Environmental Scan on Governance and Related Issues

for the

New Mental Health Consumer Peak Organisation

Date: 30 October 2012

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Executive Summary

The *Fourth National Mental Health Plan 2009-2014* and the 2011-12 Federal Budget Mental Health Reform Package – *Delivering Mental Health Reform*, ushered in an exciting new phase of mental health policy and service reform. Initiatives included in the Budget Package emphasised the importance of a focus on recovery as an organising concept in practice and service delivery; an associated and renewed emphasis on the importance of social and economic participation; and the importance of partnership and collaborative arrangements in achieving this focus. The Budget package also announced the establishment of the new National Mental Health Commission and a new national mental health consumer peak organisation as guiding forces for change and for ensuring on the ground improvements in people's daily lives.

Mental health stakeholders welcomed the Australian Government's announcement in December 2011 of the commencement of the process to establish the new mental health consumer peak organisation. While making this announcement, the Australian Government also advised the community of its endorsement of a major recommendation of the earlier commissioned Scoping Study:

> *… the core purpose of the new organisation will be 'to bring together a diversity of mental health consumers and mental health consumer organisations and groups enabling them to work collaboratively towards achieving a shared national vision leading to improved quality of life, social justice and inclusion'; and be representative of, and accountable to, mental health consumers Australia-wide.*

In releasing the Report of the Scoping Study, Australia's Minister for Mental Health, Mark Butler, stated:

> *I look forward to working with the mental health consumer sector towards our shared vision for improved health and quality of life, social justice and inclusion outcomes for people with mental illness.*

Since the release of the Scoping Study's Report, the Mental Health Council of Australia was appointed as the new peak body's auspice and a Consumer Reference Group has been established.

This current report identifies and reviews key environmental changes and developments since the Scoping Study and their possible implications for the new mental health consumer peak. These changes as well as several new challenges and opportunities are discussed and cross-referenced to recommendations of the Scoping Study.

Since the Scoping Study, consumer organisation at state and territory levels has been strengthened by the establishment of Flourish Tasmania and the enhanced funding and role attributed to Consumers in Mental Health WA Inc.

and Top End Mental Health Consumer Organisation. At the same time, Queensland Voice for Mental Health is struggling to keep its funding. These developments reinforce the Scoping Study's acknowledgement of state and territory government concerns that the new national mental health consumer peak organisation works collaboratively with state-based consumer organisations as well as with the National Mental Health Consumer and Carer Forum. In this instance collaboration means non-competitive as well as not increasing workload demands on these organisations and groups.

The establishment and operation of the National Mental Health Commission, Commissions in NSW and WA, and the promised establishment of Commissions in Queensland and Victoria significantly reinforce this partnership and collaboration theme. Partnership and collaboration are also central to several other policy and program developments that place people with lived experience at the forefront of new developments in the mental health landscape, including for example:

- Partners in Recovery

- Health peer workforce competency development

- Personal controlled electronic health records

- National Disability Insurance Scheme.

Advice received from consultations conducted during the Environmental Scan Project regarding implementation of the Scoping Study's recommendations emphasised the importance of and support for:

- Considered language and broad based communication strategies in enabling an inclusive membership and stakeholder base and an independent, autonomous, representative and accountable organisation

- Utilising information technology and social media as tools to support the development of a viable organisational framework, a membership base, stakeholder involvement and broad community support base

- The vision and mission statement articulated in the Scoping Study

- The key organisational roles articulated in the Scoping Study

- Understanding and establishing a clear governance framework and process underpinned by training, clarity of role, separation from operation roles as determined by delegations, establishment of sub-committees focused on compliance and risk, and the requirement for an expertise based Board

- The CRG and then the inaugural Board modeling and leading the development of an organisational ethos and culture which values respect,

openness and integrity and generosity of spirit

- The CRG Chair and then the inaugural Board Chair/Co-Chairs and CEO modeling the organisational ethos and culture and demonstrating a high level of competence in their respective roles.

Consultations also reinforced the Scoping Study's emphasis on building a self-sustaining and self-renewing organisational and financial base.

Purpose of the Environmental Scan

This Environmental Scan, commissioned by the Mental Health Council of Australia in August 2012, was required to build on the findings of the *National Scoping Study (2010)*, by providing an update and insight into the current landscape and recommendations with this in mind. Along with the documents of the National Scoping Project, this Report will provide a reference document to guide and inform the establishment of the new National Mental Health Consumer Organisation.

The Environmental Scan provides an update on:

- The current national mental health policy environment and mental health reform priorities, such as those in the 2011-12 Federal Budget package, *Delivering National Mental Health Reform*

- New or emerging consumer and carer structures, national, local, international

- New players nationally within the new mental health reform context, such as the National Mental Health Commission

- Governance and related arrangements that are in place in organisations similar to the new organisation that might be helpful for the CRG to consider

- Governance issues for the new organisation including:

    - Models

    - Membership options

    - Board recruitment

    - Other relevant areas as requested by the CRG & MHCA

The Environmental Scan is also designed to assist the CRG with its task of advising on the implementation of the Scoping Study's recommendations that were accepted and approved by the Australian Government.

Introduction

This report commences with a review of the major relevant recommendations of the Scoping Study. Key changes and developments since the Scoping Study and their possible implications for the new mental health consumer peak are then identified and discussed. The Scoping Study's recommendations, the Australian Government's response and findings of the Environmental Scan's findings or updates are then provided side by side in this report.

This report is to be read in conjunction with the accompanying document: Key Points From Consultations, 6 October 2012.

Back to the future – Scoping Study refresher

Following the closure of the Australian Mental Health Consumer Network in 2008, the Department of Health and Ageing brought together a representative mental health consumer Expert Reference Group (ERG) to begin discussions about options for future national mental health consumer representation. The ERG confirmed the need for a nationally owned, representative and independent consumer voice.

In progressing the Government's commitment to mental health consumers, the Department engaged Craze Lateral Solutions Pty Ltd through a tender process, to undertake a Scoping Study and produce a final report for the consideration of Government about possible organisational models and business rules for future national mental health consumer representation.

The Scoping Study involved an extensive three-stage consultation process –a series of conversations were held with the mental health consumer sector on what it envisaged future representation could look like and what format that representation could be. The ERG and the Department worked closely with the consultant throughout this process.

The first stage involved extensive consultation with the mental health consumer sector and peak mental health bodies across Australia to gauge, identify and analyse ideas and views on possible and appropriate organisational models and structures. A Discussion Paper was then prepared.

During the second stage of consultation, the consultant presented and recorded feedback on the Discussion Paper and outlined possible options for future national consumer representation in a draft Final Report that was widely circulated in the third consultation stage before being finalised and presented to the Australian Government for consideration. Full details of the consultation processes as well as a list of project reports and papers are provided in Appendix 1.

In considering options and taking a decision about future national mental health consumer representation, the Australian Government used the Final Report of the Scoping Study together with information gathered through its broader mental health stakeholder engagement strategy about future options for mental health reform.

The Australian Government's engagement strategy involved:

- Over 15 face to face and online forums with consumers and carers in late 2010 attended by the Minister for Mental Health and Ageing, the Hon Minister Mark Butler MP;

- The receipt of over 100 written submissions;

- Advice from the Government's Mental Health Expert Reference Group

and former National Advisory Council on Mental Health

Feedback was also received from a range of other stakeholder meetings. The Australian Government released both the Scoping Study Report and its response in November 2011.

At these forums, Minister Butler heard first-hand about the experiences and views of mental health consumers and carers including options for progressing mental health reform into the future. A summary of the outcomes of the forums was published by MHCA. Key themes included (in no particular order):

- Stigma and discrimination against people with mental illness and their carers

- Minority group issues, including Indigenous, culturally and linguistically diverse (CALD),

- and others

- Dual diagnosis, co morbidity, physical and mental illness

- Integrated services, including housing, employment, disability services, and others

- Workforce needs

- The need for a mental health consumer peak body, and a carer counterpart

- Enhancing community capacity.

