Independent assessment of stakeholder views

NSW Mental Health Commission

2 June 2015
Contents

1  About this report ............................................................................................................................... 1
2  Process and methodology.................................................................................................................. 2
   2.1  Methodology ........................................................................................................................... 2
   2.2  Analysis ................................................................................................................................... 2
3  Insights ............................................................................................................................................... 2
   3.1  Understanding of the Commission’s role and objectives ....................................................... 2
   3.2  Views on activities undertaken to date .................................................................................. 3
   3.3  Future needs and expectations ............................................................................................... 5
4  Recommended future activities....................................................................................................... 13
   4.1  Prerequisites for operating as an effective change agent .................................................... 15
   4.2  Recommended future activities by function ......................................................................... 17
Appendix A  Interview Guide .............................................................................................................. 26
1 About this report

The Mental Health Commission (Commission) engaged The Nous Group (Nous) to conduct an independent assessment of stakeholder views. The assessment focused on:

- stakeholders’ understanding of the role of the Commission.
- stakeholders’ views on how the Commission has performed its role to date.
- stakeholders’ needs and expectations of the Commission for the future.

In December 2014 the NSW Government adopted *Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024*, developed by the Commission. The Government announced a “$115 million boost to mental health funding over three years” and action focused on five areas. These are:

- More support for staying well and at home as community mental health services are enhanced, and unnecessary hospital stays reduced;
- More people with mental illness and disorders able to access care;
- Services oriented around individual patients, carers and families to help people live better lives in the community or other care settings;
- Mental health services that provide a better balance of acute care and community-based services; and
- A focus on high quality acute and long-stay care to ensure people with complex needs are supported through targeted and specialised services.

The Government will develop an implementation plan for mental health reform in NSW. The focus of this review has been on the Commission’s strategic role.

This report presents insights distilled from the analysis of twenty eight stakeholder interviews, as well as a package of recommended future activities to respond to the insights.

It was clear to those who were interviewed that the project was to “take a sounding” of their understanding and views about the Commission’s role and activities. They also understood it was not a broad stakeholder consultation to shape specific Commission activities or priorities.

As was intended, stakeholders responded to questions from their own experience, knowledge and perspective. Generally interviewees spoke about the Commission’s strategic role and the need to have clear priorities. Some people used operational examples to illustrate their comments about the Commission’s potential to be an influential change agent for mental health reform.

The insights draw out key threads from the wide range of interview comments. The recommendations relate to the Commission’s role rather than the Government’s far broader responsibilities. The package includes six proposed prerequisites for the Commission to operate as an effective change agent and twelve recommended future activities relating to the Commission’s specific functions. The package will support the Commission’s future work and engagement strategies as it shifts to its new post-Strategic Plan development phase. This report also includes notes on the Commission’s current functions and activities.
2 Process and methodology

This section outlines the process and methodology Nous followed to prepare the insights and package of recommended future activities contained in this report.

2.1 Methodology

Nous undertook 28 stakeholder interviews, including three group interviews (see Table 1 and Table 2).

<table>
<thead>
<tr>
<th>Category</th>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic – Government</td>
<td>6</td>
</tr>
<tr>
<td>Strategic – non-Government</td>
<td>9</td>
</tr>
<tr>
<td>Operational</td>
<td>5</td>
</tr>
<tr>
<td>Community – individual</td>
<td>5</td>
</tr>
<tr>
<td>Community – group</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>

The categories applied were:

Strategic: Government policy roles, peak bodies and research bodies
Operational: Local Health Districts, Family and Community Services Districts, local government
Community: Consumers, carers and community organisations

Each interview was scheduled for 60 minutes and was based on questions in the interview guide Nous agreed with the Commission before interviews commenced (see Appendix A). The interview guide was based on the Commission’s statutory functions, which are colour-coded throughout this report for ease of reference.

Preventing the Strategic Plan
(now embedding the Strategic Plan)

Monitoring and reporting on the implementation of the Strategic Plan

Reviewing, evaluating, reporting on and advising on services and issues related to mental illness

Promoting and facilitating knowledge and idea sharing

Undertaking and commissioning research and policy development

Advocating and providing education on issues relating to mental illness

Sections not relating to a specific function are coloured grey
Nous conducted face-to-face interviews where possible, and conducted the remainder of interviews as teleconferences. All interview responses have been kept confidential and no attribution has been made to individuals or organisations. Each interviewee was sent their respective interview summary to confirm the accuracy of the interview notes.

2.2 Analysis

Nous analysed the qualitative data collected through three lenses:

- Views from individual stakeholders.
- Common views within stakeholder categories (strategic, operational and community).
- Common views across the entire set.

The analysis of these views formed the basis of the insights in this document, which are structured around the interview guide. The package of recommended future activities responds to the insights.

3 Insights

3.1 Understanding of the Commission’s role and objectives

This section outlines stakeholders’ understanding of the Commission’s role and objectives.

3.1.1 Key question: What is your understanding of the Commission’s roles and objectives?

Understanding of the Commission’s roles and objectives varied considerably. Community and operational stakeholders generally had a good understanding of the Commission’s functions, reflecting their high level of engagement to prepare the Strategic Plan. Government stakeholders generally had a poorer understanding of the Commission’s role and were more likely to raise issues about the level of engagement. Some expressed surprise at the scope of the Commission’s functions, particularly in relation to monitoring and reporting on the Plan and reviewing and evaluating mental health services.

The main area of confusion relates to the ownership of the Strategic Plan and subsequent response. Stakeholders’ greatest area of confusion was around how the Commission’s role interrelates with that of the Ministry of Health, particularly Mental Health and Drug and Alcohol Office (MHDAO), and the Commission’s relationship with the relevant Ministers. Most understood the Commission plays an advisory role, but the release of the Plan has led to confusion.
Some stakeholders were unclear whether the Plan has been adopted as Government policy and who now owns the Plan. Some commented that Government communication has contributed to this confusion.

Who owns the Strategic Plan, is it the Government or the Commission? Is it now Government policy? Who do I speak to about its implementation?

– Strategic stakeholder

3.2 Views on activities undertaken to date

This section outlines stakeholders’ views on how the Commission prepared the Plan, as well as the Commission’s performance in relation to its other functions and activities.

3.2.1 Key question: How effectively did the Commission prepare the Strategic Plan?

Overall stakeholders felt the engagement with key community and operational stakeholders was exceptional; but that a greater diversity of views and stronger Government focus would have helped.

Most stakeholders thought the Commission did a very good job of engaging with community and operational stakeholders. A number spoke of their appreciation of the Commissioner’s availability during the consultation process. They noted that a wide range of stakeholders had an opportunity to contribute. The process built enthusiasm and enhanced the Commission’s legitimacy in the mental health sector.

