



The Roadmap for National Mental Health Reform

2012–2022



An initiative of the
Council of Australian Governments

The Roadmap for National Mental Health Reform 2012-2022

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Foreword

The Council of Australian Governments (COAG) is committed to mental health reform as an ongoing national priority. We are determined to keep working toward creating real improvement in the lives of people with mental illness, their families, carers and communities.


Our long term aspiration is for a society that: values and promotes the importance of good mental health and wellbeing; maximises opportunities to prevent and reduce the impact of mental health issues and mental illness; and supports people with mental health issues and mental illness, their families and carers to live contributing lives.

All governments are committed to reducing stigma and discrimination in society; significantly reducing suicide rates; and ensuring that people affected by mental health issues and their families have access to appropriate services and supports, stable and safe homes, and are able to participate successfully in education and employment.

This Roadmap outlines the direction governments will take over the next 10 years. Over recent years many governments have significantly increased their expenditure on mental health. Implementation of this Roadmap by jurisdictions will ensure this money is well spent and delivers better models of care and support for people with mental illness, thereby creating more cost-effective and sustainable interventions. It is about better targeting the existing funds where they are needed and to the right models of care.

COAG notes the recent release of the National Mental Health Commission's first annual National Report Card on Mental Health and Suicide Prevention, which was developed concurrently to the Roadmap, and acknowledges the strong calls for mental health to remain a key priority on the COAG agenda. COAG also recognises that its vision can only be achieved through close cooperation throughout the sector, in particular with consumers and carers, and that policy should be guided by and respond to people's lived experience. We will build and learn from qualitative and quantitative evidence to ensure we make the best of investment and provide the right models of care.

To make this happen, COAG will establish new governance and accountability arrangements that will directly engage stakeholders and ensure that governments are held to account. These new arrangements, including the establishment of a new COAG Working Group on Mental Health Reform, supported by an Expert Reference Group, are set out in the Roadmap. They will maintain commitment, momentum and high level, cross-portfolio involvement across all governments.



The COAG Working Group will develop, for COAG's consideration by mid-2014, a successor to the Fourth National Mental Health Plan, which will set out how the Roadmap will be implemented. Jurisdictions' own plans will remain the key documents for setting out the specific details of how they will work towards achieving the national vision.

The Roadmap Annex contains a preliminary set of indicators and targets to monitor progress by all governments. These provide a starting point for further work, with stakeholders, to identify specific whole-of-life and outcome-based national indicators and targets which are the right ones to show whether progress has been made towards COAG's aspirational targets and Roadmap Vision.

The journey of mental health reform in this country is an ongoing and evolving one. The purpose of this Roadmap is to set us in the right direction.

Endorsed by the Council of Australian Governments on 7 December 2012 as follows:

On behalf of the Commonwealth of Australia:

The Hon. Julia Gillard MP, Prime Minister of Australia

On behalf of the State of New South Wales:

The Hon. Barry O'Farrell MP, Premier of New South Wales

On behalf of the State of Victoria:

The Hon. Ted Baillieu MLA, Premier of Victoria

On behalf of the State of Queensland:

The Hon. Campbell Newman MP, Premier of Queensland

On behalf of the State of Western Australia:

The Hon. Colin Barnett MLA, Premier of Western Australia

On behalf of the State of South Australia:

The Hon. Jay Weatherill MP, Premier of South Australia

On behalf of the State of Tasmania:

The Hon. Lara Giddings MP, Premier of Tasmania

On behalf of the Australian Capital Territory:

Ms Katy Gallagher MLA, Chief Minister of the Australian Capital Territory

On behalf of the Northern Territory:

The Hon. Terry Mills MLA, Chief Minister of the Northern Territory

On behalf of the Australian Local Government Association:

Councillor Felicity-ann Lewis, President of the Australian Local Government Association



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The Vision

The Roadmap sets out the ongoing reform that is necessary to achieve the Vision of all Australian governments:

‘A society that values and promotes the importance of good mental health and wellbeing, maximises opportunities to prevent and reduce the impact of mental health issues and mental illness and supports people with mental health issues and mental illness, their families and carers to live full and rewarding lives.’

A society that values and promotes good mental health and wellbeing is a society with ...