Minister Butler also heard views from young people during an online forum hosted by the Inspire Foundation on 8 December 2010, and which contributed to informing the *Delivering National Mental Health Reform* package.

On 22 June 2012, the Minister for Mental Health announced the establishment of a Consumer Reference Group (CRG) to provide advice to the auspice body (MHCA) on setting up the new National Mental Health Consumer Organisation. The Minister said the Consumer Reference Group would help guide the establishment of the new organisation announced as part of the National Mental Health Reform package. The Minister further said:

I've appointed ten people to the Consumer Reference Group who have the necessary expertise and experience to make a profound impact on the responsiveness and accountability of the mental health system.

Members were chosen by a selection panel made up of consumers, non-government and government representatives and bring a diverse set of skills, knowledge, sector diversity and networks.

The Australian Government has invested $4 million over five years to establish and operate the new National Mental Health Consumer Organisation as part of its landmark $2.2 billion national mental health reform package…

… Once established, the new Organisation will be dedicated to representing the diverse views of mental health consumers to contribute to a more responsive and accountable mental health system.

What's changed since the Scoping Study

This section provides a brief summary of key developments relevant to the work of the new consumer organisations in the following areas:

- National mental health policy environment and reform priorities

- New and emerging consumer and carer structures

- Other new national organisations and structures.

The current national mental health policy environment and mental health reform priorities

Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014 - While led by Health Ministers, the Fourth Plan takes a whole-of-government approach. This approach acknowledges that the best mental health outcomes are achieved through a partnership approach involving sectors other than just health. The Plan has five priority areas for government action in mental health:

1. Social inclusion and recovery;

2. Prevention and early intervention;

3. Service access, coordination and continuity of care;

4. Quality improvement and innovation; and

5. Accountability - measuring and reporting progress

Delivering National Mental Health Reform - The *Delivering National Mental Health Reform* package is a cross-sector reform package that recognises the diverse impact of mental illness throughout a person's lifetime.

The Australian Government's most recent reforms focus on five key areas, identified through a thorough review of the evidence and informed by consumers and carers as well as expert stakeholders drawn from a range of services needed by people with mental illness:

- Better care for people with severe and debilitating mental illness.

- Strengthened primary mental health care services;

- Prevention and early intervention for children and young people;

- Encouraging economic and social participation, including jobs for people with mental illness; and

- Improving quality, accountability and innovation in mental health

services

Partners in Recovery – An initiative under the Delivering National Mental Health Reform that will seek to provide better support for at least 24,000 people with severe and persistent mental illness with complex needs and their carers and families, by getting multiple sectors, services and supports they may come into contact with (and could benefit from) to work in a more collaborative, coordinated, and integrated way. Through system collaboration, PIR will promote collective ownership and encourage innovative solutions to ensure effective and timely access to the services and supports required by people with severe and persistent mental illness with complex needs to sustain optimal health and wellbeing.

Suitably placed and experienced non-government organisations will be engaged as PIR organisations in Medicare Local geographic regions to implement PIR in a way that complements existing support and service systems and any existing care coordination efforts already being undertaken. There are a number of sectors central to the success of this initiative including primary care (health and mental health), state/ territory specialist mental health system, the mental health and broader NGO sector, alcohol and other drug services, income support services, as well as education, employment and housing supports. Advice from consumer and carer peak organisations will be essential to this new major initiative being appropriately targeted and rolled out.

National Mental Health Commission - The Commission's vision is that all people in Australia achieve the best possible mental health and wellbeing. In an effort to achieve this, the Commission has made a commitment to engage with people with a lived experience of mental health difficulties, their families and support people across Australia. It is responsible for:

- Driving accountability and transparency in the mental health systems

- Providing independent advice to Government

- Delivering an annual National Report Card on Mental Health and Suicide Prevention

It has a national whole-of-government scope, and a whole-of-life view, and responds to the need for cross-sectoral leadership in national reform. It recognises that no individual, agency or government working in isolation can bring about the necessary improvements in people's lives.

In reporting publicly, it will encourage more accountability and transparency in the mental health and related systems including housing, employment, and Indigenous affairs.

The Commission is providing national leadership and is seeking to drive a more transparent and accountable mental health system in both the health and non-health spheres.

The Commission includes a consumer Commissioner (Janet Meagher) and carer Commissioner (Jackie Crowe). It is essential that the new national mental health consumer peak establish a formal partnership via a MOU with the Commission as soon as possible. Such a strategic partnership will assist both organisations to better influence decisions that affect the lives and recovery of people experiencing mental health issues or suicide risk. The Hon. Mark Butler, the Minister for Mental Health, stressed the importance of this partnership, when he released the Scoping Study Report and the Australian Government's Response in November 2011:

> *The Government also wishes to see consumer and carer views informing the important work of Australia's first National Mental Health Commission in independently monitoring and reporting on the performance and outcomes of the mental health and related systems.*

The Ten Year Roadmap for Mental Health Reform - The Ten Year Roadmap for Mental Health Reform being developed by the Commonwealth, states and territories, will provide priorities and vision for ongoing reform and which will need to be taken into account once finalised.

National mental health recovery-oriented practice and service delivery framework – An initiative under Action 4 of the Fourth National Mental Health Plan. The intentions of the Framework are to align with recovery principles the practice of all people working in mental health service systems - across clinical and non-clinical practice settings, in hospital settings or in the community, in government, non-government/not-for-profit and private sectors. The Framework describes the key capabilities necessary for the mental health workforce to function in accordance with these principles.

It is anticipated that the broad guidance in the Framework will encourage a fundamental review of skill-mix and professional/expert by experience balance within the workforce of mental health services. As services become more focused on people's recovery needs and actively value lived experience, there is likely to be an expanded role for peer professionals (both service user and family/carer) in the mental health workforce of the future. It is also possible that the Framework will influence the development of new service models, including peer-designed and operated services. The new national mental health consumer peak's leadership and advice will be of critical importance in ensuring the uptake and sound implementation of the new framework as well as assisting to usher in new peer-designed and operated services.

National Disability Insurance Scheme - The National Disability Insurance Scheme Launch Transition Agency has been established by the Australian Government to implement the first stage of a National Disability Insurance

Scheme (NDIS). The Agency will be working with all jurisdictions to ensure improved support for people with a disability, their family and carers, and to deliver the first stage of an NDIS. The first stage of an NDIS will commence from July 2013 in launch sites in South Australia, Tasmania, the ACT, the Hunter in NSW and the Barwon area of Victoria providing care and support for thousands of people with significant and permanent disabilities. There is a series of Expert Advisory Groups assisting the NDIS Agency: A National Approach to Control and Choice; Eligibility and Assessment; Quality, Safeguards and Standards; Disability Workforce and Sector Capacity. It is important that the new organisation assumes its rightful role in advising input about the views, preferences and expectations of people with psychiatric disability.

A National Partnership Agreement on mental health – whereby State & Territory Governments collaborate with the Australian Government to address service and system gaps. The new national mental health consumer peak will be among the representative stakeholders, whose strategic advice will be sought in during the implementation of the Agreement e.g. accommodation support; support to prevent homelessness among people with mental illness; support upon presentation and admission to emergency departments and discharge planning from emergency departments.

The establishment of a single mental health online portal – to increase the uptake and efficacy of e-therapy by e-mental health service developments. A single portal will bring together and consolidate the often scattered websites and telephone services currently available and provide an additional avenue to traditional face-to-face services. It will guide people to programs most suited to their needs, from self-directed programs and clinician assisted support through a 'virtual clinic'. As a result, about 45,000 additional people will have access to web-based therapies over five years. Training and resources for the delivery of e-treatment within general practice will also be established together with electronic mental health training and support for Aboriginal Health Workers and other clinicians in remote areas. The new national mental health consumer peak's advice concerning the efficacy of services offered via the portal and portal's performance overall, will assist to ensure that the portal offers services that people want, are prepared to use and are used with ease, good effect and outcomes.

