
Monitoring and Reporting Plan

Mental Health
& Wellbeing
Commission



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1. The Mental Health and Wellbeing Commission

This section introduces the Mental Health and Wellbeing Commission.

Introduction

The Mental Health and Wellbeing Commission (the Commission) is an independent statutory authority established under the *Mental Health and Wellbeing Act 2022 (the Act)*. The Act sets out the Commission’s objectives, functions and role in overseeing the performance, quality and safety of the mental health and wellbeing (MHW) system.

The Commission was established in line with a recommendation of the Royal Commission into Victoria’s Mental Health System (the Royal Commission). The Royal Commission envisaged the Commission as elevating the status of MHW; holding government to account; and exemplifying and enabling lived experience leadership.

This vision is reflected in the Commission’s objectives, which are presented in the diagram below.

Government accountability	Lived experience leadership and participation	Complaints handling	Reduce stigma	Protect rights
<p>To ensure government is accountable for:</p> <ul style="list-style-type: none"> the performance, quality and safety of the MHW system, including the implementation of recommendations made by the Royal Commission ensuring the MHW system supports and promotes the mental health and wellbeing of consumers, families, carers and supporters, and the MHW workforce 	<p>To support and promote the leadership and participation of persons living with mental illness or psychological distress in decision-making about policies and programs, including those that directly affect them</p>	<p>To provide a complaints handling system and promote effective complaints handling by MHW service providers</p>	<p>To reduce stigma related to mental illness</p>	<p>To promote, support and protect the rights of consumers, families, carers and supporters</p>

Commitments

In November 2023, two months after establishment, we outlined our strategic directions, which included developing a Monitoring and Reporting Plan (this document, the M&R Plan). The M&R Plan is grounded in the Act, our interpretation of the Report of the Royal Commission and the commitments we made in the Strategic Directions document.

These commitments are outlined below. They remain relevant to, and embedded in, our plan.

As with all our work, the Commission prioritises the voices of people with lived and living experience of mental ill health and psychological distress (referred to hereafter as consumers), their families, carers and supporters. We note that their perspectives and priorities often intersect but may differ significantly.



Fearlessly independent



Grounded in the expertise of people with lived experience



Brave, fair, impartial and transparent in our work



An exemplar organisation for lived experience leadership



A voice for inclusion, understanding and compassion



Focused on addressing the most important issues at the time that best serve the public interest

2. Overview of our approach to monitoring and reporting

This section outlines how we are approaching our monitoring and reporting responsibilities.

It identifies:

- our contribution to reform through monitoring and reporting
- relevant legislative functions
- how we will monitor and report
- our initial focus.

Our approach to monitoring

Our contribution to reform through monitoring and reporting

One purpose of the Act is to reform the MHW system, and the Commission contributes to this by discharging the functions and exercising the powers set out in the Act. This includes ensuring government is accountable for the performance, quality and safety of the MHW system including implementing the recommendations made by the Royal Commission.

A key component of the Commission's contribution to reform is through monitoring and reporting the performance, quality and safety of the MHW system and progress in implementing the Royal Commission's recommendations. We consider implementation of the Royal Commission recommendations as laying the foundations for system transformation. Reporting on the performance, safety and quality of the MHW system is one way of gauging the extent to which reform is being achieved.

By making this information widely available the Victorian community is well informed to hold government to account including through the electoral process.

The Act provides some concrete steps towards establishing system governance and oversight, such as prescribing some quality and safety measures on which the Commission must monitor and report. This Monitoring and Reporting Plan prioritises those metrics as a first phase of work.

Over time, the scope of the Commission's monitoring work will increase substantially beyond these metrics, to fulfil the Royal Commission's intent. For example, to support our contribution to improving the system through recommendations to government, in line with section 415 (w) of the Act.

What we mean by monitoring

Monitoring is a process of systematically reviewing information to improve performance and support progress.

It may be undertaken periodically or continuously and may involve review of specific measures where issues are known, as well as scanning of a broad range of indicators where new issues may arise.

Our approach to monitoring is guided by the following factors.

- Our role in system and government oversight, specified in the Act and outlined by the Royal Commission, which requires us to come to a view of performance and progress in reform that is independent and impartial.
- Our responsibilities and powers to seek information and data and make recommendations. This places the Commission in an active role in system reform, meaning we will proactively identify issues and work with government and providers to address them, rather than simply reporting where performance is lacking. It also positions the Commission to identify positive changes and highlight progress.

