

Update on the establishment of the National Mental Health Commission (NMHC)

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Work-plan

- Attached is some preliminary analysis of the work the Commission will undertake and possible timeframes for feedback (**draft timeline and proposed work at Attachment B**)
- PM&C proposes further development of primary and secondary tasks, based on the terms of reference (**see Attached Brief to Minister Butler**), and could provide a draft work-plan to the CEO for comment in late August

First decisions for CEO

- Initial staff to work in the NMHC:
 - *Executive Officer*
 - *Policy Officer*
 - *Other*
- How would Ms Kruk like to keep abreast of implementation progress
 - Direct communication / Cc'd on key issues

Update on Mental Health Reform.

COAG

- Mental Health will be an item for high level discussion at the next COAG meeting on;
 - The National Partnership Agreement; and
 - The Ten Year Roadmap for Mental Health Reform
- Pat McGorry, Frank Quinlan and David Cappel will give presentations at COAG (**Attachment C**)

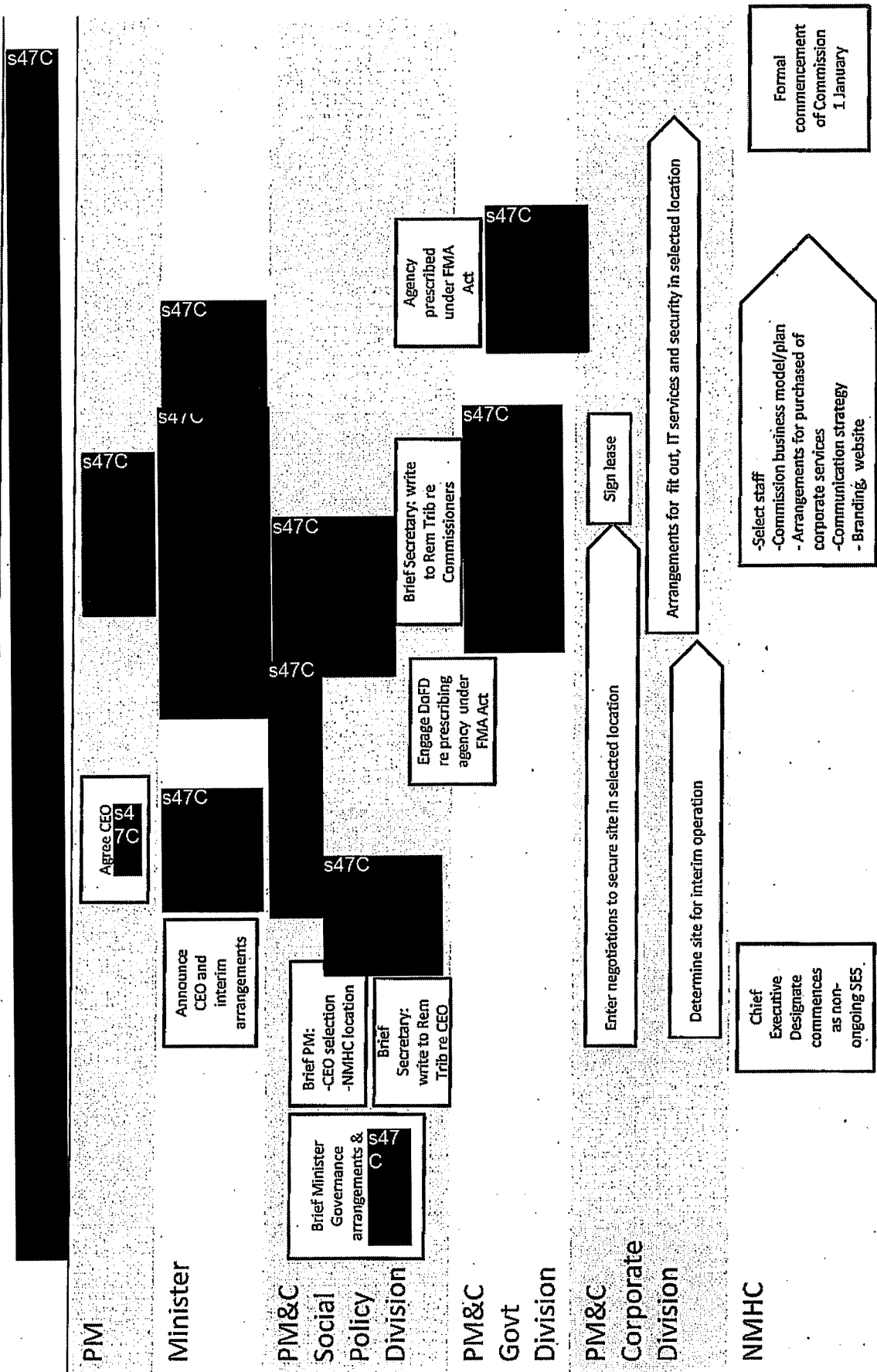
The Senior Officials Working Group on Mental Health (SOWGMH)

