Submission to the Productivity Commission

Mental Health and Suicide Prevention Agreement Review

Interim Report

July 2025

Consumer mental health advocate and a member of the former Steering Committee for the National Stigma and Reduction Strategy

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Overview

I welcome the opportunity to provide feedback on the Productivity Commission's Interim Report on the Review of the Mental Health and Suicide Prevention Agreement.

In making this submission, I am responding to:

> **Draft recommendation 4.6**
> **Increase transparency and effectiveness of governance arrangements**

I am specifically focussing on the reinvigoration the National Mental Health Commission (NMHC) and establishing it as an independent statutory authority. My submission argues the current reform process is inadequate and calls for a central role for people with lived and living experience in any reforms to the NMHC.

My background

I am a consumer mental health advocate who has been living with chronic mental ill health for 17 years. I have used my lived and living experience with Beyond Blue, Mental Health Australia and the National Mental Health Commission where I served on the Steering Committee of the National Stigma and Discrimination Reduction Strategy. I was the Deputy Chair of the Victorian Collaborative Centre for Mental Health and Wellbeing for three years and have written about my mental illness and recovery for *The Age* and *Guardian* newspapers.

I am an Industry Fellow, Public Policy at the University of Melbourne where I teach public policy and management at a post graduate level. I also deliver custom education programs for the Australia and New Zealand School of Government and Melbourne Business School. I previously worked as a senior executive for in the Victorian Public Service for 20 years with the Department of Premier and Cabinet.

I hold a Master of Public Administration from the Kennedy School of Government at Harvard University and am a Fellow of Leadership Victoria.

Communication about the NMHC reform process has stalled

As the Productivity Commission has noted, the Australian Government announced its intention to reset and strengthen the NMHC. A consultation process commenced on 16 September 2024 with the release of a discussion paper. The paper outlined reform objectives, roles and functions, institutional settings and governance options.

The then Department of Health and Aged Care (the department) was leading consultations about the reform options. Consultation and engagement was promoted via the department's consultation hub. Responses were also sought to a survey canvassing issues outlined in the discussion paper.

The consultation process closed on 18 November 2024. The department's website stated that updates on the reform process, including a summary of consultation outcomes, would be published in due course. Seven months later, an update has yet to be provided.

Who is deciding on the NMHC reform options?

The discussion paper canvasses several options in relation to the institutional settings of the NMHC. These include:

- the relationship to the Minister for Mental Health and the department
- independence as statutory bodies or integration with the department
- governance and advisory structures.

As the Interim Report notes, the NMHC has been operating as a non-statutory office within the Department of Health, Disability and Ageing. One of the NMHC's roles is to provide advice to government to improve mental health and suicide prevention systems. One of the department's functions is to undertake national mental health policy development, program and service design.

What is unclear is who is recommending the preferred institutional, governance and advisory options to government. There is no mention of any form of independent advisory group providing advice or recommendations. This raises concerns about transparency and accountability. Without clarity on the source and rationale for these recommendations, it will be difficult to assess their legitimacy or alignment with broader public interest.

In the event the department is making recommendations about the preferred options, this represents a clear conflict of interest. Independent advice about the NMHC's future state is essential if objective and credible recommendations are to be made. It will also reduce the risk of undue influence and promote transparency. Leaving the process solely in departmental hands undermines public confidence and raises questions about whether reform is being driven by evidence or other agendas.

Establishing the NMHC as an independent statutory authority

My submission supports the Productivity Commission's recommendation to establish the NMHC as an independent statutory authority (draft recommendation 4.6) for the following reasons:

Impartial advice to government

Independence allows the NMHC to provide frank, evidence-based advice on mental health policy without being influenced by the political priorities of the day. This strengthens the integrity of its role.

Public trust

An independent statutory status enhances the public's confidence in the NMHC's work, as it is seen to act in the interests of the community, not government agendas. This is critical in the mental health sector where trust is often fragile.

