

Review of the NSW Mental Health Commission 2024

Submission

To David McGrath and Richard Matthews, consultants, appointed by the Minister to undertake the review at moh-mhc-review@health.nsw.gov.au.

Purpose of this document

This paper is Mental Health Carers NSW's (MHCN) submission to the consultants commissioned under section 20 of the Mental Health Commission Act 2012 (NSW) to critically assess the role and function of the NSW Mental Health Commission (NMHC) its effectiveness and to recommend improvements.



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Introduction

About Mental Health Carers NSW

As the peak body for mental health carers in NSW, MHCN represents the interests of mental health carers to the NSW Ministry of Health, and provides information, capacity development and systemic advocacy on behalf of mental health carers. It regularly consults with carers across NSW to gain information on their opinions and experiences with the mental health system. MHCN uses the information gained in these consultations to provide feedback on policies and services on behalf of carers to NSW Health and to other health services and policy makers. With its core functions funded by the Mental Health Branch of NSW Health, MHCN developed the Mental Health Carer Advocacy Network (MHCAN) to broaden its engagement with mental health carers in its advocacy and to assist roll out of the NSW Lived Experience Framework.

By influencing changes in policy, legislation, and service provision, MHCN aims to make a positive difference to the mental health system for carers and through the MHCAN to empower carers to become champions for change, sharing their lived experience to evoke the solidarity of humanity to promote mental health reform.

In October 2022, MHCN was awarded the tender for Department of Communities and Justice Disability Advocacy Futures Program (DAFP) for psychosocial disability systemic advocacy. Over the next two years, MHCN will deliver systemic advocacy for non-Health state government funded services through this project that includes liaising with Individual Advocacy Providers, stakeholders, government, and non-government decision-makers, and DCJ to improve understanding of the unique issues faced by people with psychosocial disability and their family and carers.

Main points

1	New South Wales Mental Health Commission ('NMHC') has failed to have a major impact on the mental health system or significant influence with other portfolios or across the whole of government.
2	Major areas of focus for reform within the NSW Mental Health System and across NSW government remain outside the attention of the Commission.
3	It has not succeeded in implementing a whole of government and/or a whole of life series of reforms to build a coherent, continuous approach to supporting mental health recovery and wellbeing in NSW.
4	The Commission lacks sufficient powers to undertake its role, particularly in relation to the governing principles contained in the Act.
5	The wording of the legislation governing the NMHC is inconsistent and potentially confusing as to the extent of its responsibility to monitor and review access to quality care.
6	The removal of powers to <i>review the Mental Health System</i> following the changes to the NMHC Act in 2017 appears to have limited the capacity of the NMHC to address some of the governing principles in the Act.
7	The adoption of a commissioning role, whereby the Commission becomes a policy and fundholding body and the Ministry of Health continues in its role of being a service provider, has some merit, so long as it effectively maintains the independence of the entity commissioning, reviewing, evaluating and planning of services separate from the service delivery providers to prevent regulatory capture. The experience in other jurisdictions which have adopted similar models is mixed and the Commission, as currently funded, structured, and staffed, is not equipped to undertake such a role. The Commission should be empowered to induce and monitor a governmental multi-agency approach involving housing, justice, education, health and other relevant agencies that holistically supports the needs of the missing middle and people impacted by the fluctuating and episodic characteristics of some mental health conditions.
8	The National model of a Mental Health Commission would only be effective in our view if it had state-based offices embedded in the state systems and supported by state as well as Commonwealth legislation, similar to the model used to create the Australian Health Practitioners Regulatory Authority, so there was a uniform approach across all jurisdictions in the country. This would be timely given the looming creation of national consumer and carer peaks. However, such a process could take many years to achieve.
9	The current legislation may prevent the Commission from publishing reports that are critical of existing government services as this requires approval of the minister. Reporting to a minister other than the Minister for Health/Mental Health

