intervention and prevention is needed to ensure a human rights approach. This would enable the focus to go beyond mental health and suicide ideation concerns and expanded to include the drivers of inequity, homelessness, child abuse, domestic and family violence, poverty, and discrimination as critical issues to be addressed systemically, and individually.

yourtown's specific changes to the proposed objectives and functions are stated in Question 2.

2. Are there any elements of the NMHC's objectives or functions that you would change, add or remove?

Yes

yourtown recommends the following changes:

- The addition of wellbeing should be added to all mentions of mental health and suicide prevention, which would become 'mental health, wellbeing and suicide prevention'.
- The addition of an objective upfront: To ensure the government is accountable for undertaking a whole of government approach towards improving the mental health and wellbeing of all Australians.
- The addition of a final point under the objectives: To support the development and delivery of systems that address the social determinants and systemic factors impacting mental health, wellbeing and suicide prevention.
- The addition of a third point under advice: Provide advice on the social determinants and systemic factors and their impact on mental health, wellbeing, and suicide prevention.

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

Yes

¹ See the Discussion paper for information regarding any options that are referred to in the responses.
https://consultations.health.gov.au/primary-care-mental-health-division/nmhc-nspo-reforms/user_uploads/discussion-paper-strengthening-the-nmhc-and-nspo-pdf

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

Yes

The NMHC should be a source of advice, support and information across all jurisdictions.

The NMHC should hold the coordinating role in regularly bringing together all State Mental Health Commissions (or similar where a state/territory doesn't have a Mental Health Commission). The role of the NMHC could be finalised by its inclusion within the National Mental Health and Suicide Prevention Agreement. The NMHC has a role in ensuring that all states and territories are moving towards the same goals and outcomes at a political and bureaucratic level. This includes holding jurisdictions accountable for working together towards these goals.

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

The NMHC must have the ability to hold the Government accountable. It can only do this by retaining independence from Ministers and Departments through being a statutory office (as **yourtown** recommends in Question 11).

Specific ways in which the NMHC can hold the Government accountable include:

- Maintaining multiple lines of communication to ensure all monitoring and tracking is reported to Government and the public. For example, lines of communication with the Minister, the Department, between the NMHC and NSPO and to the public.
- Publicly publishing all reports including the annual national report card
- Responding to all relevant inquiries and consultations regarding mental health, wellbeing, suicide prevention, and their social determinants.

6. Should the NMHC engage in advocacy?

Yes

The NMHC should engage in systemic advocacy to Government at State and Federal levels by responding to relevant inquiries and consultations. The NMHC should be advocating to enact policy change that benefits the mental health, wellbeing and suicide prevention of all Australians. This includes strongly promoting the voices of priority groups who have high risks of mental ill health and suicide, and/or have less access to services and support. This includes young people, young parents, those who identify as First Nations, LGBTIQ+, culturally diverse, those in rural and remote areas, those living with substance use and addictions, and those with a disability.

The NMHC's advocacy should have a focus on early intervention and prevention and improving the social determinants of mental health, wellbeing and suicide. Targeting early intervention and prevention is key to reducing the risk factors and increasing protective factors of mental ill health and suicide.

7. Should the role and functions of the NSPO be maintained without change?

Yes

8. Should the NMHC retain its coverage of both mental health and suicide prevention?

Yes

Suicide prevention should be a shared responsibility between the NMHC and NSPO. While suicide prevention is the primary focus and outcome for the NSPO, the NMHC should take it as a consideration as they work to improve mental health ill health and therefore have an impact on the rates of suicide.

9. What arrangements could be put in place to ensure 'other reports as requested or approved by Government' remains within the scope of the NMHC's objectives and functions?

Alongside reports specifically on mental health, wellbeing and suicide prevention **yourtown** believes any reports around policy or legislation changes to the social determinants of mental health, wellbeing and suicide prevention are in scope to be requested.

10. Should the focus on lived experience be included in the NMHC's objectives and functions?

Yes

yourtown strongly supports embedding lived experience in decision-making and leadership. Placing people with lived experience at the centre of the NMHC's and NSPO's work to ensure the development and delivery of a system that meets the needs and preference of all Australians. It is crucial that the NMHC and NSPO empower the voices of those with lived experience within all of their objectives and functions. It is important that this engagement considers the individualised experiences and needs.

For example, young people are not a homogenous group and different youth cohorts have varying experiences of mental health and wellbeing. Therefore, it is important to consult with a wide range of young people, especially those who normally would not have the opportunity or the means to voice their opinions and experiences. This may mean reaching out to different cohorts and using different modes. To avoid duplication of effective engagement that is already occurring, the NMHC and NSPO should leverage the relationships, networks and trust that a range of organisations have developed over many years. This will also extend the influence of those individuals with lived experience who are interacting with these organisations.

The NMHC and NSPO need to ensure they are engaging with the Office for Youth.

11. Which option would most adequately empower the NMHC to monitor and provide robust, expert advice on the state of Australia's mental health and suicide prevention systems?

Option 1/2/3/4/Other – **Option 3**

yourtown believes the NMHC needs to have independence to allow it to fulfill its objectives and functions, provide robust advice and keep the government accountable. Option 3 allows for this by making the NMHC a statutory office reporting to the Minister for Health and Aged Care. **yourtown** also agrees with the discussion paper that using the Department of Health and Aged Care for corporate and administrative support is a cost and resource effective mechanism (as outlined in option 3).

