



**NATIONAL MENTAL HEALTH  
CONSUMER & CARER FORUM**

***Business Plan:  
public summary version  
2009***

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## **Acknowledgements**

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The NMHCCF thanks the Australian Government Department of Health & Ageing for additional funds to develop this Business Plan.

This Business Plan is the intellectual property of the NMHCCF and it retains the right to determine its direction pending financial information and review.

This is a public summary version of the NMHCCF Business Plan 2009. The NMHCCF members agreed that the Business Plan would be an internal working document of the NMHCCCF and the key points would be publicly released in this summary.

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This public summary version can be downloaded at [www.nmhccf.org.au](http://www.nmhccf.org.au).

## **1. SUMMARY OF KEY FINDINGS**

The NMHCCF has a Forward Plan 2009-2011 and a 2009-10 Work Plan that outline the activities the NMHCCF would like to achieve in this time. It is clear from this Business Plan and its associated costings that the NMHCCF cannot meet its aspirational activities under current resources. Its current funding arrangements are almost guaranteed to keep the NMHCCF 'muddling along', rather than setting it up to flourish as an important mental health consumer and carer entity.

An urgent review of funding arrangements should be considered by the states/territories, Department of Health & Ageing, and the stakeholders with which the NMHCCF works.

Much of the outlined costs are already provided by members on a volunteer basis. The costings provided are only human resources (ie. staffing) costs and those member costs that are already identified as being funded (such as sitting fees for working group activities). It is these member costs that will be in jeopardy under current funding arrangements or the NMHCCF may be forced to change its planned activities. These costings are considerably easier to consider under the current structure as there are very minimal costs to be considered other than human resources, the remaining costs being funded by MHCA.

The costs listed in this Business Plan do not include other costs such as those incurred were the NMHCCF an autonomous entity).

A key principle missing from the costings is any acknowledgement of NMHCCF members' time (outside of meetings, for which members do receive sitting fees and these costs are known). There is no recognition of the amount of volunteer time members provide to achieve the NMHCCF strategic objectives, nor any remuneration for the time the Executive Committee members in particular provide to the NMHCCF. Adding these costs to the human resources costs already captured, would give a much greater picture of what it costs for the NMHCCF to do business.

## **2. THE NATIONAL MENTAL HEALTH CONSUMER & CARER FORUM**

The National Mental Health Consumer & Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

The NMHCCF gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health policy reform.

The NMHCCF was set up in 2002 by the Australian Health Ministers Advisory Council Mental Health Standing Committee (AHMAC MHSC). It is funded through contributions from each state and territory government and the Australian

Government Department of Health and Ageing. It is currently auspiced by the Mental Health Council of Australia.

### ***Our Aims***

- To utilise our lived experience and unique expertise in mental health to identify what does and does not work in the mental health sector.
- To identify important and innovative ways to bring about positive change within the mental health system.
- To be a powerful, respected, combined national voice for mental health consumers and carers.

### ***Our Membership***

One representative mental health consumer and carer from each Australian state and territory and representatives from the following national health consumer and carer organisations<sup>1</sup>:

- blueVoices, the consumer and carer reference group for beyondblue: the national depression initiative
- Carers Australia
- Consumers Health Forum of Australia
- GROW Australia
- Mental Health Carers Arafmi Australia
- Private Mental Health Consumer Carer Network (Aust).

### ***Our Purpose***

- Enhance, promote and progress genuine national partnerships and the recognition of mental health consumers and carers at all levels of government and community.
- Provide ways to improve access to and sharing of relevant information between national networks and organisations.
- Strengthen and develop the mental health consumer and carer focus of entities at the national, state and local levels.
- Increase meaningful opportunities for and capacity of mental health consumers and carers to advocate for and participate in legislation and policy development, implementation and evaluation at all levels.

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<sup>1</sup> Original membership included the Australian Mental Health Consumer Network (AMHCN), which ceased operations in 2008. The Australian Government is currently funding a scoping study to establish a new peak national mental health consumer body. In the interim, the MHSC has participated in principle agreement that the former AMHCN representative should remain on the NMHCCF as a consumer representative until the new national consumer organisation is established.

- Provide an informed strong and unified voice on consumer and carer issues to government, the mental health sector and other stakeholders.
- Identify best practice, protect human rights, highlight deficiencies and influence positive systemic change for the recognition and benefit of consumer and carer participation at all levels.
- Develop and agree to national principles and priorities of action and strategies aligned with National Mental Health Plans.