	(such as the Premier) may be possible but no immediate model is apparent without a robust cross-government reform program being in place.
10	The Commission has an unusual structure as a result of the NMHC Act which may contribute to its lack of effective governance. There is no overseeing board of management and two advisory bodies which appear to have overlapping functions. The role of deputy commissions is unclear as they appear to have no administrative or portfolio functions or responsibilities.
11	The NMHC has not been effective in bringing about systemic change. It has done some excellent work developing tools, and exploring new models of care and support, but has been much less effective in its monitoring and review or reform generation functions. Tellingly, it has not routinely been tasked by government with review or reform activities relating to mental health or other government services (in spite of a number of important reviews taking place over this time). It has neither the powers, (especially to compel evidence), nor the authority or the budget to achieve systemic change as currently formed.
12	There is a confusing cross portfolio structure at a senior government level (at least on paper) that appears to duplicate some of the roles and functions of the Commission.
13	The functions outlined in the NMHC Act are unlikely to be achieved by any other existing state entity and for that reason a NMHC, in some form, is still needed.
14	The NSW Community does not receive sufficient value for money from the current investment in the NMHC.
15	The Commission does not appear to have produced any reports on systemic mental health issues, as is provided for in the Act, as none are listed in its annual reports for the last several years.

Consultants' questions and possible reforms	MHCN Responses	Notes
<p>Is the Commission fulfilling its purpose of monitoring, reviewing, and improving the mental health and wellbeing of the people of NSW?</p>	<p>No. The NMHC has failed to have a major impact on the mental health system or significant influence with other portfolios or across the whole of government.</p>	<p>Commission has been successful in focusing on a range of topics related to mental health, but these projects have not had a major impact on the mental health system or the mental health of the community.</p> <p>There is very little evidence of the Commission actively monitoring the mental health and wellbeing of the people of NSW in any large scale or meaningful way. There is no evidence the NMHC has commissioned unique reports or studies that would inform a review of the mental health of the people of NSW or the performance of the mental health system.</p> <p>The website of the NMHC provides no data that would indicate it has been active in <i>'monitoring, reviewing and improving the mental health and wellbeing of the people of NSW'</i>.</p> <p>The NMHC has not set any targets for improvements in health and wellbeing and the different initiatives undertaken by the Commission are not linked directly to any targets or key performance indications that would show that it has achieved these tasks of monitoring, reviewing, and improving. For example, the report <i>'Executive Summary Report - Living Well In Focus 2020-2024: Mid-Term Progress Report'</i> does not report any numerical data to demonstrate that the NMHC is fulfilling its task of <i>'monitoring, reviewing, and improving the mental health and wellbeing of the people of NSW'</i>. The report collates the responses from different agencies on the activities that have been carried out without taking the next step to link these activities to the Commission's role.</p>

<p>Is the Commission targeting and achieving the system change that is necessary?</p>	<p>No. Major areas of focus within the NSW Mental Health System remain outside the attention of the Commission. It has not succeeded in implementing a whole of government and whole of life series of reforms.</p>	<p>The <i>Fifth National Mental Health Plan</i> includes a strategy: ‘<i>States/territories will direct LHNs (or equivalent) to jointly develop regional plans with PHNs for public release</i>’¹. The <i>Implementation Plan for the Fifth National Mental Health Plan</i> required all Primary Health Networks in NSW, in association with the local health services, to develop local mental health plans. These plans were intended to initiate strategic change where necessary. While this initiative would appear to have been ‘tailor made’ for facilitation by the NMHC our experience is that the Commission did not have a major role in facilitating the development of these local plans.</p> <p>Currently there are several issues within NSW where there are tensions between portfolios/government agencies around services for people with mental illness and where systems change may be necessary. However, the Commission does not appear to be playing a significant role in facilitating resolution of these issues and identifying and facilitating potential system change. These issues include the following:</p> <ul style="list-style-type: none"> • Tensions between the role of health and police as first responders to incidents where mental health may be a factor. • Inconsistency over the role of appointed guardians and designated carers between the NSW Trustee and Guardian (Guardianship Act) and mental health services acting under the Mental Health Act. • A need for coordination between Health, Community Services and Education over education for children with psychosocial disability. • Differences in perceptions and priorities between Housing and Health over the provision and management of supported accommodation for people with severe and persistent mental health issue.
<p>Has the Commission exercised its functions effectively?</p>	<p>No.</p>	<p>It has failed to use its powers of review of mental health services and other areas of government that provide care for people with a mental illness.</p>

¹ The Fifth National Mental Health and Suicide Prevention Plan Implementation Plan page 7.

