

Mental Health Carers NSW Inc.

Summary of the NSW Government Response to the Statutory Review of the Mental Health Commission NSW 2025

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Purpose of this paper

This brief has been prepared to provide advice to the Board and Staff of Mental Health Carers NSW.

It summarises the NSW government's response to each of the 11 recommendations from the statutory review of the Mental Health Commission NSW (MHC) conducted in 2024. The recommendations are categorised into three groups: those which the government supports, those which the government supported in principle, and those which the government does not support.

Background

The NSW Mental Health Commission Act requires a statutory review of the Mental Health Commission every five years. This review was undertaken by Richard Matthews and David McGrath and completed in August 2024. The Government's response was provided in 2025 (the response document has no date).

Recommendations and the Government's response.

There were 11 recommendations. One was supported fully. Nine were 'supported in principle' and one was 'noted'. It is worth noting that the response 'supported in principle' is the terminology used in the response and perhaps should be read as the 'do nothing' response.

The following table summarises the recommendations and the government's response.



Table 1: Recommendations of the Review and the Government's response

Recommendation	Government Response	Support Status
Recommendation 1: Amend section 3(a) of the MHC Act to strengthen the objectives of the MHC	The Government will consider further whether any changes are required to s3 of the Act subject to any amendments being made to s12 of the Act in relation to the Commission's functions.	Supported in principle
Recommendation 2: Amend section 12(1) of the MHC Act to clarify the role of the MHC as the current drafting lacks clarity.	The Government recognises the importance of a clear articulation of the functions of the Commission in the Act. However, the Commission already has broad functions, largely consistent with those recommended. These are reflective of its role, noting that other agencies, including the Ministry of Health, have functions in relation to mental health, such as the review of legislation, and there should be no duplication in functions exercised by others.	Supported in principle
Recommendation 3: The Commission should have a formal role of review and advice in relation to agency submissions to the budget process that pertain to mental health.	Responsibility for determining the strategic direction and priorities in the mental health budget are a matter for Ministers and the Expenditure Review Committee of Cabinet. However, the Minister for Mental Health may seek advice on certain matters from the Commission.	Supported in principle



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Recommendation 4: Agencies who refuse to supply requested information, data or documents to the Commission must supply written reasons for their refusal, and these reasons should be published in the Commission's annual report.	Sections 14 and 16 of the Act already provide mechanisms through which the Commission may request information from public sector agencies. The NSW Government considers the Commission's existing powers are sufficient in exercising its functions and notes that agencies may have restrictions on sharing data or information, depending on the nature of the request.	Supported in principle
Recommendation 5: A formal partnership between the Commission and the Auditor-General should be established.	NSW Government supports the Commission exploring a relationship with the Auditor-General on how it might provide input where appropriate, on the scope of any mental health relevant audits. However, the Auditor-General is an independent statutory officer who reports directly to Parliament and is not subject to the control or direction of the Executive Government.	Supported in principle
Recommendation 6: Recommends a list of priority work for the MHC.	The NSW Government supports the Commission having clear strategic priorities that are responsive to the changing environment including strategic planning and suicide prevention. Other priorities will be explored in relation to workforce and service delivery needs, outcomes for mental health, and further embedding lived experience in mental health.	Supported in principle



Recommendation 7: A clause should be added to the Act to require the Commission to deliver an annual report to Parliament.	The Commission is already subject to annual reporting requirements under the Government Sector Finance Act 2018.	Supported in principle
Recommendation 8: The Commission's operational support functions and primary agency relationship should be moved from NSW Health to the Cabinet Office; however, the Commission should remain independent of the Cabinet Office for line management purposes.	Machinery of government changes are a matter for the Premier of NSW. The government recognises the merits of the Commission having a relationship with central agencies. The Ministers for Health and Mental Health have responsibility for the Mental Health Commission Act 2012, and retaining the Commission as part of the Health portfolio of agencies continues that important nexus with the system.	Noted
Recommendation 9: The Commission should promulgate a job role specification for each Deputy Commissioners.	NSW Government supports an improved articulation of the Deputy Commissioner roles, consistent with the legislative requirements.	Supported
Recommendation 10: The existing Mental Health Taskforce should be replaced by a new body cochaired by the Commission and a senior	The Government will review the existing Taskforce Terms of Reference, with consideration to be given to the Commission's involvement as Co-Chair.	Supported in principle



official from The Cabinet Office of Deputy Secretary level or higher.	NSW Health should, however, continue as co-chair given its responsibility for the development and delivery of mental health policy and public mental health services in NSW.	
Recommendation 11: The NSW Government should explore with stakeholders, a properly constituted national mental health commission with shared governance arrangements.	The National Mental Health Commission is an independent national body constituted and funded by the Australian Government. The NSW Government will continue to engage in opportunities to discuss the role and responsibilities of the National Mental Health Commission.	Supported in principle

Conclusion

A reasonable conclusion is that there is no appetite within the current NSW Government to make any significant changes to the role and function of the Mental Health Commission. Although MHCN and other stakeholders made submissions to the review arguing that there is a need for a stronger planning and review process over mental health services in NSW the Government has not accepted the somewhat modest set of changes recommended by the Statutory Review.