However some stakeholders, and in particular consumers and carers, believed the Commission could have benefited from consulting a more diverse range of consumers and carers, particularly those dealing with less acute illnesses or with illnesses that have less organised advocacy groups. Some stakeholders felt that key Aboriginal groups were not consulted and that valuable insights could have been missed as a result.

When I turn up to carer consultations, there are often the same group of carers in attendance because we are the most active. In some ways it feels like the Commission is preaching to the converted. It may need to work harder to find other voices.

– Carer

A number of stakeholders, both within and outside Government, thought the Commission could have worked more closely with Government in preparing the Plan. They thought that a lack of engagement may have contributed to the delays in finalising the Plan and the December release, which they believed was not conducive to building momentum.

Stakeholders felt the Strategic Plan made a good start in a complex policy environment, but could have benefited from a more systematic focus and clearer priorities for implementation.

Stakeholders noted that the Commission had a very complex and difficult task in preparing the Plan. They noted the complexity of the system, the vast range of stakeholder views and the tight fiscal environment as complicating factors. Given the size of this task, most stakeholders thought the Plan represented a positive start and a solid base from which to build.
While the challenges were acknowledged, most stakeholders stated the Plan failed to effectively identify key priorities. They thought the Plan tended to focus on too many details without sufficient attention to broader systemic issues. A number of people described the plan as a “shopping list”, although a more limited number valued that their specific issues were included. Community stakeholders felt the Plan didn’t give enough specific emphasis to system-wide concepts like prevention, recovery and the role of carers, even though the Plan was broadly framed within a recovery framework. Some stakeholders thought that the siloed nature of the working groups that provided input to the Plan may have contributed to cross cutting issues not receiving sufficient specific focus. Some people commented that the plan missed some important issues that are placing pressure on the system, such as the increase of particular mental health presentations.

Stakeholders were unsure of how the Plan will be put into action, and thought greater engagement with Government could have helped in this regard. Stakeholders were unsure of the next steps and how progress will be monitored.

The focus on individuals’ experiences was well received, but some stakeholders thought this came at the expense of a rigorous evidence base and balanced views.

Almost all stakeholders commended the Commission for taking a people-centric approach to mental health policy. They appreciated that the Commissioner saw, and got others to see, consumers as names and faces, rather than only statistics. They saw this as a key strength of the Commission and highly regard the lived experience the Commission brings to mental health policy. However, stakeholders from all categories commented that the focus on individuals could have been enhanced by additional evidence and analysis, such as on how well the NSW mental health system is performing, how it compares to other systems, as well as what does and does not work.

Some stakeholders felt that the Commission sought to validate its views on the system, rather than test them. They thought the Commission relied too much on anecdotes and not enough on evidence. They felt this limited the Commission’s ability to develop support, and ideally build consensus, for reform. For example, stakeholders were unanimous in their support of a shift to community-based care, but many thought the Plan did not adequately address the need to retain acute inpatient services as these would also continue to be needed. A common concern expressed by stakeholders was that “we don’t want another Richmond scenario”. Nous notes the Strategic Plan places emphasis on the need for integrated multi-faceted and person centred approach to achieve more community based care. It recognises the need to strengthen the delivery of community mental health care within the public system and the community sector.
Stakeholders considered the Commission rightfully prioritised the preparation of the Strategic Plan, but felt it could have benefited from undertaking reviews to support the Plan’s directions.

Stakeholders thought the Commission rightfully prioritised the development of the Plan over other functions. Most thought it was too early to comment on the remaining functions. Many people commented that the Commission’s consultation process had contributed to other functions such as raising awareness of mental illness. Some stakeholders thought the Commission could have undertaken targeted reviews and evaluations to support key directions in the Plan before its release. These could have built momentum and public awareness, and set up the Plan as the solution to the issues identified.

The Commissioner is a real asset and stakeholders are keen to develop working-level relationships with other Commission staff.

Stakeholders were very positive about the Commissioner and how he has approached his task. They felt he was engaging, personable, enthusiastic and hard working. Some stakeholders questioned whether a greater role could be given to the Deputy Commissioners and Commission staff. They argued this could more evenly spread the workload while also building the profile of the Commission as an organisation, which is currently seen by too many to be just the Commissioner. Some stakeholders also thought it would be useful to develop working-level relationships at all levels of the Commission.

The Commissioner is doing a very good job of engaging with the sector and is very accessible, but the Commission is currently only the Commissioner in the public’s eye. It would be good to develop working-level relationships as well.

– Community stakeholder

3.3 Future needs and expectations

Stakeholders from all categories noted high expectations for the Plan and a high level of interest. There is a keenness to understand the Commission’s approach, priorities and work program in its next phase of work, and to see how this aligns with the Plan. However, some are cautious about whether these expectations for the Plan can be met. Many stakeholders referred to the need for the Commission to ‘shift gear’ for the next phase. As stated in section 1.2 of the Plan Summary on the role of the Commission:

“The Commission is not the owner of the Strategic Plan, which belongs to the whole community. But it will have both an oversight function and an active role in reform delivery. The Commission is required to monitor and report on the implementation of the Strategic Plan, taking into account not only health services but all other policies and services that affect our capacity to have satisfying, contributing lives such as employment, housing, social inclusion, choice and autonomy.

Part of this role will involve the Commission identifying meaningful performance indicators and reporting to the NSW Government, Parliament and the community on them and, more broadly, on whether things are getting better. But the Commission will not simply be a passive observer. It will, through its other statutory roles, work with agencies on the Plan’s successful implementation.”

This section contains insights on stakeholders’ views regarding what the Commission needs to do to be successful in the future. Some insights were drawn from feedback relating to a range of the Commission’s functions, while others are specific to particular functions. Some interviewees used
examples to explain their suggestions about how the Commission could be effective in mental health reform. A number of these have been included as illustrative examples in the relevant sections of this report.

3.3.1 Key question: How can the Commission operate more effectively as a change agent?

Stakeholders want the Commission to prioritise and focus reforms at a system level.
In order to operate as an effective change agent, almost all stakeholders thought that the Commission will need to take a more systematic perspective and prioritise its monitoring and other work to ensure that the high-impact elements of the Strategic Plan are implemented. A number of stakeholders suggested the Commission should focus the delivery of its functions to ensuring that Government achieves the priorities of the Plan. Stakeholders had differing views on what should be prioritised, however most stakeholders acknowledged that prioritisation would be beneficial, even if their specific issues were not prioritised. A small number of stakeholders who appreciated the detail in the Plan were concerned that their issues might be lost in the prioritisation process.

