Mental Health Australia

National Mental Health Consumer & Carer Forum

National Mental Health Consumer and Carer Forum - Key facts and observations

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Contents

Frequently used acronyms

AMHCN	Australian Mental Health Consumer Network
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
CHF	Consumers Health Forum of Australia
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
MHCA	Mental Health Council of Australia
MHDAPC	Mental Health Drug and Alcohol Principal Committee
MHiMA	Mental Health in Multicultural Australia (Project)
MHSC	Mental Health Standing Committee
NACCHO	National Aboriginal Community Controlled Health Organisation
NCCF	National Consumer and Carer Forum
NDIS	National Disability Insurance Scheme
NMHCCF	National Mental Health Consumer and Carer Forum
NMHWG	National Mental Health Working Group
NOAC	Network of Australian Community Advisory Groups
PHN / PHNs	Primary Health Network/s
PMHCCN	Private Mental Health Consumer Carer Network (Aust)
SMHCCR	Stronger Mental Health Consumer and Carer Representation (Project)

1. Introduction

The National Mental Health Consumer and Carer Forum

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined national voice for mental health consumers and carers. The NMHCCF listen, learn, influence and advocate in matters of mental health reform.

The NMHCCF was established in 2002 by the Australian Health Ministers' Advisory Council and reports to Australian health ministers through the Mental Health, Drug and Alcohol Principal Committee. Funding is provided by the Australian Government and state and territory governments. The NMHCCF is currently auspiced by Mental Health Australia.

NMHCCF members represent mental health consumers and carers on a large number of national bodies, including government committees and advisory groups, professional bodies and other consultative forums and events.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of mental health consumers and carers.

About this report

This report has been compiled by Mental Health Australia and incorporates feedback from the NMHCCF Executive Committee. The report provides some key facts and information about the NMHCCF. It also includes some observations and commentary from Mental Health Australia.

2. Terms of Reference

The model of the (then) National Consumer and Carer Forum (NCCF) was developed in 2001 collaboratively by the Network of Australian Community Advisory Groups (NOAC), the National Mental Health Working Group (NMHWG, the precursor of MHSC and then MHDAPC) and the Mental Health Council of Australia (MHCA, now Mental Health Australia).

It was agreed the NCCF would be supported and resourced by the MHCA, and recurrent funding would be provided by Commonwealth and jurisdictional contributions.

NCCF activities were guided by the Terms of Reference (TOR), developed by NOAC, the NMHWG, and the MHCA Board in 2001, and endorsed by the NMHWG in 2002.

The NCCF first met in April 2002. In November 2005, the NCCF changed its name to the National Mental Health Consumer and Carer Forum (NMHCCF).

Current terms of reference

The current TOR (dot points below) were developed by the NCCF in January 2004, and considered by NMHWG in March 2004. The final dot point has been revised as needed, to reflect current national mental health policy.

- enhance, promote and progress genuine national partnerships and the recognition of mental health consumers and carers at all levels of government and community
- provide ways to improve access to and sharing of relevant information between national networks and organisations
- strengthen and develop the mental health consumer and carer focus of entities at the national, state and local levels
- increase meaningful opportunities for and capacity of mental health consumers and carers to advocate for and participate in legislation, and policy development, implementation and evaluation at all levels
- provide an informed strong and unified voice on consumer and carer issues to government, the mental health sector and other stakeholders
- identify best practice, protect human rights, highlight deficiencies and influence positive systemic change for the recognition and benefits of consumer and carer participation at all levels
- participate in the development and implementation of principles and priorities of action and strategies in national policy directions

Current strategies and activities

Current NMHCCF strategies and activities are described in the NMHCCF Strategy 2014-2017 (Appendix A) and the NMHCCF Workplan, and are guided by the TOR.

In line with the TOR, the NMHCCF's purpose is to give mental health consumers and carers a united, national voice focused on creating a more responsive service system that will improve their quality of life. To do this the NMHCCF actively:

- Listen and learn – the NMHCCF seeks input from its membership and learn about what is happening in mental health at national, state, territory and community levels.
- Advocate and influence – the NMHCCF provides advocacy on mental health consumer and carer issues, through representation on key government committees and professional bodies, and through the media.
- Research, document and disseminate – the NMHCCF researches and prepares documentation such as submissions, advocacy briefs and position statements. It produces and disseminates information and resources to members and other stakeholders at national, state, territory and community levels.
- Network and partner – the NMHCCF facilitates networking opportunities for consumers and carers, and participates in collaborations and partnerships with other groups who link with the NMHCCF goals and interests.
- Share and support – the NMHCCF is involved in sector development activities such as consumer and carer training, capacity building and information exchanges.

The activities the NMHCCF undertakes on any given issue may include:

- Preparing documentation such as position papers, submissions, policy statements, procedural documents, correspondence
- Advocacy and representation on bodies such as government committees and advisory groups, professional bodies and other consultative forums
- Lobbying of key decision makers including Australian, state and territory governments and professional bodies
- Conducting consultations with carers and consumers in all jurisdictions
- Facilitating networking opportunities, collaborations and partnerships involving consumers and carers and others.
- Attending various jurisdictional activities, meetings and consultations related to mental health reform

Achievements

NMHCCF achievements are described in Annual Achievements Reports (2015/16 report at Appendix B). NMHCCF outcomes and achievements are discussed further below, in the *Performance* section.

Mental Health Australia observations

The NMHCCF's purpose, workplan, strategic documents, activities and achievements align with the current TOR.

The NMHCCF has ensured the issues and concerns of mental health consumers and carers are acknowledged and addressed in national reform through:

- advocating for mental health consumer and carer issues as representatives on a wide range of government committees and advisory groups, professional bodies and other consultative forums and events
- researching and preparing a range of submissions, advocacy briefs and position papers, to advocate, raise awareness and share information at the national level.