### ***What We Do***

- Listen to the issues and concerns of our state/territory and stakeholder group representatives.
- Learn about what is happening in mental health for consumers and carers in each state/territory and internationally.
- Share experience, knowledge and resources with our members and stakeholders.
- Identify priority areas for action.
- Ensure that issues and concerns of consumers and carers are acknowledged and addressed as part of the national policy development process in Australia.
- Work with our networks to progress the agenda of mental health consumers and carers.
- Distribute information on this work to our members and their networks nationally.

### ***Our Achievements***

Major achievements have included:

- the development and release of the *Consumer and Carer Participation Policy* in 2004;
- raising political awareness of the priorities and concerns of mental health consumers and carers prior to the 2007 Federal Election;
- participation in the development of *Let's get to work - a National Mental Health Employment Strategy for Australia*;
- development of an MOU between the NMHCCF and the MHCA, and ongoing meaningful interaction with the MHCA;
- development and distribution of the NMHCCF brochure;
- development of Advocacy Briefs to enable consumers and carers to better understand and comment on key issues in mental health;
- the release of the NMHCCF paper: *Ending Seclusion and Restraint in Australian Mental Health Services*; and
- the launch of the NMHCCF website ([www.nmhccf.org.au](http://www.nmhccf.org.au)) in 2009.

### 3. FUTURE DIRECTION

In August 2008, the NMHCCF initiated a forward planning process that involved a survey of stakeholders on the achievements and future priorities for the NMHCCF. This survey went to NMHCCF members, MHSC members and organisations that nominate to the NMHCCF, the Australian Government Departments of Health & Ageing and Families Housing Community Services and Indigenous Affairs, as well as to the MHCA and its Board.

Survey responses were returned confidentially to a consultant who worked with the NMHCCF Planning Working Group, comprising 11 NMHCCF members, to develop the Forward Plan 2009-2011 (see [www.nmhccf.org.au](http://www.nmhccf.org.au)) and a 2009-10 Work Plan. NMHCCF members met for two half day workshops that resulted in endorsement of these documents.

In early 2009, the Planning Working Group initiated two complementary planning processes:

1) The development of a **2009-10 Work Plan**.

The NMHCCF identified that in addition to its regular teleconferences and face-to-face meetings, it would undertake four major projects in 2009-10 based on existing NMHCCF resources.. A summary of these Projects and their proposed completion dates is available at the NMHCCF website (see [www.nmhccf.org.au](http://www.nmhccf.org.au)). The NMHCCF also committed to finalising items remaining from its April 2007-April 2008 Strategic Plan (also available online).

2) The development of a future **Business Plan** regarding how the NMHCCF might best position itself in the future.

This Plan was to identify future funding options, the sustainability of the organisation including the costs/ benefits of incorporation, and options for improved communication and marketing of the NMHCCF.

This Business Plan represents the latter process. It seeks to:

- build upon and cost the agreed directions and projects agreed for completion in the period 2009-2011;
- identify NMHCCF core functions and services and the costs associated with delivering those services;
- explore future funding options and the costs/ benefits of incorporation; and
- develop options for improved communication and marketing of the NMHCCF.

As outlined above, considerable consultation was undertaken in the process to develop the Forward Plan 2009-2011 and this Business Plan. NMHCCF member and Executive views have been incorporated and are reflected in the SWOT, risk table, and stakeholder analysis elements of this Business Plan.

#### 4. STRENGTHS WEAKNESSES OPPORTUNITIES & THREATS (SWOT)

NMHCCF has considered the current external environment and identified the threats and opportunities associated with this environment. NMHCCF has also identified internal strengths and weaknesses.

The SWOT analysis has been removed from this public summary version and NMHCCF members will use it in forward planning and relationship management.

#### 5. RISK ACTION PLAN

NMHCCF members agreed at their September 2009 meeting that the risk register should be reviewed at each face to face meeting of the NMHCCF and will be a standing agenda item.

The Risk Action Plan has been removed from this public summary version and NMHCCF members will use it in forward planning and relationship management.