Stakeholders are looking to the Commission to play a brokerage role between all of the diverse stakeholders to facilitate and enable a whole-of-system approach to mental health care.

Focus on a small number of areas of major system transition
Stakeholders suggested the Commission could have a valuable role by focusing on a limited number of strategically influential areas of systemic reform. One proposed example was Government closure of mental health institutions, as this would be a far reaching systemic reform with many interdependent components. Interviewees proposed the Commission consider:

- All the essential components for successful closure.
- Availability and utilisation of tools to assess community service capacity and capability.
- Performance indicators for progress of the reform and patient outcomes.
- Implementation of appropriate arrangements for long-term institutional residents, such as those who have been in care for decades and/or remain in mental health institutions under court orders.

Stakeholders are looking to the Commission to provide leadership and develop support for change, noting this requires an open mind and balanced perspectives.
A number of stakeholders are frustrated about mental health outcomes despite the sector’s commitment to achieving positive change. This is due to the current lack of direction, guidance and priorities to achieve reform. Stakeholders expect the Commission to fill this gap.
All stakeholders identified that the Commission does not have funding or law-making powers. It therefore can only achieve change by influencing other organisations to change. All stakeholders, including those in Government, expect the Commission to play an advocacy role in pushing for reform. People expect the Commission to leverage its independence and formal role to speak with authority and build consensus for change.

“‘The Commission should be playing a brokerage role between all of the diverse stakeholders to facilitate and enable a whole-of-system approach to mental health care. – Operational stakeholder’

However, some stakeholders also warned this requires a balanced approach that brings stakeholders along the way. They noted that the Commission needs to seek out perspectives that may be different to its own to develop nuanced views that are more likely to achieve consensus. A number of stakeholders
thought that a more balanced approach to the priority of strengthening community mental health may have better engendered consensus for change. All stakeholders actually supported the strengthening of community mental health, but there are different ideas about how best to achieve this and how large and quick the shift should be. In cases like this, stakeholders expect the Commission to bridge the gap.

**Stakeholders expect the Commission to develop a niche from which it can test established thinking and support other organisations to change.**

A number of stakeholders commented that the Commission needs to identify a niche that allows it to effect positive changes to the mental health system. Stakeholders noted this will involve a delicate balance between encouraging organisations to make changes they are open to making and challenging entrenched paradigms. All stakeholders consider that change is necessary, and most accepted this could involve their current practices being tested. Stakeholders also thought the Commission could focus on linking organisations and ideas together to effect change, and leverage the work of other organisations to reduce duplication.

Stakeholders want the Commission to engage more closely with the Government to achieve successful reforms. They want the Government to see the Commission as a body that value-adds and makes reform more achievable. They thought the Commission could play a particularly useful role in incorporating mental health issues in policy development processes more broadly than health portfolios and leveraging the engagement and commitment of Ministers.

**3.3.2 Key question: What are your expectations of the Commission in relation to monitoring and reporting on the implementation of the Strategic Plan in the future?**

**Most stakeholders expect the Commission to play a strong independent monitoring and reporting role, although some Government stakeholders are less convinced.**

Some stakeholders in Government were unaware that the Commission’s statutory functions include monitoring and reporting on the Strategic Plan. They thought the Government should undertake this function rather than the Commission. Other Government stakeholders thought the Commission could have a high-level monitoring role that focused on outcomes, while allowing Government departments and service providers to focus on implementation details and specific outputs.

Most other stakeholders expect the Commission to play an active monitoring and reporting role. However, many thought that the Commission needs to first provide greater clarity around the priorities in the Plan and the specific actions necessary to successfully achieve them. This in part may reflect a lack of understanding of the Government’s own role and approach to clarifying how it will prioritise and implement the plan. They also wanted to hear from the Commission about how progress will be tracked.

Some stakeholders noted the Commission should not report too frequently. The consensus seemed to be for annual reports to Parliament. However, stakeholders noted the Commission should not rely on these alone to build the case for change and that it needs to maintain its engagement program and continue to push through change in a relational manner.
Stakeholders want a clear indication of when and how elements of the Plan will be implemented, and how changes will affect the system as a whole. Stakeholders want to know which elements of the Plan will be prioritised, how they will be implemented and who will be responsible for their implementation. Stakeholders were confused around the role of Government and the Commission in determining and communicating the priorities. For example, a number of stakeholders expected the Commission to determine the Government’s implementation priorities. What is clear is that, at the very least, stakeholders want the Commission to advocate its reform priorities to Government and actively engage in the Government’s implementation planning processes. Stakeholders want the resulting implementation priorities to be clearly and consistently communicated by the Government and the Commission, and for clear KPIs and standards to be developed that will hold service providers and institutions to account.

“
We need to know what needs to happen, when it will happen, who will make it happen and how it will be funded – then track it.

– Carer

A number of stakeholders thought the Commission could play a valuable role in tracking, or assisting to track, the allocation and use of mental health funding in the system. They noted concerns that funding may be directed to other priorities in the broader health system. Some stakeholders felt that the Commission could assist the sector to track the use of funds by developing consistent definitions and categories for activities.

Stakeholders also wanted to know how reforms would fit together within the mental health system. There was a strong sense that no one person or organisation understands how all the different components of the system fit together, and the potential flow-on effects of pulling particular policy levers. They thought that the Commission could assist by mapping how the system operates and identifying stress points and key levers for reform. Some stakeholders also noted that a system-wide understanding could also reduce the likelihood of unintended consequences. For example, a stakeholder noted that when institutions were closed after the Richmond report, great stress was placed on emergency department staff who did not have adequate training.

Most stakeholders expect the Commission to independently review and evaluate mental health services, although some Government stakeholders are less convinced.

Some Government stakeholders were surprised that the Commission has a reviewing and evaluation role. They questioned whether the Commission should undertake this function and thought it may create issues. Government stakeholders wanted the Commission to leverage off the work of other Government review bodies such as the Auditor General and the Ombudsman.

Most stakeholders thought the Commission could play a powerful role in reviewing and evaluating mental health services. Stakeholders wanted the Commission to leverage its independence and formal standing to act as an impartial and authoritative assessor of what does and does not work. Stakeholders supported the Commission releasing review periodically to maintain momentum. Some thought the Commission’s reports could be similar to the “Closing the Gap” reports on Indigenous indicators by addressing the state of NSW mental health system reform.

Stakeholders want the Commission to conduct reviews and evaluations constructively and collaboratively, while testing established norms with rigorous evidence bases.