The current TOR appear to be sufficiently broad to remain relevant in the current mental health landscape. Additional TOR could be added for specific activities, if required.

3. Membership and reporting lines

Original membership

The original membership of the NMHCCF comprised one consumer and one carer selected by each of the states and territories, and consumer and/or carer representatives from each of the following national consumer and carer organisations and groups:

- The Australian Mental Health Consumer Network (AMHCN)[1]
- blueVoices, the consumer and carer reference group for beyondblue
- Carers Australia
- Consumers Health Forum of Australia (CHF)
- GROW Australia
- Mental Health Carers Arafmi Australia
- Private mental health sector

Membership review

In 2010, at the request of MHSC, the NMHCCF undertook a membership review to ensure the current membership provided the best representation of mental health consumers and carers nationally. The review consisted of a stakeholder survey and NMHCCF discussion. Review recommendations included:

- All existing NMHCCF representative positions be retained, including the consumer representative position for the former AMHCN (this position was to be taken up by a representative from the new mental health consumer peak body, once established. At that stage, the new peak was expected to be in place in the next year or two).

[1] Original membership included the AMHCN, which ceased operations in 2008. In principle agreement was provided that the former AMHCN representative should remain on the NMHCCF as a consumer representative until the new national consumer organisation is established. See page 11.

- Organisations on the NMHCCF that represent both mental health consumers and carers should have both a consumer and a carer representative member on the NMHCCF.
- NMHCCF membership be expanded to include consumer and carer representatives from the CALD, Indigenous, youth and aged care communities, subject to appropriate funding for this participation.
- The MHSC review NMHCCF funding in recognition of the increasing demand for consumer and carer participation, consultation, advocacy and representation, and increasing workloads for NMHCCF members. Funding should be increased to reflect these demands and government policy on consumer and carer participation.

MHSC jurisdictional members did not agree to fund the expanded membership. However, since 2010, NMHCCF membership and funding for some positions has changed.

Current membership

Current membership includes one consumer and one carer as selected by each of the states and territories and representatives from each of the following national consumer and carer organisations:

- The former AMHCN (one consumer)
- blueVoices, beyondblue (one consumer and one carer)
- Carers Australia (one carer)
- CHF (one consumer)
- GROW Australia (one consumer)
- Mental Health Carers Australia (one carer)
- Private Mental Health Consumer Carer Network (Aust) (PMHCCN, one carer and one consumer)
- Multicultural representatives (one consumer and one carer, no current members; these positions were previously nominated and funded through the Mental Health in Multicultural Australia [MHiMA] Project, which is in abeyance)
- ATSI representative (currently one carer, nominated *and funded* by HelpingMinds)

Member selection and tenure

The selection of representatives to the NMHCCF is the responsibility of the relevant state / territory government or member organisation. The NMHCCF secretariat encourages the use of the Nationally consistent approach for NMHCCF consumer and carer selection and representation (Appendix C).

The NMHCCF Operating Guidelines note there is no maximum length of tenure for NMHCCF consumer and carer representatives. NMHCCF members are initially appointed for a four year term and then their appointment is reviewed by their nominating state/territory or organisation. If reappointed, their membership is then reviewed every two years.

Reporting

Reporting by NMHCCF members to and from their states, territories and organisations is expected to occur on a regular basis. Each NMHCCF member is required to maintain a working relationship with their nominating organisation or state/territory liaison officer/s, so they can provide a conduit for information exchange with the NMHCCF. NMHCCF members are also expected to report or discuss issues and activities with their local consumer and carer networks, wherever possible.

Mental Health Australia observations

Membership positions and funding

There is inconsistency in representation and funding for positions on the NMHCCF. Some member positions:

- exist for organisations that are no longer operational
- vary in the way they have been selected, reviewed and renewed
- rely on Australian Government funding or funding from other organisations
- vary in number for representatives nominated by organisations representing both consumers and carers.

In relation to new membership, the NMHCCF has previously recommended expanding its membership to include consumer and carer representatives from diverse groups. To date, only ATSI and multicultural representatives have been nominated, and not in a consistent nor ongoing way.

These issues are outlined below.

Member selection, review and tenure

The method of selecting members is currently at the discretion of nominating state / territory governments and other member organisations, and varies across the country. Similarly, the review of member appointment is at the discretion of the nominating body and varies across the country. While there has been considerable member renewal in the past five years, some positions on the NMHCCF have been occupied by the same representatives for over six years.

These issues could be resolved by all nominating bodies committing to the Nationally consistent approach for NMHCCF consumer and carer selection and representation (Appendix C).

Australian Mental Health Consumer Network (AMHCN) representative position

Following the withdrawal of funding and closure of the AMHCN in 2008, in principle agreement was provided for the AMHCN representative to remain on the NMHCCF, until the new national mental health consumer organisation was established.

The National Mental Health Consumer Organisation (NMHCO) Project was completed in May 2015, and unfortunately ongoing funding was not secured for the establishment of the

organisation. The former ACMHN representative position remains on the Forum, despite not being supported or funded by, nor reporting to or representing, an organisation.

Noting the time that has elapsed since the AMHCN closed and the NMHCO Project was completed, it is difficult to justify continuing this position on the NMHCCF. Once established, a future national mental health consumer organisation could nominate and support a consumer representative on the NMHCCF.

Multicultural representation

Previously, multicultural consumer and carer representatives have been nominated and funded through the MHiMA Project (2013-2016), and prior to that, the Multicultural Mental Health Australia (MMHA) Project (2011-2012).[2] A requirement to nominate and support these multicultural representative positions on the NMHCCF has been explicit in funding agreements between the Department of Health and the organisation/s that have managed the MHiMA and MMHA projects.

