Australian Government
Department of Health and Aged Care

Discussion Paper

Strengthening the National Mental Health Commission and National Suicide Prevention Office

Contents

1. Introduction

As part of the 2024-25 Budget, the Government announced a reform process to reset and strengthen the National Mental Health Commission (NMHC) and the National Suicide Prevention Office (NSPO), together referred to as the Commission.

This reform process is focused on ensuring that the NMHC and NSPO are positioned for success. It also responds to an Independent Investigation into the Commission (the Investigation), which identified a number of governance, financial, cultural, identity and capability issues undermining the Commission's effectiveness.

The reform process will take place in two phases.

> **Phase One** – From October 2024, the Commission will be transferred into the Federal Department of Health and Aged Care (the Department) as a non-statutory office. The NMHC and NSPO will continue to report directly to the Minister on discharge of their core functions, including reporting on the mental health system and fostering a whole-of-government approach to suicide prevention. They will report to the Secretary of the Department, via a Deputy Secretary, on administrative matters, such as human resources and financial management. This interim measure will provide the Commission and its staff with full access to the Department's corporate supports, while the NMHC and NSPO's long-term arrangements are settled.
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> **Phase Two** – The NMHC and NSPO's ongoing functions and governance arrangements will be reset to strengthen their impact, while responding to the findings of the Investigation.

This Discussion Paper has been developed to facilitate input on the second phase of reform, focusing on the NMHC and NSPO's future state. The Discussion Paper is structured around 4 key sections.

1. Reform Objectives
2. Role and Functions
3. Institutional Settings
4. Governance

Each Section outlines key issues and background, relevant recommendations from the Investigation, reform options for discussion, and questions intended to prompt feedback.

1.1 Engagement Process

Stakeholder input will be critical to shaping the most effective long-term reforms. The Department, working closely with the NMHC and NSPO, will engage directly with a wide range of stakeholders as part of the reform process.

The detail of the reforms will be developed in consultation with mental health and suicide prevention sectors. The consultation process will also ensure that the views of those with lived experience, carers, families, and kin underpin the reforms.

Feedback on this Discussion Paper is welcome via Consultation Hub, from 16 September 2024 to 11 November 2024.

Independent Investigation into the National Mental Health Commission

In April 2023, the Minister for Health and Aged Care, the Hon. Mark Butler MP, initiated the Independent Investigation into the National Mental Health Commission (the Investigation) in response to allegations in the media. The allegations were regarding the Commission's culture, capability, financial management, alleged maladministration, and governance.

The investigation was led by Professor Debora Picone AO and its intent was:

- to consider whether matters raised in the media could be substantiated;
- to conduct a culture and capability review to ensure the Commission provides a safe work environment and has the capability to perform its role; and
- to conduct a full functional and efficiency review to ensure the NMHC can be financially sustainable moving forward.

Minister Butler tabled the Investigation's Final Report, and accompanying Functional and Efficiency Review, in Parliament on 14 September 2023.

In summary, the Investigation determined that the NMHC's workforce, inclusive of its leadership, has been dedicated to the Commission's work and mission. There was no substantiated evidence of maladministration or evidence of conduct that would substantiate a finding of bullying.

The most significant findings impeding the functioning of the Commission related to what the reviewers termed a 'very poor workplace culture', significant budget operating losses and a staffing profile operating above the agency's currently funded average staffing levels. Significantly, the reviewers found an organisation that had 'outgrown its existing systems, practices and capabilities'.

The current reform process will address key recommendations which require Government consideration and action. Additional recommendations which the Commission has been able to action independently and immediately have not been captured in this Discussion Paper.

2. Reform Objectives

The Government is committed to resetting and strengthening the NMHC and NSPO's ability to provide meaningful contributions to Australia's mental health and suicide prevention systems.

The reform process will seek to:

- Encourage diverse perspectives and explore a range of options for the future state of the NMHC and NSPO.
- Confirm the ongoing roles and functions of the NMHC and the NSPO in supporting continuous improvements in the mental health and suicide prevention systems.
- Respond to key findings of the Independent Investigation, which provided the impetus for the process.
- Establish institutional arrangements that foster appropriate authorising environments for both the NMHC and NSPO, taking into account their respective roles and functions.
- Promote stakeholder confidence in the future of the NMHC and NSPO and strengthen their relationships across the mental health and suicide prevention sectors; and
- Ensure the work of the NMHC and NSPO is informed by the experiences of individuals, including Aboriginal and Torres Strait Islander peoples, and people living with mental illness or suicidal distress, along with their families, carers, and kin.

3. Role and Function

3.1 National Mental Health Commission

The NMHC was established as an Executive Agency in 2012 to provide independent advice to the community and government on Australia's mental health system.

It was designed –

> '… to help improve Australia's mental health system. It will plan more effectively for the future mental health needs of the community, create greater accountability and transparency in the mental health system and give mental health prominence at the national level.'[1]

A precis of establishing documents for the NMHC is included at Appendix A.

The first Executive Order, establishing the NMHC, specified the following functions:

- To manage, administer and release publicly the Annual National Report Card on Mental Health and Suicide Prevention.
- Develop, collate and analyse data and reports with a particular focus on ensuring a cross sectoral perspective is taken to mental health reform.
- To provide mental health policy advice to Government, in consultation with relevant agencies.
- Engage consumers and carers in mental health policy and service improvements.
- Build relationships with other stakeholders including: service providers; government agencies; researchers; academics; and state and territory governments to inform the work of the Commission.
- Undertake other relevant tasks as the Minister may require from time to time.

In announcing its establishment, the Government noted that the NMHC would be responsible for independently monitoring, assessing, overseeing, and reporting on the performance of the mental health and suicide prevention systems, including through production of an Annual National Report Card. This would include drawing on national data collections; monitoring the full range of services needed by the public – whether those be health or non-health related; advising on best practices; reporting on federal and state system performance against service expectations; and ultimately informing the national policy agenda and investment.[2]

Over time, Governments have tasked the NMHC with additional functions, leading to an expansion in the NMHC's scope of work. In 2018, the Executive Order establishing the NMHC was amended to include a stronger role in policy development and reform, engagement with international stakeholders, research and mental health and well-being promotion. The Executive Order also required the Commission to promote a person-centred approach to mental health care, that engages and values the participation of people with lived experience, their families, carers, and communities.

In 2019, the NMHC's Chief Executive was asked to take on the additional temporary role of National Suicide Prevention Adviser, charged with leading whole-of-government advice on

[1] Prime Minister's Statement of Expectations (2011).

suicide prevention. The National Suicide Prevention Adviser's Final Advice included a recommendation to establish a National Suicide Prevention Office to set strategic directions, build capabilities, support cross-jurisdictional and cross-portfolio action and report on agreed outcomes as part of a whole-of-government approach to suicide prevention.

In 2021, the NSPO was established as a non-statutory office within the NMHC, representing further and significant expansion of the NMHC's role. Further detail on the functions of the NSPO, and context on its establishment, is provided in the following section.