	<p>One example is a failure to focus on community mental health services. The recent report of the NSW Parliamentary Committee into the <i>'Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales'</i>² identified a range of issues with the delivery of community mental health services in NSW. These issues have been apparent for many years; however, this topic of health service provision has not been the focus of attention of any reviews or monitoring by the Commission, to our knowledge.</p>
<p>Do we still need the Commission? Is the Commission still required, in order to achieve the objectives within the Act?</p>	<p>Yes, we still need a Commission but only if it has sufficient powers to undertake the role. An effective organisational structure, and a robust focus is essential.</p> <p>One interpretation of the governing principles of the relevant Act would suggest that only some of these governing principles requires a mental health commission.</p> <p>The governing principles of the NSW Mental Health Commission are</p> <p><i>'(a) people who have a mental illness, wherever they live, should have access to the best possible mental health care and support,</i></p> <p><i>(b) people who have a mental illness and their families and carers should be treated with respect and dignity,</i></p> <p><i>(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,</i></p> <p><i>(d) the promotion of good mental health and the effective provision of mental health services are the shared responsibility of the government and non-government sectors,</i></p> <p><i>(e) an effective mental health system requires:</i></p> <p><i>(i) a co-ordinated and integrated approach across all levels of government and the non-government sector, including in the areas of health, housing, employment, education and justice, and</i></p> <p><i>(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.'</i>³</p>

² New South Wales. Parliament. Legislative Council. Portfolio Committee No. 2 - Health. Report No. 64.

³ Mental Health Commission Act 2012 NSW s3A.

Subsections (a), (b), and (c) above do not appear, on face value, to require an agency with cross portfolio responsibilities. These principles could apply just as appropriately to the Ministry of Health and the Local Health Districts which provide mental health services. Subsections (d) and (e) articulate a cross portfolio, whole of government approach.

Furthermore, to undertake the activities to fulfill subsections (a), (b), and (c) requires powers to collect and analyse data to assess the extent to which mental health services met these principles. There is little evidence that the Commission devotes much of its time and effort into examining the effectiveness of the mental health system in these areas.

Does the Commission require new functions or powers to achieve the Act's objectives?

Yes

Amendments to the Mental Health Commission Act 2012 introduced following the last 5 yearly review, removed from the objects of the Act (s3) the words '*to review the Mental Health System*'. This was removed arguably because there were other bodies that undertook this role.

Section 12 (1) (c) of the Act identifies that one of the roles of the Commissioner is '*to review and evaluate, and report and advise on, the mental health and wellbeing of the people of New South Wales including conducting systemic reviews of services and programs provided to people who have a mental illness and other issues affecting people who have a mental illness,*'

The apparent contradictions in the Act between Sections 3, 3A and 12 may contribute to the lack of effectiveness of the Commission to have an impact on mental health services in NSW.

Arguably this amendment to the Act has weakened the role of the Commission and required it to focus on areas that have very little impact on mental health services and the mental health system despite parts of the Act suggesting that this is still its role.

We noted that the amendments to the Act following the last review introduced the obligation of other government agencies to respond to 'reports' of the Commission within 6 months.

However, the Commission has no powers to enforce other government agencies to provide the respond to requests to provide the data that would enable to report to be prepared.

For the Commission to function it needs more powers of monitoring, review, and evaluation across all of government and particularly the mental health system.

Consider a 'commissioning' role as the fund holder of the budget for mental health services

This model involves the separation of policy and operations functions from the Ministry of Health. This would involve the Commission taking on a role of fund holder and commissioning of all mental health funds. The Ministry of Health and local health districts would remain responsible for operations and service provision within the parameters of the allocations prepared by the Commission.