Accountability and transparency

Statutory authorities are subject to formal governance frameworks such as annual reporting to Parliament. This promotes transparency and ensures the NMHC remains accountable to the public rather than being embedded in departmental bureaucracy.

Capacity to hold others to account

With statutory independence, the NMHC is better positioned to monitor and evaluate the mental health system and hold governments and others to account for outcomes and performance.

Statutory independence is essential given the Productivity Commission's call for the NMHC to be the entity responsible for ongoing monitoring, reporting and assessment of progress against the next Mental Health and Suicide Prevention Agreement outcomes.

Stability and continuity

Statutory independence provides organisational stability, protecting the NMHC from being restructured or dissolved with changes in government. This allows for long-term focus on systemic reforms.

People with lived and living experience are central to the reform of the NMHC

Information available on the department's consultation hub and the discussion paper indicates there will be activities designed to capture the views and experiences of people living with mental illness or suicidal distress, along with their families, carers, and kin.

This wording suggests that people with lived and living experience are only involved in the consultation phase and will not have any decision-making role about the future of the NMHC. On 24 October 2024, I wrote to the First Assistant Secretary, Mental Health & Suicide Prevention in the department. I sought further information on the role of lived and living experience in decision-making regarding institutional settings, governance and advisory structures.

On 12 November 2024, I received the following response:

> *The Department has designed the consultation process to include focused engagement with people living with mental illness or suicidal distress, along with their families, carers, and kin. … The views of people with lived and living experience will help inform the reform proposal that will ultimately be put forward to Government. Given the constraints of Cabinet processes, a formal co-design process is not possible for this particular phase of work.*

This response is concerning. It relegates people with lived and living experience to consultation only. This is a tokenistic approach given the NMHC itself affirms the right of people with lived experience, their families and other support people to participate in decisions that affect their care. Engaging meaningfully with people with lived and living experience means putting people at the centre of mental health policy and institutional design. It means giving people with lived and living experience a genuine voice in decision making, not just consultation. The Productivity Commission's Interim Report acknowledges the need to centre the voices of people with lived and living experience in governance.

This is particularly relevant given the discussion paper canvasses issues about how the NMHC will engage people with lived and living experience. It is seeking feedback about the advisory structures that would best empower the voices of lived experience. It is essential

that the voices of lived and living experience have a genuine role in any decisions about such advisory strictures.

Co-design and Cabinet processes

The department's response states that co-design with lived and living experience is not possible given Cabinet processes. My view is that the two are not mutually exclusive. I am a former Victorian public servant in the Department of Premier and Cabinet. We were able to use co-design alongside Cabinet processes, most notably in the development of the Victorian Government's 10-year family violence action plan.

More recently, the Victorian Department of Health used co-design in the creation of a major new mental health statutory authority – the Victorian Collaborative Centre for Mental Health and Wellbeing – of which I was the Deputy Chair. In fact, co-design and centring lived experience in governance, policy and service delivery is a hallmark of implementing the reforms arising from the Royal Commission into Victoria's Mental Health and Wellbeing System. Some of these involve Cabinet processes and empowering lived experience is possible without compromising the authority of Cabinet.

Conclusion

The reform of the National Mental Health Commission is a significant opportunity to strengthen Australia's mental health system. To achieve this, the NMHC must be established as an independent statutory authority with the power and legitimacy to provide impartial advice and hold governments to account. Independence will not only enhance the Commission's effectiveness but also build public trust through transparency, accountability and stability.

Equally vital is the meaningful inclusion of people with lived and living experience in shaping the future of the NMHC. Limiting their role to consultation falls short of the principles of genuine engagement and co-design. Their perspectives must be embedded in governance and decision-making structures to ensure reforms are not only effective but also responsive to those most directly impacted. Without both statutory independence and the leadership of lived experience, the NMHC cannot deliver on its full potential.