The Head of the NSPO has freedom in determining how to achieve results and reports directly to the Minister for Health and Aged Care on policy matters. However, ultimate accountability for the NSPO's establishment, operations, and financial and functional performance, fall within the responsibilities of the CEO of the NMHC as the Accountable Authority.

The Investigation observed that the NMHC has outgrown its existing systems, practices, and capabilities. The organisation's current breadth of activity risks diluting its focus and undermining its ability to deliver on its integral functions. Refocusing the NMHC on its core and critical functions will be a key factor in ensuring its ongoing success.

3.2 National Suicide Prevention Office

As part of the 2021-22 Budget, the Government committed to establish the NSPO to oversee a national whole-of-government approach to suicide prevention. The NSPO was set up as a specialist, non-statutory office, sitting within the NMHC.

As a non-statutory office, an Executive Order outlining the NSPO's functions was not required. However, its functions were set out in other establishing documents. In 2021, a Discussion Paper on its proposed structure, role and function was developed for consultation with stakeholders. The Discussion Paper outlined the following core functions:

1. Development of a whole-of-government National Suicide Prevention Strategy addressing those aspects of suicide prevention which, due to the need for consistency, scalability and reach, must be the focus of a national strategic approach.
2. Co-design of a National Outcomes Framework that identifies measures that can be used across all levels of government and service provision.
3. Co-design of a National Suicide Prevention Workforce Strategy that aligns with the National Mental Health Workforce Strategy – recognising that while aligned to the mental health sector the workforce requirements for suicide prevention have their own specific focus.
4. Monitoring and reporting on the delivery of key reforms in suicide prevention.
5. Building capacity and collaboration to co-design lived experience engagement across portfolios, jurisdictions and service provision.
6. Providing ongoing advice and support for multi-jurisdictional and cross-portfolio priorities.
7. Working collaboratively with Australian Government agencies during policy development to assess the risk of any impact on population level suicide risk, behaviours or rates.
8. Working in partnership with the Australian Institute of Health and Welfare, centres of research excellence and other data and research leads to disseminate data, knowledge

and evidence to identify how data provision can be improved in terms of content, timeliness and accessibility.'[3]

There is no single cause of suicide, but some individuals and groups may be more at risk. While mental ill-health can be a risk factor, the causes of suicide are complex and varied and go beyond mental health. The role of the NSPO reflects this complexity.

At its establishment, the NSPO was tasked with ensuring a whole-of-government approach that captures cross-portfolio, cross-jurisdictional and regional issues. This includes leading work at a national level to address the social determinants of suicide, including finance, housing, employment, safety and justice; noting that contributions are required from all portfolios, across all governments.

From its outset, the NSPO has had both policy development and monitoring functions. The National Suicide Prevention Adviser's Final Advice called for the establishment of the NSPO to 'set strategic directions, build capabilities, support cross-jurisdictional and cross-portfolio action and report on agreed outcomes'.

In line with this, the NSPO was tasked with working across governments and portfolios to develop a consistent national whole-of-governments strategy and design a robust national outcomes framework.

Specifically, the NSPO is expected to collaborate across all levels of government and across the sector to deliver:

- a National Suicide Prevention Strategy;
- a National Outcomes Framework for Suicide Prevention;
- a National Suicide Prevention Workforce Strategy; and
- agreed priorities for suicide prevention research and knowledge sharing.

3.3 NMHC and NSPO – A Shared Focus

While the functional roles of the NMHC and NSPO are distinct, both share a focus on mental health and suicide prevention. The NMHC has a role in understanding the value of the mental health system in suicide prevention. Similarly, the NSPO has a role in understanding the contribution of mental ill-health to suicidality and determining how the mental health system can support people experiencing suicidal thoughts.

Mental ill-health may be one of many factors contributing to suicide; however, the predominant driver of suicide is distress. Distress is not a mental illness, but an emotion that can arise in relation to circumstances and experiences that produce feelings of entrapment, hopelessness and isolation. These include many economic, social, cultural and systemic factors.

While mental ill-health may not be the core driver of suicide, mental health and other health services form a critical part of the suicide prevention system. This is increasingly the case as mental health and broader health systems expand to include a focus on wellbeing. This

[3] Extract from Discussion Paper developed to frame stakeholder consultation on establishment of the NSPO, 2021. These core functions are also outlined in a submission to the Remuneration Tribunal seeking a determination on the remuneration of the NSPO Head.

recognises that mental health is more than just the absence of mental illness. Rather, it is about general wellbeing and one's ability to cope with stress and the challenges of daily life.

Given the intersections between the mental health and suicide prevention systems, ongoing coordination and collaboration between the NMHC and NSPO will be critical.

3.4 Placement within broader mental health and suicide prevention systems

It is important that the NMHC and NSPO operate in alignment with broader Government and non-government structures. The mental health and suicide prevention systems landscape is complex with multiple funders and commissioners feeding into the system.

Ideally, in providing an oversight function, the NMHC and NSPO's functions should complement rather than duplicate other structures. However, under their current scope, they have been tasked with functions such as policy development and mental health promotion that may overlap with other agencies.

The other structures within the mental health and suicide prevention systems are outlined below:

Australian Government Context

The Australian Government is responsible for the Medicare benefit schedule, pharmaceutical benefit schedule, funding to Primary Health Networks, private hospitals and private health insurance, primary care, Veteran's healthcare and the National Disability Insurance Scheme.

The Department of Health and Aged Care (the Department) is the lead portfolio tasked with national mental health and suicide prevention policy development, program and service design. However other agencies also deliver work with a focus on mental health and suicide prevention, such as the National Indigenous Australians Agency which takes a policy lead on whole-of-government action to achieve the social and emotional well-being outcomes of the *National Agreement on Closing the Gap*. Other agencies lead initiatives which intersect with mental health. For example, the Department of Social Services has strategic oversight of the National *Plan to End Violence Against Women and Children 2022-32*, which has a focus on recovery and healing.

The following outlines the current functions of the Department, NMHC and NSPO:

The Department:

- National mental health policy development, program and service design.
- National suicide prevention policy development, program and service design.
- Improving service integration.
- Collaborating across government, jurisdictions, sector and community stakeholders.
- International strategy and co-ordination.
- Funding for support and services which provide access through multiple channels, digital and frontline.
- Strategic oversight, coordination and implementation of the National Mental Health and Suicide Prevention Agreement and bilateral arrangements.
- Policy development for Primary Health Networks.

- Focus on ensuring access and equity for priority cohorts, such as children, young people, First Nations, People from Culturally and Linguistically Diverse backgrounds.
- Support and investment in data and evaluation.

NMHC:

- Delivering an annual report on performance against the Fifth National Mental Health and Suicide Prevention Plan.
- Independent advice to government to improve mental health and suicide prevention systems.
- Promoting mental health and well-being, a person-centred approached, research and best practice for better treatment outcomes.
- Collaborating across all sectors, governments, agencies and with State and Territory mental health commissions.
- Domestic and international stakeholder relationship development.
- Contributing to reform and policy development (on projects at the Government's direction).