A major strength of this model is the flexibility to pay the most appropriate providers to provide services. For example, the Commission may decide to seek tenders for the provision of community mental health services for a defined population. Alternative providers to District Health Services, such as primary health networks are feasible. Major challenges may emerge over the operations of the Mental Health Act but these could be overcome with appropriate political and bureaucratic commitment.

There are multiple models of similar separation of policy/funding and operations in health systems elsewhere in the world but with mixed results. A major disadvantage in such a model is the capacity to identify all the funding necessary for mental health services embedded in general hospitals/public health services, as is the case in NSW. While the cost of inpatients in mental health wards is relatively easy to identify the cost of services provided by other parts of the hospital and health services not funded by the mental health budget, but which benefit mental health consumers, is less easy to identify. This includes services such as ambulance, emergency department, pathology, imaging, food and hotel services, transport, and security. The efforts to establish costing and cross payments systems within the hospital may end up with more disadvantages for consumers than advantages.

Adopt a National Model for a Mental Health Commission	Yes, but not at the expense of state-based bodies.	<p>The idea of a National Mental Health Commission with responsibility for overseeing state systems may have some merit but only provided the National Body has state offices and identical state legislation. A national Mental Health Commission based in Canberra is unlikely to be able to develop the strength of constructive relationships necessary to influence state-based agencies towards systemic reform and in advocating for improved care for people with a mental issue cared for by state systems.</p> <p>Such a model raises many challenges not the least of which is achieving agreement with the states and territories and the Australian Government on a suitable model. An agency that reported to the Health Ministers Meeting Forum (formerly the Health Ministers Council) may provide a suitable governance platform. However, we note that the Australian Government’s website for the Health Ministers Meeting Forum suggests the future model of this body is yet to be finalised.⁴</p> <p>We note that there are examples of national consistency across jurisdictions such as in the areas of</p> <ul style="list-style-type: none"> • health professional registration (APHRA) • the different Food Acts • trade practices. <p>So, a National Mental Health Commission which can also work at the state level is not inconceivable.</p> <p>Achieving a consensus between states, territories and the national government would take a long time and does not provide an immediate or short term model for a replacement of the existing NMHC.</p>
Is the Health portfolio the right place for the Commission to fulfill its	Maybe not because of conflict of	<p>We noted that the Commission has a role in producing reports. The Act, s14, states that</p> <p>(1) The Commission may, at any time, prepare a report on any of the following:</p>

⁴ See <https://www.directory.gov.au/portfolios/health-and-aged-care/health-ministers-meeting-forum> downloaded on 21 June 2024.

whole-of government remit?

interest. But don't have a solution. Premiers and cabinet and reporting directly to Parliament have advantages and disadvantages

- (a) (Repealed) [NB repealed were powers to review the mental health system and the funding of mental health services]
 - (b) the implementation of any strategic plan prepared by the Commission and approved by the Minister,
 - (c) a systemic issue relating to the mental health system or affecting people who have a mental illness, (d) the funding of mental health services in New South Wales.
- (2) The Commission is to notify the Minister before preparing a report on a systemic issue referred to in subsection (1) (c).

We note that the Commission is to *'notify the Minister before preparing a report on a systemic issue'*. This clause may serve to reduce the capacity of the Commission to report freely on areas that are the Minister's responsibility. This may result in a potential conflict of interest within the office of the Minister as the Minister can direct the Commissioner not to report on a particular topic that may shed an unfavourable light on services for which the Minister is responsible.

This potential conflict of interest may provide a powerful argument that the Commission should not be responsible to the same minister who is responsible for the mental health system. One option is to move responsibility for the Commission to a different minister; for example, the Premier.

Making the Premier the responsible minister may overcome the potential conflict of interest that emerges with the Minister for Mental Health having responsibility. However, it may have the disadvantage of moving the Commission away from the government agencies, such as Health, with which it needs work closely.

Administration by the Premier and the Premiers office may introduce different, but just as powerful, conflicts of interest.