A number of stakeholders stressed the need for the Commission to operate independently and provide frank feedback on what is working and where change is needed to all parties (i.e. Government agencies, hospitals, clinicians and community organisations). While supporting an independent approach, a number of stakeholders suggested the Commission should focus on identifying and celebrating positive developments and outcomes, particularly initially. They thought that a constructive approach will be critical to building trust in the Commission and engagement with its reform priorities.
Some stakeholders noted this function could involve considerable resources and data requirements, and suggested the Commission partner with other organisations to fulfil its functions, such as the Ministry of Health, Bureau of Health Information, Health Workforce Australia and Agency for Clinical Innovation.

Stakeholders also stressed the need to account for diversity of circumstances and practical realities on the ground. For example, best practice in inner-city Sydney may be different to best practice in regional NSW, due to differences in resourcing, capabilities and types of mental health issues.

Figure 2: Illustrative example provided by stakeholders regarding their view of the Commission’s role in evaluation and review

**Establish a limited number of effective indicators to enable evaluation and review**

All stakeholders agree reform is complex and will take time. Effective indicators will guide the resource priorities and provide the tools to assess progress. Many stakeholders suggested the Commission could have a valuable role in the development of indicators and possibly the analysis of the associated data.

Some stakeholders suggested areas for indicators could include:

- Relative expenditure on mental health in LHD budgets and accounts.
- Patient treatment such as seclusion and restraint.
- Consumer mental health outcomes.

The Commission’s role could be to facilitate agreement on the indicators, the process for collection of data and the mechanisms for making such information available.

It is essential we have the data and evidence to be able to demonstrate actual outcomes. This is the key to demonstrating positive change in the mental health space.  

— Strategic stakeholder

Stakeholders felt the Commission can best facilitate knowledge and idea sharing by bringing organisations together to overcome common problems and ensuring that adequate training is provided.

Most stakeholders saw the Commission’s role as linking groups and ideas together. A number of stakeholders expressed a desire for the Commission to bring people together to discuss best practice and share successful innovations. Stakeholders commented that webinars have been a useful way to share best practice. Stakeholders also supported the Commission’s efforts to bring international experts to speak. One stakeholder suggested that the Commission establish innovation awards. A number of stakeholders thought the Commission could play the ‘honest broker’ role by bringing together Government departments, peak bodies and advocacy groups to workshop issues and better integrate policies and processes.

However, some stakeholders noted that these processes are only useful if they result in changes on the ground. They argued that it cannot just be about sharing different approaches, the Commission needs to identify the best approaches and get buy-in so that they become the norm. However, some cautioned
that the Commission should not update ‘best practice’ too frequently, as service providers need time to adapt.

Some stakeholders thought that the Commission could make a valuable contribution to workforce planning. They suggested the Commission should work with stakeholders to understand the current skills and capabilities of the workforce and what changes are needed. Some stakeholders wanted the Commission to ensure that adequate training, particular in the area of de-escalation, is provided to workers who regularly engage with people with a mental illness, including carers, clinicians, police and ambulance officers. Most stakeholders thought the Commission should influence other organisations to provide adequate training, rather than deliver training itself.

Sometimes we have different training for clinicians in the same district. The Commission could assist by developing consensus around workforce requirements and supporting service providers to meet them.

– Strategic stakeholder

Figure 3: Illustrative example provided by stakeholders regarding the Commission’s role in sharing knowledge and ideas

**Facilitate co-development of operational solutions**

Many stakeholders spoke of the complexity in implementation of reform which results from the interdependencies of various roles such as health professionals, housing, community sector, carers and consumers. New approaches require the involvement of all such stakeholders. It was suggested the Commission facilitate processes that bring the relevant stakeholders together around particular issues to broker the development of the relevant operational solutions.

Areas provided as examples for this approach included:

a. The effects of housing supply, house prices and housing regulation on people with a mental illness, and how policy can be designed to promote the needs of people with a mental illness while maintaining the broader objectives of housing policy.

b. Coordination arrangements between dental and mental health services for people living with schizophrenia, given the evidence of the positive impact improved oral hygiene can have on mental health.

c. Responses to new emerging trends which are causing major stresses on the system such as:
   i. Increased levels of female teenage anxiety and depression which is an issue for schools and mental health facilities.
   ii. High levels of presentation in emergency wards of people experiencing psychoses associated with drug use.
   iii. Side-effects of particular treatments which create increased demand for other services. Weight increases and diabetes were cited as examples.

3.3.5 Key question: What are your expectations of the Commission in relation to undertaking and commissioning research and policy development?

Stakeholders want the Commission to become the expert body on mental health policy, leveraging existing research wherever possible and targeting new research to practical applications.

Most stakeholders thought the Commission could play a valuable role in relation to research and policy development. They expressed a desire for the Commission to become an expert body that provides evidence-based advice and communicates findings that are esteemed by the mental health community. Stakeholders suggested the Commission should target its interests in research to support the agreed
Plan priorities and to enable change. Organisations wanted the Commission’s research interests and work program to be clearly outlined so they can get involved, coordinate their own research activities and support the Commission.

"The Commission needs to focus its efforts on becoming the expert body on mental health policy in NSW by providing evidence-based advice, data and metrics."

– Strategic stakeholder

The majority of stakeholders thought the Commission should focus on meta-analyses of existing research and how lessons can be applied to the NSW context. This is consistent with some of the work already undertaken by the Commission. In particular, stakeholders commented NSW can learn from interstate and international research, with specific references to research and policies in New Zealand, Scotland and Finland. Where stakeholders supported primary research, it was in reference to the impacts of policies in NSW rather than general research about mental illness. For example, a stakeholder suggested a longitudinal study on the impact of school education programs would be useful. The funding of primary research by the Commission will necessarily be limited by the availability of funds.

Figure 4: Illustrative example provided by stakeholder regarding their views of the Commission’s role in policy development.

**Identify key operational factors which may impair reform**

Many stakeholders indicated there are key factors which could impair reform and the Commission could make a valuable contribution identifying these with associated recommended solutions. Stakeholders spoke of:

- a. Workforce capability
- b. Community sector capability
- c. Funding levels

**3.3.6 Key question: What are your expectations of the Commission in relation to advocating and providing education on issues relating to mental illness?**

Stakeholders expect the Commission to continue to build its media profile and leverage its relationships to advocate powerfully for reform.

All stakeholders thought the Commission had advocated well within the sector and expected this effort to continue. A number of stakeholders advised that the Commissioner should have a high profile in the media and be seen as the ‘go to’ person on mental health issues in NSW. They welcomed that over time the Commission had gradually been building its media profile, but want to see this trend quicken in the future.