- access to education, employment and housing and opportunities for all to be fully included in our society
- a strong focus on an individual’s whole life, and acknowledgement that many factors – including physical, emotional, social, spiritual, political and cultural - contribute to a person’s mental health and wellbeing
- good mental health, and social and emotional wellbeing among all Australians
- a commitment to quality parenting and attachment during children’s early years
- people who are well informed about mental health, are able to attend to their own mental health and wellbeing, and know where to find high-quality information and assistance.

... a society that prevents and reduces the impact of mental health issues and mental illness is a society that has ...

- people who are able and encouraged to access appropriate services and support – early in life, early in the course of illness, and early in episode
- childcare, social work and health care professionals, teachers, frontline mental health professionals and members of the public who are equipped to identify risk factors for poor social and emotional development in children and to detect early signs of mental health issues in children and adults
- well integrated and well-coordinated services – including in the fields of health, housing, education and employment, disability, justice and drug and alcohol



harm minimisation – that work closely together to provide early support to at-risk individuals, and are set up to be responsive to ongoing need in chronic or episodic ill-health; ensuring that there are multiple service pathways, with ‘no wrong door’ for people at risk of or experiencing a mental illness

- wide availability of coordinated and integrated supports for children, young people and their families when mental health issues or mental illness are identified
- an emphasis on suicide prevention, with a focus on increasing community awareness of suicide and help for people at risk of suicide
- continuity of care, with effective coordination among primary, secondary and tertiary health care sectors and among different service providers
- improved social and emotional wellbeing and decreased rates of mental illness among Aboriginal and Torres Strait Islander people
- service providers who provide culturally appropriate mental health and support services to Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and people who are lesbian, gay, bisexual, transgender or intersex
- carers that are recognised and supported in their role in the lives of people with mental illness.

... a society that supports people with mental illness along with their families, carers and other support people, so that they can live full and rewarding lives, is a society in which ...

- high-quality and evidence-based services are focused on recovery, responsive to feedback about experiences of care, and are readily available to those who need them
- the rights and responsibilities of people with mental illness, their families and carers are well-understood and recognised by all service providers and the community at large
- people with mental illness, as well as their families and carers, have easy access to, and the discretion to choose from a comprehensive range of support services, which are designed to enable them to recover, stabilise and stay healthy while remaining productive and accepted members of their communities
- people with mental illness are included and able to engage in all aspects of society, through improved access to education, employment and training; affordable and stable housing; community resources; and have a voice in decisions that affect them
- attitudes and behaviours towards people experiencing mental health issues are accepting, supportive and non-stigmatising.

The Roadmap

The Roadmap for National Mental Health Reform provides a pathway towards achieving the vision of an Australian society that values good mental health and wellbeing. The Roadmap uses the ‘social determinants of health framework’ in recognising the wide range of factors that can impact on an individual’s mental health.

Figure 1: Social determinants of health



Source: Adapted from Dahlgren and Whitehead, 1991

The Roadmap confirms the shared intents and goals of Commonwealth, State and Territory governments to develop better mental health services and support across all relevant government portfolios, including mental health, health, education, early childhood, child protection, youth, employment and workplace relations, housing and homelessness, police and the justice system.

The Roadmap will require collaboration and cooperation among Commonwealth, State and Territory governments if it is to deliver a seamless, well-coordinated and person-centred mental health system for all Australians.

The Roadmap aims to ensure that investment in mental health in Australia, now at unprecedented levels, is used for evidence-based and emerging best practice activities that directly reduce the impact of mental illness, outlining agreed priorities for