With the MHiMA Project currently in abeyance,[3] funding and representative support is not available for multicultural representation on the NMHCCF. Consequently, the multicultural representative positions are currently vacant.

NMHCCF members believe the multicultural representative positions should be supported and filled, as it is an important cohort currently underrepresented.

It is important to hold positions for multicultural consumer and carer representation on the NMHCCF. Ideally, the future national multicultural mental health project or organisation would nominate and financially support multicultural consumer and carer representatives on the NMHCCF.

Aboriginal and Torres Strait Islander representation

The nomination of ATSI representatives to the NMHCCF has been done in an ad hoc manner. In 2011, an ATSI consumer representative was nominated to the NMHCCF by the National Aboriginal and Torres Strait Islander Health Officials Network. An ATSI carer representative was not identified at that time.

The ATSI consumer position was originally supported through time limited funding provided by the (then) Department of Health and Ageing to the MHCA in 2011/12. The ATSI consumer representative resigned from the NMHCCF in 2016 and, without identified ongoing funding for this position, has not been replaced.

Recently the NMHCCF agreed an ATSI carer representative could join the NMHCCF, based on an opportunity for this position to be funded and supported by an independent organisation. The ATSI carer representative commenced in 2015 and is funded and nominated by HelpingMinds, a WA based carer organisation. The funding for this position is reviewed on an annual basis.

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[2] The MMHA and MHiMA projects were both funded by the Australian Government Department of Health.

[3] It is anticipated the Department of Health will make an approach to market for the next phase of the MHiMA Project in the second half of 2017. Mental Health Australia is awaiting a response to the recommendations report it provided to the Australian Government Department of Health in 2016 about the future of the Project.

Ideally, a national ATSI health body (e.g. NACCHO, Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group) should nominate and support ATSI consumer and carer representatives on the NMHCCF.

Membership of organisations that represent consumers and carers

blueVoices, the consumer and carer reference group for beyondblue, has always had a consumer representative and a carer representative on the NMHCCF. Recently the NMHCCF agreed to increase PMHCCN representation, to include both a consumer and carer representative. CHF representation remains as one consumer representative.

These organisations do not currently provide funding to the NMHCCF. Historically, in 2002 beyondblue provided funding to support the establishment of the NCCF.

Representation from diverse groups

The 2010 NMHCCF membership review and the recent evaluation identified gaps in NMHCCF representation, including ATSI, multicultural communities, youth, people with disability, children, older adult, people in regional, rural and remote communities, people involved in out of home care, children of people with mental illness, people from the alcohol and other drug sector, the forensic sector and the LGBTIQ community.

NMHCCF membership is diverse, and a number of current representatives happen to be from these cohorts. However, relying on these members to represent diverse views is not a systematic way of ensuring ongoing and dedicated representation.

Member reporting and constituency connections

Over time, it appears some NMHCCF members have been very actively engaged by their nominating state, territory, or organisation, and with their local consumer and carer networks, and others have not.

Under the NMHCCF Operating Guidelines, each member is expected to provide a written member report for NMHCCF face to face meetings. These reports detail the activities members have undertaken in relation to the NMHCCF, as well as any major mental health issues facing their state/territory/organisation during the reporting period. These reports are often compiled by members in consultation with their state/territory/organisation liaison officer.

In 2016/17 approximately half the NMHCCF membership provided written member reports at each face to face meeting. It is unclear how many members report back to and engage with their nominating state / territory / organisation and local consumer and carer networks between meetings.

Some members report they do not engage with their nominating state / territory / organisation because they do not know who their liaison officer currently is and/or liaison officers change regularly. This may occur following staffing or structural changes within departments and organisations. The NMHCCF secretariat faces similar challenges when contacting liaison officers. For example, as part of the stakeholder consultation process for the NMHCCF evaluation, the secretariat discovered multiple liaison officers had changed positions, which had not previously been advised.

Member contributions

NMHCCF members are expected to contribute to NMHCCF activities, including active participation in meetings and working groups; contributing ideas and expertise to the development of NMHCCF activities, meeting agendas, policy and planning; representing the NMHCCF in a professional manner at external meetings; and engaging with their nominating organisation and respective consumer and carer networks, and with other stakeholders nationally.

A few members do not meet these obligations, however, this is rarely formally addressed within the membership or with/by liaison officers. The NMHCCF Executive Committee[4] and secretariat actively encourage member engagement and contribution, and have considered how this could be systematically addressed in future.

There would be considerable value in reviewing and strengthening NMHCCF member engagement and accountability measures and mechanisms.

[4] The NMHCCF Executive Committee comprises a Consumer Co-Chair and Carer Co-Chair, a Consumer Deputy Co-Chair and a Carer Deputy Co-Chair, and a Consumer Ordinary Executive Member and a Carer Ordinary Executive Member. The Executive Committee is elected by and within the NMHCCF membership.

4. Performance, including consideration of funding and resources

Despite having limited funding and resources, the NMHCCF has had some significant achievements and continues to provide lived experience advice to governments to support national reform implementation.

As a group, the NMHCCF has significant reach across Australia. NMHCCF members are engaged with consumers, carers, organisations and governments in each state and territory and nationally.