Stakeholders considered that an enhanced media profile would increase the Commission’s influence and ability to effect change within the mental health system, particularly in cases where new funding or upfront investments are required. Stakeholders from all categories noted how important funding will be for achieving reform of the system. Where additional funding is required, stakeholders expect the Commission to put forward a strong case for reform.

A number of stakeholders also want the Commission to leverage its relationships to build pressure for reform. Comments were made that, to do this successfully, the Commission will need to first develop support, and ideally build consensus, within the sector and then engage with several levels of
Government, including with Ministers, Departments (including those outside the health portfolio) and service providers.

There were mixed views on whether the Commission should try to address social stigma and provide education on mental health.

Many stakeholders noted that mental health issues had developed a much higher profile in the community and that there was less stigma as a result. They noted though that it was difficult to judge the extent to which the Commission had contributed to this and how much was due to other factors.

Stakeholders had mixed views on whether the Commission should try to influence broader community views on mental illness and mental health. Those in favour thought the Commission needed to build consensus and momentum within the greater community to achieve policy reform.

We need to get people thinking about support mechanisms for people with a mental illness like ramps for people in wheelchairs. People didn’t use to think ramps were necessary, but now there is an expectation.

– Consumer

Social stigmas are still a big issue. It hurts when people ask how I live with that man and aren’t I afraid that he is going to hurt me. That man is my husband.

– Carer

Many stakeholders also saw building a shared understanding within the broader community as an end in itself. Some supported advocacy for positive mental health (i.e. promoting healthy lifestyles, etc.) and others for people with a mental illness (i.e. reducing social stigma, etc.). Consumers and carers were particularly keen for the Commission to address stigma. Stakeholders noted that improvements have been made in recent times in relation to stigma but that there is still a long way to go.

Some stakeholders also want the Commission to educate schools and workplaces to improve environments for people with a mental illness. Some stakeholders expect a campaign from the Commission or Ministry to raise awareness of mental health. A number of stakeholders expect the Commission to run education programs, particularly on suicide and its prevention. They commented that these should target school children and Aboriginal communities.

Stakeholders supporting a more targeted approach commented that the Commission did not have the resources to influence community opinion (“a drop in the ocean”) and that there are already a number of organisations operating in this space, such as beyondblue. Some stakeholders noted that most Commissions do not last forever, and so did not think the Commission should run education and public awareness programs that need to be ongoing to be effective. Instead they suggested that the Commission focus on trying to influence other organisations to undertake such activities.

Stakeholders had varying knowledge of the Commission’s existing education activities, including its funding to beyondblue, the Mental Health Association, Being and Mental Health Carers ARAFMI, as well as its wider support for suicide prevention, wellbeing and other mental health promotion activities.
4 Recommended future activities

Every stakeholder we interviewed wants the Commission to play a leading role in reforming the NSW mental health system. Most stakeholders acknowledged that Government has a more substantial role in the implementation of reform but the Commission with limited resources can be influential. This presents a great opportunity for the Commission to improve the lives of consumers and carers. Nous has developed a package of recommended future activities based on the insights in this report to assist the Commission in achieving this goal. The package is structured in two parts (see Figure 5 below):

- Prerequisites for operating as an effective change agent, which are designed to guide how the Commission approaches any activity that it undertakes. Nous has also developed checklists that could be used to ensure the Commission’s approach maximises its influence and capacity to effect positive change.

- Recommended future activities relating to the Commission’s functions. The most important element of these are ensuring that the Strategic Plan is embedded, that the Government communicates effectively with stakeholders about the Plan and identifies its implementation approach to reform, and that the Commission sets and communicates its own priorities and work program. This should be reflected in the Commission’s Business Plan. The Commission’s views on the strategic reform priorities should be updated periodically, we suggest every 24 months, reflecting progress in implementing the Strategic Plan and advances in the Commission’s understanding of the NSW mental health system.
Figure 5: MHC’s refocused operations moving into the future

Establishment Dec 2014 Recommended future activities and approach

Approach

Stakeholders’ perspectives of the Commission’s approach:
- Covered all the issues in detail
- Engaged with broad range of stakeholders
- Prioritised community stakeholder views
- Focused on individuals’ experiences and issues
- Ensured voices of consumers and carers were heard

Activities

Key activities undertaken:
- Prepared Strategic Plan
  - Extensive consultations
  - Drafted, submitted and released Plan
- Some engagement with media
- First steps for other functions

Strategic plan

Embedding the Strategic Plan (previously preparing the Strategic Plan)

- Determine strategic reform priorities
- Communicate priorities and role
- Develop stakeholder engagement plan

- Monitoring and reporting on the implementation of the Strategic Plan
- Reviewing, evaluating, reporting on and advising on services and issues related to mental illness
- Promoting and facilitating knowledge and idea sharing
- Undertaking and commissioning research and policy development
- Advocating and providing education on issues relating to mental illness

Influence

Strategic leader

Targeted

Value adding

Evidence-based

Collaborative

Independent and transparent
4.1 Prerequisites for operating as an effective change agent

The Commission has a unique position of influence. Its formal role and independence presents opportunities to bring stakeholders together and develop support, and ideally build consensus, for reform.

The prerequisites below serve two purposes. The first is to build on and reinforce the positive start that the Commission has made in preparing the Strategic Plan. The second is to highlight areas where the Commission will benefit from paying particular attention to in the future.

The prerequisites are based on the insights that arise from the analysis of stakeholder interviews, particularly in relation to how the Commission can operate as an effective change agent. They are also based on Nous’ broader public policy experience. We consider that the Commission will maximise its influence on mental health outcomes by meeting these prerequisites.

**Provides strategic leadership**
Preparation of the Strategic Plan was the Commission’s first task. To be influential and effective the Commission should continue to provide strategic leadership. It can do this through the combination of its legislated functions which cover systemic oversight, operational understanding, evidence-based analysis, mobilisation of commitment and public awareness. The Commission should be known to be actively pursuing the goal of transformative mental health reform.

**Targeted**
The Commission will be most effective doing a few things well with widespread support. This can be achieved through a limited and focused program of activities designed for a strategic impact on the mental health system. Those priorities and intent should be clearly communicated to stakeholders.

**Independent and transparent**
There are many varied views and interests amongst mental health stakeholders. The likelihood of effective impact will be increased when the Commission is seen to be independent of particular interested groups or views. Transparency will strengthen confidence in the Commission’s functioning and role, and enable greater collaboration.

**Evidence-based**
Understanding and knowledge about mental health is continually developing. Different organisations and individuals can have strongly held views about the most appropriate future directions, services and priorities. A reliance on evidence will build a strong foundation for the Commission’s reform role and support for change.