NSPO:

- Whole-of-government advice on suicide prevention and policy development.
- Delivering a National Suicide Prevention Strategy, a National Outcomes Framework for Suicide Prevention and a National Suicide Prevention Workforce Strategy.
- Working with jurisdictions to set priorities for suicide prevention research and knowledge sharing.
- Monitoring and reporting on the delivery of key reforms in suicide prevention.
- Building capacity and collaboration in lived experience engagement across portfolios, jurisdictions and service provision.
- Working in partnership with relevant research leads to disseminate data, knowledge and evidence to improve data.

State and Territory Context

State and Territory Governments

State and Territory governments are responsible for public hospitals, ambulance and emergency services, specialist mental health community services, inpatient care for remanded and sentenced prisoners and Mental Health Acts in each jurisdiction. Similar to the Australian Government, they have a department or agency dedicated to leading State and Territory policy, programs and service design on mental health and suicide prevention.

Mental Health Commissions

Each State and Territory has a mental health commission, except for the Australian Capital Territory, Tasmania and the Northern Territory. While the scope and role of each commission varies, common roles in monitoring and reviewing exist. The commissions work collaboratively with each other on a range of projects. A table summarising their distinct functions and governance is provided at Appendix B.

Other

Peak bodies

Peak bodies include organisations and professional bodies which provide a strong voice for community organisations, service providers and lived experience. Peak bodies provide a range of functions including research, advising and lobbying government, community education and strengthening sector capability.

Mental health services

Mental health services are delivered by a range of public, private and not-for-profit organisations. They encompass a wide range of mental health and well-being, suicide prevention and psychosocial services.

Broader community services

There are range of other community services which address social determinants of health (including housing, employment and education, poverty, inclusion etc). This is often accompanied by mental health support.

Primary Health Networks

Primary Health Networks (PHNs) are independent organisations working to streamline health services – particularly for those at risk of poor health outcomes – and to better coordinate care so people receive the right care, in the right place, at the right time. The Australian Government funds PHNs to plan and commission regionally appropriate mental health and suicide prevention services, at low or no cost where appropriate. This includes services across the stepped care continuum for people with, or at risk of, mental ill health and suicidality.

3.5 Reform Options

Relevant Investigation Recommendations

Recommendation 2.6 The Commission's Statement of Expectations should be reviewed to ensure it is consistent with the Government's expectations of its role and scope, and reflects more recent developments in the cross-jurisdictional mental health sector since the last determination was made.

As a starting point for feedback, a single reform option is described overleaf. This is followed by several questions, intended to provoke discussion and encourage a wide range of input – including alternative possibilities for reform.

The reform option outlined below has been informed by the NMHC's original intent of promoting transparency and accountability through monitoring, reporting and advising on the performance of the mental health and suicide prevention systems.

No changes have been proposed to the functions of the NSPO, noting that its current role reflects the outcomes of recent reviews and inquiries, and sector consultation. As a relatively young office, it may be premature to suggest changes to its role before it has had sufficient opportunity to deliver on its original mandate, noting that work is well progressed on its core and milestone projects. The NSPO's future institutional settings and governance are discussed in sections 4 and 5.

Reform Proposal for Discussion

Proposed Objectives of the National Mental Health Commission

- To ensure the government is accountable for the performance of the mental health and suicide prevention systems.
- To support the development and delivery of mental health and suicide prevention systems that promote the health and wellbeing of all Australians, including people with lived experience of mental illness or suicide, their families, carers and kin.

Proposed Functions of the National Mental Health Commission

Monitor

- Obtain, track and analyse data, research, policy and sector developments on the performance of national mental health and suicide prevention systems.
- Meaningful engagement with a range of stakeholders across sectors, government agencies, state and territory governments and the community. This includes supporting the full and effective participation of people with lived experience of mental illness and suicidal distress, their families, carers and kin.
- Take into account the particular views and needs of different sections of the community, including First Nations communities, culturally and linguistically diverse communities, gay, lesbian, bisexual, transgender and intersex communities, young people and regional and remote communities.

Report

- Deliver an Annual National Report Card on Mental Health and Suicide Prevention. The National Report Card will track progress over time and support long-term consideration of the impacts of governments' investments in the mental health and suicide prevention systems. It will include a focus on consumer outcomes, social determinants, and systemic factors.
- Prepare additional reports, as required, to expand upon the findings of the National Report Card.
- Other reports as requested or approved by Government.

Advise

- Provide advice on system performance and other relevant issues to inform the Government's administration and reform of the mental health and suicide prevention systems.

3.6 QUESTIONS

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?

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

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

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?

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

6. To what extent should the NMHC engage in advocacy and what does this look like?

7. Do you have any views on the future functions of the NSPO – and whether its current functions should be maintained, amended, or aligned with the NMHC?

8. Do you have any views on whether the NMHC should retain its coverage of suicide prevention, or if this should be led solely by the NSPO?

9. What parameters or governance 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?

10. Do you have any views on how the involvement of lived experience should be captured in the purpose and functions? What measures can the NMHC and NSPO take to effectively empower the voices of lived experience?

4 Institutional Settings

4.1 Independent and Accountable

The NMHC was first established in 2012 as an Executive Agency under the Public Sector Act 1999 (PS Act). At its establishment, the NMHC reported to the Prime Minister. In 2013, it was moved into the Health Portfolio reporting to the responsible Minister.

These arrangements reflected an intention that the NMHC would have a degree of independence to evaluate national mental health policy and activity without the actual or perceived risk of bias.

The NMHC's independence is an important integrity mechanism, given the NMHC's role in monitoring and reporting on governments' effectiveness in improving mental health and suicide prevention outcomes for people in Australia.

As an Executive Agency, the NMHC was provided with a degree of independence from the Department, while remaining answerable to the Minister. For example, the NMHC's Chief Executive reported directly to the Minister, the Department was not responsible for approving the NMHC's outputs and reports, and the Minister appointed the Chief Executive and Commissioners – with advice from the Department of Health and Aged Care.

Since its inception, the sector has called for the NMHC to have its independence bolstered by a stronger statutory basis. The Productivity Commission's 2020 Inquiry into Mental Health recommended that the NMHC be given statutory authority[4], and noted the importance of its role in monitoring the effectiveness of government-funded mental health and suicide prevention programs.

Underpinning the NMHC with primary legislation would reinforce its independence, providing a level of clarity on its relationship with Government. By legislating its powers, functions, and legally enforceable obligations, this approach would increase transparency and accountability while ensuring its ongoing status.

4.2 Efficient and Effective

There are inherent inefficiencies in resourcing standalone corporate services for small-scale agencies, such as the NMHC – which employs approximately 40 staff.

