ACT
Government

OMHW Mid-Term Review Final Report
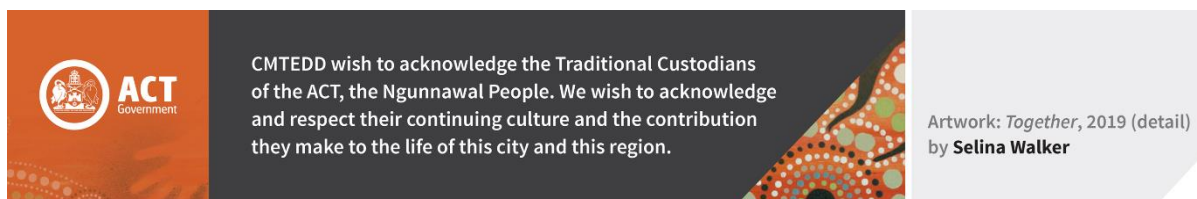
November 2020

Policy Design and
Evaluation Team

Contents

Executive Summary

The Office for Mental Health and Wellbeing ('the Office') is aiming to be an influencer and a change agent for the ACT's mental health system. Its holistic approach to mental health and wellbeing is reflected in its genuine approach to community engagement and co-design.

The Office is filling a critical gap by pursuing system integration and systemic quality improvements in the ACT, which should in the longer term contribute to better mental health and wellbeing outcomes for the community as a whole.

Indicators to measure success in changing the system are not currently agreed or available, and it would be too early to attribute changes in any such indicators to the work undertaken by the Office in the short period since it commenced its work.

In addition, the Office has had to adapt to a fluid operating environment during the first two years of its existence. Its operating model consequently continues to evolve, as its functions are still being refined.

With a core staff of only four team members, the Office cannot deliver *everything* that is currently in the agreed model or consistent with the aspirations of the Work Plan, however, the Office has been innovative in attracting and utilising other resources to expand the team and deliver on actions identified in its Work Plan.

Among the stakeholders interviewed for this Review there is a strong perception that the Office has already had an impact in various settings and is on track to deliver change in the ACT's mental health system.

Interviewees strongly agreed that the Office is providing credible leadership, and four out of five interviewees agreed that the Office is heading in the right direction. At the other end of the spectrum, only one out of 22 interviewees agreed that the Office is adequately funded.

The Office is...

Statement	Share agreed
… adequately funded	~4%
… providing intelligence and monitoring	~36%
… well governed	~73%
… "on track" i.e. meeting expectations	~77%
… sufficiently engaged with the community	~77%
… fully operational	~77%
… focussed on systemic quality improvement	~82%
… clearly driven by its Vision	~86%
… filling a critical gap in the system	~86%
… providing credible leadership	~95%
Overall, it is heading in the right direction	~82%

Share of interviewees who agreed with the statement (n = 22)

The main ways in which the Office has had an early impact are through:

- **Genuine community engagement** and a commitment to collaboration and co-design as evidenced by the published Commitment to Community Engagement, the development of the Vision and Work Plan, and the approach to the review of Children and Young People's Mental Health and Wellbeing,
- **Leadership and bringing people together** to facilitate conversations, information exchange and coordinated action, notably across ACT Government Directorates,
- **Securing funding** from the Australian Government,
- **Delivering projects** such as Lifespan,
- **Strengthening the ACT's voice at national fora**, and
- **Providing bespoke advice** where required.

The Office is efficiently run, staffed by a group of experienced, capable administrators, and headed by a uniquely qualified Coordinator-General. The Office culture is open and collaborative. The work and approach of the Office, and in particular that of the Coordinator-General, was viewed overwhelmingly positively by those interviewed during this Review.

There is good recognition of the Office within government and in the wider community. This was evidenced by the responses received from five Directors-General within the ACT Government, and by a survey of 1,000 randomly selected Canberrans in September 2020 which found that 38 per cent of respondents had heard of the Office.

Among those aware of the Office, over 90 per cent believed that the Office should continue its activity at current levels or step up its activity, and only three per cent thought it should reduce its activity. This highlights community demand for a continuation of the Office.

The Review finds that the current funding levels for the Office do not allow it to deliver the full intelligence and monitoring function expected by the sector. This will become more important as the Office builds sector capacity to deliver evidence-based strategic reform.

The Review also identified the following challenges for the Office:

- **Independence of the Office** – the Office is not perceived to be independent,
- **Keeping up community engagement** – risks of being side-tracked by projects,
- **Clarification of role and function** – issue of commissioning versus coordinating,
- **Data and analytics** – to support the monitoring and intelligence function,
- **Systems analysis and planning** – structured systems assessment and response, and
- **A general absence of performance metrics or indicators**.

While the Office is well governed it could take further steps to improve transparency, such as making Terms' of Reference publicly available, and providing the community with additional updates on decisions made.

Overall, the Review concludes that the Office has begun to "change the conversation" around mental health in the ACT, but that an ongoing commitment to this is required to secure longer term impact.

Introduction

The Office for Mental Health and Wellbeing ('the Office') was established in 2018, following a two-year deliberative process about how to best deliver on a commitment to establish an Office for Mental Health that was included in the Parliamentary Agreement for the 9th ACT Legislative Assembly.

Among the first actions undertaken by the Office upon establishment was the development of a Work Plan. This Work Plan signalled a strong commitment to evaluation in general and specifically promised that the Office would carry out a Mid-Term Review ('the Review').[1]

The Office accordingly developed a Mid-Term Review Plan ('the Review Plan'),[2] and established a Mid-Term Review Reference Group ('the Reference Group'). The Review team benefited from the insights and guidance of this Reference Group, which included:

- Sue-Anne Polden, Chair, Mental Health Advisory Council
- Lisa Kelly, Chief Executive Officer, Carers ACT
- Simon Viereck, Executive Officer, Mental Health Community Coalition ACT
- Dalane Drexler, Executive Officer, ACT Mental Health Consumer Network
- Anne-Marie Burgoyne, Senior Director, ACT Emergency Services Agency, and
- Karen Grace, Executive Director, Mental Health, Justice Health and Alcohol & Drug Services, Canberra Health Services

The Review Plan lists the following aims for the Review:

- To gather early indicators of effectiveness and quality of the Office model and functions
- To inform quality improvement in Office model, resourcing and delivery of functions
- To inform appropriate future resourcing of the Office, and
- To meet reporting commitments.[2]

The Review was carried out by the Policy Design and Evaluation Team from Policy and Cabinet Division at the Chief Minister, Treasury and Economic Development Directorate (CMTEDD). The Review team commenced informal discussions with the Office in August 2020 and the Review was formally completed during September and October 2020.

Background

To provide appropriate context, this section briefly examines how the Office came into being and reviews some of the key statements and recommendations around what the Office was expected to deliver.

The Parliamentary Agreement for the 9th ACT Legislative Assembly signed in October 2016 committed the ACT Government to:

> *Establish the Office for Mental Health to roll out and oversee mental health services and provider funding, develop a strategy that sets targets for suicide reduction, and provide more support for young people.[3]*

A Budget Business Case was then developed and $2.9 million funding for the establishment and operation of the Office over the four years to 2020-21 was secured in the 2017-18 Budget. At the Business Case stage, it was noted that the Office could provide a platform for developing the ACT suicide reduction strategy. Additional support for young people was funded separately.

In November 2017, the consulting firm Synergia was engaged by ACT Health to lead a public consultation process and determine appropriate models for the design and development of an ACT Office for Mental Health.

Its final report ('the Synergia Report') made 20 recommendations detailing the proposed role and functions of an ACT Office for Mental Health and Wellbeing.[4] The Synergia Report envisioned the Office operating as a change agent for mental health reform which:

- identifies opportunities for quality improvement across the entire continuum of mental health care,
- supports responsible agencies and people to address these opportunities, and
- reports on progress.[4]

The Synergia Report summarised Key Functions of the Office as 'Community Engagement', 'Intelligence and Monitoring', 'Integration', and 'Systemic Quality Improvement' – with an additional Key Function it described as 'Vision'.
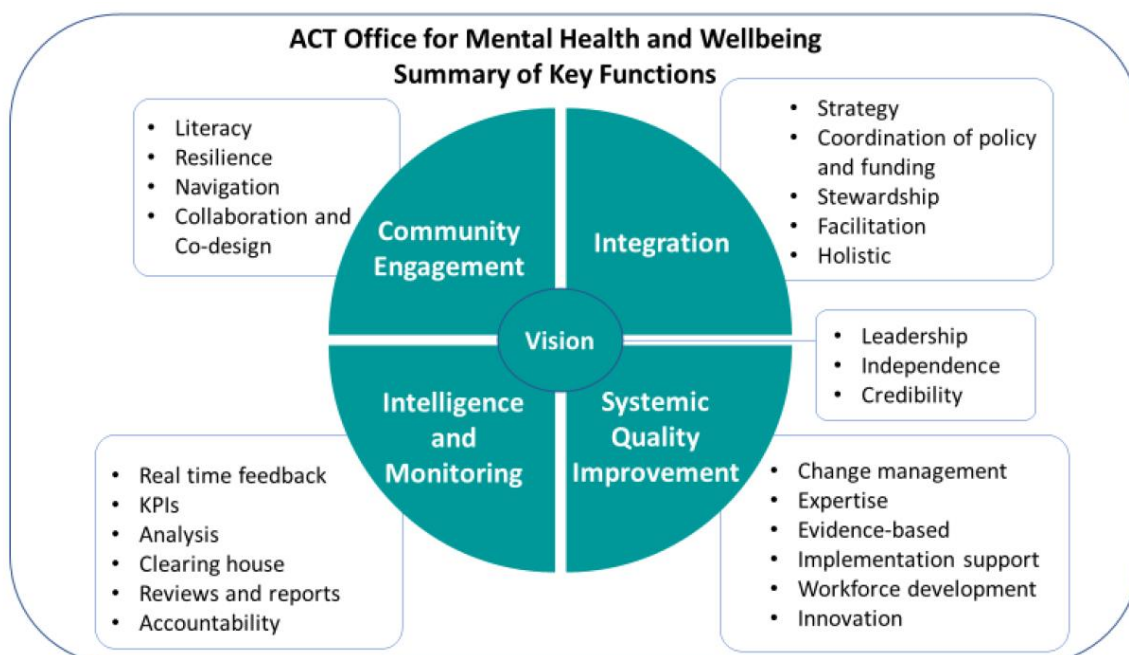
Source: Synergia (2018) 'ACT Office for Mental Health: Design Options and Recommendations'.[4]

In contrast to the wording in the Parliamentary Agreement, the Synergia Report recommended that "the Office not hold the budget for mental health and not be a commissioner of everyday services" (Rec 5), recommending instead that the Office hold funding to "sponsor innovation and change across services"(Rec 6), and also that the Office "be consulted about Government decisions in relation to all mental health funding" (Rec 7).

The Synergia Report further recommended that "the Office be established as an independent agency, within Government but outside the Health Directorate" (Rec 2). The Synergia Report also placed emphasis on data or indicators for performance:

> *…the Office must work with agencies across the workplan to set a series of expected targets to be achieved by agreed deadlines. For example, to lift the rate of access to care to a certain level by a given year.[4]*

Synergia conducted an online survey that asked the question "if the new Office was to be judged as successful, what would have changed in the ACT in five years' time?" The key themes that emerged from the 69 replies received were reported as:

- Adequate supply of mental health professionals,
- Improved cohesion of services,
- Decreased stigma around mental health,
- Improved access to and efficiency of mental health services, and
- Reduction in suicide rates.[4]

The Synergia Report also included a brief review of potential markers or indicators for the future development of an outcomes framework, including a table with illustrative Key Performance Indicators (KPIs) for mental health reform in the ACT.