**Collaborative**
Mental health services are a vast array of interconnections and interdependencies. Reform requires systematic approaches that recognise those connections. The Commission’s impact will be effective where it works collaboratively with key stakeholders and utilises the capabilities of others. This will also enable the Commission to operate effectively with the limited resources at its disposal. The Commission will need to collaborate with others to bring about change in those organisations.
Consistently add value

Mental health reform is entirely reliant on the active participation of many different stakeholders. Most of those stakeholders are wrestling with competing demands and must consequently make choices about which engagements add value. The Commission must work to earn engagement and participation by ensuring it consistently adds value when it interacts with stakeholders.

Commission staff, including Commissioners, should reflect these prerequisites in their daily activities and interactions with stakeholders. These complement the Commission’s values and behaviours, which were developed together with the Business Plan in 2014. The following set of questions has been developed as an example of the tools that might be developed to prompt how Commission staff approach their duties.

Table 3: A guide to meeting the prerequisites for operating as an effective change agent

<table>
<thead>
<tr>
<th>Prerequisites for operating as an effective change agent</th>
<th>Questions to test Commission behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides strategic leadership</td>
<td>• Am I providing thought leadership?</td>
</tr>
<tr>
<td></td>
<td>• Am I viewing this issue in the context of the broader mental health system?</td>
</tr>
<tr>
<td>Targeted</td>
<td>• Does this issue relate to a strategic and major reform priority?</td>
</tr>
<tr>
<td></td>
<td>• Is my action supporting a strategic reform priority?</td>
</tr>
<tr>
<td>Evidence-based</td>
<td>• What evidence are my views based on?</td>
</tr>
<tr>
<td></td>
<td>• Have I sought out evidence and views that test my own assumptions?</td>
</tr>
<tr>
<td>Independent and transparent</td>
<td>• Should stakeholders be aware of what I am doing?</td>
</tr>
<tr>
<td></td>
<td>• Will my action be perceived by stakeholders as independent of interested parties?</td>
</tr>
<tr>
<td>Collaborative</td>
<td>• Have I brought together all relevant stakeholders to address this issue, and do they feel listened to?</td>
</tr>
<tr>
<td></td>
<td>• Are there stakeholders with experience or capabilities that I can leverage to address this issue?</td>
</tr>
<tr>
<td></td>
<td>• Are we working closely with those committed to transformative reform and those who can block reform?</td>
</tr>
<tr>
<td>Consistently add value</td>
<td>• Is my interaction adding value to this stakeholder?</td>
</tr>
<tr>
<td></td>
<td>• What does this stakeholder need from me and how can I help them?</td>
</tr>
</tbody>
</table>

1 The Commission’s values are: Leadership, Independence, Integrity, Courage, Innovation and Hope.
4.2 Recommended future activities by function

Stakeholders noted that the Commission made a positive start in preparing the Strategic Plan. They now expect the Commission to utilise its statutory functions to translate this positive start into action and influence the focus of other agencies and organisations.

To meet these expectations the Plan will need to be embedded within the mental health sector. We understand that the Government is already working on an implementation plan and the Commission is monitoring and providing advice. We encourage the Commission to continue this process and advocate priorities that will have the biggest impact for consumers and carers. The Commission should clearly outline the distinct roles of the Government and Commission in the implementation of the Plan and its priorities. The Commission should reflect its distinct role, priorities and work program in its Business Plan.