In 2023-24, more than 35% of the NMHC's total departmental expenditure was required to meet its corporate and fixed costs. This was driven principally by lease costs and the staffing required to support operations, and maintain appropriate controls and assurance frameworks.

Larger portfolio agencies such as the Department of Health and Aged Care are able to leverage efficiencies of scale to reduce the relative cost of corporate services. Previous benchmarking of government corporate services has shown that for smaller agencies, the cost of corporate services as a proportion of total departmental expenses is almost double that of the larger agencies, which benefit from economies of scale.[5]

The findings of the Independent Investigation also indicate that the NMHC has faced significant challenges in developing adequate corporate structures as a small free-standing entity. The Independent Investigation identified various issues in governance procedures and

[4] Productivity Commission Inquiry Report on Mental Health, Volume 3, 30 June 2020, page.1078
[5] PwC, Benchmarking of Commonwealth and State Government corporate services 2015.

practices, financial and budget management and internal controls, as well as people management and workplace culture.

While the NMHC has established mechanisms to respond effectively to these findings in the period since the Independent Investigation report was finalised, maintaining these arrangements in a small free-standing agency would be disproportionately resource intensive.

Providing the NMHC access to a department's robust financial and corporate systems would improve its efficiency. This would help ensure its resources, effort, and capability are dedicated to activities that contribute to improving Australia's mental health and suicide prevention systems.

Importantly, a statutory office can be housed within a department, and supported by departmental staff, while exercising its statutory role independently as described in the enabling legislation. Under such arrangements a statutory office can maintain a separate identity and branding that clearly distinguishes it from the main body of the department. In these situations, specific reporting lines can also be established to safeguard its independence.

For example, the Gene Technology Regulator (the Regulator) is a statutory office holder that operates within the Department of Health and Aged Care. *The Gene Technology Act 2000* creates the position of Regulator, and specifies the functions, powers and independence of the position. The administrative placement of the Regulator within the Department is established under the Government's Administrative Arrangement Orders.

The Regulator is primarily accountable to the Minister, whose intentions are outlined in a Statement of Expectations. The Regulator also reports to a Deputy Secretary on administrative matters, and has a role in supporting the Secretary of the Department in meeting their obligations with regard to the *Public Governance, Performance and Accountability Act 2013*, including annual performance reporting. Despite this administrative relationship with the Department, the Office of the Gene Technology Regulator has a distinct identity, separate from the Department, as reflected in its branding and independent website.

4.3 NSPO Arrangements

Relevant Investigation Recommendations

Rec 2.7 The Minister for Health and Aged Care should consider whether the National Suicide Prevention Office's current positioning within the Commission is optimal given its need for a whole-of-government approach, or whether it would be better situated within a department such as the Department of Health and Aged Care, supported by an Inter-Departmental Committee to ensure a whole-of-government approach.

In 2021, the NSPO was established as a specialist non-statutory office, sitting within the NMHC. The NSPO operates as a discrete arm of the NMHC, separate from existing teams but leveraging the general resources of the NMHC in terms of administration, financial management, and corporate reporting.

The Independent Investigation recommended that the Government consider whether the NSPO would be better situated within a department, such as the Department of Health and Aged Care (the Department). In making this recommendation, the Independent Investigation

noted that the NSPO was responsible for whole-of-government policy development, and that it might be better situated within a department, supported by an Inter-Departmental Committee.

In considering the Independent Investigation's recommendation, it is important to reflect on the Department's experience in driving whole-of-government initiatives. Notably, the Department has successfully led whole-of-government reforms, including the response to the COVID-19 pandemic. The Department is also responsible for a number of ongoing agendas that require a whole-of-government lens: the National Health and Climate Strategy, the National Preventive Health Strategy 2021–2030, and initiatives regarding alcohol and other drugs.

With access to the Department's established engagement structures, the NSPO could potentially benefit from improved access and influence across and within government, strengthening its ability to deliver whole-of-government policy. This is not to suggest that the NSPO would be limited in its engagement, but simply that the NSPO could leverage the Department's inter-jurisdictional and inter-departmental engagement structures.

Importantly, the Department is responsible for delivering national suicide prevention policy, programs, and service design. Currently, the NSPO drives its own policy agenda separate to the Department. This is an arrangement that presents both challenges and opportunities. While a degree of independence can support robust monitoring, reporting, and reform advocacy, it also risks causing confusion and misalignment in national suicide prevention policy.

4.4 Other Considerations

It will be important that each organisation's institutional arrangements reflect their specific functions. Given their distinct roles, the most suitable governance arrangements for the NMHC and NSPO may be quite different. A key distinguishing feature of the NSPO has been its focus on driving suicide prevention policy reform, with its role in policy development clearly articulated at its establishment. In contrast, the NMHC has been focused predominantly on monitoring and reporting. The institutional structures established for both the NMHC and NSPO will need to take this into account.

There are a range of different institutional structures which the Australian Government uses to achieve its purposes. To ensure each Government activity is supported by the most suitable structure, a Governance Assessment is conducted before a new body is established to ensure fit-for-purpose arrangements.

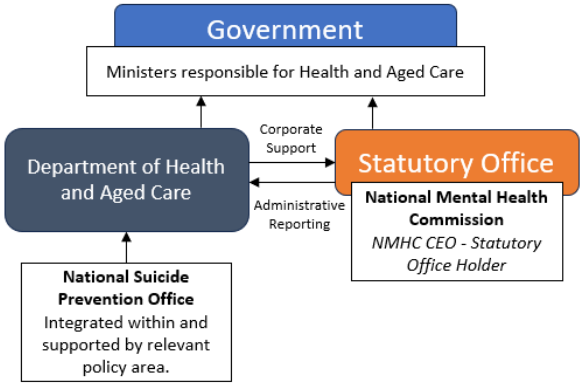
Following the consultation process, the Department will commence a Governance Assessment on the future state of the Commission.

This will include seeking advice to confirm that the Government has constitutional authority to carry out the proposed activity, and broader assessments that seek to apply the guiding principles of the government's Governance Policy: clarity of purpose; minimise the role of government; maximise efficiency by leveraging existing capabilities; and accountability to the Parliament and public.

4.5 Reform Options

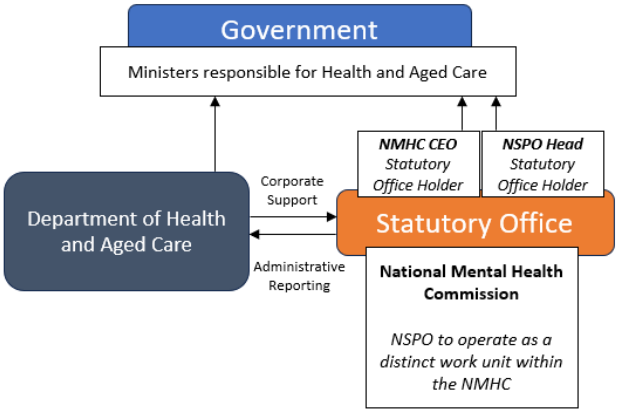
Option 1: Establish the NMHC as a Statutory Office underpinned by primary legislation setting out its core functions and the role of the NMHC Chief Executive as a Statutory Office holder. A legislative underpinning would strengthen the NMHC's ability to perform its accountability functions, including monitoring and reporting on government delivery. Locate the Statutory Office within the Department of Health and Aged Care (the Department) to provide corporate support. The Statutory Office would report to the Department on administrative matters only.