Consultation Questions	MHCN response	Notes
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<ul style="list-style-type: none"> • How could the Commission improve the way it monitors and reviews the system? 	<p>It would need greater powers requiring other government to provide it with data and cooperate with it when reviewing government services.</p>	<p>The Commission may need to review the mix of staff competencies to achieve a workforce that has the skills to negotiate effectively at a high level with other government agencies.</p>
<ul style="list-style-type: none"> • What are the benefits of, and/or limitations with, how the Commission conducts its monitoring and reviewing functions, with regard to its key objectives? 	<p>This question is difficult to respond to as we cannot identify a recent initiative of the Commission when it has exercised its monitoring and reviewing function.</p>	<p>Most of the Commissions reported projects has been the preparation of strategic plans, frameworks, models and guidelines. The Commission appears to avoid reporting on the implementation of the initiatives it advocates.</p>
<ul style="list-style-type: none"> • What improvements could be attributed to the work of the Commission? 	<p>The Commission has completed some great work on new service models such as co-design etc and produced reports but has not driven the changes at a systemic level.</p>	<p>One of the competencies of staff in an organisation tasked with cross-portfolio responsibility is to effectively engage with senior executives in other government agencies. In cross portfolio negotiations effective management and communication competencies are essential. However, the Commission has, at times, demonstrated ineffective management, governance, and cooperative working arrangements with</p>

		<p>other agencies. Anecdotal evidence from officials and organisations who have worked closely with the Commission on projects and initiative suggest that the Commission’s staff were often late in achieving deadline, failed to display competencies in project management and, at times, lacked sound administrative skills. Examples of poor governance and management practices within our knowledge are</p> <ul style="list-style-type: none"> • Poor financial management practices such as allocating funding late in the budget cycle with inadequate time for expenditure before the end of the financial period • extensive time delays in completing projects • poor project management in conducting committees and other collaborative projects.
<ul style="list-style-type: none"> • If none, what barriers may be affecting the Commission’s ability to drive reform and/or improvement? 	<p>As mentioned, above</p> <ul style="list-style-type: none"> • Lack of powers to determine projects independently. • Ambiguity in the Act concerning its role to focus on the mental health system • Potential conflict of interest with the responsible minister • Poor governance structure • Lack of a skill set within the staff of the Commission to manage negotiations at a 	<p>It is not unusual for statutory bodies to have boards appointed by the Minister with governance responsibilities.</p> <p>The organisational structure of the Commission, as published in their Annual Report displays some characteristics which may contribute to its lack of effectiveness. There appear to be two advisory bodies: the ‘Commissioner’s Advisory Board’ which comprises the Deputy Mental Health Commissioners who are appointed by the Governor and the ‘Community Advisory Council’. Neither of these bodies functions as a board of management with responsibility for holding the Commissioner and the Commission accountable for effective performance.</p> <p>The Deputy Mental Health Commissioners are appointed by the Governor of NSW, and not by the Commissioner, which may limit the direction and control the Commissioner as to their performance. The Deputy Commissioners have paid roles within the organisation yet do</p>

	<p>senior level with other government agencies.</p>	<p>not appear to have any administrative or portfolio responsibility. The roles of the deputy commissioners are described on the Commission’s website as <i>‘to support the Commission and the mental health community by speaking up about the issues that matter to people with a mental illness, their families and carers’</i>.</p> <p>The role of the Advisory Committee is act ‘as a consultative forum to ensure that advice to the Commission reflects the broad range of views and experience of people with mental health issues, their families and carers and the NSW community in general.’⁵</p> <p>On paper the roles of these two groups appear to be overlapping and neither is accountable to the Commissioner, nor is the Commissioner accountable to either of them.</p>
<p>Page 18</p>		
<ul style="list-style-type: none"> • Do you think the Commission has been effective in bringing about system change? 	<p>No. Although there have been some successful projects, we see no evidence of statewide system change.</p>	
<ul style="list-style-type: none"> • Why/why not? <ul style="list-style-type: none"> ○ If so, what has worked well? 	<p>See comments above.</p>	