The Commission’s views on the strategic reform priorities should be updated periodically to reflect progress in implementing the Strategic Plan and advances in the Commission’s understanding of the NSW mental health system. The Commission identified crucial factors in the preparation of the draft Strategic Plan. Nous now recommends that, over the next 24 months, the Commission continue to identify crucial factors in the NSW mental health system that are impeding positive consumer outcomes and recommend how they can be addressed. This will ensure the Commission is well placed to advise on the strategic reform priorities and successfully influence how the Strategic Plan will be implemented in the longer term.
<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
</table>
| Embedding the Strategic Plan (previously preparing the Strategic Plan) | 1. Taking a system-wide perspective and ensure that the Government understands the Commission’s views about which high-impact reforms in the Strategic Plan must be prioritised for implementation over the next 24 months. The strategic reform priorities should inform the Commission’s Business Plan and how the Commission performs its other functions over the next 24 months. | • The Strategic Plan made a good start in a complex policy environment, but could have benefited from a more systematic focus and clearer priorities for implementation.  
• Stakeholders want the Commission to prioritise and focus reforms at a system level. | • Supported. The 2015 Progress Report to the community, government and Parliament will include a section identifying the aspects of the Strategic Plan that the Commission considers to be priorities and that the Commission will monitor and report on in its 2016 Progress Report. However implementation itself remains the responsibility of Government, and the Commission also expects implementation priorities to be reflected in Government work agendas and budgets.  
• Supported. The Commission’s 2015-2016 Business Plan documents the Commission’s immediate work priorities. The Business and Budget Planning Cycle for 2016-2017 will reference the Commission’s responsibilities under the Strategic Plan, acknowledging that this is a prominent driver of the Commission’s priorities but not the only one. |
<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
</table>
| 2.       | In coordination with Government, communicate the strategic reform priorities to the public and clearly outline the differentiated roles of the Government and the Commission for implementation and monitoring. | - Understanding of the Commission’s roles and objectives varied considerably.  
- The main area of confusion relates to the ownership of the Strategic Plan and subsequent response. | Supported. The 2015 Progress Report will communicate the Commission’s strategic reform priorities. The Commission expects the Government also to publicly articulate its reform priorities, to enhance community and sector understanding of their distinct roles. |
| 3.       | Develop a stakeholder engagement plan that will enable the Commission to:  
  a) Foster support for the strategic reform priorities.  
  b) Improve its engagement with Government stakeholders.  
  c) Improve its engagement with clinicians and other stakeholders involved in acute and institutional care.  
  d) Ensure a diversity of its consumer and carer interactions  
  e) Diversify the range of Commission personnel with deep stakeholder relationships.  
  f) Maintain a base level of ongoing (i.e. non-transactional) engagement with other key community, operational and strategic stakeholders. | - Overall stakeholders felt the engagement with key community and operational stakeholders was exceptional; but that a greater diversity of views and stronger Government focus would have helped.  
- The Commissioner is a real asset and stakeholders are keen to develop working-level relationships with other Commission staff. | Supported. The reflection of strategic reform priorities in the Commission’s Business Plan will be supported by stakeholder engagement planning.  
The Commissioner is progressing actions to strengthen the Commission’s external engagement capacity at a senior level, including with government stakeholders. Recent initiatives with clinicians, including to strengthen recovery-orientation in CPD programs, are being continued. The Commission is diversifying its approaches to consumer and carer engagement and participation. |
<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
</table>
| 4.       | Establish and communicate a framework to monitor the implementation of the Strategic Plan, including:  
  a) Timing for the strategic reform priorities implementation and accountabilities for implementation.  
  b) Indicators of implementation progress.  
  c) Long-term measures of mental health outcomes (e.g. suicide rates).  
  d) Mechanisms for the Commission to collect relevant data.  
  e) The schedule and audience for reports.  
  f) The process to agree on new indicators and any variation of the Commission’s monitoring and reporting focus. | • Most stakeholders expect the Commission to play a strong independent monitoring and reporting role, although some Government stakeholders are less convinced.  
• Stakeholders want a clear indication of when and how elements of the Plan will be implemented, and how changes will affect the system as a whole. | • Supported. The Commission has established an approach to its monitoring and reporting of the Government’s implementation of the Strategic Plan, including via annual Progress Reports to Parliament. The Commission will periodically reassess the indicators and other aspects of its monitoring and reporting function to ensure they continue to present valuable insights and support the progress of reform. |
| 5.       | Over the next 24 months, work with stakeholders to identify crucial stress points in the broad NSW mental health system, blockages to progress and opportunities for systemic reform.  
  a) The analysis should inform what reform priorities the Commission communicates to Government in 24 months’ time as part of a review and update of the strategic reform priorities.  
  b) The updated strategic reform priorities should be reflected in the Commission’s Business Plan and how the Commission performs its other functions. | • The Strategic Plan made a good start in a complex policy environment, but could have benefited from a more systematic focus and clearer priorities for implementation.  
• Stakeholders want a clear indication of when and how elements of the Plan will be implemented, and how changes will affect the system as a whole. | • Supported. In establishing monitoring and reporting mechanisms on the Strategic Plan’s implementation, the Commission expects to identify any reform priorities that are not progressing sufficiently or that lack scale, along with related barriers within the system |
<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
</table>
| Reviewing, evaluating, reporting on and advising on services and issues related to mental illness | 6. Develop a review framework and schedule that will support the strategic reform priorities over the following 24 months. The schedule should be updated periodically as progress is made or circumstances change and should be cognisant of Government mental health reform activities. When implementing the schedule, the Commission should:  
  a) Ensure the independence of reviews.  
  b) Seek a range of stakeholder views to test the Commission’s thinking.  
  c) Rely on rigorous evidence bases to form conclusions.  
  d) Ensure reviews are constructive by highlighting what is working well and how to improve existing practices. | • The focus on individuals’ experiences was well received, but some stakeholders thought this came at the expense of a rigorous evidence base and balanced views.  
  • Stakeholders considered the Commission rightfully prioritised the preparation of the Strategic Plan, although but felt it could have benefited from undertaking reviews to support the Plan’s directions.  
  • Most stakeholders expect the Commission to independently review and evaluate mental health services, although some Government stakeholders are less convinced.  
  • Stakeholders want the Commission to conduct reviews and evaluations constructively and collaboratively, while testing established norms with rigorous evidence bases. | • Supported. The Commission highly values its authority under its establishment legislation to review services and programs provided to people who experience mental illness. It will develop and prioritise a program of reviews through its annual Business Plan process. |
<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Position the Commission to be the key reference point for mental health policy in NSW by:</td>
<td>• Stakeholders want the Commission to conduct reviews and evaluations constructively and collaboratively, while testing established norms with rigorous evidence bases.</td>
<td>• Supported. The Commission exercises influence to bring about change and extends its reach by partnering and leveraging from the reform commitments of others. It is uniquely placed to bring together new evidence, and to broker or lead partnerships beyond traditional mental health sector boundaries. The Commission’s growing role as a funder and commissioner of original research augments this capability.</td>
</tr>
<tr>
<td></td>
<td>a) Leveraging expertise on what does and does not work for the achievement of effective mental health outcomes in NSW.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Leveraging the work and expertise of other organisations to build and complement the capability of the Commission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Providing practical advice to Government, providers and the wider community that addresses specific mental health issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Utilise the Commission’s role as a solution-focused honest broker to bring stakeholders together to develop practical solutions to address impediments to the strategic reform priorities. Through this action the Commission can:</td>
<td>• Stakeholders felt the Commission can best facilitate knowledge and idea sharing by bringing organisations together to overcome common problems and ensuring that adequate training is provided.</td>
<td>• Supported. The Commission will continue to act as a broker and to bring stakeholders together to look for solutions to barriers to reform. Recent examples include through the brokering of support for a systems approach to suicide prevention, and the distillation of consumer, carer and clinician views about pharmacotherapy.</td>
</tr>
<tr>
<td></td>
<td>a) Build consensus around best practice and how it is implemented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Establish specific practical solutions to issues that need to be resolved to progress strategic reform priorities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Promoting and facilitating knowledge and idea sharing
<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Continue to broker and facilitate the mental health sector’s efforts to build the capabilities of its workforce by: a) Holding webinars, symposia and international expert presentations where these contribute to reform. b) Contributing to the understanding of the systemic workforce and training issues which impact on mental health reform. Where appropriate use opportunities to encourage employers and Government agencies to support workforce development.</td>
<td>Stakeholders felt the Commission can best facilitate knowledge and idea sharing by bringing organisations together to overcome common problems and ensuring that adequate training is provided.</td>
<td>Supported. The Commission will work closely with the NSW Government in the development of a Mental Health Workforce Plan. The Commission has incorporated within its 2015-16 Business Plan a range of activities that contribute to the development of workforces. A recent relevant activity was a Peer Work Forum, held to stimulate the growth of the peer workforce by presenting evidence for it.</td>
</tr>
</tbody>
</table>
### Undertaking and commissioning research and policy development

<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Develop processes to enable transparency, coordination and collaboration across the mental health system. The purpose is to align research and policy development with the strategic reform priorities. The Commission could:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Ensure that the processes, membership and activities of the Research Advisory Group and other relevant research activities are well known to the mental health sector.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Focus on how the Commission can leverage existing research and influence other organisations to undertake research that leads to practical solutions for mental health policy in NSW.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The focus on individuals’ experiences was well received, but some stakeholders thought this came at the expense of a rigorous evidence base and balanced views.
- Stakeholders want the Commission to become the expert body on mental health policy, leveraging existing research wherever possible and targeting new research to practical applications.
- Organisations wanted the Commission’s research interests and work program to be clearly outlined so they can get involved, coordinate their own research activities and support the Commission.