Integrate the NSPO within the Department as a non-statutory office, while maintaining the NSPO's independent identity, including its branding and website. Integrating the NSPO within the Department would bring together the areas responsible for developing and delivering the Australian Government's suicide prevention policy and programs. This could help prevent duplication of effort and/or possible confusion regarding the Government's suicide prevention policy settings. The NSPO would also have access to the Department's engagement structures, to strengthen its delivery of policy coordination across and within governments.



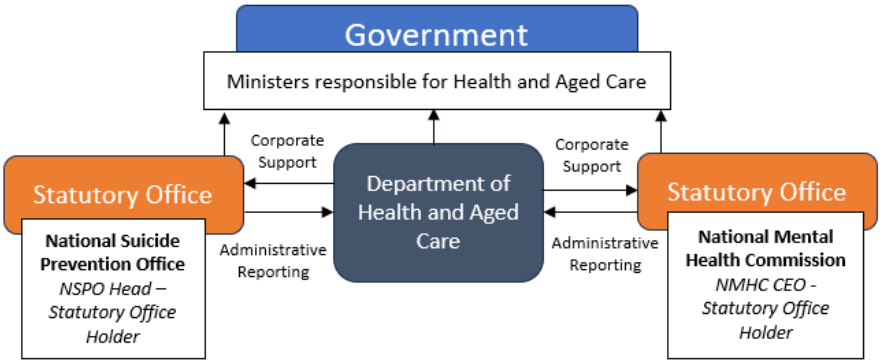
Option 2: Establish the NMHC and NSPO as a single Statutory Office, underpinned by primary legislation that sets out its core functions and the roles of the NMHC Chief Executive and the Head of the NSPO as Statutory Office Holders. Both the NMHC and the NSPO would retain distinct branding and websites, and would continue to report directly to the Minister. Locate the Statutory Office within the Department to provide corporate support. The Statutory Office would report to the Department on administrative matters only.

This option most closely resembles the existing relationship between the NMHC and NSPO, in that the NSPO currently operates as a separate office within the NMHC. However, operating as a single statutory office may also mean that the distinctions between mental health and suicide prevention are not fully appreciated.



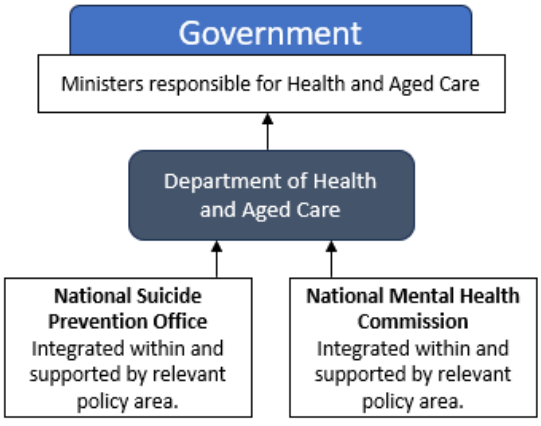
Option 3: Establish the NMHC and NSPO as separate Statutory Offices, underpinned by primary legislation that defines their core functions and the roles of the NMHC Chief Executive and Head of the NSPO as Statutory Office Holders. Locate the Statutory Office within the Department to provide corporate support. The Statutory Offices would report to the Department on administrative matters only. The NSPO and NMHC would retain separate branding and websites and report directly to the Minister.

This approach would strengthen the NMHC and NSPO's independence. However, the separation may increase duplication and reduce collaboration between the NMHC and NSPO on issues that intersect.



Option 4: Integrate the NMHC and NSPO within the Department as Non-statutory Offices. Both the NMHC and NSPO could retain their distinct identities, including their branding and websites. Noting that the NMHC and NSPO will be transitioning to the Department from 1 October, as an interim reform measure, this option would limit further uncertainty and change. As a non-statutory option, it also provides maximum flexibility allowing the NMHC and NSPO to evolve over time in response to changing circumstances.

However, without a legislative basis the NMHC's ability to perform a robust accountability function – including monitoring and reporting on government action – may be diminished over time. Although measures could be put in place to provide the NMHC with a degree of independence, a legislative underpinning would be a stronger safeguard and would also help protect against the development of bias, either perceived and/or real.



4.6 QUESTIONS

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

5 Governance and Advisory Structures

5.1 Current Governance Arrangements[6]

The NMHC is led by a Chief Executive. The Chief Executive is the accountable authority, listed under Section 15(d) of the Public Governance, Performance and Accountability Rule 2014.

As the accountable authority, the Chief Executive must govern the entity in a way that:

- promotes the proper use and management of public resources for which the authority is responsible;
- promotes the achievement of the purposes of the entity; and
- promotes the financial sustainability of the entity.

The NMHC is supported by an Advisory Board, with members – titled Commissioners – appointed by the Government. The Advisory Board does not have any formal or statutory governance responsibility for the NMHC. The Commissioners collectively review, provide strategic advice, and advise on the Commission work plan, and operate as an advisory group supporting the Chief Executive.

The NSPO is led by the Head of the NSPO, who is appointed by the Minister for Health and Aged Care. The Head reports directly to the Minister on all matters relating to policy, and reports to the NMHC Chief Executive, as the accountable authority, on administrative matters.

The NSPO is supported by an Expert Advisory Group (EAG) of representatives with relevant subject matter expertise. The EAG provides expert advice to inform the work and strategic direction of the NSPO. The EAG is appointed by the Head of the NSPO and does not have a governance or decision-making role.

Empowering lived experience voices in the design and delivery of mental health initiatives is critical. Both the NMHC and NSPO have undertaken a range of activities to better engage people with lived experience, including through structural mechanisms designed to strengthen the influence of people with lived experience. This includes lived experience consultation on bespoke projects, establishing communities of practice, establishing a Director of Lived Experience role, and by ensuring lived experience membership on advisory boards. This focus on lived experience, and the structures that underpin lived experience engagement, will remain critical for both the NSPO and the NMHC going forward.

[6] This section describes the governance and advisory structures in place at the time of the Discussion Paper's publication, noting that these arrangements have been relatively stable since establishment of both the NMHC and NSPO. It does not describe interim arrangements to be put in place from 1 October, when the NMHC and NSPO will transition to the Department of Health and Aged Care pending consultation and a Government decision on long-term reform.