- Our commitment to transparency as a core principle of good governance, understanding that many people with lived experience of mental ill health or psychological distress, their families, carers and supporters want to see greater transparency around data and reporting of the MHW system's performance. We will be transparent in our approach and report publicly including targets and timeframes to the extent the law allows.
- Our unique position in the system in handling complaints, which provides a direct line of sight to consumer and carer experiences of the system.

Our initial approach to monitoring focusses on measures prescribed in the legislation and publicly available data. This will expand as the Commission gains access to additional data and information. We will adapt our approach to monitoring following announcement of the Victorian Government's Outcomes and Performance Framework.

We are committed to working with Aboriginal and Torres Strait Islander Victorians to analyse their data and report their experiences as it is appropriate to do so. We see our monitoring activities as a valuable opportunity to gain insights from Aboriginal stakeholders and support work towards Indigenous Data Sovereignty.

Our monitoring and reporting functions

Our contribution to reform through monitoring and reporting

Our monitoring and reporting functions require us to report on aspects of the mental health and wellbeing of Victorians and the systems that support them.

This involves reporting at the levels of individual consumers, families, carers and supporters, the MHW system and the Victorian community. The sections of the Act that describe these functions are cited below. The diagram illustrates how these levels work together.

Consumers Families, carers and supporters

- Collect, review, report and publish data and information about complaints made to MHW service providers and the Commission (section 415 (t)).

MHW system level reporting

- **Performance, quality and safety of the MHW system**
Monitor and report on the performance, quality and safety of the MHW system (section 415 (h)). The Act specifies some indicators, including reporting the use of restrictive interventions in the provision of MHW services compared with the targets set out by the Health Secretary (section 415 (i)).
- **Implementing the Royal Commission's recommendations**
Monitor and report on the government's progress in relation to the implementation of recommendations made by the Royal Commission (section 415 (j)(ii)). [The recommendations provide the building blocks for system transformation both within and beyond the MHW system.]

Victorian community level

- Monitor and report on state initiatives to prevent mental illness and improve the MHW of the community (section 415 (h)(i)).
- Monitor and report on progress to improve MHW outcomes in the Victorian community (section 415 (j)(iii)).

The Act allows us to monitor and report on any other matter relating to the performance of the Commission's functions (section 415 (j)(iii)).



