



EVALUATION OF THE NATIONAL
MENTAL HEALTH CONSUMER AND
CARER FORUM
EVALUATION REPORT
EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

INTRODUCTION

The Australian Health Ministers' Advisory Council's *Mental Health Drug and Alcohol Principal Committee* (MHDAPC) requested an evaluation of the NMHCCF (the Forum). The evaluation was tasked with reviewing outcomes against the Forum's current Terms of Reference. Additionally, the evaluation reviewed the following elements of the Forum's operation:

- Forum membership and reporting lines; constituency connections
- Performance of the Forum, including consideration of current funding
- Current auspice arrangement and contractual/funding agreements
- Governance and operational processes
- Resources – management of funding and staffing
- Collaboration and partnerships
- Effectiveness of promotion, publications and advocacy tools.

Finally, the evaluation considered the entirety of the Forum's achievements within current resources, limitations and opportunities and against the backdrop of a changed policy landscape and the context of the 5th National Mental Health Plan and an increasingly decentralised service landscape.

HOW THE EVALUATION WAS CONDUCTED

The evaluation comprised the following: the development of and consultation on a Discussion Paper; a desktop review; an online survey of NMHCCF members – both past and present; a poll to assess Forum brand and resource recognition among consumers and carers; and stakeholder consultations including interviews & discussions with members of the Forum's Executive Committee, state and territory and organisational Liaison Officers, jurisdictional representatives of MHDAPC, and other specified stakeholders.

MAJOR FINDINGS

The evaluation was tasked with reviewing outcomes against:

- The Forum's current Terms of Reference

- Forum membership and reporting lines; constituency connections
- Performance of the Forum, including consideration of current funding
- Current auspice arrangement and contractual/funding agreements
- Governance and operational processes
- Resources – management of funding and staffing
- Collaboration and partnerships
- Effectiveness of promotion, publications and advocacy tools.
- The entirety of the Forum’s achievements within current resources, limitations and opportunities and against the backdrop of a changed policy landscape and the context of the 5th National Mental Health Plan and an increasingly decentralised service landscape.

Key findings against each of these evaluation elements are outlined below.

KEY FINDINGS

The Forum’s current Terms of Reference

All elements of the evaluation provided support to the Forums current terms of reference as well as the Forum’s dedication to achievement against those terms of reference.

In particular, there was agreement that two of the major achievements of the Forum were:

- its maturing into a knowledgeable and skilled, combined national voice of mental health consumers and carers involving the provision of quality advice to government based on best efforts to effectively engage with consumers and carers; and
- the publication of high quality documents that have guided and influence reforms and decision making nationally.

Forum membership and reporting lines; constituency connections

Despite uncertainty about where the Forum “fits” or “should fit” (e.g. whether it should be its own independent organisation, auspiced by Mental Health Australia or

a body like the National Mental Health Commission, or sit with MHDAPC), there remains rock solid support of the need for a combined national mental health consumer and carer voice that is representative, reflects today's diversity, and is appropriately and adequately resourced and structured.

Performance of the Forum, including consideration of current funding

The evaluation concludes that notwithstanding the enormity of the contribution and achievement of Forum members as well as the Secretariat over the years, the Forum in its present form is no longer the best way of achieving a national combined voice for mental health consumers and carers. The current model's heavy reliance on unpaid and voluntary contributions of members on top of their usual employment and/or family and personal commitments, combined with limited staffing resources, means that a high output level is not sustainable.

There is consensus among stakeholders that the current funding model and level is neither adequate nor "fit for purpose" in the context of a whole of government and whole of community approach to improving mental health and well-being, and the decentralisation of mental health care and support. The current funding model will not enable the consumer and carer voice to be at the centre of co-design and other reforms envisaged by the 5th Plan or required by other national reform processes. The evaluation concurs with these views.

Current auspice arrangement and contractual/funding agreements

Mental Health Australia provides an auspice and secretariat support for the Forum. From the evaluation's viewpoint, contractual/funding agreements are multiple, opaque and subject to commercial in confidence restrictions.

Secretariat funding is sourced from the Commonwealth. Forum meeting costs, travel, sitting fees, teleconferences, publications, website workshops, promotional materials and administrative costs are funded through combined state/territory block funding.

Resources – management of funding and staffing

Gaps in the financial information examined during the evaluation meant that a complete analysis of the management and expenditure of funding and staffing was not possible.

A full analysis of the management of state/territory funds, used for member meeting costs, associated travel, sitting fees and other is not possible without fuller knowledge of contractual detail with each state/territory. As itemised expenditure details were not provided to the evaluation, analysis of the management and expenditure of these funds management was incomplete.

Analysis of the management and expenditure of Commonwealth funds, the quantum of which was not identified for this evaluation - was complicated by staffing positions being shared across provision of the secretariat function for the Forum and the provision of services for the National Register of Mental Health Consumer and Carer Representatives.