- SOWGMH is the forum for engaging with states to develop the NP and Roadmap
 - First meeting on 28 June (chaired by Jane Halton) was generally very positive
 - lots of interest in Commission from states
 - Interest in the intersection between Roadmap, 4th National Mental Health Plan and Commission
 - CEO will be invited to attend the next meeting in early August

Overarching Mental Health Implementation Group (OMHIG)

- OMHIG is the IDC for implementing and monitoring implementation of the Commonwealth's reform package, and, through which PM&C will seek feedback on Commission matters as necessary. (**Attachment D**)

National Mental Health Commission – PM&C implementation plan



DEPARTMENT OF THE PRIME MINISTER AND CABINET

PM&C
Secretary
Dyde Brouwer
Mr Eccles
Mr Rimmer
Mr Beresford
Ms Welch
Mr Dacres
Ms Lynch
Mr Costello
Mr Macgill
Mr Yeaman

To: Minister Butler for decision/signature
Cc: Prime Minister

NATIONAL MENTAL HEALTH COMMISSION (NMHC) - MENTAL HEALTH COMMISSIONERS

PMO
Mr Hubbard
Mr Davidoff
Ms Woolley

MO
Ms Grogan
Mr Pearson

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5. Agree the NMHC be located at 6 O'Connell Street Sydney.

Agreed / Not Agreed

Mark Butler

Date:

Purpose: To progress the next steps in establishing the NMHC, including Identifying Mental Health Commissioners.

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and Work-plan for the NMHC

1. s47C

2. Funding for the NMHC includes allocations for policy and support staff, and funds to contract services to support the work of the CEO, Chair and Commissioners.

3. Development of a work-plan will allow responsibilities to be divided between NMHC staff, Commissioners and external contractors. s47C

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s47C Drafting of the work-plan will allow more exact requirements to be determined.

4. On 6 July 2011, in addition to meeting with you, Ms Kruk will be meeting with PM&C for initial discussions regarding drafting the work-plan.

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NMHC engagement with States and Territories

16. The NMHC's ability to report on the mental health system nationally will depend upon constructive relationships with states and territories.
17. The Senior Officials Working Group on Mental Health met on 28 June 2011. The role of the Commission was briefly outlined at this meeting and states and territories showed strong interest, proposing that Ms Kruk be invited to attend the next meeting.
18. As per your request, this meeting could be used to engage jurisdictions on the NMHC.

Update on corporate matters

19. Ms Kruk formally commenced as a PM&C SES officer on 20 June 2011.
20. PM&C will provide Ms Kruk with temporary office space within the premises of the COAG Reform Council, located at 6 O'Connell Street, Sydney. This is also the proposed permanent location as there will be efficiencies from shared corporate services. PM&C is negotiating to secure leasing arrangements.


Richard Eccles
Deputy Secretary
Arts and Sports Group
4 July 2011

Policy Officer: Rachel Green
Phone no: 6271 6012
Consultation: Fiscal, Govt, CabSec, DoHA

ATTACHMENTS

ATTACHMENT A

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ATTACHMENT B Role / Description of Mental Health Commissioner

ATTACHMENT C

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ATTACHMENT D Identifying Mental Health Commissioners

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Attachment A

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ATTACHMENT B

ROLE OF THE MENTAL HEALTH COMMISSIONERS

The Mental Health Commissioners have two primary responsibilities:

- a) shaping the strategic direction of the Mental Health Commission; and
- b) providing advice on the mental health system.