5.2 NMHC Advisory Board

Relevant Investigation Recommendations

In reviewing governance arrangements, the Investigation noted that the role of the NMHC Advisory Board was unclear. Its key findings and recommendations (Recs 2.2.1 – 2.2.5) are summarised below.

The NMHC Advisory Board should be enhanced by:

- Aligning its advice and expert input with the Commission's strategic direction and key projects, including through development of an annual work plan.
- Implementing a well-publicised expression of interest process, conducted by the Department of Health and Aged Care, to support selection and appointment of Advisory Board members. This should include consideration of relevant skills, experience and expertise.
- Assessing the effectiveness of the Advisory Board through robust annual evaluation and reviewing the frequency of its meetings.
- Reviewing its title, noting that the term 'Board' could be a source of confusion given its advisory functions.

The Investigation found that while the role of the Chief Executive was well articulated, the roles and responsibilities of the Advisory Board were less clear. External perception, including from institutional stakeholders, has frequently assumed that the Advisory Board plays a governance and management oversight role.

The NMHC's Advisory Board does not have any formal or statutory governance responsibility, but operates under Section 5.2 of the NMHC's Charter and Operating Principles.

Excerpt from the NMHC's Charter and Operating Principles

The Advisory Board provides expert advice to the Chief Executive and contributes to the strategic direction of the Commission's work program. The Advisory Board provides oversight and advice on the implementation of the Government's reforms, strengthens relationships across the sector and identifies issues and opportunities for improvement in the mental health and suicide prevention sector. The Advisory Board contributes to the development and preparation of the corporate plan.

The Advisory Board is constituted by a Chair and Commissioners, appointed by the Australian Government[7]. The Australian Government is also responsible for determining the number of Commissioners to be appointed, and the term of their appointment.

5.3 NSPO Advisory Bodies

The NSPO Advisory Board

The NSPO Advisory Board provides expert advice to the Head of the NSPO to support the work and strategic direction of the NSPO. The Advisory Board comprises research, service delivery, and systems reform experts who bring expertise of the social and economic determinants of health to inform the work of the NSPO. There are two members appointed

[7] By the Minister for Health and Aged Care, following approval from the Prime Minister, or the Cabinet (at the Prime Minister's discretion).

for their lived experience expertise. The NSPO Advisory Board supports the NSPO in an advisory capacity. It has no legal accountability for NSPO work or authority to direct NSPO action.

The NSPO Lived Experience Partnership Group (LEPG)

The LEPG exists to ensure lived experience insights and knowledge are incorporated into the operations and work of the NSPO. Members advise on current and emerging policy based on the expertise of members, and help to ensure the NSPO engages meaningfully, effectively and inclusively with people with lived experience of suicide to inform its work.

Members are appointed via a well-publicised EOI and robust selection process. Each member has a lived and/or living experience of suicide, and brings a diverse perspective from their experience as a member of a group that is disproportionately impacted by suicide. The LEPG has no legal accountability for the work of the NSPO.

5.4 Reform Options

Two reform options are outlined below, including statutory and non-statutory structures.

Option 1: Non-statutory Advisory Bodies

Establish separate non-statutory Advisory Groups to support the NMHC and NSPO, appointed by the NMHC Chief Executive and NSPO Head respectively. The Advisory Group could include designated positions for peak bodies across the mental health and/or suicide prevention sectors as an ongoing requirement. Designated positions could also be included for representatives with lived experience. Alternatively, or additionally, separate lived experience advisory networks could be established alongside the Advisory Groups – reflecting current arrangements in place for the NSPO. Governance documents could stipulate:

- Functions and responsibilities, including a requirement to develop an annual work plan that aligns with the organisation's strategic direction and key projects.
- Clear appointment processes, including terms of appointment and requirements for a merit-based process, including some form of EOI.

This option provides significant flexibility, and would allow the leaders of both the NMHC and NSPO to adjust arrangements over time to ensure each Group maintains its relevance. This model is also similar to Advisory Group arrangements in place to support the National Rural Health Commissioner – providing evidence of its success in practice.

Option 2: Statutory and Non-statutory Advisory Bodies

Establish a Statutory Advisory Committee to support the NMHC, underpinned by primary legislation. Members (for example, a Chair and up to 6 Advisors) would be appointed by the Minister for Health and Aged Care. To complement the work of the Advisory Committee, the NMHC could establish additional groups, including on lived experience. Legislative instruments would stipulate:

- Functions and responsibilities, including a requirement to develop an annual work plan that aligns with the Commission's strategic direction and key projects.
- Clear appointment processes, including terms of appointment and requirements for a merit-based process, including some form of advertisement of the positions.

This option would pose a significant ongoing administrative burden. Appointment processes could be protracted, making it difficult to maintain membership over time. As a relatively small Committee, it might also be challenging to ensure the Committee brings together a wide range of relevant skills and expertise, and is broadly representative.

Establish a Non-statutory Advisory Group to support the NSPO in line with arrangements set out in Option 1. Given the breadth of the NSPO's role and functions, it would benefit from access to a wide range of skills and experience.

The more flexible and agile non-statutory option would allow the NSPO to bring together all relevant perspectives – for instance, peak bodies for the suicide prevention sector, experts in social and economic determinants of suicide, as well as expertise relevant to its whole-of-government focus.

5.5 QUESTIONS

14. *Which option would most adequately shape and support the strategic direction of the NMHC and NSPO?*
15. *What skills, experience and expertise do you see as critical to each Advisory Body's core membership?*
16. *What advisory structures would best empower the voices of lived experience?*
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?*
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?*

Appendix A- Summary of NMHC Establishing Documents

Precis of Executive orders, Ministerial Statement of Expectations and Portfolio Budget Statements 2011- 2023

Document	Content
Ministerial Announcement upon Establishment Budget Statement 10 May 2011	The National Mental Health Commission will provide leadership and drive a more transparent and accountable mental health system. The core function of the Commission will be to independently monitor, assess, oversee and report on the system's performance, including the production of the Annual National Report Card on Mental Health and Suicide Prevention. The Commission will draw on ongoing and extensive national data collections funded by the Department of Health and Ageing and dedicated mental health research funded through the National Health and Medical Research Council. The Commission will advise on using best practices and report on the Australian Government and state system performance against service expectations.
PGPA Rule 2014 Purpose Explanatory Memorandum Executive Order 2018	a) Develop, collate and analyse data and information to ensure a cross-sectoral perspective is taken to mental health policy development and reform b) Build and maintain effective working relationships with stakeholders c) Provide independent and impartial advice to the Government to improve mental health services and support d) Manage, administer, and publicly release evidence-based information e) Review, analyse and promote research and best practice to support better treatment outcomes f) Promote a person-centred approach to mental health care that engages and values the participation of people with lived experience, their families, carers and communities
Statement of Expectations 2020 Purpose and Role	a) Provide independent advice and evidence on ways to improve mental health and suicide prevention systems and act as a catalyst for change to achieve those improvements b) Manage, administer and publicly release evidence-based information. c) Through this work, the Commission supports strengthening the system to meet future mental health needs of the community, creates greater accountability and transparency in the mental health system, and supports the national prominence of mental health and wellbeing d) The Commission's work contributes to national mental health reform, including monitoring and reporting on reform e) The Commission will review, analyse and promote research and best practice f) Ensure a streamlined approach to reporting and providing advice that does not duplicate the work of others
Portfolio Budget Statements 2023-24 Outcome	Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, including administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting, and engaging consumers and carers.