- The Commission is continuing to progress the development of a Research Framework for Mental Health in NSW. The Commission is working with the Ministry of Health, leading mental health research institutes and others concerning the application of the framework to NSW. It is also committed to rigorous application of research evidence in prioritising and pursuing its own work program.
- The Commission notes that Government must develop and maintain a strong research culture, including ongoing quality improvement activities, to ensure evidence underpins mental health practice.
<table>
<thead>
<tr>
<th>Function</th>
<th>Recommended actions</th>
<th>Insights addressed</th>
<th>Commission Response</th>
</tr>
</thead>
</table>
| 11. Advocating and providing education on issues relating to mental illness | Leverage relationships and public profile, and target reviews and communicate research findings, to advocate for the progress of the strategic reform priorities.  
   a) Enhance the Commission’s broader media profile by engaging with more television and radio programs, and ensure the Commission is the “go to” body for comment on mental health issues in NSW.  
   b) Utilise reports to build momentum for the strategic priorities and to strengthen the Commission’s public profile. | • Stakeholders expect the Commission to continue to build its media profile and leverage its relationships to advocate powerfully for reform.  
   • Stakeholders are looking to the Commission to provide leadership and develop support for change, noting this requires an open mind and balanced perspectives.  
   • Stakeholders expect the Commission to develop a niche from which it can test established thinking and support other organisations to change. | • Supported. As the Commission develops clear policy positions on many mental health-related issues, including via the publication of the Strategic Plan, it is better positioned to articulate these to the wider community through media commentary and published reports. The Commission notes however that as an advisory agency to Government there are many circumstances in which it is inappropriate to make public comment. |
| 12. Through influence or the Commission’s direct funding, leverage other organisations to conduct awareness campaigns and deliver education programs to address social stigma, educate consumers and create supportive schooling, workplace and healthcare environments:  
   a) Advocate for programs that support the strategic reform priorities.  
   b) Take the lead in programs only if no other organisation is better placed to deliver them. | There were mixed views on whether the Commission should try to address social stigma and provide education on mental health. | • Supported. The Commission can influence anti-stigma and mental health education campaign activities through its relationship as a funder with beyondblue, WayAhead, Being, and NSW Mental Health Carers ARAFMI. The Commission does not have capacity or funding to carry out publicly education or awareness activities directly. |
Appendix A  Interview Guide

Independent assessment of stakeholder views on the Mental Health Commission

Background

The Mental Health Commission (Commission) has engaged Nous Group (Nous) to conduct an independent assessment of stakeholder views. The assessment will focus on:

- Stakeholders’ understanding of the role of the Commission.
- Stakeholders’ views on how the Commission has performed its role to date.
- Stakeholders’ needs and expectations of the Commission for the future.

The Commission is an independent statutory body that commenced operations on 1 July 2012 under the Mental Health Commission Act 2012. The Act sets out a broad range of functions for the Commission to perform, which relate to mental illness:

- Prepare a Strategic Plan.
- Monitor and report on the implementation of the Strategic Plan.
- Review, evaluate, report on, and advise on services and issues related to people experiencing mental illness.
- Promote and facilitate knowledge and idea sharing.
- Undertake and commission research and policy development.
- Advocate and provide education on issues relating to mental illness.

In December, 2014 the NSW Government approved and released Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 (the Strategic Plan). The Strategic Plan was developed following widespread community consultation, with 2,100 people attending consultations, workshops and forums and 880 consumers and carers involved in consultations across NSW.

The release of the Strategic Plan and the Commission reaching the halfway point of its first five-year term presents an opportunity to reflect on the Commission’s work to date and to gather insights on future directions. During the second half of its first term, the Commission will shift its focus to its broader functions concerning the mental health and wellbeing of the people of NSW, and in particular monitoring and reporting on the implementation of the Strategic Plan.

Nous seeks your input, as a key stakeholder from within the mental health and wellbeing community, to help inform this second phase of work for the Commission. The interview will take approximately 60 minutes. All responses will remain confidential, and we will provide you with a summary of the key interview findings for your review after the interview.

The table overleaf outlines the questions we seek to cover during the interview.
## Interview questions

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is your understanding of the functions and objectives of the Commission?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>What is your understanding of the Commission’s roles and objectives?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>How effectively has the Commission communicated its roles and objectives?</td>
<td></td>
</tr>
<tr>
<td><strong>What are your views on the activities undertaken by the Commission to date?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3. | How effectively did the Commission prepare the Strategic Plan, including considering the following:  
  - The process the Commission used to develop the Strategic Plan?  
  - The nature of the Commission’s engagement with stakeholders?  
  - The lessons the Commission can learn from preparing the Strategic Plan? | |
| 4. | What are your views on the Commission’s activities to date in fulfilling its other functions:  
  - Monitoring and reporting on the implementation of the Strategic Plan?  
  - Reviewing, evaluating, reporting on and advising on services and issues related to people experiencing mental illness?  
  - Promoting and facilitating knowledge and idea sharing?  
  - Undertaking and commissioning research and policy development?  
  - Advocating and providing education on issues relating to mental illness?  
  - Aiding the conversation around mental health and wellbeing, and raising awareness in the community? | |
<p>| <strong>What are your needs and expectations of the Commission for the future?</strong> | | |
| 5. | What are your expectations of the Commission in relation to monitoring and reporting on the implementation of the Strategic Plan in the future? | |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 6. | What are your expectations of the Commission in relation to reviewing, evaluating, reporting on and advising on services and issues related to people experiencing mental illness in the future, including considering the following:  
   • Any areas the Commission should prioritise for review?  
   • The Commission’s mechanisms and processes to review, evaluate and report?  
   • The timing of reviews? |       |
| 7. | What are your expectations of the Commission in relation to promoting and facilitating knowledge and idea sharing?                                                                                       |       |
| 8. | What are your expectations of the Commission in relation to undertaking and commissioning research and policy development, including considering the following:  
   • Areas of focus?  
   • The institutions the Commission work should work with?  
   • The impact the Commission should seek to have? |       |
| 9. | What are your expectations of the Commission in relation to advocating and providing education on issues relating to mental illness?                                                                     |       |
| 10.| How can the Commission operate more effectively as a change agent, including considering the following:  
    • The unique contribution the Commission can make in mental health?  
    • The limitations on the Commission’s contribution? |       |
| 11.| To what extent has the Commission changed the nature of the conversation around mental health issues or increase awareness of mental health issues within the NSW community?  
    What more may need to be done? |       |

**Do you have any other views on the Commission’s functions?**

| 12.| Are there any other comments you would like to make? |       |