Strengthening social and economic participation and increased recognition of the importance of 'non-mental health and health sectors' - The Government will improve social and economic participation for people with mental illness through providing $2.4 million over 5 years to employment services to better equip them to help people with mental illness into jobs. The Building Australia's package involves investment, including measures to support the very long-term unemployed, and disability support pensioners, many of whom have a mental illness. As part of the broader workforce reforms, the Australian Government is also expanding funding for training and flexible supports for job seekers, new and expanded wage subsidy programs

for job seekers with disability, and measures to encourage Disability Support. The new national mental health consumer peak will be well placed to provide advice concerning what helps and hinders workforce participation and social inclusion. It will also be well placed to monitor the effectiveness of the workplace initiatives and disability support changes.

The increased focus on social inclusion and social determinants of health and wellbeing has been accompanied by increased recognition of the importance of 'non-mental health and health sectors' such as housing, homelessness, legal services, employment, education and training, transport, community support, family services, youth services, men's services, women's services, aged care services, crisis services, emergency relief and income support, sport and recreation etc. The Australian Council of Social Services (ACOSS), the peak body for community sectors nationally, was and remains a natural partner and ally of the new national mental health consumer peak body. It is important to note that ACOSS lobbied strongly for the new organisation's establishment.

T**he Establishment of the Australian Charities and Not for Profits Commission** – The soon to become operational, Australian Charities and Not for Profits Commission (ACNC), is recognised as one of the cornerstones of the Australian Government's Not-for-profit Reform Agenda. The ACNC is being established as an independent statutory office. Its role will be to provide regulatory oversight of and support for the NFP sector.

Planned reforms for the NFP sector recognise the substantial economic and social contribution the sector makes to Australian society. Reforms to remove duplication and streamline reporting and other regulatory obligations will make it easier for NFPs to go about their core business. They will allow donors and the general community greater access to information about charities, the type of work they do and the effect of their work.

Other national policy or service initiatives - Other national policy or service initiatives or directions relevant to the purview of the new consumer peak include:

- National mental health road map

- Local Hospital Networks

- The role and work of Medicare Locals

- Activity Based Funding and the Hospital Pricing Authority

- Personal controlled electronic health record

- Mental Health Peer Workforce Competency Development Project of the National Skills Standards Council (NSSC)

- Changes to ATAPS, Better Access and Medicare funded services

Other important initiatives seek to support the mental health and wellbeing of children and their families and include the Health and Wellbeing Checks for 3 year olds, the Early Development Index and expansion of Family Mental Health Support services.

New and emerging consumer and carer structures: national, state and international

Nationally

At the time of the Scoping Study Report the following mental health consumer organisations had a presence nationally:

- National Mental Health Consumer and Carer Forum (NMHCCF)

- CAN (Mental Health) Inc.

- GROW

- Hearing Voices Network Australia

- Blue Voices – beyond Blue's national consumer and carer reference group

- Private Mental Health Consumer Carer Network (Australia);

- Multi-Cultural Mental Health Consumer Network

- Post and Anti Natal Depression Association (National Consumer Advisory Group);

- Butterfly Foundation

While there were possibly others, there was and still is, debate about the extent to which various organisations are consumer run and whether they are mental health specific.

Each of the above groups and organisations are still operating with the exception of the Multi-Cultural Mental Health Consumer Network. In its place once they are established will be CALD Consumer and Carer Working Groups of the Mental Health in Multicultural Australia (MHiMA) project. An expression of interest process for membership of these groups is currently underway. The Working Groups will provide advice and represent the views and interests of mental health consumers and carers from migrant and refugee backgrounds at a national level.

The importance of the work of the NMHCCF has been increasingly recognised in recent years. The NMHCCF is a national advisory group

comprising individual consumers and carers from each state as well as representatives of national consumer and carer organisations. The NMHCCF reports and provides advice to the Mental Health Standing Committee of the Australia Health Minister's Council. The Mental Health Council of Australia provides the Forum's secretariat services. In the absence of a national consumer peak body, the NMHCCF has provided important advice concerning a range of issues including:

- What mental health consumers and carers want

- Unraveling psychosocial disability

- Mental health peer workforce and the mental health consumer and carer workforce pathway

- Consumer and carer participation

- Privacy and confidentially and information sharing

- Reducing and preventing the use of seclusion and restraint

- Duty to care – duty of care

The NMHCCF, if it chose, and depending on the membership structure adopted by the new organisation, could be a member of the new national mental health consumer peak organisation. Irrespective of the question of membership, the NMHCCF and the new national mental health consumer peak organisation would be key strategic partners.

State & territory

At the time of the Scoping Study Report there were mental health consumer peak organisations in the following states and territories

New South Wales – **NSW Consumer Advisory Group** (NSWCAG)

Victoria – **Victorian Mental Illness Awareness Council** (VMIAC)

Australian Capital Territory – **ACT Mental Health Consumer Network** (ACTMHCN)

QLD – **QLD Voice for Mental Health** (QLD VOICE) a fledging group, initially funded in 2009 under the auspice of QLD Alliance,

SA – the Health Consumers Alliance of SA is funded by the SA Government to provide a voice for mental health consumers

Northern Territory – **Top End Mental Health Consumer Organisation** (TEMHCO); the **Central Australian Mental Health Association** receives funding to support consumer representation in central Australia

Western Australia – **Consumers of Mental Health WA** (CoMHWA)

In 2011, CoMHWA, after struggling for many years on the back of small grants, received a substantial contract from the WA Government to become the representative association for mental health consumers in WA. Importantly, this contract represented formal acknowledgement and endorsement of CoMHWA as WA's peak mental health consumer organisation. A full-time Executive Director was recently appointed to work in partnership with the Board to lead the organisation through this new and exciting phase of development.

In the Northern Territory, TEMHCO with additional funding has a strengthened capacity.

Queensland Voice for Mental Health Inc., after formally becoming the peak body for Consumers and Carers of Mental Health Services in Queensland in 2010, is currently fighting to keep its funding.

At the time of the Scoping Study report, the Tasmanian Government was conducting a consultation process to establish a new mental health consumer peak body. Since then **Flourish Mental Health Action in Our Hands** (Flourish Tasmania) has been established and is in its second year of operations.

Governments in each of the states and territories continue to fund and support a range of mechanisms and structures for consumer participation and representation in public mental health services. Development and functioning of these structures is variable across and within states and territories, with some being strengthened and others losing funding or part thereof since the Scoping Study.

Over and above state level participation and engagement, each state and territory government contributes to the operation of the National Mental Health Consumer and Carer Forum. At the time of the Scoping Study, each state and territory government whilst welcoming the establishment of a national mental health consumer organisation, do not want the work of the national Forum to be undermined in anyway or duplicated. Nor did they want the workload of their state mental health consumer peaks increased as a result of the emergence of the new national organisation. These concerns remain.

International

Australia continues to participate in the International Initiative for Mental Health Leadership (IIMHL). The IIMHL is a "virtual" agency that works to improve mental health services by supporting innovative leadership processes. IIMHL does not fund projects as such, but rather facilitates connections between leaders. The IIMHL is a "Government-to-Government" initiative. It is funded by Governments of each participating country: England; USA; NZ; Scotland; Ireland; Canada; and Australia. An important initiative of

the IIMHL is the Leadership Exchange that matches key leaders from each country. Leaders may be Government officials, provider organizations, NGOs, planning and/or funding, researchers, leaders from indigenous or specific ethnic groups, family leaders or consumer leaders. The exchange starts with a two-day visit and is followed with a two day Network Meeting. Australian consumers who have participated in the Leadership Exchange report many benefits including:

- New ideas

- Joint program and service development

- Staff/collegial exchanges and sabbaticals

- Sharing of managerial and operational expertise (e.g. in service evaluation)

- Research

- Peer consultation

Other important initiatives of the IIMHL include:

- Mental Health International Collaborative (MHIC) – supporting the development of community mental health services in developing countries

- Indigenous, ethnic and cultural diversity project – to support the development of indigenous leadership

- International social inclusion network – linking leaders who are interested in social inclusion at the community level

- Peer Recovery Specialist – promoting consumer operated services.