⁵ Webpage of the NSW Mental Health Commission downloaded on 19 June 2024 from www.nswmentalhealthcommission.com.au/sites/default/files/inline-files/Charter%20of%20Governance%20-%20Community%20Advisory%20Council%20-%202023.PDF

- **If not, what barriers have been apparent, and/or what enabling powers are needed for the Commission to be more effective? (See Key Discussion Topic 6 for further discussion)**

- **How has the Commission collaborated with stakeholders (government and non government) to inform its views?**

Collaboration with other peak bodies in the mental health sector in NSW is satisfactory from the perspective of MHCN. Ideally, we would like to rate the collaboration as good or very good. As mentioned above we have found working with the commission to be hampered by ineffective processes and procedures which results in tasks and projects being poorly managed.

We note that NMHC was added to the NSW Mental Health Taskforce following the 2017 review. The ***Mental Health Taskforce*** appears to have two groups reporting to it: the ***Mental Health Cross Agency Working Group*** and the ***Towards Zero Suicide Implementation Committee***. See Figure 1 below.

From an external perspective, and not knowing the function of these committees and working groups (*there are no working papers easily available on the internet see Appendix 1 for the result of recent searches on these two bodies*) there would appear to be overlapping responsibilities between the work of the NMHC and the Taskforce. The role of the Commission and the Taskforce appear to be similar in relation to examining whole of government and cross portfolio

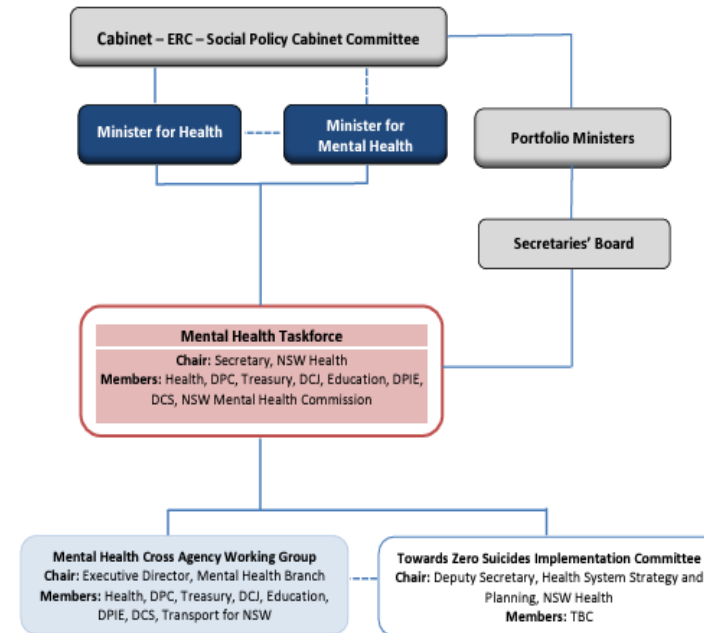
perspectives and actions on mental health services and initiatives in NSW.

It may be indicative of the lack of confidence in the NMHC that the government of the day appeared to feel the need to establish a taskforce and working group to carry out cross agency negotiations, when arguably that is the function of the NMHC.

Figure 1 Overarching Governance Model⁶

⁶ Downloaded from the NSW Mental Health Commission at https://www.nswmentalhealthcommission.com.au/sites/default/files/2021-06/tab_a_-_nsw_mental_health_overarching_governance_strategy_for_website.pdf on 20 June 2024