Despite the focus on indicators the Synergia Report did not recommend the Office develop an 'ACT Scorecard' nor that it take on an independent observatory style function. It also did not recommend following the Victorian mental health complaints commission model.

The ACT Government Response delivered in May 2018 agreed with 17 of the Synergia Report's recommendations and agreed in principle with the remaining 3 recommendations. Specific KPIs were not adopted or recommended.

The Minister for Mental Health, however, provided an accompanying Ministerial Statement which included the following comments:

> *In line with the recommendations from the report, I would like to see the Office for Mental Health and Wellbeing operate as a change agent for mental health reform across the ACT. I am pursuing a model for the Office which will:*
>
> 1. *develop and maintain a Territory-wide approach to mental health;*
> 2. *coordinate mental health policies, strategies and funding in the ACT;*
> 3. *provide a focus on systemic reform and improvement across the continuum of mental health care, including physical health, drugs and alcohol and the social determinants of health;*
> 4. *monitor and report on services and outcomes relating to mental health in the ACT; and*

> 5. *engage with the community to promote mental health and wellbeing.*

> *I believe that these functions will allow the Office to capitalise on a unique opportunity to develop a world class, coordinated response that is aimed at keeping people well. My aim is to support people in their recovery journey and create an inclusive Canberra community, which values people with mental illness and provides opportunities for them to live happy and fulfilling lives. The Office that I am pursuing will be able to drive real reform in this complex area.[5]*

The Ministerial Statement does not refer to specific KPIs or performance frameworks for the Office. It does refer to the development of a "clear and achievable" work plan for the Office and to further work on governance and evaluation frameworks.

The Office was formally launched on 14 June 2018 and the Coordinator-General commenced her role on 3 December 2018.

As the ACT Government had also publicly committed to release the Work Plan within 100 days of the commencement of the Coordinator-General, the Office then undertook an intensive consultation and co-design process to develop its Vision and Work Plan, which was agreed by Government in April 2019.

The co-design process was independently reviewed and found to have achieved a high standard of inclusive representation.[6]

In July 2019, the Office released an evaluation framework to guide evaluation as the Office matures. This framework outlines four Maturity Levels or Streams of work that evolve as the Office progresses through four stages:

   I.   Initiating the Office ('Getting the Model right – Structure and people'),
   II. Establishing the functions ('Getting the Functions right'),
   III. Implement the functions to facilitate targeted actions ('Facilitating collaborative actions'), and
   IV. Build to last ('Influencing for strategic change').[7]

The evaluation framework built on the five key functions identified in the Synergia Report, however, it recast these in the light of a Theory of Change, to clarify the mechanisms that might be expected to enable the Office to achieve its aims.

Under the Theory of Change proposed in the evaluation framework, effective 'Community Engagement' and 'Intelligence and Monitoring' become enablers of the 'Vision' which in turn supports the aims and outcomes of 'Systemic Quality Improvement' and 'Integration':

> *…unless the community work together, there will not be the level of Integration and Systemic Quality Improvement necessary for measurable improvements in the mental health and wellbeing of the community.[7]*

Finally, the Office prepared the Review Plan which included a preliminary series of questions addressing Streams I to IV.[2] The Review team refined these questions with input from the Reference Group, to design the Interview Plan reproduced in Appendix A.
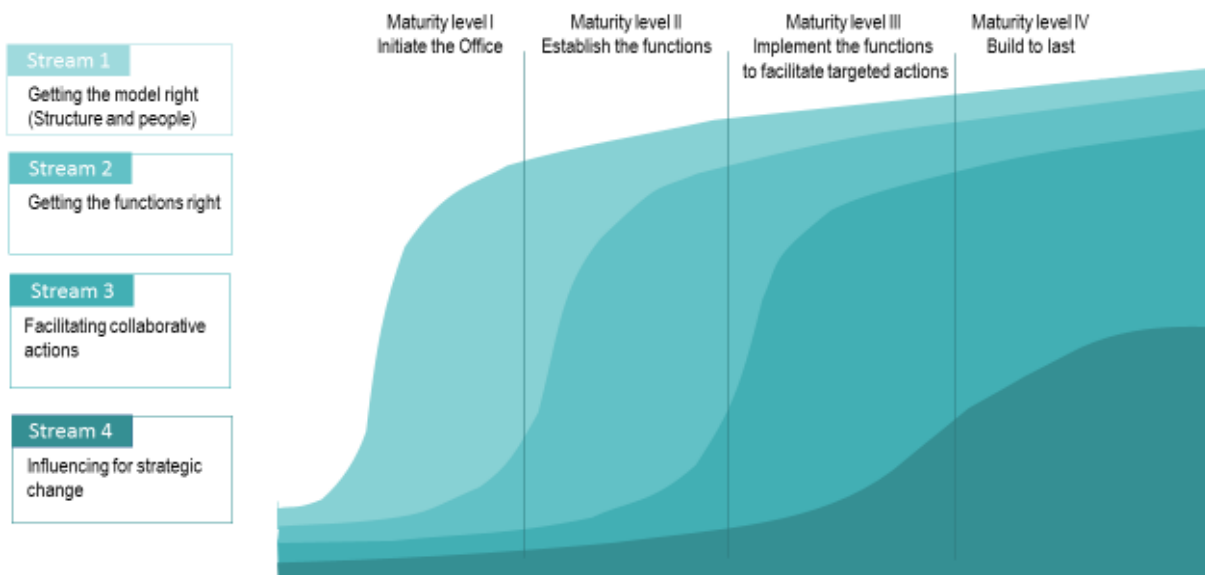
Source: ACT Government (2019).[7] The Office for Mental Health and Wellbeing Maturity Model illustrating how the dominant stream will change as the Office matures through four levels.

Synergia Report recommendations

It would be inappropriate to base this Review on an assessment of performance against the Synergia Report recommendations, as this was superseded by the Government's Response and subsequently the Office's agreed Work Plan.

Nonetheless, the Review team 'tested' the Synergia Report recommendations with the Office and was largely in agreement with the Office's own assessment of how it had progressed against these recommendations.

The Office reported that it had achieved 17 of the 20 recommendations, partially achieved two, and that one was not applicable at this stage. Marked as partially achieved were:

- Recommendation 7 (decisions about new or changing funding for mental health services should be considered by the Office), and
- Recommendation 17 (that the Office develop a 'clearing house' of best practice information and current translational evidence).

The Office noted challenges with two of the 17 achieved recommendations:

- Recommendation 2 (that the Office be established as an independent agency, within Government), and
- Recommendation 6 (the Office holds funding to sponsor innovation and change across services).

The areas identified as partially achieved or as having challenges were touched on in the interviews, and some common themes emerged which are further discussed in this report.

The Review team diverged from the Office in its assessment of how it had delivered on Recommendations 9 and 14.

Recommendation 9 refers to the Office having 'core capabilities' in analytics, quality improvement, systems design, the identification and application of evidence and community consultation and engagement. The Review team identified capability gaps which are further discussed in the section on 'Core structure and capabilities' in this report.

In response to this the Office agreed to change its assessment of achievement against Recommendation 9 to 'partial' noting that "that amount of core capabilities is beyond the scope of 4 staff."[8]

Recommendation 14 makes reference to annual reports including data on agreed key performance indicators. The Office's latest Annual Report does not present such data as this was not set as a specific requirement in the model ultimately agreed by Government. A lack of agreed, standardised and timely metrics in the mental health field is widely acknowledged.[9]

An example reported in the mainstream media is the lag time of up to two years for national suicide statistics, with Professor Pat McGorry commenting that "it's a bit like lights coming from distant stars: it's reflecting the past not the current reality. Of course, that's not much use in responding to suicide."[10]

The Office is understood to be progressing work in this area, in particular a new staff member who is part of the wider team has brought health data expertise to the Office.

The Review Team notes that the absence of key data should not stop crucial work from progressing; however, these data will be required to evaluate effectiveness in the future, for example, in the final evaluation or review which the Synergia Report suggested should be undertaken five years after the Office's commencement.

Methodology

As with any review or evaluation, it is important to establish the criteria for assessment, i.e., what an agency or program is being evaluated against. There is no 'textbook' set of criteria that could be applied to a new function such as the Office.

Broadly speaking, criteria could include key performance indicators where available, or they could be based on a range of sources such as comparison models, Ministerial statements, Cabinet decisions, various types of research, and consultants' recommendations.

Given the short time from start to completion of this Review (around two months), the simplest approach might have been to use the Office's Work Plan agreed in April 2019, and to try to assess progress against the items contained in this Work Plan.

There are two reasons why the Review team did not consider this to be the most useful and productive approach:

1. It could lead to the omission of significant context explaining why certain decisions were taken, and
2. It could skew the assessment given the significant impact that the coronavirus pandemic has had on the Office's program of work.

For these reasons, the Review team used a broader, developmental 'mixed-methods' approach which allowed for additional information to be considered.

The Review team's approach combined desktop review of key documents with a range of surveys, interviews, and meetings.

Between 30 September and 7 October 2020, 22 stakeholders were interviewed, including the Coordinator-General for Mental Health and Wellbeing, Dr Elizabeth Moore ('the Coordinator-General') and representatives from:

- Black Dog Institute (1),
- Capital Health Network (1),
- Community Organisations (4),
- Education Directorate (2),
- Inter-Directorate Committee (4) incl. Chief Psychiatrist,
- Mental Health Advisory Council (1),
- Mental Health Policy Unit (1),
- National Centre for Mental Health Research (3),
- Office of the Chief Health Officer (1), and
- Peak Bodies (3) incl. Consumers and Carers.

In order to bring an element of direct citizen feedback into the Review process, at the suggestion of the Reference Group, a sample of 1,000 Canberrans were surveyed to gauge their recognition of the Office to date and to collect views on the Office.

The Peak Bodies represented on the Review Reference Group also forwarded survey links to their networks to gather additional data.

Another, smaller 'survey' was conducted internally by emailing questions about the Office to all Directors-General within the ACT Public Service (ACTPS). The aim of this exercise was to understand whether the Office had impacted at senior Executive levels across the ACTPS.

In addition, the Review team issued information requests to the Office and held several meetings with the Office's leadership team. During one of these meetings, an analysis of Office staff skills, experience and qualifications was undertaken.

The Review team noted the open and collaborative approach which the Office staff took throughout the Review and would like to thank all Office staff who supported the Review, in addition to the Reference Group.

The Office provided full responses to the information requests and displayed commendable transparency in handing over a range of internal documents such as meeting notes, minutes, project plans, and budget information, as well as various draft documents.

Finally, it is worth noting that the Review team did not include subject matter experts with mental health training or qualifications, however, the Review team did have significant expertise and experience in evaluation, public policy, and health economics.

Model, Functions and Resourcing

The Review Plan proposed that the two 'early' maturity Streams for the Office be investigated under the combined heading of 'Review of the Office Model, Functions and Resourcing'. This report retains the broad structure suggested by the Review Plan.

In the Review Plan, Stream 1 around setting up the Office was articulated as being about 'getting the model right' and Stream 2 as being about 'getting the functions right'.

Interestingly, the Review team found that when interviewees were asked for their opinion on the current Office model, most respondents began instead by commenting on the Office's functions.