Mental Health Australia have advised that almost all of the Executive Officer's time is spent on Forum activities, approximately 60% of the Admin/Project Officer's time is spent on the Forum, and approximately 30% of the Director, Consumer and Carer Program's time. Additionally, the contribution of other Mental Health Australia staff time was valued by Mental Health Australia as a \$120,000 in kind (non-budgeted) contribution.

Information provided through the evaluation evidences reliance on a high level of in kind (non-paid) contribution from Forum members.

Governance and operational processes

Though different options and models for a national mental health consumer and carer voice were suggested (including a peak of peaks, a collaboration with relevant peaks, an independent and standalone organisation, a membership-based organisation, a federation and a congress etc.), the scope of this evaluation did not enable an in-depth exploration or analysis of the benefits and costs of these options.

The evaluation concludes that a process involving all relevant stakeholders is now needed to co-design a strong and inclusive, combined national mental health consumer or carer voice. It is important that the co-design process is able to commence without being fettered or encumbered by a set of provided options.

Collaboration and partnerships

The Forum has established working relationships through MOUs with Mental Health Australia, the National Mental Health Commission and the Australian Federation of Disability Organisations, and with Carers Australia and Consumer Health Forum through membership. However, for the new directions envisaged in the draft 5th National Mental Health Plan to eventuate, the combined national mental health consumer and carer voice will require a greatly expanded capacity to actively engage with all mental health commissions, Primary Health Networks, the National Disability Insurance Scheme and with people regionally and locally both to reflect the diversity of views and perspectives and to impact upon the development of person-centred and person-directed care delivered by regionally and locally commissioned and funded service providers.

Effectiveness of promotion, publications and advocacy tools.

The evaluation was advised of the extensive range high quality documents and publications that had guided and influenced reforms and decision making nationally, including for example: Consumer and Carer Participation Policy 2014; Unravelling Psychosocial Disability 2011; Privacy, Confidentiality and Information Sharing – Consumers, Carers and Clinicians 2011; Ending Seclusion and Restraint in Australian Mental Health Services 2010; Supporting and Developing the Mental Health Consumer and Carer Identified Workforce - A Strategic Approach to Recovery 2010; NMHCCF submission to the Australian Human Rights Commission Willing to Work National Inquiry 2015; Response to the Productivity Commission Preliminary Findings Report 2016; A base for the development of a critical mass of mental health consumer and carer leaders.

There was agreement that despite its achievements and the hard work of members and the Secretariat, the Forum's public profile and outputs had declined in recent years. This is perhaps related to the internal focus of much of the Forum's outputs over the 2015-17 period, as revealed in the evaluation's audit of activity.

While there was agreement that a greater use of communication and engagement enabling technology and social media platforms was required, representatives of mental health directorates, past and present members and consumers and carers who participated in the evaluation's survey, all reported Australian governments collectively – through liaison officers and through the MHDAPC - had not sufficiently engaged with and supported the work of the Forum.

The entirety of the Forum's achievements within current resources, limitations and opportunities and against the backdrop of a changed policy landscape and the context of the 5th National Mental Health Plan and an increasingly decentralised service landscape.

The evaluation is timely given the current commitment from states and territories to provide funding for NMHCCF operations ends 30 June 2017. Additionally, much has changed during the 15 years since the Forum was initially established in its current form during the 2nd National Mental Health Plan. Improved mental health and wellbeing is now seen as a whole of community and whole of government responsibility – not just the responsibility of mental health services. Better Access, ATAPs, the NDIS and the delivery of primary and allied health care through Primary Health Networks and their regional and local commissioning processes have given rise to diverse mental health consumer and carer voices. The soon to be finalised 5th National Mental Health Plan commits Australian governments to a process of co-design with consumers and carers and other stakeholders as well as ensuring a strengthened consumer and carer role in monitoring and review.

RECOMMENDATIONS

Co-design of a combined national mental health consumer and carer voice - It is recommended that a process to co-design a new and strong national mental health

lived experience voice suited to today's environment and requirements be initiated by MHDAPC with the current Forum, the Secretariat, Mental Health Australia, the National Mental Health Commission, people with lived experience either personally or among their families and friends, mental health consumer and carer organisations and networks, other relevant Commonwealth government branches and departments, and all other relevant stakeholders both within and external to mental health.

Strengthening the capacity of current Forum – It is also recommended that the existing Forum be provided with continuing and additional time limited funding and a revised Terms of Reference so that it can both fully engage in the co-design process and provide MHDAPC with advice required for the finalisation and implementation of the 5th Plan and other key reform initiatives that require guidance from mental health consumers and carers.

Moving forward in partnership – It is recommended that the Forum's Executive Committee together with the Secretariat meet with member Liaison Officers and representatives of MOU partners to refresh commitment to agreed operational processes and agree to processes for strengthening working relationships in the short term.

A consumer and carer voice on MHDAPC – There was consensus that it is essential that there be a consumer and carer voice on MHDAPC as the 5th Plan is finalised and its implementation commenced. In the interim this could be achieved by re-instating Forum representation on MHDAPC.