National representation

Current NMHCCF representation on national committees includes:

- Australian Government Department of Health:
  - National Mental Health Reform Stakeholder Advisory Group
  - Fifth Plan Key Stakeholder Workshops
  - Digital Mental Health Advisory Committee
  - PHN Mental Health Lead Sites Evaluation Project Evaluation Advisory Group
  - PHN Mental Health Panel
- National Mental Health Commission:
  - Equally Well Implementation Committee
  - Consumer and Carer Engagement and Participation Project Steering Group
  - Monitoring and Reporting Framework Advisory Committee
- Safety and Quality Partnership Standing Committee (SQPSC) and associated working groups
- Australian Commission on Safety and Quality in Health Care – Mental Health Advisory Group
- Australian Electoral Commission – Disability Advisory Committee

- National Disability Insurance Agency and NSW Mental Health Coordinating Council – Project Reference Group for the National Psychosocial Online Resource Project.

A former NMHCCF member who has recently resigned from the NMHCCF is also on the NDIA Mental Health Sector Reference Group (NMHSRG), as a representative of the NDIS Independent Advisory Council. While on the NMHCCF, this member took the opportunity to provide regular NDIS and mental health updates at NMHCCF meetings.

The NMHCCF is also represented on or at numerous short term advisory panels and project reference groups, and roundtable discussions and consultations. Members are frequently asked to present at national conferences, workshops and events.

Publications

The NMHCCF has published a range of advocacy briefs and frequently referenced position statements on issues important to consumers and carers, and submissions to government. In 2015/16 and 2016/17, the NMHCCF provided advice and submissions to government on a range of key national reform initiatives, including the:

- Draft Fifth National Mental Health and Suicide Prevention Plan
- Productivity Commission Preliminary Findings Report, Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform
- Draft model for the delivery of carer support services
- Draft National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State
- Regulation Impact Statement: Review of the National Safety and Quality Health Service Standards
- Australian Human Rights Commission Willing to Work National Inquiry
- Mental health guidance materials for PHNs

NMHCCF publications are discussed further below, in the *Promotion, publications and advocacy tools* section.

All NMHCCF publications and public submissions are available at: https://nmhccf.org.au/resources/publications.

Funding

The NMHCCF receives funding from states and territories and the Australian Government.

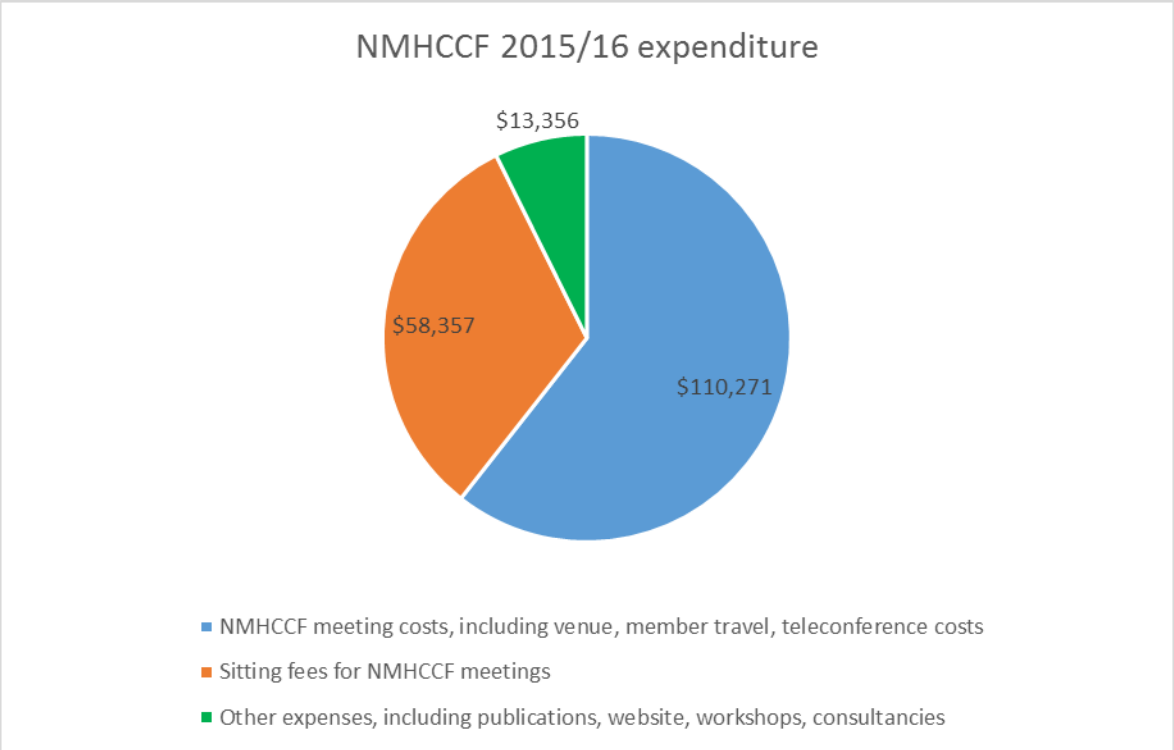
- State and territory funds are used for NMHCCF operations only (e.g. travel costs, sitting fees).
- The Commonwealth Department of Health provides funding, through Mental Health Australia, for the NMHCCF secretariat.

State and territory funding

In 2016/17 states and territories contributed a total of $164,097.84 (excl GST); $20,512.23 per jurisdiction. This funding supports two face-to-face meetings per year and two

teleconferences per year. NMHCCF project work (including working group meetings, publications and launches) and a third face to face meeting per year[5] are funded through savings made on previous years' contributions.

The chart below shows NMHCCF operational expenditure for 2015/16. Sitting fees and meeting costs are major NMHCCF expenditure items; limited funds are used for project work and producing publications and resources. *Please note*: the expenditure breakdown for 2016/17 will look quite different, as it will include significant consultancy costs for the NMHCCF evaluation.