It is indeed difficult to comment on the appropriateness of the Office model without having a heuristic of the intended functions of the Office. Where the role or functions are not clearly understood, or are still emerging, an assessment of the model is clearly challenging.

The Review Plan included the following indicative questions for Streams 1 and 2:

- Were the Synergia Report recommendations met? (Addressed above.)
- Have there been changes to the Model?
- Does the Model allow the Office to achieve its purpose and objective?
- Have the functions been demonstrated?
- What is the stakeholder satisfaction of the Office?
- Are the functions enabling the Office to achieve the Vision?
- What is the evidence that the Vision is guiding the work of the Office?

These questions were considered and adapted for the purposes of the interviews (see Questions 2-9 in Attachment A). While the questions differed somewhat from those listed above, in practice the same thematic ground was covered during the interviews.

In addition, the interviews also included two additional exercises which produced data for this Review:

- An exercise in which respondents were asked about their level of agreement with a series of statements about the Office, and
- A forced rankings exercise in which the interviewees were asked to rank priority action areas according to (a) how they perceived the Office had prioritised actions to date, and (b) how they think the Office should prioritise actions in future.

The results of these exercises are also reported in the sections that follow.

Core structure and capabilities

The Office's budget allows for a core team of four staff to be employed, and the Office's capability to deliver on its core functions needs to be assessed in this context.

The Review team met with the Office's leadership group for an assessment of skills, experience and qualifications relevant to the delivery of Office functions. In broad terms, a series of areas were assessed with individuals recorded as having either 'None', 'Limited (Up to 3 years)', 'Proficient (3 years +)' or 'Extensive (10 years +)' of relevant experience, skills or qualifications.

This exercise revealed that the core Office team has a wide range and extensive skills and experience both inside and outside government, in particular significant prior experience in the health workforce (psychiatry, psychology, occupational therapy and nursing).

Extensive experience in general government administration and at Executive level was noted. Human Resources, Systems Analysis, Social Media, Community Engagement, and Management experience were also at 'Proficient' to 'Extensive' levels among the core group.

The exercise identified that core staff had broadly 'Limited' experience in Mental Health Policy and government administration of Mental Health Services (contracts etc.), however, the depth of experience in general government administration coupled with mental health workforce experience ensured sufficient transferable skills to function competently.

The following skills, experience or qualifications were not represented among core staff:

- Comms & Media – Publishing, Editing, Graphic Design
- IT and data – Web design, Data Analytics, Data Visualisation, IT Systems
- Research – General, Mental Health, Implementation/Translation Research
- Auditing

For some of these, e.g., Comms & Media and Web design, the team is dependent on assistance from other parts of the ACT Health Directorate; this is consistent with normal organisation of functions within ACT Government directorates. For others, the core team has either relied on the wider team (in particular, a team member with skills in data analytics), or collaborated and outsourced some work (e.g., research related projects).

The range and content of the material supplied to the Review team indicates that the Office is administratively well set up. Project plans are in place and meetings are minuted with briefing materials provided before meetings along with agendas. The perception among interviewees was that the Office is fully operational, with only two out of 22 interviewees disagreeing with the statement (see diagram below).

In line with other findings further discussed in the Summary assessment at the end of this report, it would appear that the Office is functioning well but has some capacity gaps that have limited its ability to implement its 'Intelligence and Monitoring' function.

"The Office is fully operational"
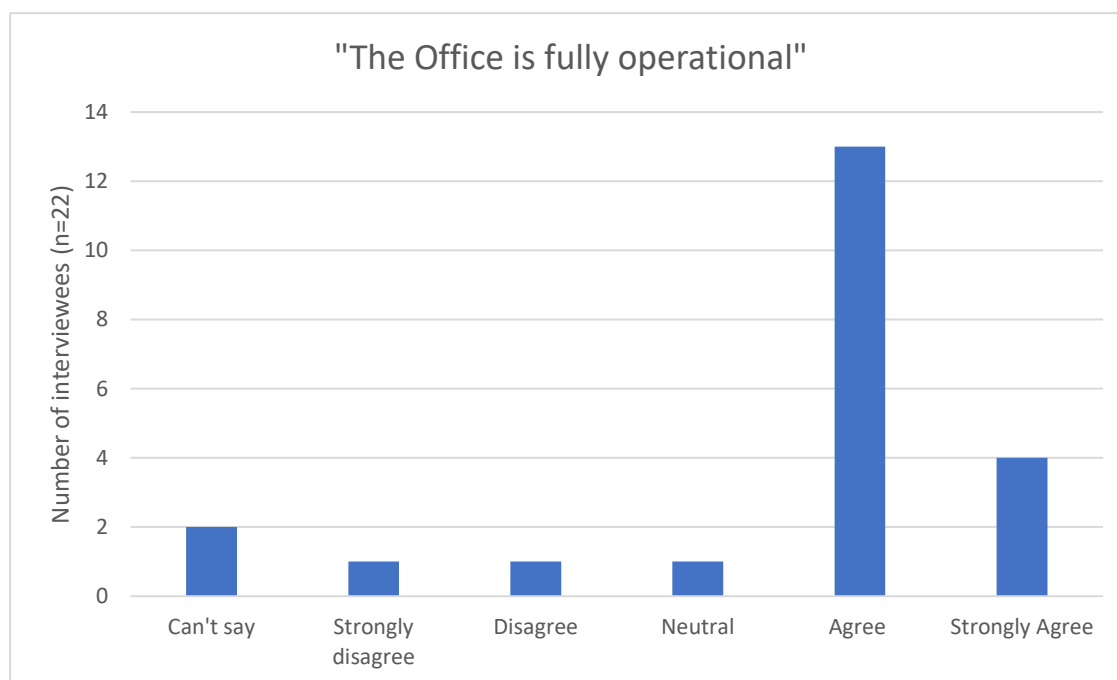
In terms of the structure of the Office, the significant 'gap' that currently exists between the substantive position of the Coordinator-General (Deputy Director-General level) and the next level of staff seniority (SOGB) was also identified as an issue.

Several comments and observations relate to this structural issue, noting the claims on the Coordinator-General's time now includes managing a team which has expanded to 11 staff (discussed below) and which would potentially warrant an additional managerial role.

The small size of the Office also means there are 'key person risks' where the loss of any current staff could have an impact on the Office's performance. This is particularly true in the case of the Coordinator-General, whose leadership style was seen as a key factor in driving success to date.
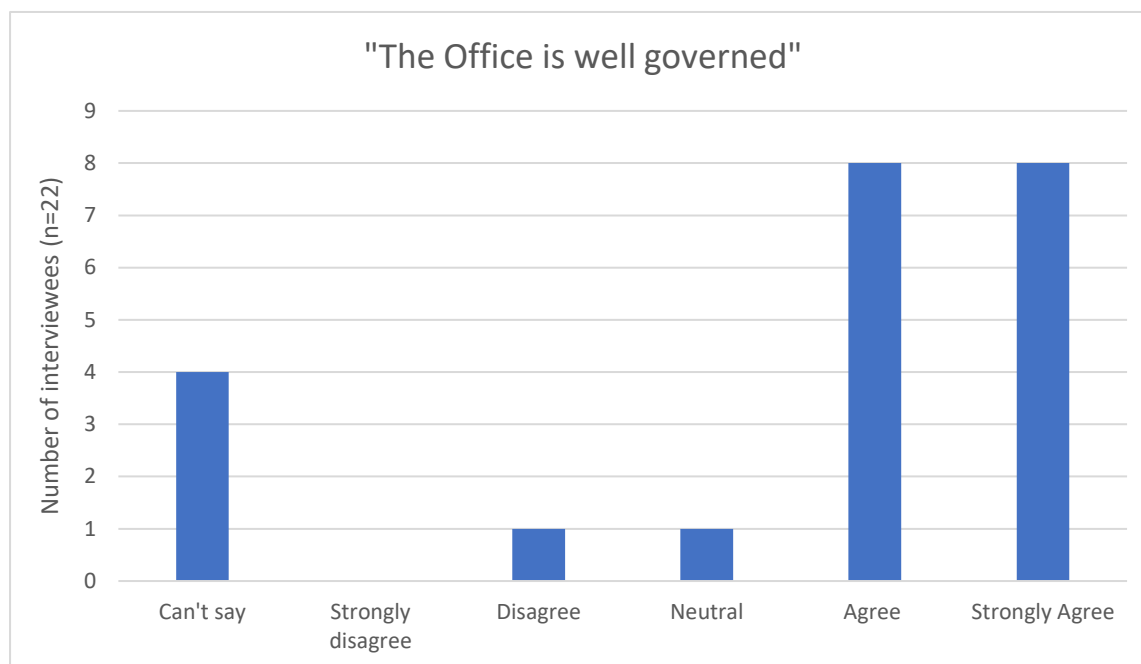
Governance

Governance refers to the structures and decision-making processes that allow the Office to conduct its affairs. An examination of governance may refer to the 'authorising environment', reporting lines, and terms' of reference for Committees, but also wider context.

The literature on good governance, including public sector governance abounds and cannot be summarised here, however, the issues of transparency, accountability and probity are ever present in discussions of governance.[11-14]

The majority of interviewees (16 out of 22 or nearly 80 per cent) agreed or strongly agreed that the Office is well governed.

While the Office reports directly to the Minister and the Director-General of ACT Health, the Office's vision for the community and co-designing system change suggests a need for mechanisms that enable the community to feed into its decision-making processes.

The Office achieves this partly through taking advice from the Mental Health Advisory Council and by working "collaboratively through other agencies and organisations and community members through a variety of engagement mechanisms."[15]

"The Office is well governed"

The Office also takes advice from the Mental Health and Wellbeing Inter-Directorate Committee.

Based on the documentation provided and publicly available reports , the Review team concludes that appropriate governance structures are in place, however, to improve the degree of transparency the Office can take further steps, such as making Terms' of Reference publicly available, including updates on discussions or meetings held, and publishing decisions made at meetings in the Newsletter.

Independence

The Government response to the Synergia Report referred to the Office's independence in terms of reporting directly to the Minister, producing independent reports, and working across directorates.

The issue of the Office's independence emerged as a key theme in this Review. A perception of insufficient independence risks a community response that the Office is "just another layer in the bureaucracy".

The Synergia Report noted that all existing Australian mental health commissions were "more or less" part of government, and that maintaining credible independence and influence within government involves a fine balancing act:

> *The relationship would be two-way, where the government would respect the Office and listen/act on the advice and directions it gives. Achieving this level of balanced independence and influence is critical.[4]*

A key reason for being located within government is that it enables the influencing and coordinating of direct mental health services as well as public services that impact on mental health (e.g., in Education or Justice portfolios) in an integrated fashion. A further reason is that public messaging that sits around mental health (e.g., addressing stigma) is perhaps more easily achieved from within government than without.

Interviewees understood independence in a range of ways. Some associated it with the Office having a direct reporting line to the Minister, independently of the reporting line to the Director-General of the ACT Health Directorate. Others appeared to have an implicit model of *functional* independence, including freedom to investigate issues, deliver independent reports, and the ability for the Office to pursue its own communications strategy.

Despite being part of Government, the Office needs to retain functional independence to remain effective as a system change agent. Perhaps equally importantly, whether or not it does have functional independence, the Office needs to be <u>perceived</u> as being independent.

Perceived independence builds wider community trust, which in turn ensures that the Office receives the best information from the community. **For these reasons, the Office must actively seek to demonstrate independence.**

The issue of the Office's independence was discussed at length in the interviews, with Question 3 asking interviewers: "Is the Office considered an independent agency? What are the challenges in relation to this? Could this be improved, if so, how?" Only five out of the 22 interviewees answered clearly in the affirmative.