PROPOSED ACTIVITIES OF THE NATIONAL MENTAL HEALTH COMMISSION

Develop and implement the annual National Report Card on Mental Health and Suicide

- Increase transparency and accountability
- Analyse the performance of the National Mental Health System

Provide policy advice based on a broad range of data and evidence

- Advise on improving data collection
- Use and develop data to analyse trends by sector, region and demographic
- Advise on strategies to ensure that information on programs and services is consolidated within the E-health portal, and accessible to consumers
- Work collaboratively with jurisdictions to develop a whole of system perspective on Mental Health data and program evaluation

High level advice and analysis on existing stigma reduction activities

- Analyse existing Australian and international stigma reduction activities
- Advise on strategies to reduce stigma within existing government programs/policies and within the community

Communicate with a range of different demographics and groups

- Children and Young People
- Families and Communities
- Indigenous Australians
- Older persons
- Culturally and linguistically diverse (CALD)
- Gay, lesbian, bisexual, transgender and intersex (GLBTI)
- Urban, regional, rural and remote

Balance the interests of a range of diverse sectors

- Primary Care and Hospital services
- Clinical and non-clinical treatment perspectives
- Community support services
- Housing and homelessness
- Justice and corrections
- Education and Employment
- Substance use / harm minimisation
- Suicide & self harm minimisation
- E-mental health
- Care for the severely mentally ill

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Identifying Mental Health Commissioners

The success and effectiveness of any board necessarily relies on the forming, into a coherent whole, of people from a diversity of backgrounds, skills and experiences, with the abilities and personal qualities to fully contribute to the effective governance of the agency.

Optimal Candidates

9 members is an ideal operating size for a well-functioning governing board, however given the wide range of sectors, stakeholders and advisory fields, optimum candidates will be those whose attributes and experience cover multiple characteristics from the lists below.

Personal Qualities

While more difficult to assess, the following personal qualities should be considered and assessed in considering potential members:

strategic perspective; independence of mind; integrity; intelligence and incisiveness; personal courage; ability to cooperate; sense of proportion; and availability and commitment.

Best practice composition of skills/experience for a Government Agency Board

Leadership/Vision: capacity to provide guidance in the strategic direction of the agency, to build/participate in an effective team at the board level, to work with the Government in fostering a shared vision for the future of the agency [particularly Chair].

Business/Financial: implicit understanding of requirements and board responsibility for strong financial management; awareness of strategic role of the board in guiding the success of the enterprise; capacity to manage complex agency business models and budgets; connections support capacity to build private sector partnerships.

Legal: legal mindset supports incisive and analytic approach to issues; awareness of the legal framework the agency operates within.

Management: understanding of management of significant organisations supports sound governance, particularly in audit and risk management, budgeting and strategic planning.

Marketing: implicit awareness of the impact of media and management of public profile provides perspective in strategic planning; communications skills assist the board/chair in influencing/communicating vision.

Business of the agency: sector-specific skills in some cases are specifically required by legislation. In other cases, skills/experience directly related to the business of the agency can provide valuable industry/sectoral perspective on strategic direction and specific technical/sectoral advice on agency initiatives.

These skills might also be desirable:

- Mental Health policy expertise and experience
- Government experience (State and Commonwealth);
- Proficiency with data and statistics (health and non-health);
- Clinical and non-clinical treatment perspectives;
- Experience in population health;
- Special interest group expertise / representation;
- Relationships with stakeholders, peak bodies, key advocates, community and consumer organisations;
- Understanding of online communication, social media, and marketing;
- Connection to the community and consumer sectors;
- Awareness of gaps in each state and territory as well as regional and rural areas; and
- Expertise relating to Australian/international mental health services.

Balance

The NMHC will be a national body and consider the performance of the Commonwealth, State and Territory mental health systems. In this context it is important to give consideration to a balance of the following:

- Gender balance
 - requisite for balanced perspective
 - Government targets of 60% for women on Federal Government boards within five years
- Geographic balance
 - reflecting national role and impact
 - reflecting importance of engagement with States and Territories
 - Regional, Rural and Remote / Urban
- Children and Youth
 - ensuring new perspectives and a balance of experience
- Indigenous representation

Draft indicative timeline

10-12 Strategic Direction meetings per year, plus the following work in blocks:

Tasks	Jan-Feb	Mar-Apr	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec
Work-plan (to form basis for Annual Report on activities of the NMHC)	<ul style="list-style-type: none"> NMHC Staff Secretariat CEO Input & review by MHCs 			CEO & Chair: Prepare Annual report against work-plan for October Submission		
National Report Card on Mental Health and Suicide	Contractors, NMHC staff & Secretariat: Data collation, preparation & prelim analysis	MHCs: Review findings. Consult stakeholders	CEO: release report card. MHCs: comment on findings? (statements, public awareness stuff...)		CEO & Chair: Review effectiveness / application of Report Card	
State of Australia's Mental Health System Performance (some form of public policy advice paper to Government???)	MHCs & CEO: design vehicle for reviewing system integration?? NMHC staff: draft discussion Paper based on ToR	MHCs meet to discuss // compare with Report Card & Roadmap				
Evaluation of Roadmap (to commence in second year of Roadmap?)			CEO & MHCs: direct the design of framework for evaluation & method for action on Roadmap drafted by NMHC staff based on advice of MHCs	CEO & Chair: Process agreed to commence regular Roadmap review?		
Stigma reduction analysis	<ul style="list-style-type: none"> Contract out for a discussion paper on stigma and reduction activities in Australia and OS 		<ul style="list-style-type: none"> NMHC staff & secretariat review / refine paper/advice document 	MHCs consult stakeholders review/agree on Stigma Policy suggestions		CEO & Chair: Prepare advice prior to 2013 Budget Process on better policy design to address stigma

* Tasks assigned to Mental Health Commissioners (MHCs) in green

POSSIBLE WORK OF THE NATIONAL MENTAL HEALTH COMMISSION

TASKS		DELIVER
Produce the National Report Card on Mental Health, Evaluate and report on the mental health system by mid 2012		
<ul style="list-style-type: none"> • Negotiate the Commission's access to reports (CEO) • Analyse data to prepare the National Report Card. • Assess the system's performance, including evaluating federal, state and territory governments' programs • Develop and maintain strong links with federal, state and territory governments (CEO) • Develop and maintain strong links with non-government organisations 		PRIORITY ONE for delivery by mid 2012
Communicate with a range of different demographics		
<ul style="list-style-type: none"> • Indigenous; • older persons; • culturally and linguistically diverse (CALD); • gay, lesbian, bisexual, transgender & intersex (GLBTI); • youth; children; and families • urban and regional/rural and remote • health (Primary care & hospitals); • Clinical and non-clinical treatment perspectives; • Community support services; • Housing and homelessness; • Justice and corrections; • Education; • Substance use / harm minimisation; • Employment; • Suicide & self harm minimisation; • E-health (mental health specific); • Care for the severely mentally ill 	High Priority – perhaps hold some roundtable discussions?	
Provide policy advice based on a broad range of data with mental health outcomes or implications		
<ul style="list-style-type: none"> • Provide policy advice • Provide advice on improving data collection. • Use and develop data to analyse trends by sector, region and demographic. 	Ongoing task – perhaps commence following first Report Card	

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TASKS	DELIVER
Advise and design stigma reduction activities (subject to resources)	
<ul style="list-style-type: none"> Analyse existing Australian and international stigma reduction activities. Advise on strategies to reduce stigma within existing government programs/policies and within the community. 	s47C
Ongoing monitoring of the 10 Year Roadmap for Mental Health Reform	
<ul style="list-style-type: none"> Ongoing evaluation of Roadmap incl. through National Report Card on Mental Health 	Depends on what deliverables are agreed in the Roadmap.
E-Health	
<ul style="list-style-type: none"> Coordinate the National Services directory aspect of the E-health measure (NMHC Staff) Advise on strategies to ensure that information on programs and services is consolidated within the E-health portal, and accessible to consumers. 	Depends on DoHA implementation schedule

ATTACHMENT C

Dear Patrick, David and Frank,

Thank you for confirming your availability to participate in a telepresence on Friday 1 July, at 4:30 to discuss your presentations to the Council of Australian Governments (COAG) meeting on 15 July 2011.

At the COAG meeting, following your presentations and discussion with leaders, COAG will discuss the National Partnership (NP) on Mental Health which offers funding for the states and territories to bid for, through a competitive process, with the following priorities:

- people with severe and persistent mental illness and complex care needs, who need stable accommodation and support to keep well and break the hospital cycle; and
- presentation, admission and discharge planning and support in major hospitals and emergency departments, for people with a mental illness who frequently present at emergency departments.