Appendix B- Summary of Mental Health Commission Arrangements Across Jurisdictions

Jurisdiction	Body / Position	Functions	Coverage of Suicide Prevention	Governance
NSW	Mental Health Commission of NSW	- Prepare strategic plans relating to mental health and monitor and report on the implementation of plans - Review, evaluate, report and advise on the mental health and wellbeing of people, and mental health services and programs - Promote and facilitate the sharing of knowledge about mental health issues - Undertake and commission research and innovation - Advocate for and promote the prevention of mental illness, early intervention and the general health and well-being of people who have a mental illness and their families - Educate the community about mental health issues.	Suicide prevention is included in the Commission's scope of mental health and wellbeing. The Strategic Framework for Suicide Prevention for 2022-2027 was developed by the Mental Health Commission of NSW with oversight by the NSW Mental Health Taskforce and endorsed by NSW Cabinet. It is the responsibility of the whole NSW Government to implement it.	Statutory body established under the *Mental Health Commission Act 2012* (NSW).
VIC	Mental Health and Wellbeing Commission	The objectives of the MHWC (s 413 *Mental Health and Wellbeing Act 2022* (Vic) (MHWA)) are to: - hold the government to account for the performance, quality and safety of Victoria's mental health and wellbeing system, including the implementation of recommendations made by the Royal Commission into Victoria's Mental Health System. - ensure the mental health and wellbeing system supports and promotes the health and wellbeing of consumers, families, carers and supporters and the mental health and wellbeing workforce - supports and promote the leadership and participation of, persons living with mental illness or psychological distress in decision making about policies and programs, including those that directly affect them - provide a complaints handling system and promote effective complaint handling by mental health and wellbeing service providers - to reduce stigma related to mental illness - to promote, support and protect the rights of consumers, families, carers and supporters. The MHWC's functions (see s 415 MHWA for a full list) include to: - Promote the improvement, awareness and understanding of mental health and wellbeing across government, business and the wider community - Elevate lived experience leadership, support effective participation of people with lived experience in decision making processes and develop and support the leadership capabilities of people with lived experience of mental illness or psychological distress. - Design and deliver initiatives that create awareness of people with lived experience and their unique experiences - Promote the role, value and inclusion of families, carers and supporters of persons living with mental illness or psychological distress. - Lead and support initiatives to prevent and address stigma related to mental illness. - Handle complaints about Victorian publicly funded mental health and wellbeing services - Promote effective complaint handling by mental health and wellbeing service providers and prepare complaint handling standards - Issue guidance about how the mental health and wellbeing principles apply to actions and decisions made under the *Mental Health and Wellbeing Act 2022* (Vic) - Monitor and report on the performance, quality and safety of the mental health and wellbeing system including: o state initiatives to prevent mental illness and improve the mental health and wellbeing of the community, o the use of restrictive interventions in the provision of mental health and wellbeing services o the use of compulsory treatment o the incidence of gender-based violence at bed-based mental health and wellbeing services o the incidence of suicide at the premises of mental health and wellbeing service providers o the number, type and outcome of complaints made to mental health and wellbeing service providers; . - Monitor and report on the progress to improve the mental health and wellbeing of the Victorian community. - Monitor and report on the progress of implementing the recommendations made by the Royal Commission into Victoria's mental health system. - Identify, analyse and review quality, safety and other issues which come to the Commission's attention in performing our functions. - Make recommendations to the Premier, Minister and heads of public service bodies. - Investigate and report on any matter arising out of the provision of mental health and wellbeing services at the Minister's request - Initiate and conduct inquiries in relation to any matter relating to the Commission's objectives and functions - Promote and support compliance with the Act and report significant breaches of the Act to the Health Secretary.	The MHWC has a role in monitoring and providing recommendations related to outcomes, quality, safety, and performance, however MHWC is not the primary responsible agency for suicide prevention. The MHWC has a range of monitoring and reporting functions, including a specific function to monitor and report on the *incidence* of suicide at the premises of mental health and wellbeing service providers. Monitoring suicide *prevention* initiatives may also fall within the scope of several of our functions relating to monitoring and reporting, including monitoring system performance, quality and safety, and monitoring and reporting on the progress of implementing the recommendations made by the Royal Commission into Victoria's mental health system. Recommendation 27, Facilitating suicide prevention and response initiatives, identified a need for additional services and supports including: - aftercare programs for people who are experiencing suicidal behaviour or who have attempted suicide. These should include a specific aftercare service for the LGBTIQA+ community. - Training for front-line workers. - Training to support workforces and the community to support people experiencing suicidal behaviour. - State-wide support for any person bereaved by suicide or caring for somebody experiencing suicidal thoughts or behaviour. This should include services for, and delivered by, Aboriginal communities. - Improved supports for people experiencing psychological distress Suicide prevention initiatives in Victoria are guided by the *Victorian suicide prevention framework 2016-2025* developed by the Victorian Department of Health. Specific initiatives underway before the Royal Commission include place-based suicide prevention strategies developed in partnership with Primary Health Networks and the Hospital Outreach Post-suicidal Engagement (HOPE) program. In response to the Royal Commission's recommendations, a Distress Brief Intervention trial is being piloted and a LGBTIQ+ aftercare service is under development.	Statutory body established under the *Mental Health and Wellbeing Act 2022 (Vic).*
QLD	Queensland Mental Health Commission	Under the *Queensland Mental Health Commission Act* 2013, the Commission is responsible for driving ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drug service system in Queensland. This includes:	While suicide prevention is not explicitly mentioned in the *Queensland Mental Health Commission Act* 2013, suicide prevention is a focus of *Shifting minds* and sub plan *Every life*.	Statutory body established under the *Queensland Mental Health Commission Act 2013 (QLD).*