The range in responses to this question was surprising: from a resolute "of course not" and "I don't think anyone thinks the Office is independent" to "yes, everyone knows the Office is independent" and "but of course, you would not want the Office to be fully independent".

This largely reflected the different viewpoints of the interviewees. The Review team detected a tendency for those within Government to see the Office as more independent than those from outside Government, although there were exceptions to this.

At least two interviewees from outside Government agreed that the Office was in fact independent, but noted that this was not the general perception and that it needed to be communicated better. **Overall, while there was no doubt that the Office is acting with integrity, it is generally not perceived as being independent.**

The Review team did not identify any instances of direct interference in the Office's work from within Government, however it too could not conclude that the Office is fully independent.

The complex and somewhat fluid functional relationship that exists between the Office, the Mental Health Policy Unit (MHPU), the Chief Psychiatrist's Office, and the Senior Executive

indeed makes it highly unlikely that the Office could act completely independently from other parts of the ACT Health Directorate.

An important point made during the interviews was that this is an unavoidable trade-off, and that it is in fact "more important to get stuff done" than it is to be seen to be completely independent.

Another point that was made was that complete independence or "full autonomy" might give it "Observatory" status, but that this is not the desired role for the Office as it would weaken its ability to coordinate action within government.
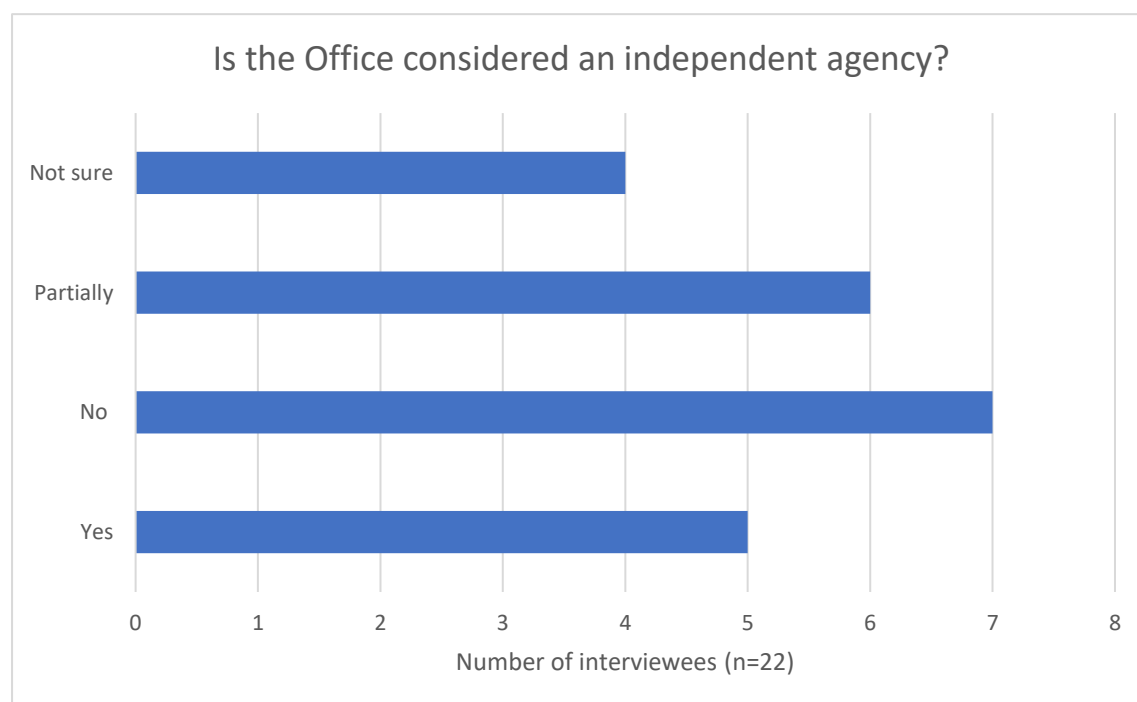
Interviewees offered a range of ideas about possible ways in which independence could be demonstrated and better communicated:

- The Office could have a separate 'shopfront' (but this would be at the cost of incidental meetings with ACT Health colleagues i.e., could 'isolate' the Office),
- The Office should not speak on behalf of ACT Health at meetings, or be asked to represent ACT Health's views – Office staff should not 'fill in' for ACT Health officials when they cannot attend a meeting,
- Higher profile, independent communications, and a separate website to build greater visibility for the Office,
- Compiling key statistics for the ACT mental health system and making these available to all, as this reflects a more objective and independent role,
- Issuing frank and fearless reports which include content that is critical of government,
- Maintaining focus on genuine and transparent community engagement, including through regular, widely disseminated updates from the Office,

- Clarification of the role of the Office in general, and vis-à-vis the Mental Health Policy Unit and the Office of the Chief Psychiatrist in particular, and
- Stepping away from any commissioning of projects, as this sets up provider-funder relationships and dynamics between providers which are detrimental to a perception of independence.

Changes in the model

Concern about apparent changes in the Office model was highlighted in discussions with the 22 stakeholders who were interviewed for this Review. There are two broad issues here:

- The core team of four is now supported by a further seven staff members bringing the total staffing level to 11, notably through the integration of the Lifespan program of work, and
- Linked to this is the **perception that the model has changed from that of a more independent coordination role to a substantially different one that involves commissioning and running 'projects'**.

Several interviewees commented on what they perceived as an emerging confusion of roles, and a need to clarify the operating model that the Office is working to.

- There was a perception that the Office model has shifted several times, including in the early design stages, and as a result of the co-design process, and
- In addition, the view was expressed that there is a risk that the Office becomes distracted by projects and may lose focus on broader, systemic integration issues.

The Review team has consequently concluded that the Office's role and functions are still evolving, but this was also influenced by the exigencies of the emergency pandemic response, for which the Office has played an important role.

In early 2019, the Lifespan work which was originally positioned in Mental Health Policy was moved to the Office as it was recognised that suicide prevention required a whole-of-government, multifaceted approached which aligned with the Office's functions.

It can be argued that the addition of such projects ensures that the Office has some 'skin in the game', however, it does change the wider perception around its role.

The Review team suggests that it would be timely and appropriate to clarify the model through communication of decisions around how additional projects are taken on, and what systems or processes are in place to mitigate against potential funder-provider type issues, or the perception thereof.

Demonstrated functions

As has already been discussed, the Theory of Change proposed by the Office sees it carrying out three broad functions to deliver systemic quality improvement and system integration. These three areas are briefly reviewed in the following sections.

Leadership and vision

The Office ran a series of workshops to co-design its vision, which culminated in the following vision statement: 'a kind, connected and informed community working together to promote and protect the mental health and wellbeing of all'.

The appointment of a respected and uniquely qualified Coordinator-General brought a significant degree of credibility to the Office. The genuine community engagement carried out to date was also identified as adding to the credibility of the Office.

Responses received from Inter-Directorate Committee (IDC) members and the Directors-General of different ACT Government Directorates also indicate that the leadership of the Office is widely appreciated.

As shown in the diagrams below, there was very strong agreement across the 22 interviewees that the Office is providing credible leadership, and a high level of agreement that it is clearly driven by its Vision.
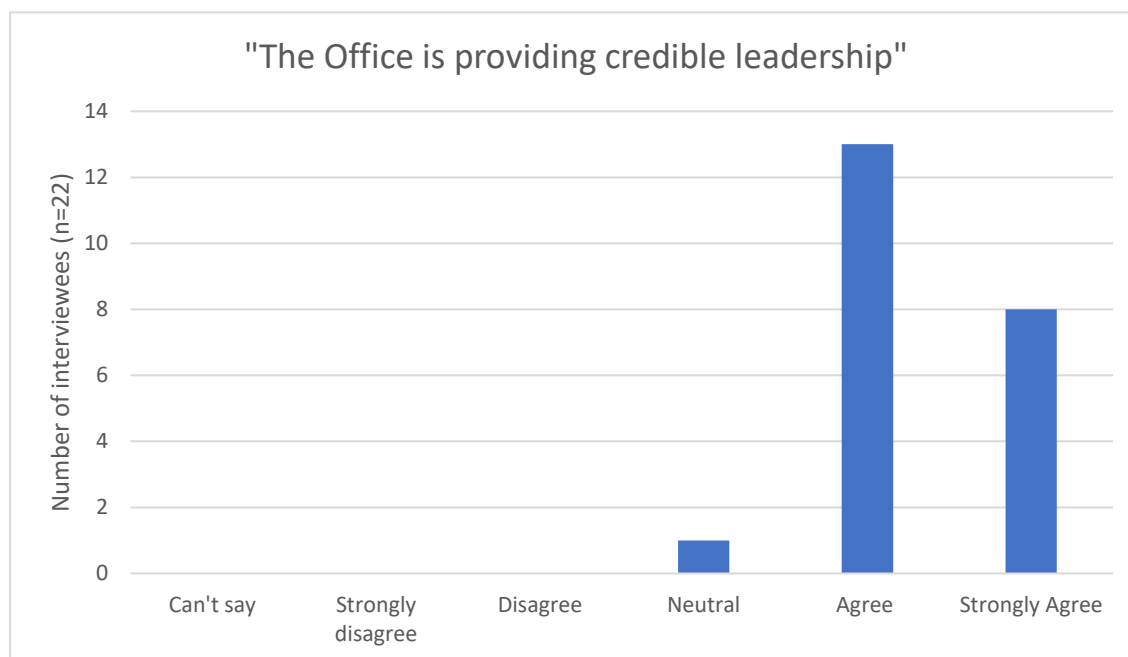

Community engagement

The Review found that the Office has engaged in "genuine" community engagement, in particular in its co-design of the Vision and Work Plan, but also in other projects such as the Children and Young People Review – and as enshrined in its published Commitment.[16]

The Office's commitment to community engagement is perceived as credible among stakeholders, however, there is a perception that this may inadvertently drop off as the Office concentrates increasingly on projects.

The Review team recommends the Office continue to pursue proactive community engagement as outlined in its Work Plan, including the promotion of consumer and carer engagement in policy, service delivery planning, and evaluation.[1]

A clear majority of interviewees agreed with the statement that the Office is sufficiently engaged with the community. A small number found it difficult to form a view as they were unclear on what "sufficient" means in this context.

In the Canberra Omnibus Survey carried out in September 2020, among those aware of the Office, almost six in ten (58 per cent) believed that the Office should step up its activity, one-third thought it should continue its activity as now and only 3 per cent thought it should reduce its activity, with 6% undecided.

