

## 4.2 Appendix 2: Australian national mental health committee roles and structure.

In 1991 the Australian Health Ministers' Advisory Council (AHMAC) established the MHSC (initially known as the National Mental Health Working Group) to oversee the implementation of the National Mental Health Strategy (NMHS), and to provide a forum for cross-jurisdictional information exchange to encourage a consistent approach to the implementation of the NMHS, and provide advice to the Commonwealth Minister for Health on expenditure of mental health national project funding.

The key roles of the MHSC are to oversee and monitor the implementation of the Fourth Plan and the COAG National Action Plan on Mental Health, and to support cross-jurisdictional communication and information exchange to improve both consistency and outcomes from national mental health reform.

The MHSC reports to AHMAC through the Health Policy Priorities Principal Committee (HPPPC). The reporting structure is shown at Figure 4.1.

The work of the MHSC is supported by four subcommittees – the Safety and Quality Partnership Subcommittee (SQPS), the Mental Health Information Strategy Subcommittee (MHISS) the National Mental Health Performance Subcommittee (NMHPSC), and the National Minimum Data Set Subcommittee (NMDS Subcommittee). The NMHPSC and NMDS Subcommittee report to the MHSC through the MHISS. The subcommittees work together to

progress the national reform agenda under the auspices of the National Mental Health Strategy.

The committees' members are from a wide range of stakeholder, including senior representatives from jurisdictions' mental health departments, a number of Australian Government agencies, the private and non-government sectors, consumers and carers, and clinical experts. The full representations can be found on the MHSC website [www.health.gov.au/mhsc](http://www.health.gov.au/mhsc).

The MHISS was delegated responsibility to develop the measurement and reporting strategy for the Fourth Plan indicators. MHISS has taken an overall lead in indicator development and agreeing on approaches to be followed, and initiated investigations into potential sources of data for indicators identified in the plan as requiring data development. The NMHPSC was delegated work on those indicators where data was considered available, and with writing the Measurement Strategy.

Figure 4.1 National mental health committee structure.