The new national mental health consumer peak organisation would qualify for membership of the IIMHL.

Other new organisations within the new mental health reform context

It will be important for the new organisation to as quickly as possible establish a formal partnership with the National Mental Health Commission. The Commission's Strategies and Action 2012-15 prioritises the establishment of partnerships with key stakeholders to support action on factors impeding recovery and preventing people from leading a contributing life. These factors include discrimination, prejudice and lack of understanding. The Commission and the new consumer peak could form a partnership centred on this priority and contribute to the preparation of the Commission's advice to the Prime Minister in relevant areas. In the first instance, contribution to the National

Report Card processes and to the Commission's development of a Contributing Life Measure would be important.

Other Australian Governments (WA & NSW) have either already established a mental heath commission or have announced their intention to do so (QLD & Victoria).

Other new organisations that the new mental health consumer peak organisation will need to establish solid partnerships with include:

- Health Workforce Australia

- Healing Foundation

- Preventative Health Agency

- The Australian General Practice Network, though not new, is the national coordinating organisation for the new national network of Medicare Locals

At the time of the Scoping Study, Community Mental Health Australia (CMHA) was in an early stage of its operation. Community Mental Health Australia now has an office based in Brisbane. It is a coalition of the eight state and territory peak community mental health organisations, established to provide leadership and direction promoting the benefits of community mental health and recovery services across Australia. Key initiatives of CMHA include the following.

- *Outcomes Measurement Project* - In partnership with the Australian Mental Health Outcomes and Classification Network, this project will report to the Commonwealth and jurisdictional funders of mental health programs on current outcome measurement activities and capacity, and views on outcome measurement collection throughout the CMO sector.

- *Mental Health Recovery in the Community and Home Program* (proposed) - aims to build upon the Commonwealth's current leadership of community mental health reform and its policy concern with homelessness and disability employment.

- *Mental Health Non-Government Organisation National Minimum Data Set Project* - The Mental Health Non-Government (NGO) National Minimum Data Set (NMDS) Project represented a significant step toward establishing a national mental health NGO data collection.

- *Day to Day Living (D2DL) Capacity Building Project* - A national project funded by DoHA that will facilitate the identification and dissemination of good practice among D2DL Program providers concluding in June, 2013.

Community Mental Health Australia was and remains a natural partner and ally of the new national mental health consumer peak organisation.

FINDINGS OF THE ENVIRONMENTAL SCAN TO ASSIST THE ESTABLISHMENT OF THE NEW NATIONAL MENTAL HEALTH CONSUMER ORGANISATION

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
Overarching proposal A new national independent national hybrid model peak mental health consumer organisation which is built upon good governance principles, grounded in both grassroots and organisational experience and knowledge, demonstrates competence and integrity, and is strong, viable and accountable.	Supported. The Government has decided the new organisation will be established under an auspice body, with advice from a new Consumer Reference Group. The Government intends to call nationally for expressions of interest for membership of the Consumer Reference Group early in 2012. Good governance, competency and integrity will be vital to the new organisation's success. It will be important for the Consumer Reference Group, the auspice body, and the Board once elected by the membership to ensure these principles are upheld. The Government is committed to transitioning the organisation to full independence following a review and report of the initial two year auspice arrangement.	Calls for EOI to be appointed to CRG – Jan 2012 Appointment of CRG Members - June 2012 Purpose of CRG is to provide advice to an auspice body to assist in the establishment of the new National mental health consumer organisation e.g. advice on: • Strategic directions for the consumer organisation; building an inclusive and diverse membership base • Setting up appropriate mechanisms to ensure consumers are involved throughout the process. The CRG membership comprises people with a diverse range of experience, skills, knowledge and backgrounds. In providing their advice, CRG members will: • Demonstrate personal commitment to a

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
		shared vision leading to improved quality of life, social justice and inclusion for people with mental illness in Australia; and
		• Provide their unique expertise on matters of significance to mental health consumers in Australia.
		The CRG's role does not encompass decision-making responsibilities. In accordance with legal obligations under a funding agreement with the Commonwealth, the auspice body will ultimately be responsible for decisions on setting up the legal, financial and the interim constitutional governance infrastructure of the organisation.
		Commencement of Environmental Scan and engagement of CRG members and stakeholders – August 2012
		1st Meeting CRG – 30-31 August 2012
		At the conclusion of 1st meeting CRG issued a Communique, 'Diverse Voices, Shared Vision' that emphasised a strong organisational ethos a focus on *great governance and modeling a recovery framework in all aspects of the new organisation's establishment.*
		Environmental Scan confirms support for this

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
		focus.
1. Purpose of the new organisation		
1.1 The broad purpose for the new peak is to bring together a diversity of mental health consumers and mental health consumer organisations and groups enabling them to work collaboratively towards achieving a shared national vision leading to improved quality of life, social justice and inclusion.	Supported. With guidance of a new Consumer Reference Group, the unique roles of the organisation can be identified to ensure it is representative of and accountable to mental health consumers. The unique roles may evolve over time as the membership becomes established, and as part of the Board's strategic planning.	Upon appointment of CRG and announcement of auspice (MHCA), Australian Government confirms the purpose of the peak – no change
2. Language and meaning of 'mental health consumers'		
2.1 In the first instance, the voting rights of members of the new organisation, whether they be individuals or organisations, be restricted to those identifying as mental health consumers, people with lived experience of mental health issues or mental health consumer run organisations and groups.	Supported in principle, noting the Consumer Reference Group will assist the auspice body to work through the details of the voting rights and these details may be reviewed by the Board once elected by the membership.	Membership will evolve over time, and, at this stage of planning and implementation, the Scoping Study findings provides a good basis to inform discussions and analysis through the Environmental Scan, such as building into the membership structures such as associates/ friends of the new organisation. The potential advantages for this inclusion are multiple: including building a positive and collaborative reputation; financial and in-kind support; and champions across the

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
		community.

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
2.2 Once the organisation is operational, that safe and respectful discussion and debate is enabled about language and meaning related to the concepts of 'mental health consumer' and 'lived experience of mental illness and mental health issues'.	Supported, noting there may need to be robust discussion to reach consensus on the meaning of definitions, key concepts and terms in its first two years.	Consultations and discussions confirm the recommendation for a focus on clarity of language. In the interim, members of the CRG, the Department of Health and Ageing and representatives of other organisations suggest using existing definitions such as articulated in National Mental Health Consumer and Carer Forum publications and the EOI Kit for Consumer Reference Group membership: "For the purposes of the EOI process, *the term mental health consumer is defined as a person with lived experience of mental health problems or mental illness*". Consistent with the principle of inclusiveness, there may be merit in explicitly recognising the diversity of peoples' lived experience through a statement similar to the following: *Mental health consumer is defined as a person with a lived experience of having mental health problems or mental illness. The term 'lived experience' is intended to be an open term that is inclusive of a variety of experiences and recognises the personal resourcefulness, individuality, strengths and abilities people develop based on their first-hand individual experience of mental illness or*

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
		mental health problems. Note that, depending on the context, it may need to be clarified that the term 'lived experience' does not cover a lived experience of providing family or carer support to someone with mental illness, while also recognising that many people may have lived experience in both capacities.
3. Key Roles		
3.1 **Role One: Achieving Change**: To advocate for change through the provision of national independent advice, including to government, on issues, policies, practice and services affecting the lives of people with mental illness. 3.2 **Role Two: Changing Minds**: To engage the community in breaking down stigma, preventing discrimination and promoting a positive understanding of people experiencing mental illness and mental health issues. 3.3 **Role Three: Participation Leadership**: To provide national leadership on mental	Supported in principle, noting the exact initial roles of the new organisation will be identified with input and advice from the Consumer Reference Group and may evolve over time as the membership is established and the Board is appointed. In particular, the Government sees the organisation playing a key role in 'Sector Development Leadership' by fostering greater innovation and leadership within the mental health consumer sector.	CRG members note the specified roles Other organisations consulted recommend that purpose and roles be able to be expressed in single terms e.g. • Role One - **Advocacy** • Role Two - **Change** • Role Three - **Participation** • Role Four - **Leadership** Organisations consulted strongly emphasized the importance of establishing a clear vision and mission statement to underpin the organisation's understanding of its' key roles