"The Office is clearly driven by its Vision"

"The Office is sufficiently engaged with the community"
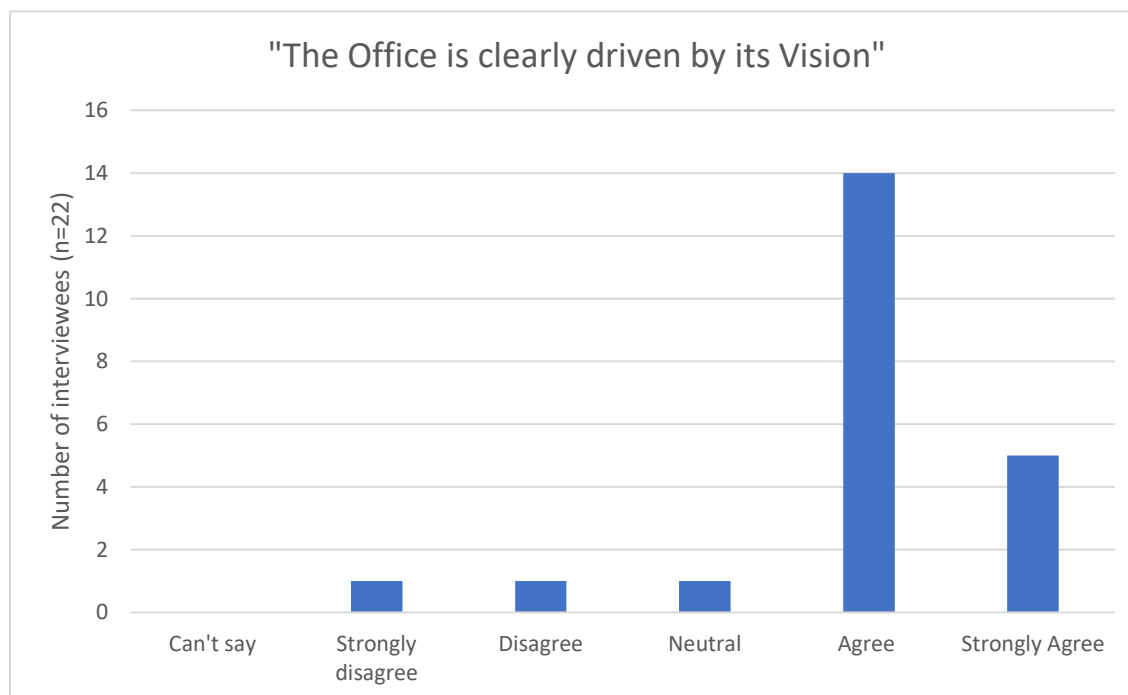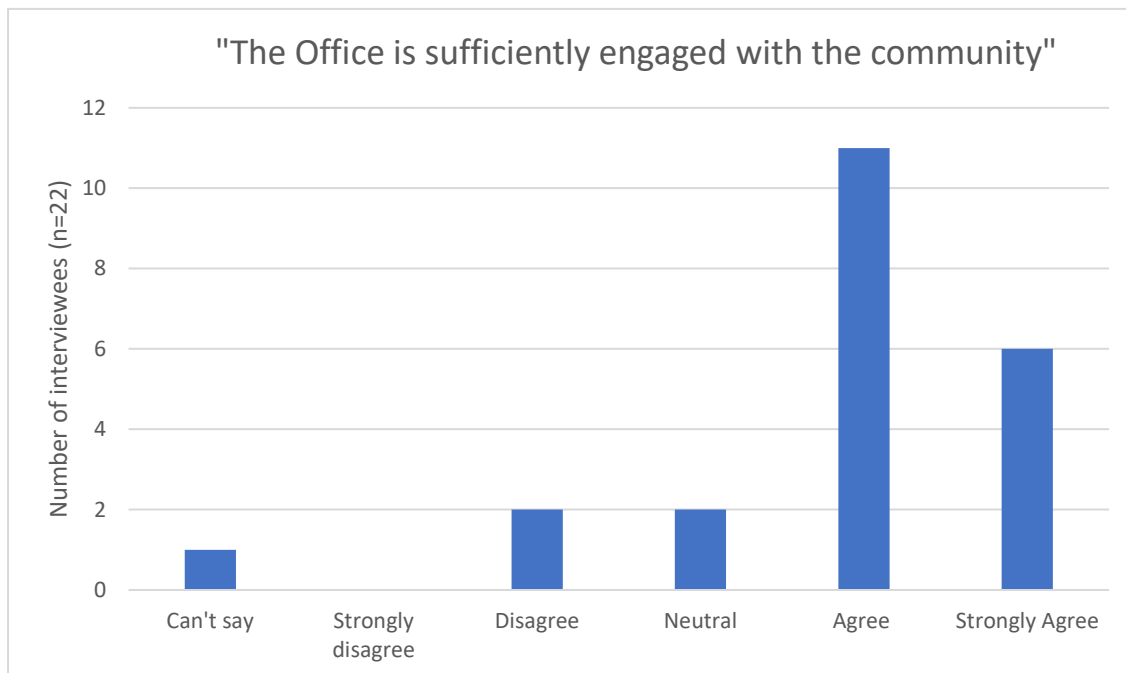
Intelligence and monitoring

The biggest apparent gap in current delivery of functions identified by the Review was in the provision of intelligence and monitoring for the sector, however, this depends to some degree on interpretation.

If intelligence and monitoring is taken to refer to a range of work done 'behind the scenes', or the exchange of key information with selected bodies or within the confines of specific meetings, then the Office is already delivering this function.

This is not, however, how the broader community of stakeholders understood the function, importantly in work around collection and dissemination of key local system data, which continues to be largely unavailable (or only available to a select few stakeholders).

A point of comparison, for illustrative purposes, is the website of the NSW Mental Health Commission, which features five main tabs including a 'Data and Analysis' tab under which 'Indicators at a glance' can be accessed. This includes links to ten key indicator reports.[17]

This function is still in the setting up phase but current Office staffing levels and skills as well as data quality and availability for the ACT are likely to be limiting factors in this area. Apart from the *Review of Children and Young People in the ACT Report* (which was a major achievement),[18] the Review team did not see evidence of major literature reviews, Issues or Discussion Papers, or data summaries and/or indicator reports for the ACT, i.e., that were drafted for and available to a wider audience.

The approach that the Office appears to have taken is driven by a mix of the current staffing levels and pragmatic issues around in-house expertise. For example, the time and ability to carry out extensive systematic literature reviews or research appears to be impacted by these factors.

The present approach appears to be to either subcontract or leave these types of activities to other stakeholders. However, stakeholders reported that they had expected that the Office would be doing some of this work and then disseminating results.

Consequently, only around one third of interviewees agreed that the Office was providing intelligence and reporting for the sector (see diagram below).

"The Office is providing intelligence and monitoring for the sector"
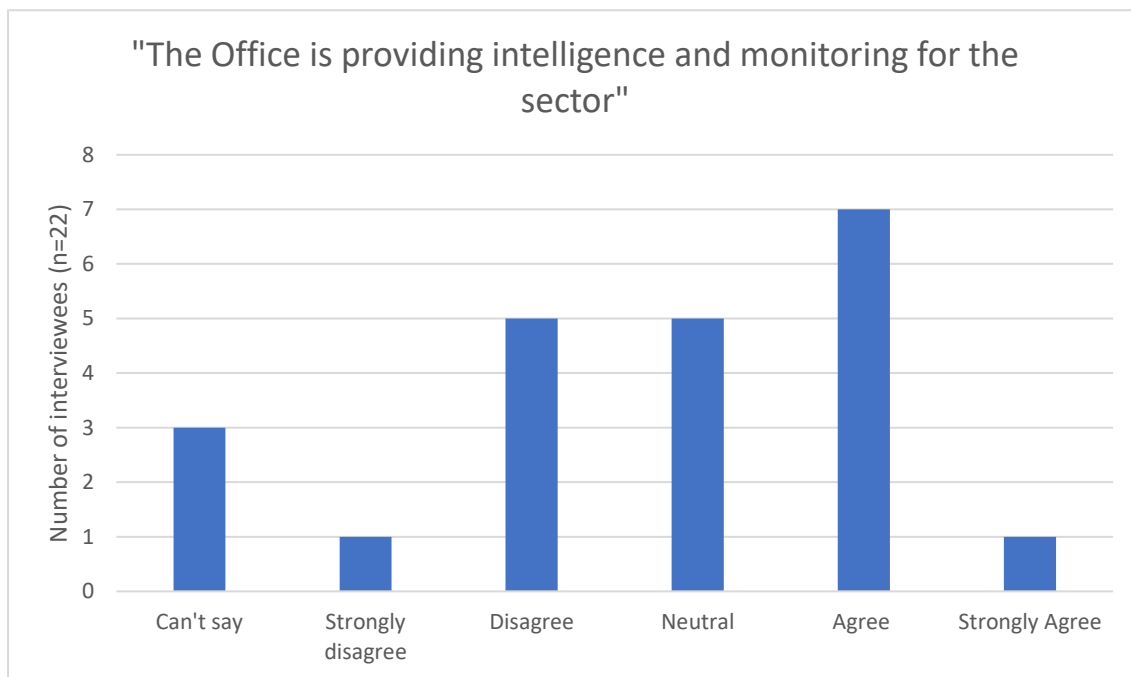
In a possibly related finding, interviewees perceived that research, evaluation and quality improvement were relatively low on the Office's list of priorities to date and should be prioritised more (see 'Prioritisation of effort' section of this report).

A specific example that was mentioned by one interviewee was the need to undertake a literature review to understand whether online portals work, and how they have been implemented elsewhere, in preparation for the Online Youth Navigation Portal for the ACT.

The documentation provided to the Review team makes it clear that the Office is engaging with a range of issues, including COVID Impact data monitoring, monitoring and reporting on emergency department and related mental health services for people requiring acute care, and monitoring clinical care (inpatient services) through an analysis of bed usage.

- Progress reports and summary findings, when available, should be disseminated as widely as possible to demonstrate this function.

Level of resourcing

The Office received core funding of $2.9 million over four years through to the 2020-21 financial year.[19] This equated to an operating budget of around $0.8 million per year for the three years from 2018-19 to 2020-21 (the operating budget for the 2017-18 'set up' year was lower as this was before the Coordinator-General commenced her role).

As outlined in this report, the Office has essentially 'cut the cloth to fit' by developing a Work Plan that is achievable by its small and agile team. However, as discussed, the Review has also identified areas that would reasonably sit within its remit, indicating that the level of resourcing for the Office may need to be reviewed.

This perception was also reflected in the views of the respondents: only one out of the 22 interviewees agreed with the statement that the Office is adequately funded.

"The Office is adequately funded"
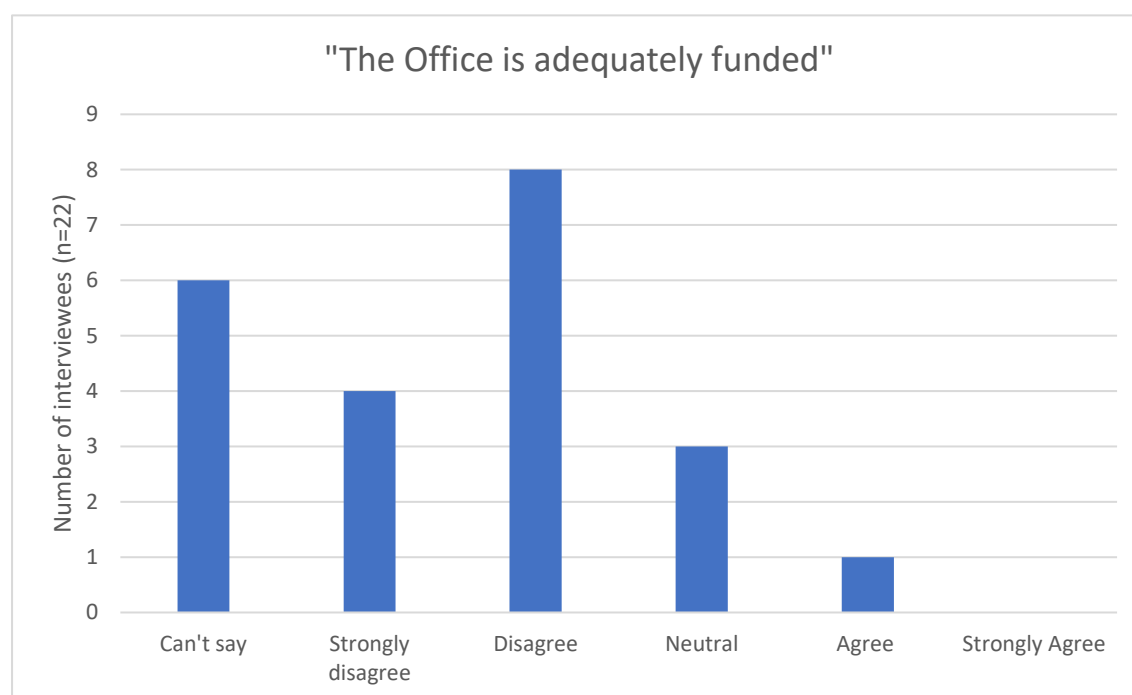
Achievements to date

While the Office is seeking to influence system change in the ACT's mental health system, there are currently no standardised sets of data or statistical indicators to measure system change and its impacts on the mental health and wellbeing of the community.