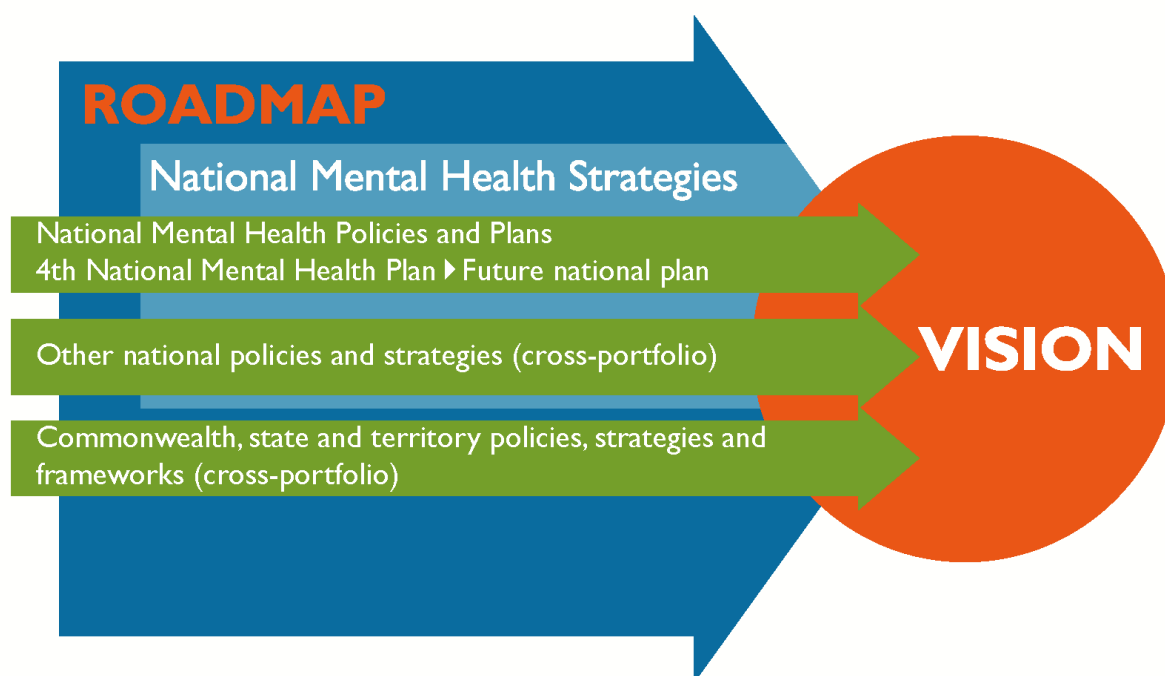


investment, including re-directed existing funding and new funding as it becomes available.

To achieve the Vision, future action in all jurisdictions will be guided by the national Priorities and Strategies in the Roadmap. Commonwealth, State and Territory governments will continue to define and implement programs and initiatives, and make decisions about future investments that take account of the circumstances and priorities in each jurisdiction, through the usual budgetary processes.

The Roadmap provides a national framework for the focus or renewal of related policies and strategies such as the National Mental Health Policy and the National Mental Health Plan.


Figure 2: The relationship between the Roadmap and other policies and strategies



The need for reform

The majority of people with mental health issues are living rewarding and productive lives, and many people can and do recover from mental illness.

There is no single experience of mental ill-health. While some people only ever have one episode of mental illness, others have recurrent illness. In some cases, a person’s mental illness may be ongoing, and present significant challenges to their capacity to reach their full potential. Where mental illness cannot be prevented, effective clinical and non-clinical interventions can assist individuals in maximising their wellbeing.



The risk of developing a mental illness is higher when a person is socially excluded and isolated or experiences poverty, neglect, abuse or trauma; misuses drugs or alcohol; is in poor physical health; or has a physical or intellectual disability. The first signs of mental health issues and mental illness may emerge in childhood, and often appear in adolescence or early adulthood. Some people with mental illness have increased levels of disadvantage: poor physical health, low levels of educational attainment and participation in the workforce, lack of social connectedness, poverty, homelessness and shortened life expectancy.

Families and carers are a significant source of support to people living with a mental illness; however, the responsibility of looking after others can have a major impact on their carers' lives – including their physical health and participation in education, employment and the community.

Some people recover unaided from or enter a long phase without another episode of their illness. While some need short-term interventions, others need intensive support and access to a range of services over their lifetimes. Many people at risk of or experiencing mental illness may use multiple community supports and health services through a variety of means. As yet, however, there is no nationally consistent approach to ensure such people receive the support and services that best meet their needs.

Factors such as discrimination, cultural and language barriers, lack of awareness and limited availability of services, especially in rural and remote areas, may make it difficult for people to seek help early and thus increase the risk of their illnesses worsening. There may be a significant delay between the onset of symptoms and the search for specialised support as a result of limited access to services and the stigma that prevents appropriate help-seeking behaviour. Such a delay has the potential for long-term negative consequences.

All governments recognise the trauma, grief and loss related to past government policies – such as the removal of children from their families – and the impact such policies can have on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. The Roadmap Priorities and Strategies are inclusive of Aboriginal and Torres Strait Islander people, and its targeted Strategies have been designed to respond specifically to their preferences and needs.