Member sitting fees and unpaid contributions

Members receive sitting fees for formal NMHCCF activities including teleconferences, face to face meetings, and identified out of session representative activities. Much of the work of the NMHCCF is progressed by working groups to ensure actions identified in the NMHCCF Workplan are delivered. Working group members receive sitting fees for participation in working group teleconferences and face to face meetings.

Although members do a large amount of NMHCCF work out of session by email, they cannot claim sitting fees for these email discussions and decisions. Nor can they claim for informal discussions held between NMHCCF members or with other persons who may contact them in relation to NMHCCF matters. NMHCCF members who are involved in consultations or business external to the NMHCCF are not eligible to claim sitting fees from the NMHCCF.

[5] In September 2015 members agreed, for reasons of productivity, to trial a new meeting schedule and meet face to face three times a year, despite this drawing more heavily on limited funds. The extra time commitment has been found to be more productive, allowing working groups to focus on outcomes. This new meeting arrangement will be reviewed on an annual basis.

The NMHCCF Operating Guidelines note members are required to estimate the amount of time they spend on NMHCCF business where they do not receive sitting fees. Members are encouraged to record these estimated hours on a volunteer hours reporting form. This data is sought to provide an indication of the time commitment from NMHCCF members.

Australian Government funding

NMHCCF operations are supported by a small secretariat (2.5 FTE) employed by Mental Health Australia with Australian Government funding. In addition to NMHCCF activities, the secretariat is also responsible for delivering the National Register of Mental Health Consumer and Carer Representatives (National Register) project.

Other funding

The NMHCCF has previously received additional funding for specific projects or to support particular member/s. Recently this has included funding from:

- The (then) Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) in 2011, for the NMHCCF to engage its membership and constituents in the Productivity Commission Inquiry into Disability Care and Support. The NMHCCF Unravelling Psychosocial Disability position statement was developed and submitted to the Productivity Commission as part of this project.
- The Department of Health and Ageing in 2011 (via Mental Health Australia), to enable consumer and carer representatives from different backgrounds to provide advice to the NMHCCF.
- The MMHA and MHiMA Projects from 2011 to 2016, to fund multicultural consumer and carer representation on the NMHCCF.
- Helping Minds WA from 2016, to fund the ATSI carer representative position on the NMHCCF.

Mental Health Australia observations

Performance

The NMHCCF has worked hard to become a collaborative and productive national mental health consumer and carer voice. NMHCCF Annual Achievements Reports outline the significant amount the NMHCCF achieves per year with current resources and considerable limitations, in an environment of national reform and fiscal restraints.

Very limited funding and NMHCCF member and secretariat capacity impact the amount the NMHCCF can progress and achieve against its annual Workplan and contribute to the national policy environment.

The type and level of achievements are also determined, in part, by the activities and actions the NMHCCF has agreed to progress in that year. The most recent Workplan includes the development of NMHCCF policy and advocacy resources and a range of internal activities related to NMHCCF processes. The NMHCCF has focused on streamlining their processes and building capacity to engage in national reform in a more

proactive way.

The NMHCCF has 28 members (24 positions currently filled) who do a significant amount of work, much of it on an unfunded voluntary basis. The demands on NMHCCF members already exceed capacity, and members report fatigue and burnout trying to juggle their national representative activities with employment, engagement with local networks and committees, mental (and physical) ill health, caring responsibilities, and similar. This is not sustainable.

In a changing mental health landscape, current NMHCCF funding and capacity is not enough to fully enable the consumer and carer voice to be at the centre of national reform processes.

Operational funding

For the last 10 years, NMHCCF operational funding has only increased in line with inflation, despite increased demand for input, and requests for additional funding for project activities, increased membership, and a third face to face meeting. NMHCCF funding is not currently sufficient to allow members to effectively engage in all aspects of national reform.

The additional cost of the third face to face meeting is currently being met through previous years' savings, accrued through good fiscal management. This is not a sustainable arrangement and without additional funding the NMHCCF will need to return to two face to face meetings per year.

A significant amount of NMHCCF work is conducted out of session, including working group activities (reading, editing, preparing publications), preparing input for submissions, and connecting with consumer and carer networks, and respective reporting bodies. NMHCCF members do not receive remuneration for these activities.

It is difficult to quantify how much time NMHCCF members spend on out of session activities. In addition to NMHCCF specific business, members also spend time in their jurisdictions attending meetings and participating in local and regional consumer, carer and lived experience activities, forums, workshops and conferences. These un-paid activities are routinely undertaken by state and national representatives to ensure they remain locally and regionally engaged; they also provide an opportunity for members to provide updates and feedback from the national perspective.

Secretariat funding

The Australian government Department of Health fund the NMHCCF secretariat which is secured until end 2018/19. The funding available for NMHCCF staff has not increased since 2014/15 and will not increase within the current funding agreement. The small secretariat provides support to both NMHCCF and National Register activities.

Mental Health Australia also provides additional in-kind policy support to the NMHCCF for specific activities (e.g. writing co-badged submissions and contributing to NMHCCF position statements).

5. Auspice arrangement and contractual / funding agreements

Auspice arrangement

Mental Health Australia has auspiced the NMHCCF since its establishment. The NMHCCF and Mental Health Australia have an MOU and auspicing agreement, which is reviewed and signed every two years.

Mental Health Australia employs the NMHCCF secretariat and provides office space and equipment, human resources, financial management, and government reporting. At times, Mental Health Australia also provides additional in-kind policy, communications, and project support to the NMHCCF.

Funding agreements

Operational funding

Operational funding for the NMHCCF has been provided by each state and territory since 2002/03. Individual funding agreements are signed annually between each state and territory and Mental Health Australia, as the NMHCCF auspice i.e. eight different agreements. The NMHCCF provides an achievements and financial report to each jurisdiction annually as well as additional specific information requested by some states.