COAG will also consider a s47B

s47B The intention of the Roadmap is to set out what Australia's mental health system should look like in 10 years, and the main steps involved in reaching this goal.

Also attached is a s47B

Based on this summary, and in consultation with the Department of Health and Ageing, we have outlined below some points you may wish to touch upon in your presentations:

- seizing the opportunity for jurisdictions to work together and avoiding a business as usual approach: we have a chance to think differently about the system and engineer it to work across and beyond traditional government boundaries;
- specific approaches to ensure that Commonwealth contributions to State-run services such as emergency department planning and support for accommodation might help build a truly integrated system, including in non-health sectors;
- the importance of the new National Mental Health Commission, and value of states working collaboratively / cooperatively with it in relation to data access and sharing to monitor system-wide performance; and
- the Commonwealth's priorities for the NP and why these priorities are important.

I look forward to meeting two of you via Telepresence on Friday.

Warm regards

Ron Perry

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NATIONAL MENTAL HEALTH COMMISSION

- The Government announced the establishment of the National Mental Health Commission to oversee Australia's mental health system as part of the \$2.2 Billion package on mental health in the 2011-12 Budget.
- From 1 January 2012, the Commission will help the Government to plan more effectively for the future mental health needs of the community, by creating greater accountability and transparency in the mental health system and giving mental health prominence at a national level.
- As part of the Commission's oversight function, it will be important for the Commission to work closely and collaboratively with health and non-health agencies from all jurisdictions.
- The Commission will benefit people suffering from a mental illness now and in the future by working to ensure future policy is targeted at gaps in the system.

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Governance

- The Commission will report to the Government through Ms Robyn Kruk AM, announced as CEO designate on 1 June 2011. Nine Mental Health Commissioners, drawn from experts in a range of sectors will also provide advice on the performance of Australia's mental health system.
- Establishment as an Executive Agency in the Prime Minister's portfolio reflects the cross-portfolio nature of mental health as well as its status as an important priority for the Government. It also provides independence from the line agencies which administer mental health programs.

OVERARCHING MENTAL HEALTH IMPLEMENTATION GROUP

[Revised] Terms of Reference

Aims and Objectives

The Overarching Mental Health Implementation Group (OMHIG) will:

- continue the work of the APS200 group which led the early development of the mental health package; and
- ensure the coordination of agency work across all elements of the package, to deliver services in a different and integrated way, to realise the full potential of the package.

Specifically, the OMHIG will:

- monitor the implementation of each measure announced as part of the Government's National Mental Health Reform Package;
- provide advice to inform the proposed National Partnership on Mental Health with states and territories (noting the particular interest of FAHCSIA on the supported accommodation element of the package) and Ten-year Roadmap; and
- drive collaboration between relevant agencies on implementation of measures with cross-portfolio impacts

by:

- assessing traffic light reports on individual measures and monitoring of project plans;
- the early identification of cross portfolio implementation issues, including risk management;
- producing a consolidated implementation report which can be provided to Ministers / Senior Officials Working Group as required; and
- analysing the aims and objectives of the National Partnership Agreement and Ten-year Roadmap from the Commonwealth's perspective.

Membership

The OMHIG will be chaired by the DoHA Deputy Secretary with responsibility for Mental Health and formal membership will comprise the accountable Deputy Secretaries from each agency plus the Departments of the Prime Minister and Cabinet and the Treasury. The following agencies will be represented:

- Department of Health and Ageing (Chair – Deputy Secretary, Mental Health);
- Department of Families, Housing, Community Services and Indigenous Affairs;
- Department of Education, Employment and Workplace Relations;
- Department of the Prime Minister and Cabinet;
- Department of the Treasury; and
- Department of Human Services.

Secretariat

Mental Health and Chronic Disease Division, Department of Health and Ageing.

Frequency of Meetings

The OMHIG would meet face-to-face as required, with minor issues discussed via teleconference on a need by need basis. Discussion of implementation issues at meetings will be kept short and to the point, so that members without and specific interest in discussion of the National Partnership are able to leave.