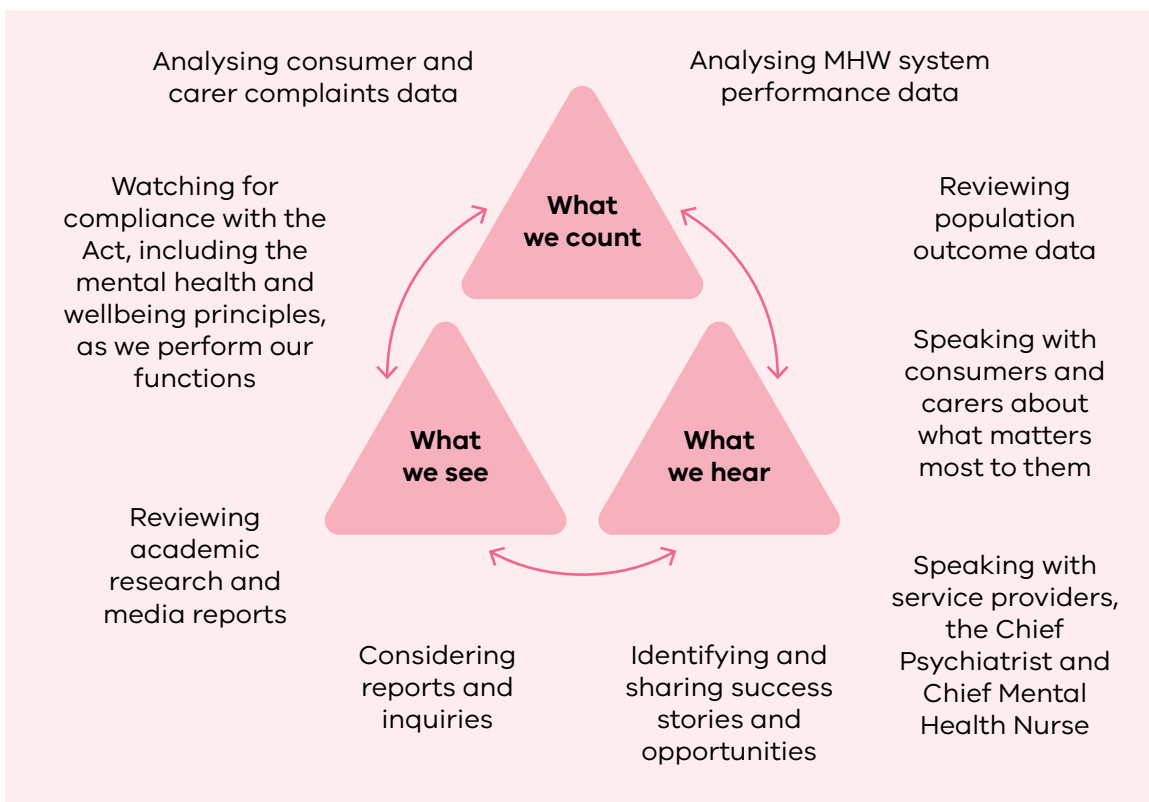
How we will monitor

Monitoring is about more than just numbers. To do our work effectively we will draw insights from all that we do.

We will gather information from a wide variety of sources, prioritising the perspectives of people with lived and

living experience of mental ill health and psychological distress, their families, carers and supporters.

The diagram below shows the types of activities we are undertaking and will undertake to monitor the MHW system.



Engagement

We'll be bringing together views from people through consultation, inquiries, systemic reviews and complaints.

Examples include:

- Consumers and carers, through complaints as well as in our direct engagement with the community
- Input from lived experience, both within the Commission and key bodies/advocates
- Aboriginal and Torres Strait Islander peoples' input on reporting, particularly when concerned with representations around First Nations communities and populations
- Service providers, including through formal and informal discussions about what is working or not working
- Peak bodies and other representative groups, to understand key issues affecting those participating in the system.

How we will report

Reporting approaches

We will use a range of methods to report our findings from our monitoring and reporting activities.

The way in which we report will be influenced by:

- the function we use to explore an issue
- privacy and other legal considerations
- the impact of reporting on consumers, and families, carers and supporters
- the impact of reporting on other stakeholders.

We will use five main methods to report our work.



Our Annual Report

Our Annual Report is required to include some specific measures of the MHW system's performance, quality and safety. This includes some legislated quality and safety measures, such as the use of restrictive practice, information about the number, type and outcome of complaints made to MHW service providers, a summary of the number and outcome of investigations we conduct, including referred and own initiative investigations. The Commission may also choose to publish aspects of investigation reports other than in the Annual Report, where it is legal and beneficial to do so. [Note: the Commission's approach to compliance activities is published in a separate document.]



Deep dive reports

We expect to do one to two 'deep dives' into an aspect of the performance, quality or safety of the MHW system each year from Year 2 of this plan onwards. Deep dives may include:

- ongoing or emerging quality and safety issues
- communities identified by the Royal Commission as facing greater challenges in having their needs met by the MHW system
- the availability of MHW services across different geographic locations.



Reports following an inquiry or systemic review

We may conduct inquiries or review systemic issues that relate to the Commission's objectives and functions. Topics for exploration through inquiries or systemic reviews will be identified through our annual planning process, which is described in our Exploring issues through inquiries and systemic reviews (Guide).



Annual budget reviews

We will examine which recommendations have been funded, and whether emerging issues are being addressed.



Media releases





We will issue media releases to increase community awareness of changes happening in the system, and where to find information. For example, to highlight where work done by others effectively shines a light on improvements that can be made to the system.

Our early focus

Our timeframe for this plan is three years.

This page summarises our initial areas of focus for the Monitoring and Reporting Plan. This is shown for consumers, for families, carers and supporters, for the system itself, and for the Victorian

community. Subsequent sections use the colour coding below to outline activities related to these groupings from Years 1–3 and beyond.

 <p>Consumers</p>	<p>Report on the number, type and outcome of complaints</p> <p>Report on data related to consumer experiences</p>
 <p>Families, carers and supporters</p>	<p>Report on the number, type and outcome of complaints by carers, including on their own experiences</p> <p>Report on data related to carer experiences</p>
 <p>Mental health and wellbeing system</p>	<p>Report legislated performance, quality and safety measures: Restrictive interventions, compulsory treatment, gender-based violence in bed-based MHW services, suicides at the premises of MHW service providers</p> <p>Report on progress in implementing recommendations from the Royal Commission and the foundations of the reform approach</p> <p>Review the Outcomes and Performance Framework (once released)</p>
 <p>Victorian community</p>	<p>Identify key measures of MHW outcomes in the Victorian community</p> <p>Track determinants of mental health in the community</p>

3. Monitoring and reporting

This section includes:

- a) perspectives from consumers
- b) perspectives from families, carers and supporters
- c) system performance, quality and safety
- d) implementation of the Royal Commission's recommendations
- e) outcomes for the Victorian community.