It is also recognised that mental illness plays a significant role in the incidence of suicide, however suicide is a complex phenomenon and our knowledge and understanding of the links need to be improved.



Mental health: a collective responsibility

The Roadmap confirms a national commitment to ongoing mental health reform and to setting priorities and pathways for government action. Initiatives aimed at improving mental health cannot be driven by governments alone. Improving mental health is in everyone's interests – and it is everyone's responsibility.

- As individuals, we need to look after our mental health and wellbeing and that of our families, friends, colleagues and neighbours - just as we do our physical health and wellbeing. We also need to work to be more accepting, supportive and non-discriminatory towards those with a mental health issue or mental illness.
- Families, schools and communities need to help build resilience and skills, enabling people to cope more effectively with today's stresses, recognising and tackling the warning signs of mental illness as early as possible, and helping to break down social stigma.
- Workplaces and employers need to focus more on being flexible and responsive, and on supporting the mental health and wellbeing of employees. They need to be encouraged to provide suitable employment and promotional opportunities for people with episodic or ongoing mental illness, and to carers.
- Community-funded and private service providers (including those in the fields of health, community services, education, employment, housing, justice and corrections) need to work more effectively with each other and with individuals, families and carers, to help people with mental illness to recover and maximise their wellbeing. Where possible, they also need to work towards preventing and reducing the risks associated with the development and exacerbation of mental health issues.
- Governments need to improve the effectiveness of their systems by improving the planning, organisation and integration of relevant services and support.
- Funding needs to be targeted appropriately so that it helps deliver the best possible outcomes to individuals with mental illness, their families and carers, local communities and broader society.

It is everyone's responsibility to work collectively to improve the lives of those with mental illness, thus contributing to a better Australian society overall. Every part of our society has a role to play as we work towards our shared Vision over the next 10 years.



Roles and responsibilities of governments

The Roadmap recognises the distinct and important roles and responsibilities of the Commonwealth, state and territory governments in delivering and enabling mental health services and other support systems that may assist in the prevention of or recovery from mental health issues.

States and territories primarily provide hospital-based, specialised, clinical and community-based mental health services that target people with severe and persistent mental illness. Many people who use these mental health care services require a range of supports. These may include hospital-based treatment at some stages in their lives, other clinical services, community support and accommodation. States and territories provide these services directly and through partnerships with non-government organisations (NGOs).

States and territories also play a role in mental health promotion and prevention, as well as reducing stigma and discrimination within the community. In addition, they have primary responsibility for the planning and delivery of public health and hospital services, education, early childhood services, housing, disability services, drug and alcohol services, police, justice and corrections.

The Commonwealth Government's principal role in the delivery of mental health services is to support primary care, which offers education and promotion as well as early intervention, treatment and referral. These services are provided through Medicare (for example, via Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative) and target the needs of people with common disorders, such as mild or moderate anxiety and depression. People with severe mental illness are supported by the Commonwealth through the primary health care system and consultant psychiatrist services, both of which are subsidised through Medicare. The Commonwealth also delivers some clinical and non-clinical community-based services, and partners with NGOs to provide a range of community and social support programs that relate to mental health.

The Commonwealth funds other health-care through Medicare and the Pharmaceutical Benefits Scheme and provides further funding to states and territories for the delivery of health services, including hospitals. The Commonwealth also has primary responsibility for employment (including the provision of employment services); the funding of non-government school sectors; and the provision of income support for families, people with psychiatric and other disabilities and their carers.



Realising the Vision

COAG has identified and committed to six principle-based, goal-oriented and action-focused Priorities for reform. These will act as building blocks for ongoing reform in the decade ahead.

Priority 1: Promote person-centred approaches.

Priority 2: Improve the mental health and social and emotional wellbeing of all Australians.

Priority 3: Prevent mental illness.

Priority 4: Focus on early detection and intervention.

Priority 5: Improve access to high quality services and supports.

Priority 6: Improve the social and economic participation of people with mental illness.