Jurisdiction	Body / Position	Functions	Coverage of Suicide Prevention	Governance
		- Developing, monitoring and reporting on implementation of a whole of government strategic plan- most recently *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2028* with subplans *Every life: The Queensland Suicide Prevention Plan 2019-2029 (phase two 2023-2026) and Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027.* - Researching and providing advice. - Promoting and raising awareness. - Engaging and enabling stakeholders.	One of the four key policy teams within the Commission is the Suicide Prevention Reform team, that includes both a suicide prevention policy unit and a data unit focussed on the Queensland suicide surveillance system. Since passage of the Act in 2013, suicide prevention has increasingly been recognised as an issue distinct from mental health and AOD use and the Commission is exploring opportunities to contemporise its legislation.	
WA	WA Mental Health Commission	The WA Mental Health Commission is a government agency responsible for commissioning the state's mental health, alcohol and other drugs services across the service streams of prevention and promotion, community support and treatment, hospital based and forensics. Key functions include: - Working across government and the mental health, suicide prevention and AOD sectors, together with consumers and carers to identify, develop and lead system improvements, service integration and reforms as required to deliver the government's objectives for mental health and AOD. - Monitoring the performance of the public and community mental health and alcohol and other drugs systems, and strategic reform objectives/initiatives. - Delivering whole of population and targeted programs to improve mental health and wellbeing and prevent and reduce harm related to AOD issues amongst the WA community. - Developing state-wide, system-wide and sector-wide policies and strategies, governance and stakeholder engagement arrangements, and related projects and initiatives. The Commission also provides support to three independent bodies, the Mental Health Advocacy Service, the Mental Health Tribunal and the Office of the Chief Psychiatrist. They operate independently but are provided with corporate services support by the Commission. Their role as a part of governance/ statutory responsibility is outlined below. It should be noted this information is as per the current websites of the entities listed. **Office of the Chief Psychiatrist** Under the Mental Health Act 2014 (the Act) the Chief Psychiatrist is responsible for the treatment and care of all Involuntary patients, Mentally Impaired Accused (MIA) persons detained in an authorised hospital, persons referred under section 26(2) or (3)(a) or 36(2) and those under an order made under section 55(1)(c) or 61(1)(c), as well as all patients of the Mental Health Act 2014 designated mental health services. As such a range of statutory responsibilities are attributed to the Chief Psychiatrist. Role of the Chief Psychiatrist | Chief Psychiatrist | Government of Western Australia **Mental Health Advocacy Service** The statutory office of the Chief Mental Health Advocate was created under part 20 of the *Mental Health Act 2014* (the Act). MHAS is an independent body and provides mental health advocacy services, and rights protection functions, to 'identified persons'. The Act requires that MHAS contact or visit involuntary patients within a week (or 24 hours under the age of 18). About the Mental Health Advocacy Service (www.wa.gov.au) **Mental Health Tribunal** The Mental Health Tribunal is an independent decision-making body established by the *Mental Health Act 2014* (WA) to safeguard the rights of involuntary patients in Western Australia. Welcome to the Mental Health Tribunal- Mental Health Tribunal Western Australia (mht.wa.gov.au)	The Mental Health Commission is the Western Australian State Government agency responsible for the State's development and implementation of strategies, frameworks and policy in relation to suicide prevention. The Commission is further responsible for the commissioning of suicide prevention initiatives and services. The Commission is leading the monitoring of suicides to inform trends, research on suicide risk factors, and implement timely community-level postvention through the development of the WA Suicide and Self-harm Monitoring System (expected to be operational in 2025). The MHC Commissioner is also responsible for coordinating the Western Australian reporting against the National Mental Health Suicide Prevention Agreement.	The Mental Health Commission is prescribed as the agency principally responsible for assisting the Minister for Mental Health in the administration of the Mental Health Act 2014 and the Alcohol and Other Drugs Act 1974 by the Administration of Statutes, determined and published by the Governor of Western Australia. The Mental Health Act 2014 provides that the Minister for Mental Health is responsible for the administration of the Act, though it provides powers for the delegation of any power or duty of the Minister to be delegated to the Mental Health Commissioner. The Alcohol and Other Drugs Act 1974 provides that the Commissioner is responsible for the administration of that Act.
ACT	ACT Office for Mental Health and Wellbeing	- Responsible for leading systemic reform for the mental health system in ACT by: - Whole of government, whole of community approach to influence mental health and wellbeing and suicide prevention system innovations and reform. - Focusing on social determinants of mental health including housing, education, employment, community services and the justice system. - Community engagement, awareness raising, health promotion and advocacy for the prevention of mental illness and promotion of well-being and social inclusion. - Strategic planning for policy and programs across ACT Government - Lead the work to centre lived experience leadership and co-production and work towards our vision for mental health and wellbeing. - Undertake some specific targeted policy and funding activities for new innovative initiatives and manage the whole of government suicide prevention planning and implementation. - Intelligence and monitoring The Office for Mental Health and Wellbeing is in the process of reviewing its functions following an independent review in 2023 that included an evaluation of its model, functions and resourcing.	- Whole-of-government, whole-of-community approach to support mental health and wellbeing, and suicide prevention. Oversight for suicide prevention strategy and policy development. - Priority focus on multifaceted approaches to suicide prevention: Suicide prevention training; Improved access and pathways to care and support; Collaboration and partnerships; and analyse and respond to data.	Independent office that reports to the ACT Minister for Mental Health. Non statutory. Connected with Mental Health Policy and Strategy Branch – a Government Department within ACT Health.
SA	SA Mental Health Commissioner	- Responsible for providing strategic leadership in mental health and wellbeing across South Australia, with a focus on integrated systemic advocacy, public engagement, and inclusive policy development. - Plays a key role in shaping and advising on mental health policy, promoting reforms, and advocating for the needs of diverse communities, including those with lived experience.	Engaged in suicide prevention initiatives, including contributions to the Suicide Prevention Lead and Lag Indicator Framework and formal appointment to the Suicide Prevention Council.	A statutory position appointed under the Constitution Act 1934, with final functions to be embedded in the Mental Health Act, which is currently under review.

Jurisdiction	Body / Position	Functions	Coverage of Suicide Prevention	Governance
		- Leads efforts to enhance data-driven decision-making, workforce development, and the creation of navigational support tools to improve service access and outcomes. - Reports to the Minister for Health and Wellbeing and is supported by Preventive Health SA to operationalise the directions of the Commission.		
TAS	Chief Medical Officer and Chief Psychiatrist for Tasmania	Responsible for overseeing the assessment, treatment, and care of people with mental illness, in line with the provisions of the *Mental Health Act 2013* (TAS). This includes: - Overseeing mental health services to ensure they adhere to the principles and guidelines set out in the Mental Health Act. - Issuing clinical guidelines and standing orders to guide medical practitioners, nurses, and others in the delivery of mental health care. - Approving the forms and rights statements that must be provided to patients during their treatment and care. - Exercising the power of direct intervention when necessary to protect the wellbeing of patients. - Monitoring compliance with the Mental Health Act and reporting on the operation of mental health services.	Chief Psychiatrist is a member of the Premier's Mental Health and Suicide Prevention Advisory Council and Deputy Chair of the subgroup: Mental Health and Suicide Prevention Research and Data Working Group	Statutory Position under the *Mental Health Act 2013* (TAS).
NT	Mental Health, Alcohol and Other Drugs	- Responsible for planning and supporting the territory's mental health, alcohol and other drug systems. - Works collaboratively with our Office of the Chief Psychiatrist - Services are providing through our five regional health services	Suicide prevention is part of the Mental Health Alcohol and Other Drugs portfolio.	Division of NT Health