#### 6. STAKEHOLDERS AND SERVICES

In the course of developing this Business Plan, the following NMHCCF Stakeholders and Services have been identified:

Stakeholders	Services
<ul style="list-style-type: none"> <li>▪ Consumers and carers</li> <li>▪ blueVoices, the consumer and carer reference group for beyondblue</li> <li>▪ Carers Australia</li> <li>▪ Consumers Health Forum of Australia</li> <li>▪ GROW Australia</li> <li>▪ Mental Health Carers Arafmi Australia</li> <li>▪ Private Mental Health Consumer Carer Network (Australia)</li> <li>▪ New peak mental health consumer body</li> <li>▪ Mental Illness Fellowship of Australia</li> <li>▪ MHCA</li> <li>▪ Government</li> <li>▪ Politicians and advisers</li> <li>▪ Other mental health sector stakeholders               <ul style="list-style-type: none"> <li>▪ MHCA members</li> <li>▪ Community Mental Health Australia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Research</li> <li>▪ Provision of representatives on external national committees, working parties and other like groups</li> <li>▪ Publications (generated by the Forum eg. Statement on Seclusion &amp; Restraint)</li> <li>▪ Submissions (responses to external bodies)</li> <li>▪ Position statements</li> <li>▪ Media releases</li> <li>▪ National audit of consumer and carer participation</li> <li>▪ Projects (internal – generated by us, external – in response to specific funding e.g. develop consumer &amp; carer information on MH medicines)</li> <li>▪ Advocacy briefs</li> <li>▪ Sector development and training (eg. provide training to a professional body on mental health consumer &amp; carer issues)</li> </ul>

<ul style="list-style-type: none"> <li>▪ Colleges/professional bodies</li> <li>▪ Media</li> <li>▪ Research/policy bodies e.g. the Brain and Mind Research Institute, ANU Centre for Mental Health Research, Schizophrenia Research Institute, Health Issues Centre</li> </ul>	
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These services include activities under the Forward Plan 2009-2011, as well as some additional services. These have been costed in the NMHCCF Costing Framework (section 10) and will be subsequently reviewed and developed based on the initiatives contained in this Business Plan.

The outputs are supported by underlying activities and tasks to be undertaken by the NMHCCF as agreed by members. This includes consideration of how the NMHCCF and the National Register of Mental Health Consumers & Carers work together or separately. This is only an issue as the National Register is a project of the MHCA, while the NMHCCF is auspiced by MHCA and it should be clear when each entity is working on its own work or in collaboration.

## 7. FUTURE SERVICES AND ENHANCEMENTS

The potential for NMHCCF future services includes the ability to fully service the mental health sector.

To broaden options for funding sources, there is a clear need for a prospectus shaped by NMHCCF agreed aims to address fundamental issues which can shape a positive future for consumers and carers. These include:

- the need to consider fee for service opportunities;
- the opportunity to better address sector development and capacity strengthening; and
- training and support for the mental health sector.

However, NMHCCF members are (quite reasonably) concerned about how additional services, even if they come with resources for staff/ consultants/ activities, will impact on the NMHCCF ability to meet its own strategic aims outlined in the Forward Plan 2009-2011. NMHCCF members are well aware of the limitations of a very small Secretariat and of the burden on NMHCCF members, many of whom are already stretched in their consumer or carer activities and may have little additional capacity to provide to NMHCCF activities.

Current funding arrangements allow the NMHCCF to meet and provide a small Secretariat staff. Activities are undertaken within current capacity or through budget savings to employ a consultant. If the stakeholders with an interest in the NMHCCF are truly committed to it achieving real gains, then appropriate and ongoing funding needs to be put in place.

## 8. ORGANISATION STRUCTURE AND STAFFING

Current staffing arrangements include an Executive Officer and Administration/Project Officer employed by the MHCA and shared across both the NMHCCF and the National Register project.

Current funding for the Executive Officer is not at a senior level and in practice requires oversight by the MHCA Director Policy & Projects. MHCA staff whose positions are not funded in any way from the NMHCCF and are involved with the NMHCCF include finance, communications/ media, policy development, IT, and administration.