3a. Perspectives from consumers

This section outlines our approach to monitoring perspectives from consumers.

It identifies:

- key aspects of our role driven by the legislation
- our approach in general, as well as to reporting and working with others.

Perspectives from consumers

➤ Our role

- Accept, assess, manage and investigate complaints made to the Commission from consumers.
- Collect, review, report and publish data and information about complaints made to MHW service providers and the Commission.

➤ Our approach

We will:

- identify trends and emerging issues from complaints made to the Commission and service providers
- seek advice and perspectives from lived experience groups and embed lived experience approaches throughout the Commission, including in reporting system performance (see our Lived Experience Plan)
- over time, seek to measure and monitor the extent to which lived experience leadership from consumers is embedded in service delivery, and that people with lived experience participate in decision-making about policies and programs that affect them.

➤ Reporting approaches



Annual reports



Systemic reviews and inquiries



Deep dives

➤ Working with others

We will:

- listen to consumers, so we understand the issues that are most important to them
- work with service providers to support good practice in complaints handling, including through complaints handling standards for MHW service providers
- advise government on issues of concern
- collaborate with the Office of the Chief Psychiatrist and Safer Care Victoria to address issues and in making recommendations to the Secretary of the Department of Health where appropriate.

3b. Perspectives from families, carers and supporters

This section outlines our approach to monitoring perspectives from families, carers and supporters.

It identifies:

- key aspects of our role driven by the legislation
- our approach in general, as well as to reporting and working with others.

➤ **Our role**

- Accept, assess, manage and investigate complaints made to the Commission from families, carers and supporters.
- Collect, review, report and publish data and information about complaints made to MHW service providers and the Commission.

➤ **Our approach**

We will:

- identify trends and emerging issues from complaints made to the Commission and service providers, including complaints about carers' own experiences of the system
- seek advice and perspectives from lived experience groups and embed lived experience approaches throughout the Commission, including in reporting system performance (see our Lived Experience Plan)
- over time, seek to measure and monitor the extent to which lived experience leadership from families, carers, and supporters is embedded in service delivery, and that people with lived experience participate in decision-making about policies and programs that affect them.

➤ **Reporting approaches**



Annual reports



Systemic reviews and inquiries



Deep dives

➤ **Working with others**

We will:

- listen to families, carers and supporters so we understand the issues that are most important to them
- work with service providers to support good practice in complaints handling, including through complaints handling standards for MHW service providers
- advise government on issues of concern
- collaborate with the Office of the Chief Psychiatrist and Safer Care Victoria to address issues and in making recommendations to the Secretary of the Department of Health where appropriate.

3c. System performance, quality and safety

This section outlines our approach to monitoring quality, safety and performance.

It identifies:

- key aspects of our role driven by the legislation
- our approach in general, as well as to reporting and working with others – an indicative timeline of activities we plan to undertake
- legislated measures as a priority for Year 1 of this plan.

► Our role

- Monitor and report on system-wide performance, quality and safety.
- Inquire into matters that relate to the Commission's objectives and functions.
- Ensure system performance issues, such as those identified by the Royal Commission, are monitored and addressed by the responsible agency.

► Our approach

We will:

- focus on legislated measures first, with additions over time from other work
- report on the improvements as well as the challenges in system reform
- standardise measures to allow comparisons and where improvements should be made
- draw on insights from complaints and other sources, as indicators of additional quality and safety issues
- contribute to cross-agency responses to improve service safety and quality (e.g. reviewing coroner's investigations into suicides on the premises of MHW providers, efforts to reduce use of restrictive practices)
- maintain a consistent rhythm of work reviewing systemic issues or deep dives.

► Reporting approaches



Annual reports

and infographic-style system monitoring summaries



Systemic reviews and inquiries

as needed



Deep dives

1-2 per year

► Working with others

We will:

- listen to consumers, and their families, carers and supporters so we understand the issues that are most important to them
- work with the Department of Health to ensure system-level performance is monitored appropriately
- collaborate with other entities, advocacy and peak bodies to identify emerging issues
- advise government on issues of concern
- collaborate with the Office of the Chief Psychiatrist and Safer Care Victoria to address issues and in making recommendations to the Secretary of the Department of Health where appropriate.