In the longer term, such indicators need to be available to the community and the Office's Theory of Change needs to be developed in more detail to identify how its actions link to these indicators. The Review team recommends that this be investigated further.

If the Office were to be successful in changing the system then this should show up in a range of metrics, such as the 12 indicators proposed by Rosenberg *et al* (2015).[9] The Synergia Report also included an illustrative list of metrics.[4]

In line with the Office's maturity model, the Review Plan differentiated advanced Maturity Levels: Stream 3 about implementing the functions to facilitate collaborative actions, and Stream 4 which sees the Office influencing for strategic change ('Build to last').

The Review Plan suggested that these two Streams be investigated under the broad heading of 'Review of the Office Achievements through the Work Plan' with the following indicative questions:

- To what extent has/is the Office contributing to achieving the delivery of collaborative actions outlined in the Office Work Plan?
- To what extent has the Office contributed to achievement of the Working Together component of the Vision?
- What mechanisms have the Office used to contribute to system level change?
- To what extent has the Office contributed to system level change?

As already noted, the Review team chose to take a slightly broader approach by extending the Review to include considerations that went beyond the Work Plan alone. Again, while the suggested questions were adapted for the purposes of the interviews (Attachment A), the information volunteered during the interviews covered similar ground.

"The Office is filling a critical gap in the system"
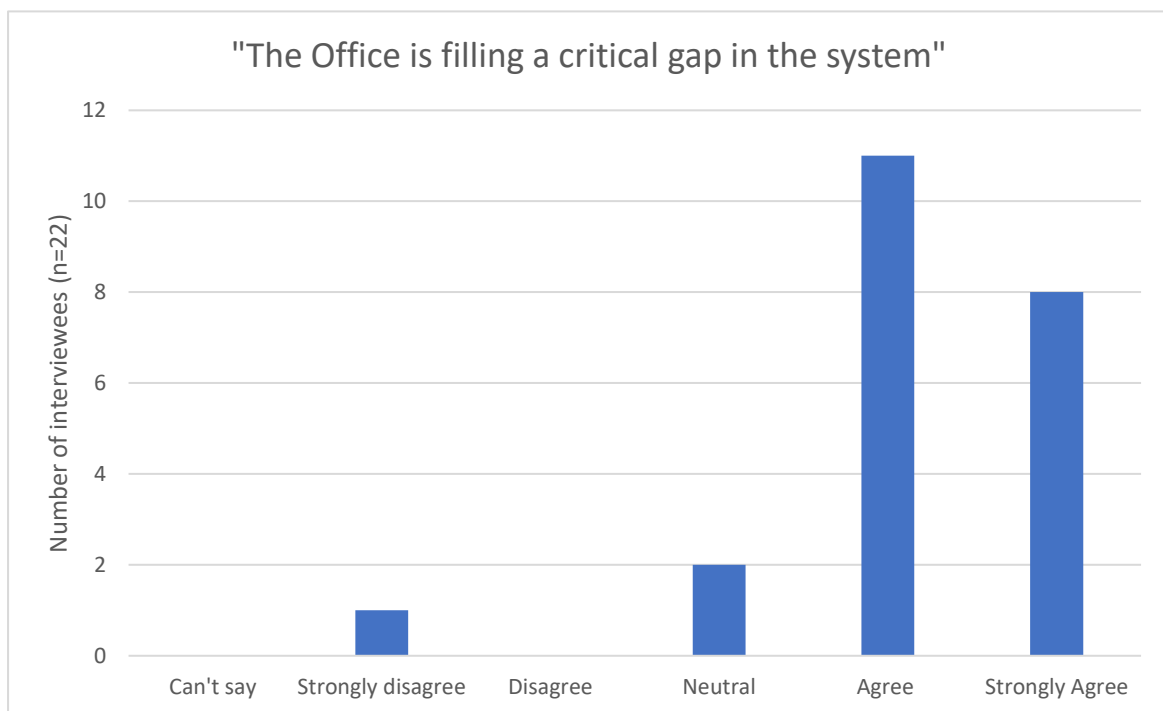
The Review team sought to elicit information on early impact through its interview questions. Interviewees had good knowledge of the Office and covered a range of viewpoints, and suggested that key achievements to date included:

- **An increase in information flows** – getting people "around the table" in a variety of settings (including the work of the IDC),
- The **co-design of the Vision**,
- The development of **the Office Work Plan** and its agreement,
- The **Review of Children and Young People in the ACT**
- The **Response to the Productivity Commission's Inquiry**,
- Securing **mental health promotion in schools** through the grants framework,
- Promotion of the **Safe Haven Café** model,
- Ensuring mental health's position in the **Wellbeing Framework**, and
- Engagement with the **Aboriginal and Torres Strait Islander Working Group**.

One interviewee thought that the Office has "really made a major change" in the way the system works in the ACT, as there had previously been a "very significant lack of coordination".

Reflecting this view, as shown in the diagram above, there was broad agreement among interviewees that the Office is filling a critical gap in the system.

Recognition of the Office

Canberra Omnibus Survey

At the instigation of the Reference Group, the Office commissioned Winton Sustainable Research Strategies Pty Ltd to include five questions on community awareness and involvement with the Office in the Canberra Omnibus Survey (COS) in September 2020.

The COS is a monthly multi-client telephone survey of 1,000 adults within the ACT's boundaries. The survey is conducted most months, mainly by telephone, with a fresh sample of 1,000 people representative of the adult Canberra community.

The sample is weighted by age, gender, area, and education to align it with ABS population estimates, then used to provide the most accurate representation of the population.

Surveying for the September 2020 wave took place over the period 7 to 11 September 2020, prior to commencement of the caretaker period for the 2020 Territory elections. The following findings were reported:

- Close to four in ten adult Canberrans (38 per cent) have heard of the ACT Office for Mental Health and Wellbeing,
- Among these people, two thirds claimed to have noticed an increase in conversation around positive mental health and wellbeing since the Office was established in 2018,
- Close to half (47 per cent) of those aware of the office claimed to have been involved in one or more of the various listed activities of the Office,
- The three most frequently mentioned activities in which people have been involved are the Office Webinars, meet and greet with the Coordinator-General and the Review of Children and Young People, and
- Among those aware of the Office, almost six in ten (58 per cent) believed that the Office should step up its activity, one-third thought it should continue its activity as now and only 3 per cent thought it should reduce its activity, with 6 per cent undecided.

The Review team considers these findings preliminary, and recommends a repeat survey in 3-6 months' time to validate the findings. It is possible that these findings were biased seasonally, or affected by the unique circumstances of the public health emergency.

ACT Government Directors-General

To inform this Review, the Review team asked the Directors-General of ACT Government Directorates the following two questions:

1. What do you understand the role or purpose of the Office for Mental Health and Wellbeing to be?
2. Has the existence of the Office for Mental Health and Wellbeing changed anything you are doing?

Five DGs responded which can be considered a success given the timing of this Review.

Responses varied in length from a short email to a two-page pdf attachment; all DGs who responded were aware of the Office and understood its role in promoting mental health and wellbeing across the ACTPS and Canberra as a whole. Positive comments included:

- Appreciation of Office webinars,
- Information sessions providing critical information that assisted in developing internal health and wellbeing initiatives and strategies,
- The existence of the Office helping achieve greater visibility of how mental health and wellbeing initiatives fit within the broader context,
- That the Office has increased collaboration between Directorates, and
- That it led to consideration of areas to improve or opportunities to develop service offerings.

One DG also voiced the opinion that as the pandemic continues there is an opportunity for the Office to further raise its profile within the ACT Public Service and proactively provide support and materials to executives, managers, and all others across the service.

Collaborative actions

The interviews and the document review indicated that the Office has operated highly collaboratively in all fields of endeavour. The following were highlighted as collaborative actions during the interviews:

- Development of the Vision and the Work Plan – the collaboration with Mental Illness Education ACT (MIEACT) was noted in particular,
- Regular collaborative work of the IDC,
- The Review of Children and Young People in the ACT,
- Co-design approach to the Youth Portal,
- The ACT Regional Mental Health and Suicide Prevention Plan developed jointly with the Capital Health Network, Canberra Health Services, Mental Health Community Coalition ACT, ACT Mental Health Consumer Network and Carers ACT,
- Coordinated ACT Government Response to the Productivity Commission inquiry into the social and economic benefits of improving mental health, and
- LifeSpan being implemented in partnership with Capital Health Network and Black Dog Institute, which included for example:
    - Suicide Prevention Collaborative on Data which was attended by local crisis services, Police, Ambulance, data providers, health services, ANU scientists and researchers, and other institutions,
    - Youth Aware of Mental Health (YAM) Workshop delivered in partnership with ACT Education, and
    - Working Groups including an Aboriginal and Torres Strait Islander group.

In summary, the Review team's assessment is that the Office has made significant progress in the delivery of the collaborative actions outlined in the Office Work Plan.

Systemic quality improvement

As has already been discussed in this report, statistical indicators of systemic quality improvement are not currently agreed or available. This provides a challenge when evaluating the impact of the Office.

Part of the issue is that systemic quality improvement becomes more complex the wider one defines the "system" to be. There appears to be consensus for a wide definition of the mental health "system", including research, prevention, early diagnosis, care and follow-up, community response, and government and non-government action in education, housing, justice, the arts, employment etc., all of which impinge upon mental health and wellbeing.

It is clear that the Office is taking a holistic approach and has instigated projects across a broad spectrum of possible activity, and that the Work Plan is consistent with systemic reform and the principles of Value Based Health Care. The Review team also asked interviewees whether the Office is focussed on systemic quality improvement – they overwhelmingly agreed that it was (see diagram below).

Community input has been heard in designing the Work Plan. Decisions around which projects to pursue must, however, also be informed by likely returns on investment, and it is in this area that so-called 'hard' evidence is still perceived to be lacking.