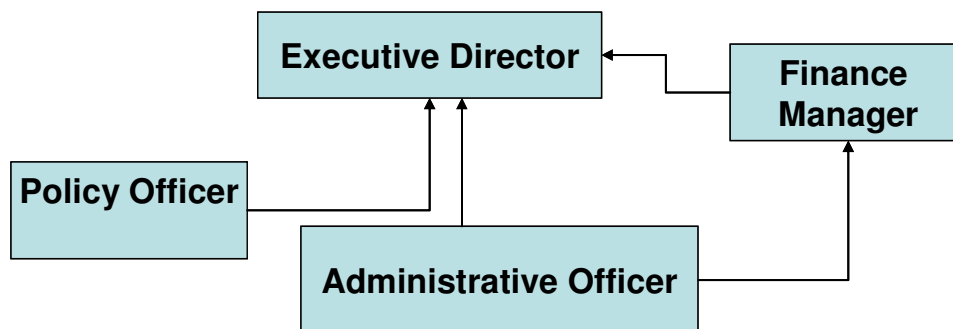
There is a need to develop a NMHCCF staffing structure that will ensure the best interests of consumers and carers are provided for in future and do not rely so heavily on an auspicing body

A CEO or Executive Director is a critical position and this should be supported by a Policy Officer and adequate administrative support to ensure the viability of the organisation. Making the lead position a more senior position and backing it up with appropriate personnel, would give the NMHCCF an opportunity to achieve far greater gains.

A part time Finance Manager supported by the Administrative Officer will ensure that financial administration and general administrative support is in place. Enhancing NMHCCF capacity to undertake additional services will include significant attention to appropriate communication and marketing of these services. This expertise will also need to be included in a future staffing structure.

All of these positions must be appropriately funded to ensure the highest caliber of staff.

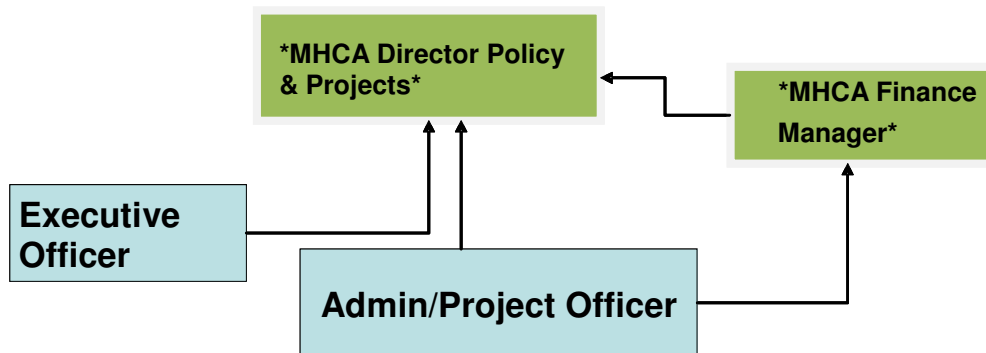
The suggested staffing structure is outlined below. This assumes best capacity to meet the 2009-2011 Forward Plan and activities in this Business Plan (including options around alternative funding sources).



### Notes:

1. Supported by part time staff as required to respond to workload peaks
2. Project staff will continue to be selected and appointed for one-off funded projects
3. Coordination and annual work programs will continue to be funded as core NMHCCF work.

This structure is loosely in place currently as shown below:



However, this is neither sustainable nor practical as the MHCA positions (marked \* and green) do not work exclusively on NMHCCF activities and cannot provide more than an oversight role at this stage.

## 9. NMHCCF COSTING FRAMEWORK

The NMHCCF receives funding from the Australian Government Department of Health & Ageing and from each of the state and territory governments to manage NMHCCF core activities. At present, the state funds are fixed with only a small increase each year for CPI.

The NMHCCF currently has minimal responsibility for most of its expenses as the majority of its overheads are covered by MHCA. These overheads include all operational expenses such as:

- Rent
- Stationery
- Telecommunications (e.g.: telephones, internet, fax etc)
- Insurance
- Financial control (e.g.: finance officer, bookkeeper, accounting fees, audit fees)
- Bank fees
- Human resources (e.g.: CEO, Deputy CEO, Communications Director, admin support are all provided on an ad hoc basis; the Director Policy & Projects provides significant input on NMHCCF activities)
- Human resources on-costs (e.g.: superannuation, workers compensation, professional development).

Further, the NMHCCF is not responsible for the direct costs of maintaining the staff for the NMHCCF, as funds for this go directly to MHCA from the Australian Government Department of Health & Ageing. These include:

- Human resources for those staff employed directly to further the NMHCCF (refer Section 9)
- Human resources on-costs (e.g.: superannuation, workers compensation, professional development)
- Direct costs of funded projects (e.g.: preparation of the forward plan and this business plan).