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
health consumer engagement and participation. 3.4 **Role Four: Sector Development Leadership**: To provide national leadership on mental health consumer organisation and service development. Though it is envisaged that the new consumer peak will have a direct reporting line to the Department of Health and Aging, any policy portfolio of the Australian Government might seek advice from the new national organisation on issues and policies affecting the lives of people with mental illness e.g. income support, employment, housing, disability, transport, education and training, legal issues, arts and recreation, and social inclusion etc. Similarly, the new organisation might seek to promote its viewpoints across the whole of government.		and the establishment of a strategic plan and ensuing work plan. AFDO identified that their reference when establishing and reviewing their vision, mission and values to the external standard of the United Nations Convention on the Rights of the Disabled Person has proved extremely valuable in keeping the organization on track. They wondered whether there might be a similar instrument or other reference point for the mental health consumer movement, for example, such as a statement of Recovery Principles. The new National Mental Health Recovery-oriented Practice and Service Delivery Framework with its principles and values might provide this point of reference. It will be important for the new organisation to assume a leadership role in promoting the implementation of the Framework and in preparing information about the framework for consumers.
4. Key work areas of the new peak		
4.1 **Corporate Management** a. Financial Management	Supported. A strong focus on corporate management will be important for the new organisation. An auspice body with well	Confirmed. Consultations highlighted the critical importance of clear delegation between Board and Management

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
b. Administration c. Human Resource Management d. Governance Support e. Occupational Health and Safety f. Communications Strategy g. Information Technology and Information Management h. Evaluation and quality framework	established governance and financial structures will provide a solid foundation for the new organisation in the first two years.	Consultations affirmed the Scoping Study's recommendation for the new organisation's governance structure to include focused subcommittees e.g. Finance and Audit, Membership etc.
4.2 Programs a) Policy and Advice b) Research c) Information and resource development d) Member and Sector Engagement and Development e) Media and Community Engagement f) Partnerships and Collaborations g) Provision of Consultancy Services	Supported in principle. Potential program areas for the new organisation will need to be considered by the Consumer Reference Group and auspice body, to ensure what it does has credibility and relevance, but also to ensure it does not take on too much too soon. This will in turn become a matter for the Board's consideration once it is elected by the membership.	(4.2.b,d,e,f&g) Other organisations consulted highlighted the critical importance of establishing information technology including the use of social media ASAP to enable ready communication and consultation with prospective members and other stakeholders. For example the Australian Conservation Foundation (ACF) utilise Facebook, Twitter, mediated blogs and virtual forums/focus groups using Skype. The ACF has also established a matrix of consultation document that distinguished between informing, engaging, consulting and collaborating. The ACF has offered to make this matrix available to the CRG. (4.2.f) CRG members emphasised the

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
		importance of the new organisation building strong partnerships with: NMHCCF; each of the state/territory-based mental health consumer peaks; the new National Mental Health Commission and the Not-for-Profit Commission; other national mental health organisations; other national community peaks e.g. MHCA, FECCA, Australian Youth Affairs Coalition, ACOSS, Community Mental Health Australia, Federation of Disability Organisations; and other relevant national organisations including Health Workforce Australian, Australian General Practice Network, the Australian National Preventive Health Agency, National Association of Aboriginal Community Health controlled organisations etc.
5. A model for the new peak		
5.1 The new peak be a peak of consumer leadership and expertise comprising a hybrid voting membership of: a) Individuals b) Nationally-based and state-based mental health consumer	Supported in principle. The Consumer Reference Group and auspice body will need to consider the details of membership and voting issues. Once the organisation is established, the Board will need to determine and agree membership rules. It will be important for the new organisation to complement existing structures and where	(5.1) Confirmed with some discussion of enhancements. For example, ACF offered a different view of membership suggesting the notion of affinity i.e. an emphasis of engagement through social media of interested people irrespective of whether they become members. ACF

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
organisations c) Other mental health consumer organisations, groups and networks. 5.1 A system of non-voting associate membership. 5.2 Appointment, as appropriate, of patrons and/or life members in recognition of outstanding support to the Australian mental health consumer movement. 5.3 That the new organisation once it is established and when appropriate to do so, explores the possibility and viability of establishing processes and structures for enabling the emergence and development of local, regional and state branches.	possible, address gaps in the mental health consumer sector. The proposal to set up local, regional and state branches would need to be carefully considered by the organisation once it is fully established.	argues that this is critical to building their support base, maximising their presence and brand recognition, and engaging people who may not wish to identify as member or take out membership. This idea recasts the concept of membership particularly associate membership. (5.2) Confirmed with the suggestion that the appointment of patrons be strategic focusing on a patron's capacity to bring influence e.g. links to corporate history; recognition within mental health consumer movements both within Australia and internationally; assist the building of broadly-based partnerships; assist accessing of resources to support independence. (5.3) Flourish, the new mental health consumer peak in Tasmania has initiated processes and structure for the establishment of regional branches (in the first instance they have established regional advisory committees). VMIAC have similar structure of member forums that are open to non-members.

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
6. The new organisation's position		

6.1 The following key characteristics comprise a starting point for positioning and defining the unique role of the new organisation:
 	
  a. It is a national community based, non-government organisation
 	
  b. It is an independent and autonomous organisation
 	
  c. It is an organisation run by mental health consumers
 	
  d. It is an organisation representing the interests of mental health consumers
 	
  e. It provides policy advice directly to the Australian government and state and territory governments and advocates for change throughout the community to improve the health outcomes and quality of life for people experiencing mental illness
 	
  f. It reports to and is accountable to mental health consumers Australia wide
	Supported in principle noting that an auspice arrangement aims to provide the best possible start for the new organisation. Transition to full independence and autonomy should be informed by review and evaluation.
	
	The Government supports a national organisation that represents the diversity of mental health consumers (and is accountable to them), and which has the capacity to provide policy advice to the Australian Government.
		Confirmed.
		
		(6.1 b, c, d & f) The consultations strongly emphasised the importance of a independent and autonomous national organisation that is run by, represents and is accountable the diversity of people with lived experience of mental illness or mental health problems. The importance of inclusive membership and engagement with non-member stakeholders was emphasised. The importance of a broad range of communication strategies, including use of social media, was emphasised. Attention needs to be given to reaching out to and engaging young people.
		
		(6.1 e) The establishment of the Australian Mental Health Commission potentially provides the opportunity for the new organisation to establish a strategic and mutually beneficial partnership for the purpose of providing collaborative policy advice and for strengthening the influence of such advice.

