

Mental Health Commission Leaders Forum

Communiqué

4 March 2017
Sydney, Australia



The leaders of Australia's national and state-based mental health commissions met in Sydney on 4 March 2017 for an annual meeting to share information and identify ways to collaborate to improve mental wellbeing.

National Mental Health Commissioner Chair Professor Allan Fels and Chief Executive Officer Dr Peggy Brown attended the meeting together with Mr Timothy Marney (Western Australia), Mr John Feneley (New South Wales), Dr Lesley van Schoubroeck (Queensland), Mr Chris Burns (South Australia) and Dr Lynne Coulson Barr (Victoria's Mental Health Complaints Commissioner). New Zealand's Mental Health Commissioner Mr Kevin Allan was an apology for the meeting.

The following matters were discussed:

1. Welcome

- 1.1 Professor Allan Fels opened the meeting and welcomed all participants.
- 1.2 Commissioners agreed to continued collaboration and cooperation in areas of shared interest.

2. Aboriginal and Torres Strait Islander Leadership

- 2.1 Commissioners affirmed their commitment to fostering Indigenous leadership.

3. Future Leaders in Mental Health

- 3.1 Commissioners discussed the development of future leaders in mental health and the benefits of developing a national program for future leaders.
- 3.2 Commissions agreed to write to the federal department of health to recommend a national program for future leaders in mental health is developed.

4. Fifth National Mental Health Plan

- 4.1 Commissioners discussed the development of the Fifth National Mental Health Plan and agreed more clarity should be provided about the scope of the plan, including explicit information about what is out of scope and the reasons for being out of scope. Several Commissioners have had the opportunity to input to the revised plan and look forward to the new draft.
- 4.2 Commissioners noted the Fifth National Mental Health Plan is expected to be put to health ministers for consideration in August 2017.

5. Reforms and data linkage opportunities

- 5.1 Commissioners discussed the benefits of increasing collaboration and sharing of information between Commissions, Primary Health Networks, Local Health Districts and other key stakeholders to enable a better understanding of expected outcomes over the next twelve to eighteen months.
- 5.2 Commissioners agreed there is a period of transition and the development of a roadmap of what to expect including readiness, capacity, outputs and outcomes would be beneficial to increase understanding of reform implementation.

- 5.3 Commissioners discussed the need for agreement on key indicators and understanding what information already exists and where there are gaps. Commissioners agreed to jointly discuss at a national and jurisdictional level options for appropriate indicators of value for money and community wellbeing.

6. Improving Systems

- 6.1 The Mental Health Complaints Commissioner presented the learnings and system improvements derived from complaints in Victoria and where they had led to change.
- 6.2 Commissioners discussed the systems for handling complaints in each jurisdiction and how they support learnings and service improvements.
- 6.3 Commissioners discussed the role of the Chief Psychiatrist in each jurisdiction, particularly in promoting the quality and safety of mental health services.
- 6.4 Commissioners agreed to develop a greater understanding of the varying roles of the Chief Psychiatrist in each jurisdiction, and to include an item on the agenda for the next meeting.

7. Emerging Issues and Leading Practise

- 7.1 Commissioners discussed the need for trauma informed care and practice to include intergenerational trauma and agreed to jointly write to the Royal Commission into Institutional Responses to Child Sexual Abuse to recommend there is an intergenerational interface with services.
- 7.2 Dr Peggy Brown informed Commissioners of a meeting held with the Borderline Personality Disorder Foundation and Blue Knot Foundation and Commissioners discussed the programs that support people with borderline personality disorder in each jurisdiction. Commissioners agreed it would be beneficial for the National Mental Health Commission to release a spotlight report on borderline personality disorder.
- 7.3 Commissioners discussed the challenges for providing appropriate, accessible and equitable mental health care to deaf and hard of hearing people, including the challenges of communication in the provision of psychological services. Commissioners agreed further consideration should be given to raising awareness.
- 7.4 Commissioners discussed concerns that psychiatric hospitals are not specifically mentioned in the February 2017 statement by the Attorney General on the ratification of the *Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or*

Punishment (OPCAT). Commissioners agreed to write to the Attorney General seeking confirmation that psychiatric hospitals will be included and that mental health officials will be invited to participate in ongoing discussions.

- 7.5 The meeting noted the draft Living Well in Later Life paper circulated by the NSW Commission and agreed it would be beneficial to develop a consensus statement on the provision of mental health services in aged care. It was further agreed to discuss at the next meeting to be able to incorporate learnings from the release of the *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*.

8. Memorandum of Understanding between Australian Mental Health Commissioners and the New Zealand Mental Health Commissioner

- 8.1 All Australian Commissioners signed the Memorandum of Understanding.

9. Next meeting:

- 9.1 Agreed to hold the next meeting in Adelaide in August/September 2017.