Whilst the funding arrangements remain as they are, the NMHCCF has limited control over its costings, other than through the allocation of human resources to pre-determined activities.

### **Charging for NMHCCF services**

Pricing policies and a price schedule are now able to be developed, as we have a better understanding of the human resources costing model, and thus the true costs of providing certain services. Such a pricing policy is considerably easier to consider under the current structure as there are very minimal costs to be considered other than human resources, the remaining costs being funded by MHCA.

Through the consultation process taken to assist in the preparation of this Business Plan, the members of the NMHCCF have determined what activities *must* be undertaken, and what they would *like* to undertake. These activities are either: as a requirement of the funding agreements, required in order to be operational, or because the activity fits within the aims of the NMHCCF (refer Section 1). Human resources, like all other resources, are limited, and there remain a number of activities that the NMHCCF would like to undertake when possible. The Forward Plan 2009-2011 (see [www.nmhccf.org.au](http://www.nmhccf.org.au)) contains an analysis of the activities already committed to, which the NMHCCF would like to pursue when possible.

To this end, a Costing Framework has been developed for human resource allocations. This is an Excel document provided to the Executive Officer to assist with determining the actual human resource costs to the organisation of undertaking various activities. This spreadsheet does not include other costs.

To achieve the full extent of its aims and proposed activities, the NMHCCF needs to be adequately funded. It would not appear to have sufficient funding at the moment to achieve everything that it would like to achieve.

A key principle missing from the costings is any acknowledgement of NMHCCF members' time (outside of meetings, for which members do receive sitting fees and these costs are known). There is no recognition of the amount of volunteer time members provide to achieve the NMHCCF strategic objectives, nor any remuneration for the time the Executive Committee members in particular provide to the NMHCCF. For example, the NMHCCF Executive members currently do significant business via email, none of which is remunerated. They also regularly sit on the selection panel for consumer and carer representatives (across both the NMHCCF and National Register). As much of this work is undertaken by email, this is also unpaid time. A regular stipend may be one way to recognise this input, but is not able to be funded under current resources. Adding these costs to the human resources costs already captured, would give a much greater picture of what it costs for the NMHCCF to do business.

Using existing salary and other on-costs, and considering the overheads currently covered by the MHCA, we have determined the following fees schedule which should be applied when providing services to external parties on a fee for service basis.

Team Member	Daily Rate (Existing Funding Structure)	Indicative Daily Rate (Autonomous Entity)
Executive Director <sup>2</sup>	\$465.30	\$1,320 – 1,650
Policy Officer <sup>3</sup>	\$342.10	\$1,100 – 1,430
Admin/Project Officer	\$278.30	\$ 880 – 1,100

The rates under the existing funding structure are inclusive of GST and represent the minimum cost under the current funding structure. These rates represent the actual cost of providing these staff members (with on-costs and administrative levy). There is no 'profit' in this pricing structure. It would not be unreasonable to factor in a profit of 20-40% or conversely the MHCA recouping a similar amount from the NMHCCF budget for the staff not funded to undertake this NMHCCF related work. MHCA does not currently do this nor does it charge the NMHCCF a project management fee for the state-provided funds.

The rates applicable to an autonomous entity would be significantly more assuming an Incorporated entity that is separately funded and financially independent. The figures proposed reflect rates charged by similar not-for-profit organisations but would need to be costed based upon the budget for the new entity. As outlined in the risk register in section 5, NMHCCF members have agreed that it is not appropriate to even consider Incorporation until 2012.

The consultants provided NMHCCF members with the costings of the Forward Plan 2009-2011 activities as allocated and resourced. It was clear from this document that the NMHCCF cannot afford to achieve its Forward Plan objectives based on current funding. These costings have not been included in this public summary version as they are internal working documents of the NMHCCF.

## 10. GOVERNANCE

The King Report of Corporate Governance for South Africa (2002) received international recognition for the seven primary characteristics of good governance. These characteristics have been adopted by most Western Cultures as the basis of what constitutes good governance. These characteristics are:

- Discipline: commitment by the organisation's senior management to widely accepted standards of correct and proper behaviour.
- Transparency: the ease with which an outsider can meaningfully analyse the organisations actions and performance.
- Independence: the extent to which conflicts of interest are avoided, such that the organisation's best interests prevail at all times.