Secretariat funding

Funding for the NMHCCF secretariat has been provided to Mental Health Australia by the Australian Government Department of Health since 2002/03, through the Stronger Mental Health Consumer and Carer Representation (SMHCCR) Project.

Commonwealth funding for the NMHCCF secretariat includes support for 2.5 FTE, who provide secretariat support to both the NMHCCF and National Register of Mental Health Consumer and Carer Representatives.

The current SMHCCR funding agreement runs until 30 June 2019. Mental Health Australia provides SMHCCR Project progress and financial reports to the Department of Health.

Funding for NMHCCF member positions

Funding for ATSI and multicultural representatives on the NMHCCF has been provided by specific projects or organisations. Letters of agreement related to this funding have been signed with the relevant entities.

Mental Health Australia observations

Auspice arrangement

Mental Health Australia has a good working relationship with the NMHCCF, supported by an auspicing agreement and MOU. Mental Health Australia has also made significant in-kind contributions to the NMHCCF over the years. In addition to NMHCCF secretariat staff, other Mental Health Australia staff spend time supporting the NMHCCF's work including the CEO, Deputy CEO, Communications team, Policy team and Finance/HR team. Their involvement also incurs additional overhead and administration costs.

While auspiced by Mental Health Australia, the NMHCCF remains an independent combined voice for mental health consumers and carers.

However, while this is clear to Mental Health Australia and the NMHCCF, Forum members regularly express concerns the NMHCCF is mistaken for an "arm" of Mental Health Australia. This perception may arise from the close links between the NMHCCF and Mental Health Australia, including the auspicing and staffing arrangements, and joint work to progress national reform (e.g. joint submissions and co-signed correspondence).

Some NMHCCF members have suggested changing auspicing bodies. It is unclear how this would change perceptions though, as the NMHCCF could then be seen as an "arm" of somewhere else.

Incorporation

The NMHCCF has previously discussed the possibility of incorporating as an incorporated association or company limited by guarantee. The most recent substantial discussion occurred at an NMHCCF meeting in 2009, when it was decided to defer the discussion for at least three years, due to the NMHCCF not "having enough runs on the board yet".

The 2009 NMHCCF Business Plan noted the decision to incorporate was deferred for financial and operational reasons, as there was not the money or human resources to progress this further.

Funding agreements

The NMHCCF receives operational and secretariat funding through nine separate funding agreements, signed by Mental Health Australia and each state and territory, and Mental Health Australia and the Australian Government. Letters of agreement are also signed in relation to funding for ATSI and multicultural representative positions. This is a considerable administrative burden as some agreements (and payments) are returned late in the financial year with Mental Health Australia carrying the costs.

Operational funding from states and territories

There are inconsistencies in jurisdictional funding agreements and funding bodies. Most jurisdictions sign the service agreement provided by Mental Health Australia, a couple of states provide their own grant agreement. Most jurisdictions provide funding and liaison officer support through their department of health, others through their mental health commission.

Funding agreements are usually signed and invoices paid within six months of the new financial year. In 2016/17, three funding agreements and invoices remained outstanding nine months into the financial year which is a financial burden for Mental Health Australia.

As previously noted, the level of engagement between the NMHCCF Secretariat and jurisdictional liaison officers varies across the country. Some departments do not advise the Secretariat of changes to liaison officers and other contracting staff. This extends the duration of the funding agreement and invoicing process, as the Secretariat needs to spend time identifying the appropriate contacts at the start of each new funding period.

Secretariat funding from the Department of Health

Determining the exact amount of funding allocated to the NMHCCF Secretariat is complicated, as it is difficult to assess exactly how much time the NMHCCF Secretariat spends on NMHCCF activities versus National Register activities.

Mental Health Australia estimates almost all the Executive Officer's time is spent on NMHCCF activities, approximately 60% of the Admin/Project Officer's time is spent on NMHCCF activities, and the Director, Consumer and Carer Programs spends approximately 30% of their time on NMHCCF activities.

ATSI and multicultural representative funding

The relevant organisations meet the actual costs of their representatives' attendance at NMHCCF meetings (e.g. travel, accommodation, sitting fee costs), paying on invoice following the meetings.

The costs are initially met by Mental Health Australia; reimbursements are then sought from the organisation/s. Mental Health Australia carries this further administrative cost.

6. Governance and operational processes

The NMHCCF model provides a mechanism for mental health consumers and carers to come together to foster partnerships and provide lived experience expertise to mental health sector activities and national reform initiatives.

While there have been minor changes in relation to NMHCCF operations (e.g. additional member positions, member selection and review guidance, meeting frequency), the model and operational processes have not changed significantly since 2002.

The NMHCCF Operating Guidelines comprehensively detail the governance and operational processes of the NMHCCF. Key elements of NMHCCF governance and operational processes include the:

- NMHCCF Operating Guidelines
- Nationally consistent process for NMHCCF consumer and carer selection and representation
- The NMHCCF Business Plan, Strategy and Workplan
- Risk management plan
- Auspicing agreement with Mental Health Australia
- MOUs with organisations
- NMHCCF member orientation process
- NMHCCF meeting processes, including processes associated with face to face meetings and working group teleconferences
- NMHCCF member reporting requirements
- Executive committee elections and operations

Mental Health Australia observations

In a changing mental health landscape, it is increasingly important for the NMHCCF membership to be well connected, knowledgeable and representative.

In all jurisdictions, consistent implementation of agreed NMHCCF operational processes,

and particularly those related to member selection, engagement and reporting, would help strengthen the capacity and engagement of mental health consumer and carer voices in national reform through the NMHCCF.

There would be considerable value in the NMHCCF members and secretariat, member organisations (including governments), and MOU partners refreshing commitment to agreed NMHCCF operational processes.