"The Office is focussed on systemic quality improvement"
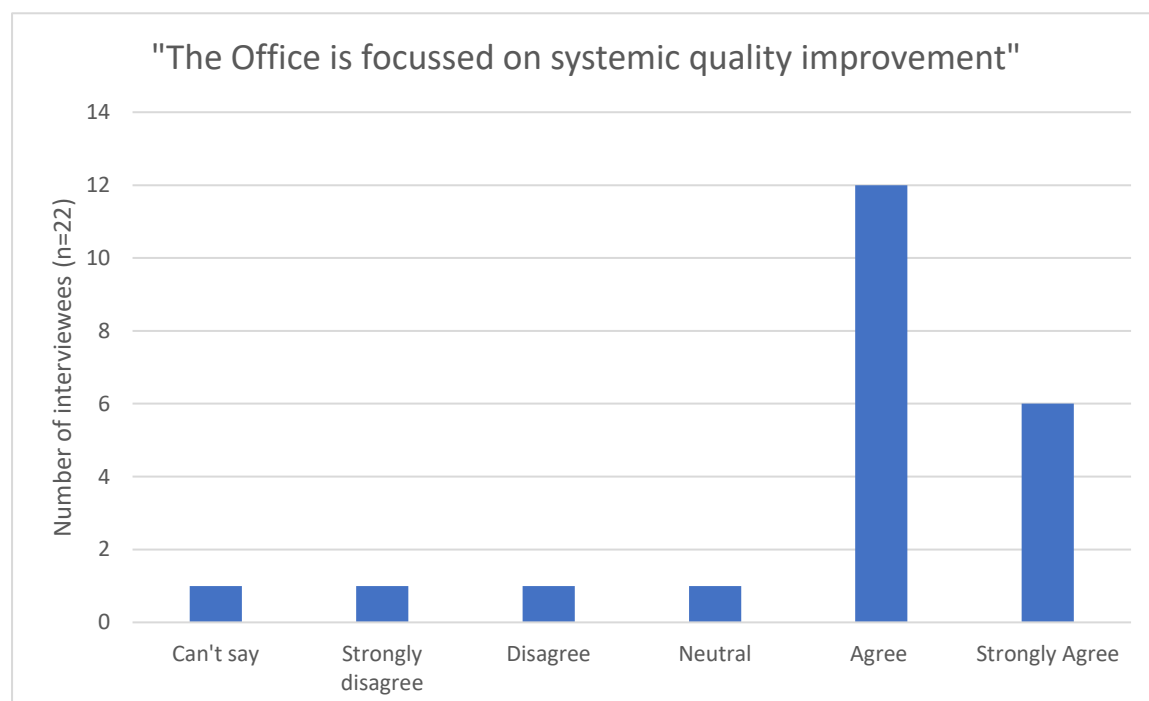
In the Review of Children and Young People report the Office notes that:

> *Whilst there are providers within the ACT that cover a range of ages, the greatest gap and most significant impact at this stage is timely access,*

> with **wait times reported through community consultation from one to six months.**[18]

It is indicators such as these wait times that will need to be monitored and reported on an ongoing basis to track performance of the system over time.

It would appear to be well within the Office's remit to undertake this work although, as previously discussed, the Office's current budget envelope did not allow it to devote significant effort to this important element of work to inform system change.

Strategic change

The interviews included questions on whether or not the Office had influenced strategic change or reform, or would be able to do so in future.

Responses differed widely due to the interpretations of what the terms "strategic change" or "reform" meant, however, there was near universal agreement that the Office is well placed to achieve such change in future, however defined.

Comments included that the "evidence-based frame" and "looking beyond health" are big shifts that are occurring and that the Office is raising the profile for a more holistic approach and bringing a more coordinated response to this.

In line with this, the Office included commentary and recommendations addressing the social and economic determinants of mental health in the ACT Government Response to the Productivity Commission's Inquiry.[20] By doing so, the Office strengthened the case for strategic reform at a national level, which may ultimately pay dividends locally as well.

Risks with focusing on a project delivery model were noted during the interviews. One respondent emphasised that the project model compromises strategic influence and that the Office could only achieve strategic change if it stepped away from the project model.

Others noted that the work of the Coordinator-General and the Minister has begun to change the conversation around mental health but that this conversation is for the long-term. One respondent noted that the current system dates to Victorian times and that it will take significant time to "unravel" it.

System analysis and planning

The Office has taken a pragmatic approach to implementing system change through its engagement with stakeholders and its Work Plan.

The interviews and documents provided indicate that the Coordinator-General and Office Leadership Group work to an implicit understanding of the system and likely have 'mental models' of where leverage needs to be applied to effect system change.

Whilst such an understanding may also have been tacitly communicated to stakeholders, the Review team is unaware of structured, explicit systems analysis and related mental health system planning work being undertaken by the Office.

While changing the system is clearly a significant long-term task, the process of explicitly identifying key points of leverage to effect change in key areas in the medium-term is within the role of the Office and could be expected to be seen by the time of a five-year review.

Clearly the approach of the Office in casting the mental health system as being much wider than just the health service system is well aligned with systems thinking.

Systems analysis and planning is still an emerging discipline, and this could be an innovative strand of work for the Office. Such analysis could include:

- System mapping, including mapping of financial flows and feedback loops, including with the research sector,
- Network analysis including gap analysis, possibly drawing on the Integrated Health Care Atlas,
- Iterative discussion with stakeholders to establish a common understanding of the system, including system boundaries, and
- Discussion Papers to inform mental health system analysis and planning.

Summary Assessment and recommendations

NVivo word clouds

The recorded interviews were transcribed and imported into NVivo, a qualitative data analysis software which is routinely used in in qualitative research. After excluding common words such as "the", "and", etc., and also excluding the words "mental" and "health" as these were ubiquitous throughout the interviews, the word clouds below were generated.

Word clouds provide a pictorial 'summary' of the interviews. Words that feature more prominently in these clouds were used more often and indicate some of the themes that emerged during the interviews.

Combined government and non-government interviewees

The word cloud below is based on pooling all 20 interviews (22 respondents). People, change, community, action, government, and services are at the centre.

It is possible that the word 'people' is more of a linguistic artefact than any indication that people were thematically at the centre of the discussions.

The Review team discovered an interesting difference when the word cloud was disaggregated into government and non-government points of view. As the two word clouds on the next page show, **responses from within government were more focussed on "action" and "service" than the non-government responses, which featured "independent", "evidence" and "system" more prominently**.

This difference fits broadly with the Review team's interpretation that the Office needs to further demonstrate its independence to those outside government, strengthen its intelligence and monitoring function, and engage in formal systems analysis.

Government interviewees only

Non-government interviewees only

Agreement with summary statements

As part of the interview, the Review team tested interviewees' agreement with 11 summary statements. Each statement was treated as a five-level Likert item, with response options ranging from Strongly Disagree to Strongly Agree, but with an additional sixth option of "Can't say" included as requested by the Reference Group during testing.

This exercise found broad agreement with 9 of the 11 statements, to which around 80 per cent of the interviewees agreed or strongly agreed. **Strongest agreement was with the statement that the Office is providing credible leadership** with which no one disagreed.

Over 80 per cent of interviewees agreed or strongly agreed that the Office is heading in the right direction. Only one respondent out of 22 disagreed, while one chose "can't say" and two were neutral on this statement.

A significantly lower level of agreement was observed for two statements:

- **Only one of the 22 respondents agreed that the Office was adequately funded**. Nine respondents chose either "Can't say" or "Neutral" as their response. Twelve interviewees disagreed or strongly disagreed with the statement, and
- Eight interviewees (37 per cent) agreed or strongly agreed that the Office was providing intelligence and monitoring for the sector. A further eight chose "Can't say" or "Neutral" as their response. Six disagreed or strongly disagreed.

The Office is...

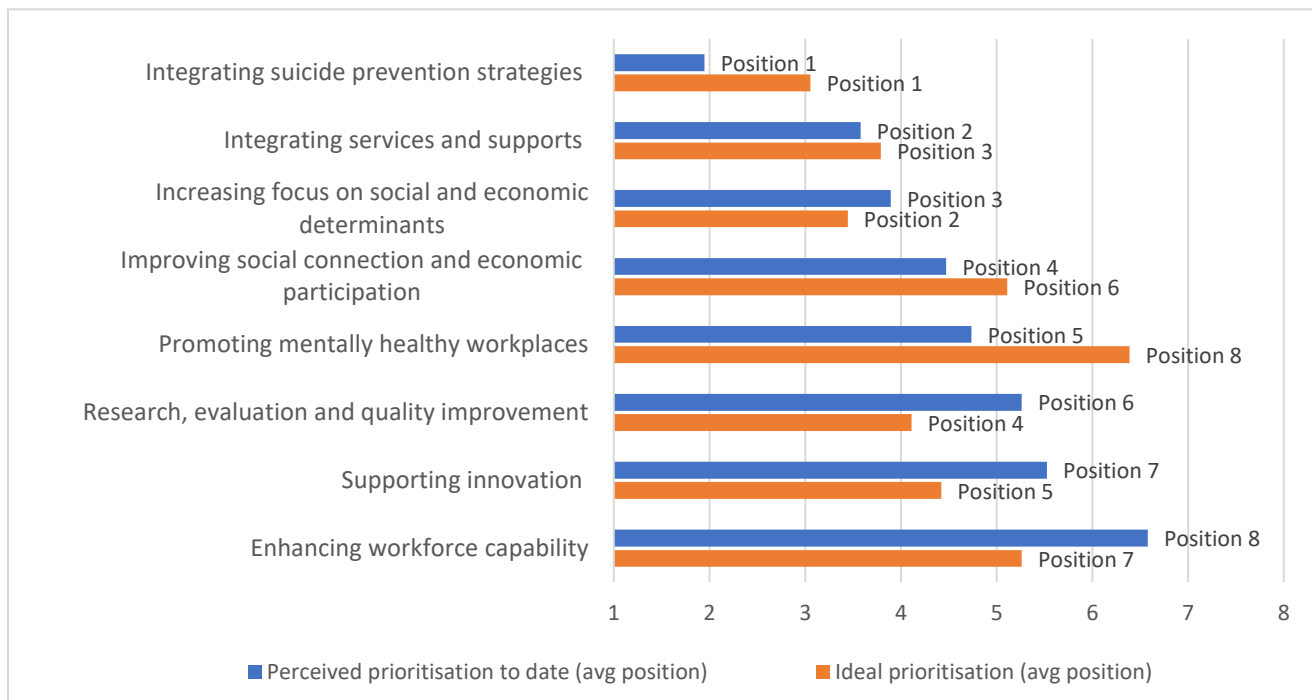Share of interviewees who agreed with the statement (n = 22)
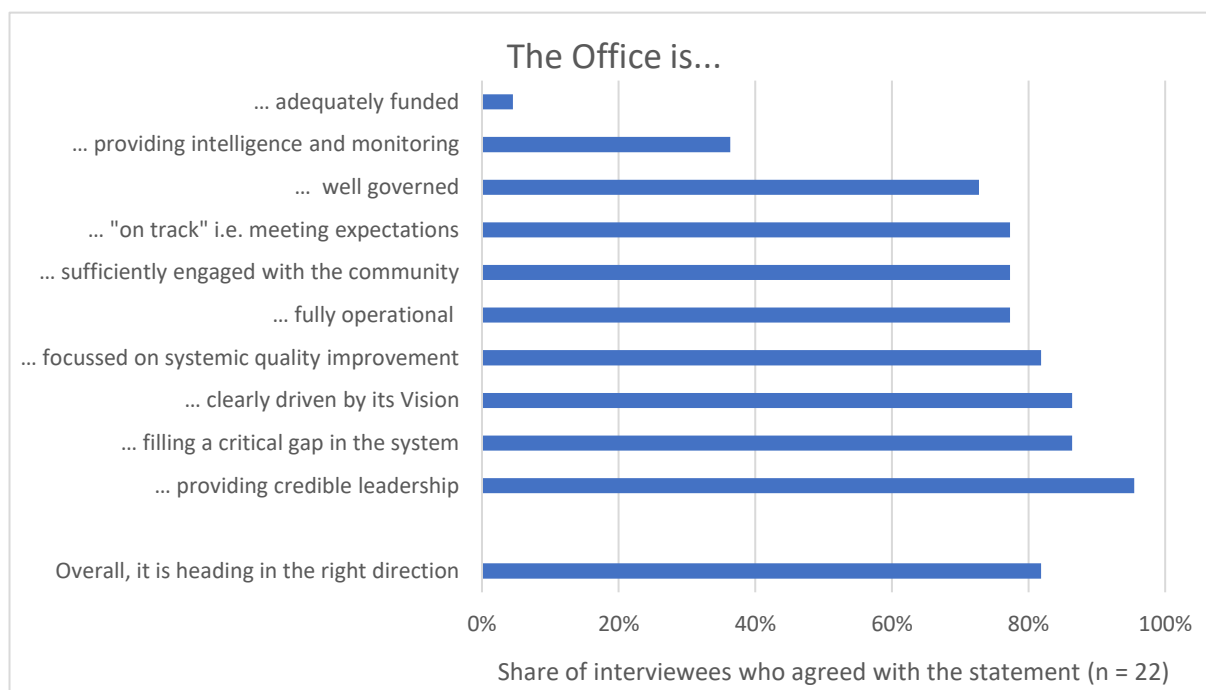
Prioritisation of effort – forced rankings exercise

As part of the interview, the Review team also asked participants to rank eight action areas identified from the Office's Work Plan in two ways:

- First, how respondents perceived that the Office had prioritised these action areas to date (1 = highest priority; 8 = lowest priority), and
- Second, how interviewees would like the Office to prioritise these action areas in future under an ideal scenario.