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<sup>2</sup> The Executive Director/ CEO level work is currently undertaken by the MHCA Director Policy & Projects and is not funded by NMHCCF funders.

<sup>3</sup> This is the current Executive Officer level.

- Accountability: addressing stakeholders rights to receive, and if necessary query, information relating to the stewardship of the organisations assets and its performance.
- Responsibility: acceptance of all consequences of the organisation's behaviour and actions.
- Fairness: acknowledgement of, respect for, and balance between, the rights and interests of the organisation's various stakeholders.
- Social responsibility: the organisation's demonstrable commitment to ethical standards and its appreciation of the social, environmental, and economical impact of its activities on the communities in which it operates.

At present, the NMHCCF is auspiced by the MHCA. In fact, legally it represents an activity of the MHCA. The ABN belongs to the MHCA, the staff are employed by the MHCA with the MHCA being responsible for all obligations (such as occupational health and safety, workers compensation etc), the insurance policies required belong to MHCA, and ultimate control resides with the MHCA. The NMHCCF has limited control/ governance of its activities as the governance obligations belong to the MHCA.

All elements of governance are constantly being reviewed as part of the NMHCCF/ MHCA MOU to ensure that the MHCA and the NMHCCF continue to enjoy the confidence of funders, stakeholders, and the wider consumer and carer community.

To this end, the processes and controls employed by MHCA have been appropriate and adequate. Each year an audit of the financial affairs is undertaken and this extends to the corporate governance of the organisation.

The NMHCCF has not been responsible for developing much in the way of governance. Concerns have been raised as to whether the current structure and operating arrangements will best support the NMHCCF work in the future.

In the past, the goals and objectives of the NMHCCF have coincided with the MHCA, and the NMHCCF has enjoyed relative autonomy to progress its aims and objectives. The CEO and senior staff of the MHCA have made themselves available to assist whenever requested and/or required, and frequently represent the interests of the NMHCCF on various committees and throughout their various networks.

This arrangement is expected to continue into the future and there is no anticipation of a time when there would be any disparity between the expectations of the MHCA and the aims of the NMHCCF.

Nevertheless, there will eventually come a time when the management of the NMHCCF should become self-governing. This could be for a number of reasons, least of which could include the autonomy of the NMHCCF, operational reasons, funding requirements, growth in the services offered by the NMHCCF that require additional staff and premises, and insurance purposes.

On a number of occasions, the possibility of incorporating the NMHCCF has been raised and discussed. It has always been deferred for financial and operational reasons: there has not been the money or human resources to progress this further. In addition to this, the activities of the NMHCCF have not warranted this added burden and expense. However, the impetus behind the NMHCCF is growing, and it is anticipated that the

activities of the NMHCCF will therefore continue to grow. The NMHCCF has been looking for ways to increase the activities across a broad set of purposes as outlined in Section 2 and for sources of additional funds so that even more activities can be undertaken.

In addition to these developments, concerns have been expressed by senior management within the MHCA that the demand for support, direct services, and infrastructure have been increasing, and could eventually become too much for the MHCA to absorb in their current structure. They are also concerned that the provision of this support and services is often piecemeal and this may not always be in the best interest of the NMHCCF. Recently, staff members within the MHCA have been asked to consider the tasks that they are responsible for and how these relate to the NMHCCF. This information will be used to determine the actual requirements of the NMHCCF and therefore some preliminary costings that can be used to assess the viability of Incorporation.

It should be noted that there has been no suggestion that the MHCA no longer wants to provide the support and services to the NMHCCF, nor that the NMHCCF no longer values or needs such support. However, at some point, the question needs to be asked: when is it beneficial and feasible for the NMHCCF to become its own incorporated entity?

The consultants provided the NMHCCF members with a checklist on Incorporation. It is not included in this public summary version in the interests of brevity.

## **11. CONCLUSION**

It is clear from this Business Plan and its associated costings that the NMHCCF cannot meet its aspirational Forward Plan 2009-2011 and 2009-10 Work Plan activities under current resources. Its current funding arrangements are almost guaranteed to keep the NMHCCF 'muddling along', rather than setting it up to flourish as an important mental health consumer and carer entity. An urgent review of funding arrangements should be considered by the states/ territories, Department of Health & Ageing, and the stakeholders with which the NMHCCF works.