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
g. It is also accountable to its funding body(ies) for the performance of contractual arrangements and the acquittal of funds		
6.2 The new organisation demonstrates from its commencement a respect for the importance of the role of all key stakeholders and a commitment to working in partnership and collaboration with all parties.	Supported.	Confirmed – see comments in S4 and 6
7. Organisational framework		
7.1 The organisational framework recommended is one which seeks to ensure: a) The centrality of members within the organisation; b) The accountability of the Board to members; c) The accountability of the CEO to the Board for the performance of the organisation; d) The accountability of all staff and all programs through the CEO to the Board;	Supported in principle, noting that the detail of the organisation's framework will be a matter for the organisation itself. The Consumer Reference Group will need to provide advice and work with the auspice body to ensure good governance is embedded from the outset.	Consultations with other organisations revealed that a common issue for boards is the struggle of board members to understand that their role is not to represent the stakeholder group(s) to which they belong. Organisations stressed the need for the Chair and Management to provide support in assisting board members to understand that their role is to focus on governance. Consultations strongly emphasised the importance of board training, a clear matrix of delegations, a clearly articulated governance and policy framework and a willingness to

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
e) The participation in the decision making and work of the organisation of a diversity of members through the progressive establishment of Advisory Committees; f) The participation in the decision making and work of the organisation of mental health consumers nationally and in each state and territory through a planned program of member forums and conventions.		engage external expertise where necessary. It is important for board members to recognise that they carry responsibility when they engage external expertise. To ensure that external expertise is sound in the first instance and then used wisely, it is important that the board carries as much knowledge and skill as possible so that advice received can be properly evaluated. Consultations confirmed the Scoping Study's insistence on the development, ownership and celebration of a Code of Conduct and a Code of Ethics.
8. Legal entity		
8.1 The new organisation be established as a company limited by guarantee.	Noted. The legal status of the organisation will require consideration once it reaches full independence.	This was strongly supported by all consulted. There are several new developments which impact on the implementation of this recommendation including: the new Australian Charities and Not-for-profit Commission which is expected to simplify compliance requirements and processes for not-for-profits; new statutory definition of 'charity'; new taxation treatment of charitable gifts. As per Scoping Study's findings, a company

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
		limited by guarantee was thought a superior for a number of reason including: the oversight of compliance requirements; greater flexibility with constitutional development compared with the more prescriptive requirements of state incorporated association statutes; being able to trade nationally without any additional requirements. Further because many NGOs/NFPs have been established as companies limited by guarantee or have switched to this legal entity, it is likely that there is a significant pool of people with the relevant board experience.

Consultations emphasised that because of the rapid and extensive change that the NFP sector is experiencing and will continue to experience, good legal advice is essential. The Breast Cancer Network Australia referred to the ongoing probono assistance they receive from FreeHills who have extensive experience in the legal requirements of NFP organisations. |

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
9. Ensuring good governance		
9.1. An expertise-based Board of no larger than 10-11 people. 9.2. A pre-requisite for board membership is demonstrated expertise and experience with organisational governance. 9.3. A term of tenure of two years with half of the board positions being declared vacant each year. 9.4. A Board member has only two consecutive terms before stepping down for at least one term i.e. a maximum of four years. 9.5. A merit-based & transparent selection process is recommended for appointment to the Board consisting of: – The requirement that members nominate for appointment to the Board by submitting applications based on key selection criteria, through which they demonstrate the required competencies. – Oversight and support of the	Supported in principle, noting that these details will need to be determined by the organisation itself. The Consumer Reference Group will need to provide advice and work with the auspice body to ensure good governance is embedded from the outset.	All stakeholders affirmed the importance of an expertise-based board. It is important to ensure understanding of the skills needed which are likely to include: good meeting process (chairing and individual member contributions); financial acumen (training in this to be provided to all members; but ensure that at least two members have expertise at any one point in time); experience in communications and membership); background in organisational compliance (e.g. to ensure skills for effective fulfillment of the Honorary Secretary role). Other important skill sets include: networking and ability to build and work in partnerships; and fund raising acumen. Aptitude and outlook are also important. Consultations stressed the need to have board members who are generous in spirit, celebrate the strengths of others, open to new ideas, outward looking, willing to learn, committed to working in partnerships and collaboratively, and self-evaluating and willing to have their own performance evaluated by

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
nomination process by an independent Appointments Committee of the Board. 9.6. The Board advertise the call for applications/nominations for the position of chair both within and without the organisation's current membership and through the print media nationally. 9.7. In the first instance, the Project Team recommends that the call for nominations for appointment to the position of Inaugural Chair be advertised nationally. 9.8. The Chair has lived personal experience of mental illness or mental health issues. 9.9. The new organisation invest significantly in the training, support and professional development of all Board members. 9.10. The new organisation develop a policy of cultural diversity in governance whereby it actively seeks to recruit Indigenous and CALD Australians to its Board. 9.11. Board members be paid a sitting fee for		others. (9.8) All of the other organisations consulted stated that they could not stress strongly enough the need for a highly competent Chairperson who is able to work collaboratively and respectfully with all other board members and with the CEO. (9.14) As discussed above, the importance was emphasised of Board Standing Committees focusing on governance functions.

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
attendance at Board meetings and other activities as agreed and specified by the Board and formalised in a schedule for each particular Board member.		
9.12. Sitting fees could be linked to an appropriate Commonwealth Government standard e.g. sitting fees for Ministerial or Departmental Advisory Committees.		
9.13. The inaugural Board demonstrate a commitment to quality and ethical behaviour and practice through the development and adoption of a Statement of Ethical Standards and a statement of values for the organisation.		
9.14. The establishment by the Board of the following Standing Committees: a) Finance Standing Committee b) Audit and Risk Standing Committee c) Board Renewal Standing Committee d) HR, OH&S and Organisational		

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
Policies and Procedures Standing Committee e) Membership Standing Committee f) Grievance and Complaints Committee g) Organisational Accreditation and Performance Review Standing Committee		
10. Getting the work done		
10.1 All staff, Board Members, Advisory Committee members, Standing Committees and other people as appropriate be required to sign an Agreement to abide by the Statement of Ethical Standards. 10.2 Following a recruitment process consistent with best practice in the field of personnel recruitment, that the best qualified and experienced person applying for the position of CEO be appointed. 10.3 Human resource management policies	Support in principle. The Consumer Reference Group and auspice body will need to determine the details for setting up appropriate mechanisms to enable the new organisation to be well placed to get the work done, applying high ethical standards, merit-based recruitment processes and strong consumer participation, communication and evaluation strategies.	(10.2) All of the other organisations consulted stated that they could not stress strongly enough need for a highly competent CEO whose expertise and experience includes working effectively with boards. Again an ability to provide collaborative and inclusive leadership was seen as a paramount requirement. (10.4) Advisory committee structures was supported as means of member engagement as well as providing the organisation with additional expertise and influence. (10.7) The recent establishment of the

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
of the new organisation demonstrate an emphasis on recruitment of staff based on requisite skills, knowledge and experience and the appointment of the best qualified applicant; an organisational commitment to staff training, development and performance review; and the proactive encouragement of mental health consumers to apply.		National Mental Health Commission provides a early opportunity for the new organisation to establish an important partnership of influence. (10.10) As discussed above, the use of social media was recommended as away of engaging widely, building a diverse membership and support base and facilitating input from people who may not wish to be members.
10.4 Advisory Committees be progressively established for special interest groups including Indigenous, CALD, youth, older persons, alcohol and drug issues, rural and remote, and families as a key corporate strategy for ensuring diversity and renewal.		
10.5 In the first three years of the new organisation's life that priority be given to establishing the first three of the named committees.		
10.6 The new organisation gives priority to ensuring the participation of members in the work of the organisation by establishing a program of member forums nationally and in each state and territory.		

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10.7 The new organisation give priority to establishing strategic partnerships to progress its Changing Minds role as quickly as is possible and practicable.		
10.8 The organisation invests significantly in technology and the necessary expertise given the importance of technology to the new organisation's communication capacity.		
10.9 The new organisation gives priority to developing renewal strategies to enable a diverse and growing membership to be sustained.		
10.10 The new organisation establishes communication strategies encompassing those consumers who do not seek organisational membership in order to decrease the risk of dependence on the input of narrowly defined interest groups.		
10.11 The establishment of an evaluation strategy involving a credible external evaluator which focuses on the reporting of achievements against key performance indicators and the continuous monitoring and ongoing development of strategic planning		

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
instruments. 10.12 The organisation demonstrates leadership in being an organisation committed to development, growth and quality by establishing a quality assurance framework and by pursuing appropriate accreditation.		
11. Making sure the organisation does the best it can		
11.1 The new organisation demonstrates leadership in ensuring a safe and respectful organisation which values and accepts diversity and difference. 11.2 The new organisation demonstrates leadership in promoting and safeguarding a just, ethical and socially responsible organisational culture. 11.3 Strategies for the development and deployment of mentors, ambassadors and champions will be established as a matter of priority. 11.4 The new organisation develops communication strategies for reaching	Supported.	(11.1) It is important to embed strong ethical values and recovery principles in the organisational culture from the outset in order to demonstrate understanding and respect for the effort and input given to the Scoping Study by many mental health consumers across Australia. In the first instance, recovery principles and ethos should be modelled by the CRG. (11.2) Organisations consulted stressed that the board is the initiator and holder of organisational culture. Its behaviour and values set the tone for the whole organisation and for its image in the community.