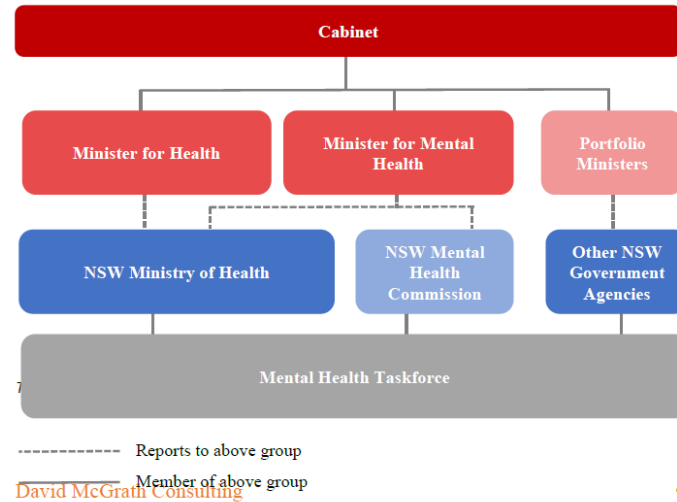
Overarching Governance Model



We note significant differences between this chart and the chart provided on page 6 of the discussion paper by the consultants, and reproduced below as Figure 2. In Figure 1 the Taskforce reports directly to the Ministers responsible. In Figure 2 the Taskforce is shown as reporting to the Ministry of Health and the Mental Health Commission. This difference may be explained by the charts being produced at different times. However, these differences suggest some level of confusion or inconsistency in the state wide coordination of policy considerations on mental health issues that may have a bearing on the

performance of the NMHC in recent years.

Figure 2 Overarching Governance Model from the consultant's discussion paper.



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- **What communication and collaboration approaches have worked well and/or what could be improved?**

Living Well were excellent pieces of planning. However, the follow-up actions were lacking. There was not an effective implementation plan and poor attention was paid to informing the NSW community about the plan and its potential outcomes.

One conclusion that could be drawn from the projects that the Commission has successfully undertaken is that they were 'low hanging fruit'.

- Mental health literacy
- COVID 19 survey
- Peer navigation project
- A new book on women's mental health issues
- Providing scholarships
- Survey on loneliness.

- Stigma in rural NSW
- Submissions to enquiries.

There has been intensive effort on the development of plans, strategies and resources but with a lack of implementation effort or evaluation activities to determine if the strategies, model and resources are effective. There are few if any outcome measure identified or reported on. Larger more challenging projects have not been attempted.

It appears that a considerable amount of focus has been given to the production of the various reports related to Living Well but less on the actual implementation and follow up of the outcomes. The strategic plan and the subsequent reports provide little data to measure achievement in terms of wellbeing or improved mental health.

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See above

- **Has the Commission been effective in advocating for mental health in the budgeting process?**
- **Has the Commission's access to resources impacted the**

We are not aware of any effective efforts made by the Commission in advocating for different funding for the mental health sector.

The Commission appears to be well funded for the outputs it has delivered.

We are not aware of the Commission's advocacy for mental health funding.

We note that the Commission's annual report indicates the absence of the use of consultants or staff with expertise seconded from other departments. From our experience the Commission could, at times, use temporary assistance to fill the gaps in skills and competencies of its permanent staff.

performance of its functions?

- **How could the Commission's processes and operating approach be improved?**

We believe that the governance and business processes of the Commission could be considerably improved.

- **Is the Commission still required, in order to achieve the objectives within the Act?**

The objectives of the Act are unlikely to be achieved in the absence of a separate body to pursue them.

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- **Is there sufficient duplication between the activities of the Commission and other bodies, to consider the Commission may no longer be required in order to achieve the objectives within the Act?**

No other body is currently doing what the NMHC is supposed to do. Especially the tasks in the original Act.

- **Does the community receive sufficient value for**

No.

money from the Commission as an investment of government?

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- **What new functions or powers, if any, would allow the Commission to fulfill its purpose?**
- **What safeguards would be required in relation to any new functions or powers?**
- **Are there partnership arrangements with other NSW or national institutions or agencies that could enhance the Commissions capacity to fulfill its functions under the Act.**
- **Considering the 2018 changes to**

A restoration of its original functions and amendments to the Act to enable it to report without fear or favour.

In recent years the NMHC has not produced any reports on systemic mental health issues that are required to be listed in its Annual report.

The Act provides for the Commission to prepare a report on

- The implementation of the strategic plan (14 (1) (b))
- systemic issues related to the mental health system or affecting people who have a mental illness (14 (1) (c))
- the funding of mental health services in NSW (14 (1) (d)).