In the longer term, NMHCCF members have discussed alternative models, including incorporation and becoming a peak. As noted above, the decision to incorporate has been deferred for financial and operational reasons. Major additional funding would be required to progress this further.

7. Collaboration and partnerships

The NMHCCF currently has Memoranda of Understandings (MOUs) with:

- Mental Health Australia
- The National Mental Health Commission
- The Australian Federation of Disability Organisations (AFDO)

These MOUs describe how each party will work together, and commit each party to actively seek out and progress opportunities for joint effort, co-production and cross-promotion of work.

The NMHCCF has collaborated with Mental Health Australia on submissions and correspondence, and since 2009 NMHCCF members have been invited to attend the two day Annual Workshop with National Register members.[6] The NMHCCF Executive Committee is also invited to Mental Health Australia's Members Policy Forums and Parliamentary Advocacy Days.[7]

The NMHCCF has worked with and provided advice to the National Mental Health Commission, including work to develop targets and indicators, the National Future Leaders in Mental Health Project, and the Consumer and Carer Participation and Engagement Framework.

In 2014, ex-CEO of the National Mental Health Commission, Robyn Kruk, agreed to be an official "Friend of the Forum". In this role, she provides strategic advice and support to the NMHCCF.

The NMHCCF has a working group focused on communications, promotions and partnerships. Its purpose is to:

- scope possible and identified partners and alliances, in the first instance those directly linked to NMHCCF priorities

[6] Each year, Mental Health Australia hosts an Annual Issues and Opportunities Workshop for National Register members and NMHCCF members. These two day workshops are designed to develop representatives' advocacy, policy development and leadership skills. They also provide an opportunity for members to discuss national issues important to mental health consumers and carers, as well as network and share representative experiences. The Annual Workshop is funded through the SMHCCR Project, not NMHCCF funds.

[7] Travel costs associated with NMHCCF Executive Committee participation in these activities are met by Mental Health Australia.

- strengthen and formalise relationships with jurisdictions and organisations with representatives on the NMHCCF.

To date, the Working Group has:

- sent letters of introduction to promote the NMHCCF to 83 key stakeholders. This included state and territory organisations not on the NMHCCF, health ministers and commissioners, advocacy organisations and primary health networks.
- produced a promotional PowerPoint presentation for members to use
- drafted an updated version of the NMHCCF brochure
- worked on strengthening the relationship between the NMHCCF and the National Register
- worked with a graphic designer on developing a style guide with a suite of document templates.

The NMHCCF has also recently collaborated and worked with:

- a member organisation, the PMHCCN, to raise concerns about discriminatory practices by health insurance funds related to psychiatric cover
- a range of Australian NGOs on a NGO submission to the UN Review of Australia's Fifth Periodic Report under the International Covenant on Economic, Social and Cultural Rights (ICESCR)
- a range of Australian NGOs in relation to a Civil Society NDIS Statement, which called for a range of local, state and national mechanisms to genuinely include people with disability in NDIS design, implementation, feedback and evaluation. NMHCCF representatives also participated in meetings with NDIA representatives.

Mental Health Australia observations

In practice, the key activities the NMHCCF has progressed with MOU partners include:

- engaging at NMHCCF meetings – Mental Health Australia, the National Mental Health Commission and AFDO are invited to speak at each face to face meeting
- attending Mental Health Australia events
- working on joint correspondence and submissions with Mental Health Australia
- providing advice to the National Mental Health Commission and engaging in their consultation activities
- actively seeking out opportunities for co-design, co-production and cross promotion of work

The NMHCCF currently has limited resources to support formal engagement with PHNs, NDIS structures, and population groups not represented on the NMHCCF (e.g. youth, LGBTIQ, older people).

8. Promotion, publications and advocacy tools

Publications

The NMHCCF has developed a range of advocacy briefs and position statements on issues important to consumers and carers, including:

- Psychosocial Disability
- Seclusion and Restraint
- Privacy, Confidentiality and Information Sharing
- Peer Workforce
- Borderline Personality Disorder
- Consumer and Carer Participation
- Culturally and Linguistically Diverse Mental Health
- Homelessness
- Mental Illness and Intellectual Disability
- Person Centred Approaches to Care and Support
- Physical Health Impacts of Mental Illness and its Treatments
- Smoking and Mental Health
- Stigma and Discrimination.

Website

In March 2015, in line with the NMHCCF Communications Strategy, the NMHCCF updated and improved its website, www.nmhccf.org.au. The website upgrade included a member login section for members to access confidential meeting papers and provide comments on documents, a more responsive design that can be easily viewed on mobile and tablet devices, and simple, clear and modern branding.

Promotional activities

At the 2015 TheMHS Conference in Canberra the NMHCCF took the opportunity to promote the work of the Forum and the upgraded website. A significant number of NMHCCF publications and promotional products were available at an exhibition stall and there was a large uptake by conference participants and presenters. The NMHCCF brochure was also included in all conference satchels.

The NMHCCF Co-Chairs managed the exhibition stall and, with the help of other NMHCCF members attending the conference, spoke to a wide range of delegates who were keen to learn more about the work of the NMHCCF, membership and the representation the NMHCCF provides.

The NMHCCF brochure was also included in the conference packs for all attendees at the Reconnexion 8th National Anxiety and Depression Conference in October 2015 and will also be included in the delegate satchels for the 2017 WA Mental Health Conference.

Members have also distributed NMHCCF promotional materials and documents at various other national events and meetings.

Social media

The NMHCCF will be launching a Facebook page in 2017, following a rebranding exercise to give the NMHCCF a more modern, cohesive and vibrant style. The Facebook page will promote the work of the Forum and reach a cohort of representatives and members of the public who are active on social media.