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
and engaging with the many mental health consumers who will not seek to be directly involved with the new organisation and its work. 11.5 The new organisation embeds evaluation and performance monitoring in its work to ensure it is an organisation that is constantly improving.		11.3) The suggestion was made that mentors, ambassador and champions might emerge directly as result of an effective social media strategy (10.4) See comments in s10 about important role of social media strategies.
11. The establishment phase		
12.1 The Department of Health and Ageing engage a suitably qualified and experienced consultancy group to support the establishment of the new organisation throughout the first 18 months and ensure its ongoing viability. Emphasis be given in the first 18 months to: a) establishing the organisation's identity and membership; b) developing an organisational policy framework; c) initiating the organisation's work;	Not supported. The Government supports an auspice arrangement for the new organisation to ensure the best possible start and chance to build solid foundations, quickly. The Government agrees with the proposed areas of emphasis for the first 18 months of the organisation and the importance of setting up a Consumer Reference Group to provide initial guidance and advice on an implementation plan. The Government intends to call nationally for expressions of interest for membership of the Consumer Reference Group early in 2012. The Government is giving consideration to an	MHCA appointed as auspice. CRG established and meeting. Consultations strongly emphasised the importance of a clear matrix of roles and responsibilities and timelines.

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
and d) establishing development, review and performance monitoring mechanisms. 12.2 An implementation plan and process be established under the initial guidance of a Reference Group appointed following a call for Expressions of Interest nationally. 12.3 Additionally, this implementation plan and process identify an appropriate time and mechanism for transference of this oversight responsibility to an interim or inaugural Board.	appropriate body to provide a solid foundation to ensure the best start for the new organisation and will make an announcement in the coming months. The Government is committed to transitioning the new organisation to full independence and following a review and report on the initial two year auspice arrangement. The auspice organisation will retain legal, financial and fiduciary responsibility until transition to the new organisation occurs.	
13 . Timeframes		
13.1 In the first year of the establishment phase priority be given to launching the organisation as a legal entity and commencing operations.	Not supported. Attention in the first year should be focused on establishing a membership base, determining work priorities, and embedding the operational framework to ensure the new organisation is established on solid foundations. Legal issues and timing should be considered during establishment	The project has commenced under the auspice of the MHCA for an initial two years.

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	phase.	
15. Resource requirements		
15.1 Realistic and appropriate ongoing core funding be provided to invest in sound governance, to enable the appropriate employment of staff, and to enable the organisation to have a national presence and to ensure that the new organisation can carry out its primary roles and functions.	Noted. The Government has allocated $4 million over five years to support the establishment of the new organisation. The Consumer Reference Group, auspice body, and Board will need to assist the new organisation to become self sustaining and financially viable.	The Department of Health and Ageing in their submission highlighted the Scoping Study's and the Australian Government's emphasis on the importance of laying down foundations to support the new organisation to *become self-sustaining and financially viable.* Consultation with other organisations confirmed the desirability of this aspiration and suggested a number of possible strategies including: • Developing a marketing and fund raising strategy and exploring the possibility of brand-related products and events • Attracting potential financial sponsors or supporters via social media • *Registering as a not-for-profit organisation seeking partners and grants – there* are a number of registers that have been established to link Deductible Gift Recipient charities to link them with donors and sponsors eg Charities Aid

Scoping Study Recommendations	Australian Government's Response	Environmental Scan Update & Findings
		Foundation (CAF) aims foster relationships between companies, foundation account holders and charities through the following services and schemes: - Workplace Giving - Matched Giving - Foundation Accounts - Grants Programs - Advisory and Consultancy - International Giving - Online Credit Card Giving • Others registers include: Givewell; Connecting Up; Australian Communities Foundation; MyCause; OneDonation; Karmacurrency Foundation • Registering with services that link organisations with probono assistance e.g. Probono Australia.

Using the findings of this report

The findings from the Environmental Scan including the interviews with organisations will assist the Consumer Reference Group (CRG) and the Mental Health Council of Australia (MHCA) in their planning and implementation. Mapping of reform agendas and of existing/emerging consumer and carer structures, national and local and other relevant structures will need to be ongoing during planning and implementation.

The findings show there is no one single model, but a range of lessons to be learnt from existing models that can be tailored to the new organisation. The contributions, advice and offers of assistance from organisations, such as the Australian Conservation Foundation, demonstrate the benefits of drawing on the experience of existing organisations. Seeking organisations' expertise throughout planning and implementation of the new organisation would contribute to its success. It is also a first step in relationship building, which may lead to partnerships and collaboration once the new organisation is fully established.

This section provides a summary of how each of the major sections of this report might assist the CRG with their role of providing advice to the CRG.

The current national mental health policy environment and priorities

The findings will help inform how the new organisation will be uniquely placed to ensure a strong and consolidated voice contributes to mental health reform.

As planning and implementation progresses, and as part of not taking on too much too soon, recognise that prioritisation of reform agendas will be important.

The sample of initiatives in the current national mental health context, is primarily related to the Commonwealth's leadership under the *Delivering National Mental Health Reform.*

Other reform activities of relevance are those undertaken in partnership with state and territory governments, including health-led reforms under the National Mental Health Strategy through policy and plan documents such as *the Fourth National Mental Health Plan*: *an agenda for collaborative government action in mental health 2009-2014.*

New and emerging consumer and carer structures, national, local, international

The findings here will help inform how the new organisation will be uniquely placed, identify its linkages with other structures, identify what areas the new organisation can take a leading role in; and ensure its role is complementary and not duplicating.

The overview of existing and emerging national and local consumer structures, both consumer run and consumer focussed will also be of assistance.

As planning and implementation progresses, it will be useful to assess if and how other structures are contributing to the four key areas identified in the Scoping Study (ie Role One – Advocacy; Role Two – Change; Role Three – Participation; Role Four – Leadership).

As identified in the Australian Government Response, Key role Four, 'Sector Development Leadership', presents as an unique role for the new organisation.

The new organisation can begin fulfilling this role by leading by example, including through its organisational ethos by embedding recovery-orientated approaches into corporate and governance structures.

Other new organisations within the new mental health reform context

This section includes some of the organisations/structures under broader health reform. Establishing partnerships with organisations will develop over time, and will need to be built in a staged approach as per the initial roles and priorities of the organisation.

Establishing a relationship with the National Mental Health Commission is a clear priority and a process will need to be negotiated by the parties once the new organisation is in a position to do so.