However, the Commission is to notify the Minister before preparing a report on a systemic issue (14 (2)).

The Act also specifies (14 (6)) that ‘The head of a public sector agency to whom a report is given must provide a written response to the Minister within a reasonable time and no later than 6 months after the report is given.’

And

(14 (9)) ‘The Commission is to include the response or a summary of the response in its annual report.’

The most recent annual report provides no list of reports of systemic issues and no responses from government agencies to any reports. This suggests that there have been no reports prepared under this power by the Commission.

One explanation for the lack of reports on systemic issues may be that the Minister has indicated that the report on a specific systemic issue should not be prepared.

the Commission's functions (refer to pp. 8–9, above), following the 2017 Review, were these beneficial, detrimental, or of no consequence to the Commission's ability to fulfill its purpose?

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- **What are the potential benefits and obstacles of establishing a National Model?**

The benefits of a national model would be for comprehensive national planning.

A national model has the potential to focus on the issues generated by the split in responsibilities between state and federal government which result in a lack of integration in services delivery at the community level.

Appendix 1: Response from searches on CoPilot downloaded on 22 June 2024.

The AI search engine Copilot was asked to provide recent information on the NSW Mental Health Taskforce and the Mental Health Cross Agency Working Group. Following is the responses from the research.

Here's the most recent information on the NSW Mental Health Taskforce:

- **Membership:** The Taskforce is chaired by the Secretary of NSW Health. [Members include representatives from Health, DPC, Treasury, DCJ, Education, DPIE, DCS, and the NSW Mental Health Commission¹. The Taskforce also includes various experts and stakeholders from the mental health sector².](#)
- **Most Recent Meetings:** The specific dates of the most recent meetings are not provided in the search results. [However, the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 outlines the strategic actions and provides guidance for NSW Health over a five-year period, which includes regular meetings and progress reviews³.](#)
- **Frequency of Meetings:** The frequency of the Taskforce meetings is not explicitly mentioned in the search results. Taskforces typically meet regularly to monitor progress and implement strategic plans, but for detailed scheduling, one would need to refer to the official NSW Health resources or contact them directly.
- **Papers Produced:** Several key documents have been produced by or for the Taskforce, including:
 - [The NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022³.](#)
 - [Progress Report for 2019, which provides an overview of statewide and local achievements⁴.](#)
 - [Implementation Plan for the Framework and Workforce Plan, detailing the key elements required to achieve the goals of the five-year plan⁵.](#)

For the most up-to-date and detailed information, including meeting schedules and recent papers, it's best to consult the official NSW Health website or directly contact the NSW Mental Health Commission.

I'm sorry, but I couldn't find specific information on the Mental Health Cross Agency Working Group you're asking about. However, I found some general information on cross-agency mental health collaborations:

- **Membership:** Cross-agency collaborations often involve various stakeholders from different sectors, including mental health and substance misuse, public health, patient-advocacy sectors, and more¹².
- **Meetings:** While I couldn't find the specific meeting schedule for the Mental Health Cross Agency Working Group, similar groups often meet regularly to monitor progress and implement strategic plans³.
- **Papers Produced:** Cross-agency collaborations often produce a range of documents, including research papers and policy briefs. For example, a paper titled "Specifying cross-system collaboration strategies for implementation: a multi-site qualitative study with child welfare and behavioral health organizations" discusses multi-level collaboration strategies used during the implementation of a cross-system intervention⁴. Another paper, "Interagency collaboration models for people with mental ill health in contact with the police: a systematic scoping review", discusses different interagency collaboration models⁵.
- **Annual Report:** I couldn't find a specific annual report for the Mental Health Cross Agency Working Group. However, organizations involved in mental health advocacy, like the National Alliance on Mental Illness (NAMI), often publish annual reports detailing their activities, initiatives, and progress⁶.

For the most accurate and detailed information, I recommend reaching out to the relevant organizations or authorities directly. They can provide the most up-to-date information on the Mental Health Cross Agency Working Group's membership, meeting schedule, produced papers, and annual reports.