Mental Health Australia observations

As noted above, operational funding for the NMHCCF only supports two face-to-face meetings per year and two teleconferences per year. Promotional activities, including the NMHCCF web presence, and the development of NMHCCF publications and advocacy tools are funded through savings made on previous years' contributions and in kind contributions from Mental Health Australia.

The NMHCCF has a comprehensive range of publications, which are widely promoted by members and the secretariat. Broadly, the most frequently referenced and requested publications are the 2004 Consumer and Carer Participation Policy and the 2011 position statement related to psychosocial disability. Both have had significant impacts in the national mental health and disability policy landscapes. These documents were finalised with project specific funding provided in addition to NMHCCF operational funds.

NMHCCF members progress a great deal of NMHCCF publications work voluntarily (e.g. researching, editing documents). Many NMHCCF publications have been developed through either budget savings or significant financial and staff support by Mental Health Australia. Publications developed with support from Mental Health Australia include the position statements on seclusion and restraint, the consumer and carer identified workforce, and privacy and confidentiality, and, from time to time, co-badged submissions to national consultations.

9. Engagement in the current mental health policy landscape

The NMHCCF provides a national combined voice for consumers and carers in national mental health reform. Despite having limited funding and resources, the NMHCCF continues to provide quality advice to governments to support national reform implementation.

There are currently unprecedented levels of reform occurring across a wide range of national mental health policy and initiatives, including those associated with the Australian Government response to *Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, the *Fifth National Mental Health and Suicide Prevention Plan*, the NDIS, and PHNs. The input of mental health consumers and carers is essential to the success of these national reforms.

Current NMHCCF engagement

As noted above, the NMHCCF represents consumer and carer voices on key national mental health committees and through advice to Government. Through its membership, the NMHCCF has strong links to departments, mental health commissions, consumer and carer networks and organisations at state / territory and national levels.

The NMHCCF has previously been represented on MHSC. Unfortunately, following the AHMAC review in 2012, NMHCCF consumer and carer representatives were not invited to be members of MHDAPC. NMHCCF participation is now limited to the short stakeholder section of the MHDAPC meeting agenda, when specifically invited.

Engaging with emerging programs and reform

In a changing mental health landscape, it is important to have structures that strengthen the capacity and embed the voices of people with lived experience in policy design and implementation at national and regional levels. This includes structures that support and maximise the contribution people with lived experience of mental illness to the ongoing work of PHNs and the rollout of the NDIS.

The NMHCCF has provided advice to Government on national implementation of PHNs and the NDIS, through committee representation and written submissions. Some NMHCCF members are also engaged from time to time or in an ongoing way in PHN and NDIS implementation in their respective jurisdictions. However, the NMHCCF does not have

formal links with PHNs and the NDIS at regional levels, nor their associated community / consumer and carer engagement structures.

A national consumer and carer participation framework

In the *Australian Government Response to the Contributing Lives, Thriving Communities – Review of the Mental Health Programmes and* Services (2015), the Government advises it "will develop with consumers and carers a participation framework to guide future national reform efforts by governments and services, and will explore means to strengthen communication with consumers and carers in national policy."

As part of this process, the National Mental Health Commission is currently undertaking a consumer and carer engagement and participation project to inform, support and enhance opportunities for engagement and participation of people with a lived experience of mental health issues and suicidality in decisions that impact them.

Mental Health Australia observations

Consumer and carer participation and engagement

Consumers and carers are the experts in what services and programs work for them, and co-design with people with lived experience should be at the heart of service design, delivery and evaluation. Consumers and carers must be involved in decisions that affect them from services available locally to the development of national policy. This is especially the case for vulnerable groups such as people from diverse backgrounds, including ATSI peoples, people from multicultural backgrounds, LGBTIQ, and people with intellectual disability.

The need to put consumers and carers at the centre of decision making processes has been strongly articulated over many years, and is clearly outlined in the National Mental Health Consumer & Carer Forum's *Consumer and Carer Participation Policy* (2004), as well as in the National Mental Health Commission's *Review of Mental Health Programmes and Services* (2012).

Meaningful involvement of people with lived experience should be at the heart of policy development, implementation and evaluation, as well as service design, delivery and evaluation. All aspects of mental health policy need mental health consumer and carer participation and choice in national policy design and implementation. Resources should also match this contribution.

NMHCCF engagement in a changing landscape

The NMHCCF is a recognised national combined voice for mental health consumers and carers, with established operational processes and networks across the sector. However, the NMHCCF does not currently have the resources or capacity and relationships to fully and effectively engage in the changing mental health landscape.

Ongoing and additional funding for the NMHCCF will ensure nationally representative and

diverse consumer and carer voices can effectively contribute to the increasing co-design of national reform activities, including implementation of the Fifth National Mental Health and Suicide Prevention Plan. Additional funding would support the NMHCCF to engage broadly with their existing and expanded networks, and develop advice and provide input across the range of national reform initiatives.

Ideally, in the longer term, governments will fund enhanced and further structures that:

- enable effective mental health consumer and carer leadership and representation, including mechanisms for the nomination of representatives to national reform activities (e.g. committees, working groups, roundtables)
- connect consumer and carer leaders and representatives across the country
- strengthen the capacity of representatives through training and capacity building
- have links to governments, mental health commissions, PHNs, the NDIS, and people with lived experience across the country.
- ensure the voices of people with lived experience are central to national reform processes, and actively contributing to service and program design, implementation and evaluation at all levels of government.

Mental Health Australia

Mentally healthy people,
mentally healthy communities

Mental Health Australia is the peak independent, national representative body of the mental health sector in Australia.

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