OVERARCHING MENTAL HEALTH IMPLEMENTATION GROUP (OMHIG)

22 JUNE 2011

DRAFT OUTCOMES

Attendees

Representatives

Ms Rosemary Huxtable (chair)	Department of Health and Ageing
Ms Liza Carroll	Department of Families, Housing, Community Services and Indigenous Affairs
Mr Joe Castellino	Department of the Prime Minister and Cabinet
Mr Chris Foster	Department of the Treasury
Ms Helen Innes	Department of Education, Employment and Workplace Relations
Ms Sheila Bird	Department of Human Services – Medicare Australia

Observers

Mr Evan Lewis	Department of Families, Housing, Community Services and Indigenous Affairs
Ms Vicky Beath	Department of Human Services – Medicare Australia
Ms Susan Thomson	Department of Education, Employment and Workplace Relations
Ms Rachel Green	Department of the Prime Minister and Cabinet
Ms Georgie Harman	Department of Health and Ageing
Mr Alan Singh	Department of Health and Ageing
Mr Stefan Pulpitel	Department of Health and Ageing
Mr Roland Balodis	Department of Health and Ageing

Apologies

Mr Nigel Ray	Department of the Treasury
Ms Rebecca Cross	Department of the Prime Minister and Cabinet
Ms Malisa Golightly	Department of Human Services – Medicare Australia
Mr John Kovacic	Department of Education, Employment and Workplace Relations

Key discussion points

- The OMHIG will continue the work of the APS200 group which led the early development of the mental health package.
- In doing so, it should ensure the integration of agency work across all elements of the package, to deliver services in a different and integrated way, to realise the full potential of the package (to be reflected in the Terms of Reference).
- The potential intersection with the Government's Participation and Homelessness agendas was noted.
- It will be critical to ensure linkages between measures and agencies are identified during the planning stage of implementation. These will be noted in a consolidated cross-agency implementation summary. This will also promote collaboration in stakeholder engagement, including, where appropriate, combined agency meetings with stakeholders.

- The back-ended nature of the 2011-12 Budget package allows for inter-agency implementation planning, with a particular focus over the next six months.
- In the long term, the new National Mental Health Commission is likely to play a role in monitoring implementation of the 2011-12 Budget measures.
- Members noted the establishment and intent of the Senior Officials Mental Health Working Group, chaired by the Secretary of DoHA, Ms Halton. The first working group meeting is on 28 June 2011.
- The role of OMHIG will be to monitor implementation of the Budget package, provide advice to inform the development of the proposed National Partnership agreement with states and on the ten-year Roadmap, and drive collaboration between relevant agencies to ensure integration of effort.
- s47B
- DoHA and FAHCSIA, in particular, will need to work closely on the NP.
- With respect to implementation of the EPPIC measure, discussions will be needed with states on service delivery to avoid duplication. This may best be done by a sub-group of the SOM Mental Health Working Group.
- With respect to matters which may impact upon the National Mental Health Commission, OMHIG to liaise with its inaugural CEO, Ms Robyn Kruk, at the appropriate time.

Actions arising

Item	Action	Responsible	Due
2	Revise Terms of Reference, noting: <ul style="list-style-type: none"> – Continuation of APS200 work – Ensuring integration of agency work across the package – Interest of FaHCSIA on housing components. – Providing advice to inform NP with states and ten- year Roadmap. 	DoHA	For distribution prior to next meeting.
3(a)	Affected agencies to provide an implementation summary of their measures, based on DoHA's circulated summary.	All agencies with measures	For distribution prior to next meeting.
3(a)	Consolidate agency input into a single implementation summary document. Prepare document outlining cross-agency linkages, risks (including collective risks), and external consultative arrangements over next six months.	DoHA	For distribution prior to next meeting.
3(b)	Traffic Light report to be used by OMHIG to monitor implementation. Align proposed Traffic Light report with existing Traffic Light reports to minimise duplication.	PMC and DoHA	For distribution prior to next meeting.
6	Next meeting to be held late July.	DoHA	Late July