12. Which option would most adequately support the NSPO to deliver on its whole-of-government policy responsibilities?

Option 1/2/3/4/Other – **Other**

Suicide is a complicated, multi-factored behaviour and is more than an expression of mental ill health. The predominant driver of suicide is distress, which is not a mental illness. This emotion arises from experiences and circumstances relating to many economic, social, cultural and systemic factors. Therefore, **yourtown** believes the NSPO should be a separate office from the NHMC to ensure the focus of suicide prevention goes beyond mental health. Preventing suicide requires a holistic, whole of government approach that effectively coordinates funding and policy attention to address the social, economic, health, occupational, cultural, and environmental factors involved. Addressing the links between suicidality and the numerous economic, social, cultural and systemic factors that affect distress and mental health and wellbeing are crucial to improve suicide rates.

In order for the NSPO to deliver on its whole-of-government policy responsibilities **yourtown** supports the NSPO being an independent statutory office. **yourtown** recommends that the NSPO sits within the Department of Prime Minister and Cabinet, and report to the Prime Minister rather than within the Department of Health and Aged Care.

This will allow the NSPO to mobilise a whole of government and systems response and puts suicide prevention at the forefront of the Government's priorities. System impediments can be entrenched by a lack of action, communication and information sharing. We feel that the NSPOs location within the Department of Prime Minister and Cabinet can help drive collaborative action and alignment of priorities and policies across all Departments, sectors and services.

The NSPO can receive corporate and administrative support from the Department of Prime Minister and Cabinet.

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

Option 1/2/3/4/Other - **Other**

As described in Questions 11 and 12, **yourtown** recommends that to provide the most comprehensive benefits to the community the NMHC and NSPO both need to be statutory bodies to retain their independence, while drawing on government departments for corporate and administrative support as a cost and resource effective measure. The NMHC should sit within the Department of Health and Aged Care and report to the Minister responsible for that portfolio while the NSPO should sit within the Department of Prime Minister and Cabinet and report to the Prime Minister. The NMHC and NSPO should actively collaborate and share information to reduce silos and enable an consistent understanding on what is and isn't working.

14. Which option would most adequately shape and support the strategic direction of the NMHC and NSPO?

Option 1/2/Other – **Option 1**

If both the NMHC and NSPO are Statutory offices as **yourtown** recommends in Questions 11 and 12, then **yourtown** believes that Option 1 (Non-statutory Advisory Bodies) will adequately shape and support the strategic direction of the NMHC and NSPO.

Having non-statutory advisory boards for both the NMHC and NSPO is a cost and resource effective approach that allows the flexibility to support the changing needs of Australia and to bring in different experts as needs arise to maintain relevance and effectiveness.

15. What skills, experience and expertise do you see as critical to each Advisory Body's core membership?

yourtown strongly supports embedding lived experience in decision-making and leadership. It is crucial that those with lived and living experience of mental ill health and suicide and the people who support them are included within each Advisory Body's core membership.

Membership should also include those with service provision and academic experience and consideration giving to ensuring representatives from across the lifespan, a range of locations within Australia including regional and remote, and cultural background.

16. What advisory structures would best empower the voices of lived experience?

The Advisory bodies of the NMHC and NSPO need to have identified positions within the core membership for those with lived and living experience of mental ill health and suicide.

17. What training, support or arrangements does the Advisory Body need to set it up for success, including to support the full engagement of a diverse membership?

From **yourtown**'s experience engaging with young people with lived experience we suggest the following:

Training

- The NMHC and NSPO workforce engage in lived experience training with an external organisation to ensure they are equipped to engage and collaborate with a diverse membership including those with living and lived experience.
- For Advisory Body members: Provide training on how to meaningfully include and amplify the voices of those with lived experience, fostering an inclusive and respectful environment.
- For members with lived experience: Offer training on how to safely and effectively share their personal stories, equipping them with tools for engaging in discussions while maintaining their emotional well-being.

Support

- Appoint staff with mental health expertise to provide ongoing support to members, especially those with lived experience, ensuring their full engagement and well-being.
- Offer preparatory resources before meetings and post-meeting debriefs or check-ins to ensure members feel informed, supported, and heard.
- Approaches to individual and group debriefing should be decided in collaboration with members

Arrangements

- Implement internal mechanisms that promote genuine, non-tokenistic engagement, ensuring that all members' voices are valued and respected.
- Foster a culture of active participation, providing space for everyone to contribute meaningfully to the discussions and decisions.

- Ensure administrative and logistical support is in place, including clear communication, to facilitate smooth participation and to allow all members to engage fully in advisory activities.
- Provide diverse avenues for engagement, including virtual and in-person meetings, written contributions, and small group discussions, to accommodate different preferences and needs.
- Ensure flexible timing and use of accessible language to facilitate clarity and effective participation from all members.

18. If the Advisory Bodies were to include designated positions for peak bodies, do you have any views on which organisations across the mental health and suicide prevention sectors should be represented?

Yes

It is important to include peak bodies to gain the views, experiences and skills of the community and sector. Suggestions include Suicide Prevention Australia, Mental Health Australia, and the Australian Youth Affairs Coalition.