Timeline of key activities – system performance, quality and safety



Mental health and wellbeing system



Consumers Families, carers and supporters

Initial priorities (Year 1 of this plan)

Report legislated measures

Restrictive interventions
Compulsory treatment
Gender-based violence in bed-based MHW services
Suicides at the premises of MHW service providers

Review other selected measures

such as those captured in the Outcomes and Performance Framework

Years 1-2

Monitor and report expanded established measures on system performance, quality and safety.

Identify and investigate systemic issues (see Exploration of Systemic Issues Guide)

Supplementary system monitoring report into quality, safety and performance of the system

Measure and report performance of system against themes identified by the Royal Commission

Indicative annual workload:
1-2 deep dives or systemic reviews
Inquiries as needed

Establish data sharing arrangements and **contribute** to measurement of the system and outcomes

Years 3+

Report on the number, types and outcomes of complaints made to the Commission and MHW service providers

Report on other available measures of consumer/carers experiences and MHW services

Identify and report themes from complaints

Year One focus – legislated performance, quality and safety measures

The following table shows the minimum set of performance, quality and safety measures outlined in the Act which the MHW Commission is required to report against.

These are shown against the domains of performance detailed in the Final Report of the Royal Commission. With the exception of complaints data, the minimum set of measures requires

augmentation to address all aspects of system performance, quality and safety.

The Commission will do so in the manner it deems necessary to ensure government is accountable for the performance, quality and safety of the MHW system, with due consideration to the government’s Outcomes and Performance Framework when released.

Measure type (Year 1)	Appropriate	Safe	Effective	Connected	Access
Rate of compulsory treatment per consumer / bed day	✓				
Rate of restrictive intervention per consumer / bed day	✓	✓			
Rate / number of gender-based violence incidents per bed day		✓			
Number of suicides at the premises of MHW providers		✓			
The number, type and outcome of complaints made to MHW service providers	✓	✓	✓	✓	✓

In monitoring and reporting the above data, we recognise the importance of appropriate standardisation. For example, simply reporting the number of restrictive intervention incidents across areas would not be particularly informative. In general, we will report rates of occurrence – for example per 1000 bed days – and make

comparisons by populations of interest, to the extent that data are available.

We also expect our work to take deep dives and systemic reviews to include examination of rates and trends of safety, quality and performance elements, and exploration of the drivers of those rates, rather than simply reporting headline figures.

3d. Implementation of the Royal Commission's recommendations

This section outlines our approach to monitoring government's implementation of the Royal Commission recommendations.

It identifies:

- key aspects of our role driven by the legislation
- our approach in general, as well as to reporting and working with others
- an indicative timeline of activities we plan to undertake.

Royal Commission recommendations

▶ Our role

- Independent oversight of the implementation of the Royal Commission recommendations.
- Identify concerns with implementation progress and approach to alert government, the sector and the community to any emerging risks and problems.
- Elevate the status of mental health across government, to ensure the recommendations remain a priority.

▶ Our approach

We will:

- start by understanding government's approach to date, including prioritisation, implementation planning, and timelines
- seek transparency on risks and mitigation approaches identified by government
- take an active approach to monitoring the implementation, based on extensive consultation with the sector, to understand the status of recommendations and issues in implementation
- provide a balanced perspective, noting achievements as well as where more work is needed
- adjust our approach over time to focus on system performance measurement and improvements as Royal Commission recommendations are implemented.

▶ Reporting approaches



Annual reports

Status of recommendations
Risks and opportunities



Budget review

Reviewing whether key issues are being addressed

▶ Working with others

We will:

- listen to consumers, their families, carers and supporters so we understand the issues that are most important to them
- seek transparency and information from government
- provide advice to government to improve the implementation approach and the implementation of specific recommendations
- engage with advocacy and peak bodies to understand current priorities and issues in the implementation of recommendations.

Timeline of key activities – Royal Commission recommendations



Mental health and wellbeing system



Consumers Families, carers and supporters

Initial priorities (Year 1)

Understanding the foundations

Review government's approach to date, drawing on input from:

- government
- consumers
- families, carers and supporters
- the MHW sector
- the community

As a starting point, examine the following questions:

- To what extent has planning for the implementation of the Royal Commission recommendations been sufficient and realistic?
- Are the interdependencies between recommendations being accounted for?
- Is there transparency around targets, timeframes and data that helps understand progress?
- What is being done to address workforce constraints?
- To what extent is the implementation of recommendations proceeding in a timely way?
- Are initiatives being implemented at a whole-of-government level to support outcomes for the community?