Most of the interviewees had little difficulty completing this forced-ranking exercise, although many commented that "all of these are important". It is interesting, nonetheless, to examine the decisions that were made when forced to rank the eight action areas:

- **There was good agreement on the top three priorities**. It was perceived that the Office's top priority had been integrating suicide prevention strategies, and that this should indeed be the top priority in an ideal scenario going forward. Integrating services and supports, and increasing focus on social and economic determinants were the other two top priorities, on average.
    - It may be noted that two of the top three action areas include the keyword "**integrating**" (which points to the integration function of the Office)
    - On average, interviewees thought that the focus on **social and economic determinants** should be even more prominent than it had been to date, taking if from third spot to second spot under an ideal scenario.
- At the next level of priorities there was disagreement about what had been prioritised so far, and what should be prioritised in future:
    - Interviewees perceived that improving social connection and economic participation, and promoting healthy workplaces had been prioritised to date, whereas they felt on average that **research, evaluation and quality improvement, and supporting innovation should be given the next highest level of priority going forward**.

The chart shows perceived prioritisation to date (avg position) and ideal prioritisation (avg position) across the following categories:

- Integrating suicide prevention strategies — Position 1 / Position 1
- Integrating services and supports — Position 2 / Position 3
- Increasing focus on social and economic determinants — Position 3 / Position 2
- Improving social connection and economic participation — Position 4 / Position 6
- Promoting mentally healthy workplaces — Position 5 / Position 8
- Research, evaluation and quality improvement — Position 6 / Position 4
- Supporting innovation — Position 7 / Position 5
- Enhancing workforce capability — Position 8 / Position 7

■ Perceived prioritisation to date (avg position)　■ Ideal prioritisation (avg position)

Conclusions and recommendations

Evaluations traditionally 'build' from *deductive* to *inductive* reasoning, moving from the presentation of quantitative and qualitative data (and deductions based on these) to their interpretation. Interpretation leads to the determination of findings and recommendations.

The ability to employ deductive reasoning was limited due to the absence of system metrics and performance indicators. As pointed out, some metrics are reported with a significant delay, some cannot be reported or made public for various reasons, and some tend to fluctuate significantly year-on-year thus making it difficult to isolate longer-term trends.

Consequently, the Review team was not able to form a view on whether or not there had been a significant increase or decrease for mental health related metrics in the ACT in the time since the Office commenced its operations, including for indicators such as:

- The suicide rate: attempts and completions,
- Changes in the mental health workforce in the ACT,
- Attitudes towards mental illness,
- Waiting lists and waiting times for various services,
- Readmission rates,
- Statistics on community based mental health care,
- Proportion of the population receiving mental health care services,
- Summary reporting of mental health related offences,
- People with mental illness reporting stable housing,
- Workforce participation by people with mental illness,
- Consumer and carer experience of care,

- Incidence and prevalence of various mental health conditions, and/or
- Other indicators which might be collected for the ACT.

Movement in any of these indicators cannot, and should not, be attributed to any single actor in the mental health system, and it would be unfair to link these specifically to the work of the OMHW. Nonetheless, these are amongst the metrics that should be 'in play' to facilitate an understanding of how the system as a whole is travelling.

Within the ACT Government, similarly, the Review team is unaware of any data or indicators to evaluate the impact of the *Healthy Minds – Thriving Workplaces* integrated mental health and wellbeing strategy.[21]

The Review team has therefore based its conclusions on deductions from qualitative data (interviews and reports) combined with more inductive reasoning than might be expected, which involved the 'triangulation' of the evidence available to the team.

On this basis, the Review concludes that the Office has:

- Through its leadership, begun to change the conversation about mental health in the ACT generally (and significantly within the ACT Government),
- Played a valuable bridging function to connect actors and improve information flows across the ACT's mental health system, and
- Through genuine community engagement and co-design ensured that more voices are heard, which has been widely welcomed in the community.

These achievements indicate the Office has had an early impact in its role as a system change agent and influencer.

In addition, the Office developed an achievable Work Plan which has, however, also led to some confusion as the Office has taken on an additional role as a commissioner of projects.

As pointed out by interviewees, this and the co-existence of other co-located teams such as the Mental Health Policy Unit has led to some confusion in the sector and risks diluting the Office's focus on system reform – as well as impacting on perceptions of its independence.

The Review finds this involves a difficult balancing act for the Office, as the delivery of the projects currently under its purview, and effective collaboration with other areas within government, will deliver benefits to the mental health and wellbeing of the community.

Consequently, the Review concludes that the main issue is not with the commissioning of a limited number of projects, or with the co-existence of related work areas, but with the need for clearer communication around the role of the projects in driving system change, and the clearer delineation of responsibilities.

Overall, the Office is 'on track' and heading in the right direction – it has an excellent reputation and if the Office can be described as an 'experiment' to date, this has been a successful one – the challenge now is to maintain momentum and follow through on the early successes.

The recommendations below address challenges and opportunities for the Office as identified by the Review team during the Review process. The Office should:

1. **Explore opportunities to leverage additional resources or partnerships** which may include seeking additional support from existing resources across Directorates.
    a. To strengthen the intelligence and monitoring function and provide additional administrative support (including financial reporting), and to
    b. Address the structural 'gap' that exists between the Coordinator-General's substantive level and the rest of the Office leadership group.
2. **Build the data and system planning capability** to further drive the intelligence and monitoring function (linked to Recommendations 1 and 7).
3. **Clarify the role of the Office and delineation with other government agencies**, including its approach to the commissioning of projects. Projects should be justified in the context of system change, for example, as exemplars of innovation.
4. **Continue genuine community engagement**, including public meetings, focus groups, and discussion forums.
5. **Retain focus on system-wide coordination**.
6. **Commence a strategic systems analysis project** aiming to:
    a. Map out **system linkages and pathways** to identify where these bypass relevant actors or where 'breaks' are occurring,
    b. To **identify systems change indicators** which the Office should incorporate into its own performance, reporting and evaluation frameworks, and
    c. Identify **points of intervention** and possible trials and collaborations to address opportunities for systemic quality improvement.
7. **Pursue innovative translational research practice** – for example, through a placement of researcher in the Office or an exchange program with a University.

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Appendix A – Interview Plan

Preamble / Introduction (5-10 minutes)

- **Acknowledgement of Country**
- **Project background and aims** - As indicated in the invitation, the purpose of this project is to perform a mid-term review of the Office. The aim of the review is to inform quality improvement in the Office model, resourcing and delivery of functions as well as to gather early indicators of effectiveness to foster systems change.
- **Consent to record the interview** - Do you consent to us recording the interview and using your de-identified data for project reporting?
- **Privacy, data and ethics** - To reiterate, data collected will be retained in line with the ACT Territory Records Act 2002, will be stored safely and personal data will be de-identified. If we would like to quote a statement you made in the interview we will seek your permission first, and we are guided by the Territory Privacy Principles and the National Statement on Ethical Conduct in Human Research.
- **Structure of interview** (1. open response questions, 2. rubric grading, 3. Q-sort exercise)

Section 1. Open response questions (30 minutes)

Question 1   Please outline your involvement with the Office.

The next few questions are about what we call the **Office model**, *or how the Office was designed and is currently set up.*

Question 2   What is your opinion of the current Office model and are there any critical gaps (skills, technology, comms, etc.)?

Question 3   Is the Office considered an independent agency? What are the challenges in relation to this? Could this be improved, if so, how?

Question 4   Do you think it matters that the Office is located in the Health Directorate? If not in the Health Directorate, then where?

Question 5   In your view, what works and what doesn't work with the current Office model?

*We will now turn to the **functions** of the Office.*

Question 6   What do you think are the key functions of the Office?

Question 7   In what ways have these functions been demonstrated to date?

Question 8   What has been the Office's role in providing evidence and monitoring to support mental health reform?

Question 9   Do you have any comments about how the Office has engaged with the community?

*The next set of questions is about the Office's **achievements** to date.*

Question 10   What have been the key achievements of the Office to date, in your opinion?

Question 11   Has the Office affected any collaborative action? Please describe with examples, if possible.

Question 12   How would you measure longer term success for the Office?

Question 13   Has the Office model influenced strategic change or reform? Please describe with examples, if possible.

Question 14   Do you expect that the Office will be able to influence strategic change or reform in future? Why or why not?

Question 15   Finally, do you have any other comments or suggestions for the Office?

Section 2. Rubric

Please indicate your level of agreement with the following 11 statements (tick a box):

		Can't say	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Notes
	The Office is ...							
Statement 1	*… fully operational*							
Statement 2	*… well governed*							
Statement 3	*… filling a critical gap in the system*							
Statement 4	*… providing credible leadership*							
Statement 5	*… clearly driven by its Vision*							
Statement 6	*… sufficiently engaged with the community*							
Statement 7	*… providing intelligence and monitoring for the sector*							
Statement 8	*… focussed on systemic quality improvement*							
Statement 9	*… adequately funded ($0.7 million per year until 2022)*							
Statement 10	*… "on track" i.e. meeting e1pectations*							
Statement 11	**"Overall, the Office is heading in the right direction"**							

Section 3. Ranking exercise

We would like you to rank the following actions, first in terms of how you see the Office has prioritised actions to date, and second how they should be prioritised in future.

Please enter numbers 1-8 against each action; 1 = highest priority

	Perceived (to date)	Ideal (in future)
Action 1 *Increasing focus on social and economic determinants*		
Action 2 *Promoting mentally healthy workplaces*		
Action 3 *Integrating suicide prevention strategies*		
Action 4 *Improving social connection and economic participation*		
Action 5 *Integrating services and supports*		
Action 6 *Supporting innovation*		
Action 7 *Enhancing workforce capability*		
Action 8 *Research, evaluation and quality improvement*		

**OMHW Mid-Term Review
Final Report**

Policy Design and Evaluation Team, Policy and Cabinet Division
Chief Minister, Treasury and Economic Development Directorate

November 2020