COMMONWEALTH MENTAL HEALTH REFORM PACKAGE

Measure title	5 year total (\$m)
Improving outcomes for people with severe and debilitating mental illness	571.3
<i>Coordinated care and flexible funding for people with severe and persistent mental illness</i> Provide support to around 24,000 people with severe and persistent mental illness and complex care needs through Care Facilitators, a nationally-consistent assessment framework and multiagency care plans.	343.8
<i>Expansion of Support for Day to Day Living in the Community program</i> Additional funding to the 60 existing service providers to enable them to provide social support and structured rehabilitation to an additional 18,000 people over five years with severe and persistent mental illness.	19.3
<i>Expanding community mental health services – additional personal helpers and mentors and respite services</i> Additional services to 3,400 people with severe mental illness, and 1,100 of their carers and families over 5 years.	208.3
Strengthening primary mental health care services	220.3
<i>Expansion of Access to Allied Psychological Services</i> Additional psychological services to over 180,000 people from hard to reach groups through the expansion of the Access to Allied Psychological Services (ATAPS) initiative, including: <ul style="list-style-type: none"> • 50,000 children and their families; • 18,000 Indigenous Australians; and • 116,000 people from other hard to reach groups or locations, with particular focus on lower socioeconomic areas. 	205.9
<i>Establishment of a single mental health online portal</i> Increase access to telephone and web-based treatment programs for about 45,000 additional people with common mental disorders, such as anxiety and depression, and provide online support for mental health professionals.	14.4
<i>Better Access Initiative – two tiered rebate for treatment plan session</i> This measure will mean that General Practitioners (GPs) are paid for the actual time spent on developing a mental health treatment plan, plus an incentive for training to maintain the quality of care provided.	- 405.9
<i>Better Access Initiative – cap allied health sessions to 10 from 12</i> Cap the number of allied mental health services available at 10 sessions per patient per calendar year from 12 sessions per patient per calendar year (current average is 5). 87% of current users unaffected.	- 174.6
Strengthening the focus on the mental health needs of children, families and youth	491.7
<i>Health and wellbeing check for three year olds</i> Include emotional wellbeing and development in the existing Medicare Healthy Kids Check and changes the target age of the check from four years to three years. Expert Group to advise on item and map child health services.	11.0
<i>Expansion of youth mental health (headspace)</i> An additional 30 <i>headspace</i> sites, bringing the total number of sites to 90 to achieve national coverage by 2015-16. This initiative will support up to an estimated 72,000 young people each year once all 90 sites are operational.	197.3

<i>Early Psychosis Prevention and Intervention Centre (EPPIC) model – further expansion</i> Additional funding which, with funding provided in the 2010-11 Budget and state contributions, will establish 16 EPPICs that at full capacity will be able to provide services to up to 11,000 young people experiencing first episode psychosis; or at very high risk of psychosis.	222.4
<i>Expanding community mental health services – 40 additional Family Mental Health Support services</i> Doubles the number of Family Mental Health Support Services from 40 to 80, assisting over 32,000 children and young people over 5 years.	61.0
<i>Australian Early Development Index (AEDI) – ongoing national implementation</i> \$29.7 million over five years, at no net cost to the Budget, to fund ongoing three yearly cycles of the AEDI – a population based measure of how children have developed by the time they start school across five areas of early childhood development.	0.0
<i>Social Engagement and Emotional Development (SEED) survey of children aged 8 to 14 years</i> \$1.5 million over five years, at no net cost to the Budget, to develop and conduct a survey of young people in their middle years.	0.0
National Partnership on mental health	201.3
<i>National Partnership on Mental Health</i> Establish a new National Partnership to help fill major service gaps in state and territory mental health systems, with a focus on accommodation support and presentation, admission and discharge from emergency departments.	201.3
Increased economic and social participation by people with mental illness	2.4
<i>Increased employment participation for people with mental illness (+ substantial investment in Building Australia's Future Workforce package)</i> Build capacity of employment services providers and Department of Human Services staff to identify and assist people with mental illness to gain employment; provide more support to employers; and review the Supported Wage System	2.4
Ensuring quality, accountability and innovation in mental health services	12.2
<i>Establishment of a National Mental Health Commission</i> Establish a National Mental Health Commission as an executive agency within the Prime Minister's portfolio, with a strong working relationship with the Minister for Mental Health.	12.2
<i>Leadership in mental health reform – continuation</i> \$56.8 million over five years, at no net cost to the Budget, to continue the Commonwealth's leadership role in driving mental health system and service improvement through evidence-building, infrastructure and advocacy arrangements.	0.0
<i>Research funding</i> The National Health and Medical Research Council will dedicate \$26.2 million over a five year period (a minimum of \$5 million per year) from the Medical Research Endowment Account to build capacity within the Australian mental health research sector and encourage and fund quality research projects.	0.0
Total	1,499

PM&C contacts for the National Mental Health Commission

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