Years 1-2

Review priorities of:

- government
- consumers
- families, carers and supporters
- the MHW sector
- the community

Independent program of consultative work to validate recommendation implementation and key issues

Advise government about concerns regarding implementation, including where:

- changes are needed
- implementation of a recommendation will impact or depend on achievement of another recommendation
- issues need to be addressed
- lessons from reform need to be identified/remembered

Years 3+

3e. Outcomes for the Victorian community

This section outlines our approach to monitoring progress towards outcomes for the Victorian Community.

It identifies:

- key aspects of our role driven by the legislation
- our approach in general, as well as to reporting and working with others
- an indicative timeline of activities we plan to undertake
- publicly reported measures as a priority.

Outcomes for the Victorian community

➤ Our role

- Monitor and report on MHW outcomes data, including social determinants of MHW.
- Ensure a whole-of-government approach is taken to achieve MHW outcomes.

➤ Our approach

We will:

- initially report on outcomes identified through existing and previous Victorian and national frameworks
- review our approach after the release of the Victorian Outcomes and Performance Framework
- monitor how outcomes are being used in Victoria to drive system change and performance
- confirm whether outcomes are being used at a whole-of-government level to address the social determinants of MHW and integrated service delivery
- contribute to efforts to capture outcomes data, so that improvements can be measured
- collaborate across government to promote consistency in outcomes sought from Victorian and federal initiatives.

➤ Reporting approaches



Annual reports



Deep dive reports



Media releases

➤ Working with others

We will:

- listen to consumers, their families, carers and supporters so we understand the issues that are most important to them
- gather feedback from the community to ensure that the outcomes measured remain the most relevant
- seek data and information on outcomes from the Department of Health and other government entities
- provide information to system stakeholders on outcomes to support outcome-driven decision-making.

Timeline of key activities – outcomes for the Victorian Community

 **Victorian community**

 **Mental health and wellbeing system**

 **Consumers
Families, carers and supporters**

Initial priorities (Year 1)

Initial **reporting on outcomes** drawing on measures widely used and available

Review the Outcomes and Performance Framework once released

Years 1-2

Expand outcomes reporting with measures from the Outcomes and Performance Framework, where appropriate

Track and **monitor** determinants and issues affecting community wellbeing

Confirm that MHW outcomes guide investment decisions (e.g. through the Outcomes and Performance Framework)

Support definition and measurement of additional outcomes measures

Report on state initiatives to prevent mental illness and improve the MHW of the community

Monitor and report on levels of stigma and discrimination experienced by consumers, and by families, carers and supporters

Years 3+

Initial focus – outcomes measures

Our ongoing approach to outcomes will be established following the release of the government’s Outcomes and Performance Framework, to ensure alignment to outcomes for which we anticipate government will take collective responsibility, as per Recommendation 1 of the Royal Commission.

In the interim, the Commission has reviewed publicly available data to help it gauge outcomes in the Victorian community. The following table outlines key areas for outcomes that we have identified, in line with frameworks developed elsewhere nationally. These outcomes have informed our initial review of outcomes in the Victorian community.

Indicators (initial focus)	Proposed measures (may include)	Source
Prevalence of mental illness	Proportion of Victorian population with high or very high psychological distress (adults, Indigenous, CALD, area, LGBTIQI+) Proportion of adults aged 16–85 years with mental disorders	Victorian government Mental Health Performance Reports Report on Government Services (RoGs)
Mortality due to suicide	Suicide deaths and death rate, including for people aged 5–17 years, by area, and by Indigenous status	RoGS/Australian Institute for Health and Welfare (AIHW)
Intentional self-harm	Number and rate of self-harm hospitalisations Number and rate of ambulance attendances for suicidal ideation or self-harm	AIHW
Service outcomes	Proportion of consumers with improved mental health following service delivery (clinical and experiential)	Victorian government Mental Health Performance Reports
Physical health outcomes of people with mental illness	Proportion of unique admitted clients who were discharged and used tobacco Proportion of registered mental health clients with a type 2 diabetes diagnosis	Victorian government Mental Health Performance Reports
Mental health determinants	Family functioning and childhood experiences, housing security, financial stability and employment, physical activity, Social support and connection, physical health conditions, use of drugs and alcohol.	Various

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**Mental Health
& Wellbeing
Commission**