Appendix 1: List of Scoping Study Consultations, Documents and Submissions

PHASE 1 Invitation to present ideas

DATE	EVENT	TIME*	LOCATION
Monday, 24 August	Meeting	8.30 am - 9.30 am	Mental Health NT, Darwin, NT
	Meeting / forum	12.30 pm - 2.30 pm	Nightcliff, NT
	Meeting / forum	6.00 pm - 8.00 pm	Anula, NT
Tuesday, 25 August	Meeting / forum	2.00 pm - 4.00 pm	Alice Springs, NT
	Meeting / forum	6.00 pm - 8.00 pm	Alice Springs, NT
	Meeting	6.00 pm - 8.00 pm	MHACA, Alice Springs, NT
Monday, 7 September	Meeting / forum	12.00 pm - 2.00 pm	West Perth, WA
	Meeting	2.15 pm - 3.00 pm	Health Dept, East Perth, WA
	Meeting / forum	3.00 pm - 5.00 pm	East Perth, WA
Tuesday, 8 September	Meeting / forum	1.30 pm - 3.30 pm	Bunbury, WA
Wednesday, 9 September	Meeting / forum	6.00 pm - 8.00 pm	Adelaide, SA
Thursday, 10 September	Meeting	9.30 am - 10.30 am	Dept Premier and Cabinet, Adelaide, SA
	Meeting / forum	12.30 pm - 2.30 pm	Murray Bridge, SA
Friday, 11 September	Meeting	10.00 am - 11.00 am	Dept of Health, Adelaide, SA
	Meeting / forum	12.30 pm - 2.30 pm	Adelaide, SA
Monday, 14 September	Meeting / forum	12.30 pm - 2.30 pm	Brunswick, VIC
	Meeting / forum	6.00 pm - 8.00 pm	Brunswick, VIC
Tuesday, 15 September	Meeting / forum	12.30 pm - 2.30 pm	Castlemaine, VIC
	Meeting	4.30 pm - 5.30 pm	Dept of Health, Melbourne, VIC
Wednesday, 16 September	Meeting / forum	12.30 pm - 2.30 pm	Launceston, TAS
	Meeting / forum	6.00 pm - 8.00 pm	Launceston, TAS
Thursday, 17 September	Meeting	10.00 am - 11.00 am	Mental Health Services, New Town, TAS
	Meeting / forum	12.30 pm - 2.30 pm	Hobart, TAS
	Meeting / forum	6.00 pm - 8.00 pm	Hobart, TAS
Monday, 21 September	Meeting / forum	11.00 am - 12.00 pm	CALD, Mt Gravatt, QLD
	Meeting / forum	2.30 pm - 4.30 pm	New Farm, QLD
	Meeting / forum	5.00 pm - 7.00 pm	New Farm, QLD
Tuesday, 22 September	Meeting / forum	10.30 am - 12.30 pm	Toowoomba, QLD
Wednesday, 23 September	DUST STORM …	12.30 pm - 2.30 pm	Redfern, NSW
	DUST STORM …	6.00 pm - 8.00 pm	Redfern, NSW

CRAZE LATERAL SOLUTIONS

DATE	EVENT	TIME*	LOCATION
Thursday, 24 September	Meeting / forum	10.30 am - 12.30 pm	Parramatta, NSW
	Meeting / forum	3.30 pm - 5.30 pm	Campbelltown, NSW
Friday, 25 September	Meeting / forum	12.30 pm - 2.30 pm	Batemans Bay, NSW
Monday, 28 September	Meeting	11.00 am - 12.00 pm	Mental Health, Canberra, ACT
	Meeting / forum	12.30 pm - 2.30 pm	Canberra, ACT
	Meeting / forum	6.00 pm - 8.00 pm	Canberra, ACT
Friday, 2 October	Meeting	2.30 pm - 4.30 pm	Sydney, NSW
Thursday, 1 October	Meeting	11.00 am - 12.00 pm	Dept Health, Sydney, NSW

CRAZE LATERAL SOLUTIONS

PHASE 2 - Consultation on a Discussion Paper

DATE	EVENT	TIME*	LOCATION
Monday, 23 November	Meeting / forum	9.30 am - 11.30 am	Ryde, NSW
	Meeting / forum	1.00 pm - 3.00 pm	Kogarah, NSW
Tuesday, 24 November	Meeting / forum	10.30 am - 12.30 pm	Newcastle, NSW
	Meeting / forum	10.30 am - 12.30 pm	Sydney, NSW
Wednesday, 25 November	Meeting / forum	10.30 am - 12.30 pm	CALD, Mount Gravatt, QLD
	Meeting / forum	1.30 pm - 4.30 pm	New Farm, QLD
Thursday, 26 November	Meeting / forum	10.30 am - 12.30 pm	Bundaberg, QLD
Friday, 27 November	Meeting / forum	10.30 am - 12.30 pm	Cairns, QLD
Monday, 30 November	Meeting / forum	10.00 am - 12.00 pm	Karama, NT
	Meeting / forum	1.00 pm - 3.00 pm	Karama, NT
Tuesday, 1 December	Meeting / forum	10.30 am - 12.30 pm	Alice Springs, NT
Wednesday, 2 December	Meeting / forum	2.00 pm - 4.00 pm	East Perth, WA
Thursday, 3 December	Meeting / forum	2.00 pm - 4.00 pm	East Perth, WA
Friday, 4 December	Meeting / forum	3.00 pm - 5.00 pm	Geraldton, WA
Monday, 7 December	Meeting / forum	10.00 am - 12.00 pm	Adelaide, SA
	Meeting / forum	1.00 pm - 3.00 pm	Adelaide, SA
Tuesday, 8 December	Meeting / forum	10.30 am - 12.30 pm	Wallaroo, SA
Wednesday, 9 December	Meeting / forum	5.00 pm - 7.00 pm	Brunswick, VIC
Thursday, 10 December	Meeting / forum	10.00 am - 12.00 pm	Brunswick, VIC
Friday, 11 December	Meeting / forum	9.30 am - 11.30 am	Burnie, TAS
	Meeting / forum	1.00 pm - 3.00 pm	Melbourne, VIC
	Meeting / forum	2.00 pm - 4.00 pm	Devonport, TAS
Monday, 14 December	Meeting / forum	1.00 pm - 3.00 pm	Hobart, TAS
Wednesday, 16 December	Meeting / forum	3.00 pm - 5.00 pm	Canberra, ACT
	Meeting / forum	5.00 pm - 7.00 pm	Youth, Brisbane, QLD

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List of Scoping Project Documents

- Consultation Evaluation Responses
- Discussion Paper
- Information Paper - Membership Options Paper
- Information Paper - Nationally Based Mental Health Consumer Organisations
- Information Paper - Organisational Issues
- Information Paper - Peak Participation
- Information Paper - What is a Peak Body
- Information Paper – Legal Entity Options
- Newsletter 1
- Newsletter 2
- Newsletter 3
- Newsletter 4
- Newsletter 5
- Newsletter 6
- Newsletter 8
- Newsletter 9
- Newsletter 10
- Newsletter 11
- Phase 1 - Summaries
- Phase 2 - Adelaide 1
- Phase 2 - Adelaide 2
- Phase 2 - Alice Springs

- Phase 2 - Brisbane
- Phase 2 - Bundaberg
- Phase 2 - Cairns
- Phase 2 - CALD - Brisbane
- Phase 2 - Canberra
- Phase 2 - Darwin
- Phase 2 - Hobart
- Phase 2 - Kogarah
- Phase 2 - Melbourne 1
- Phase 2 - Melbourne 2
- Phase 2 - Newcastle
- Phase 2 - NW Tasmania
- Phase 2 - Perth 1
- Phase 2 - Perth 2
- Phase 2 - Ryde
- Phase 2 - Wallaroo
- Phase 2 Consultation Paper - Survey
- Responses to Draft Report
- Survey Responses for Phase 1 and Phase 2
- Evaluation form responses & discussion of how the consultation process might have been improved

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List of Scoping Project Submissions

- A Way Ahead Queensland (AWAQ)
- Consumer and Carers, Multi-Cultural Mental Health Australia
- Consumer Sub-Committee, Mental Health and Drug and Alcohol Office, NSW Health
- Consumers Health Forum of Australia
- Mackay Consumer Advisory Group
- Multicultural Consumer and Carers Network (report on the consultation conducted in Townsville in October 2009)
- National Mental Health Consumers and Carers Forum and the Mental Health Council of Australia
- Private Mental Health Consumer Care Network (Australia)
- Public Interest Advocacy Centre Ltd
- Queensland Health
- Ryde Consumer Network
- Victorian Mental Health Carers Network

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