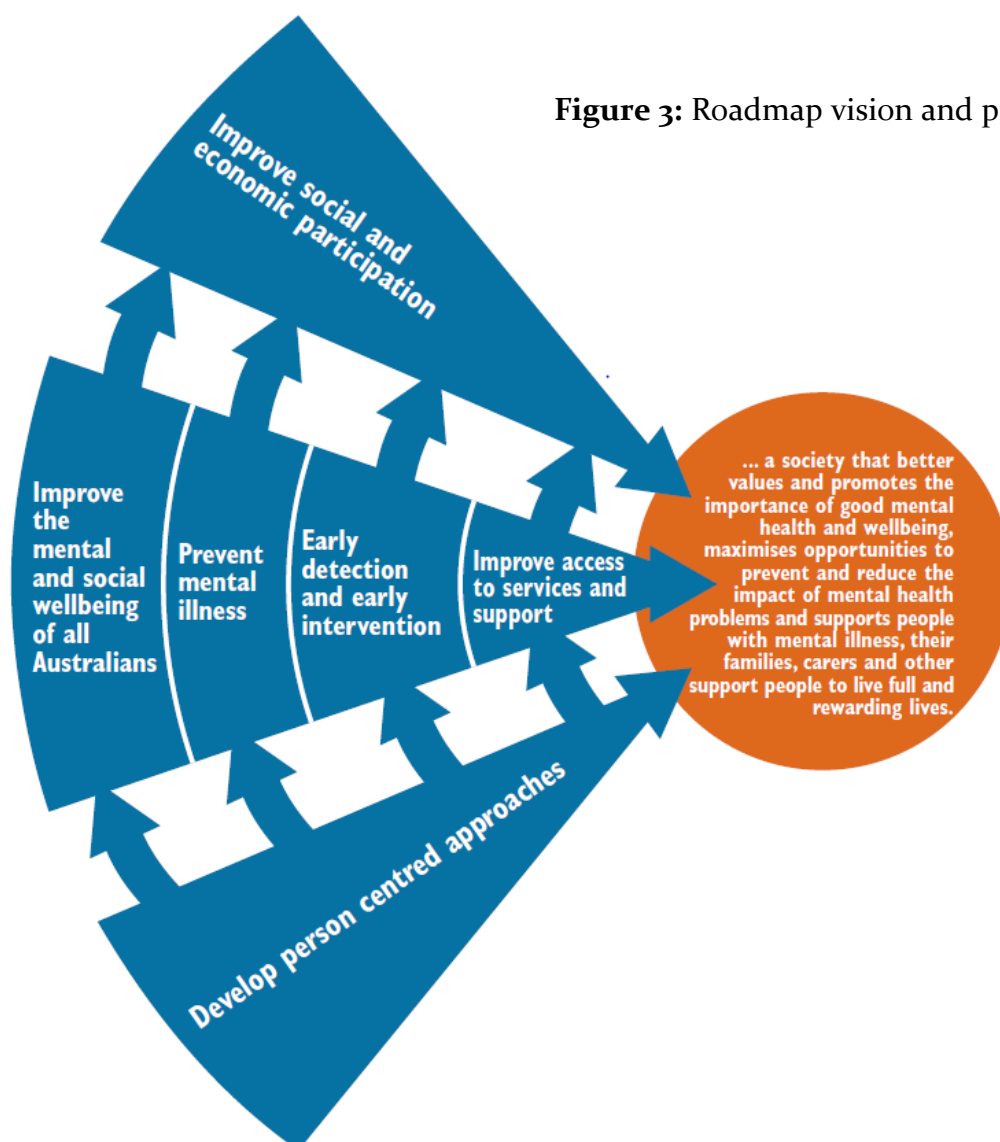


Figure 3: Roadmap vision and priorities



Priority 1: Promote person-centred approaches

To ensure that mental health outcomes are as appropriate, effective and long-lasting as possible, policy makers and service providers need to adopt a person-centred, recovery-oriented approach. This approach allows people flexibility, choice and control over their recovery pathway, and responds to each individual's unique needs, circumstances, life-stage choices and preferences.

Promoting a person-centred approach means recognising that each person has unique life-roles to fulfill – as a parent, a sibling, a student, an employer or an employee, a partner, a community member. These roles and a person's preferences exist regardless of their mental health circumstances.

At the same time, mental health is not a discrete aspect of a person's life. It is influenced by and influences other aspects of life: family, relationships, work, housing, education, finances, creativity, hope, and the physical and social environment in which each of us lives.

People seeking help for mental health issues should feel able to draw on their 'natural supports' such as families, friends, colleagues, and social connections. Families, friends and carers, in turn, need to be empowered to take greater control in shaping the supports and services that assist the recovery of the people they are supporting, and to be supported themselves.

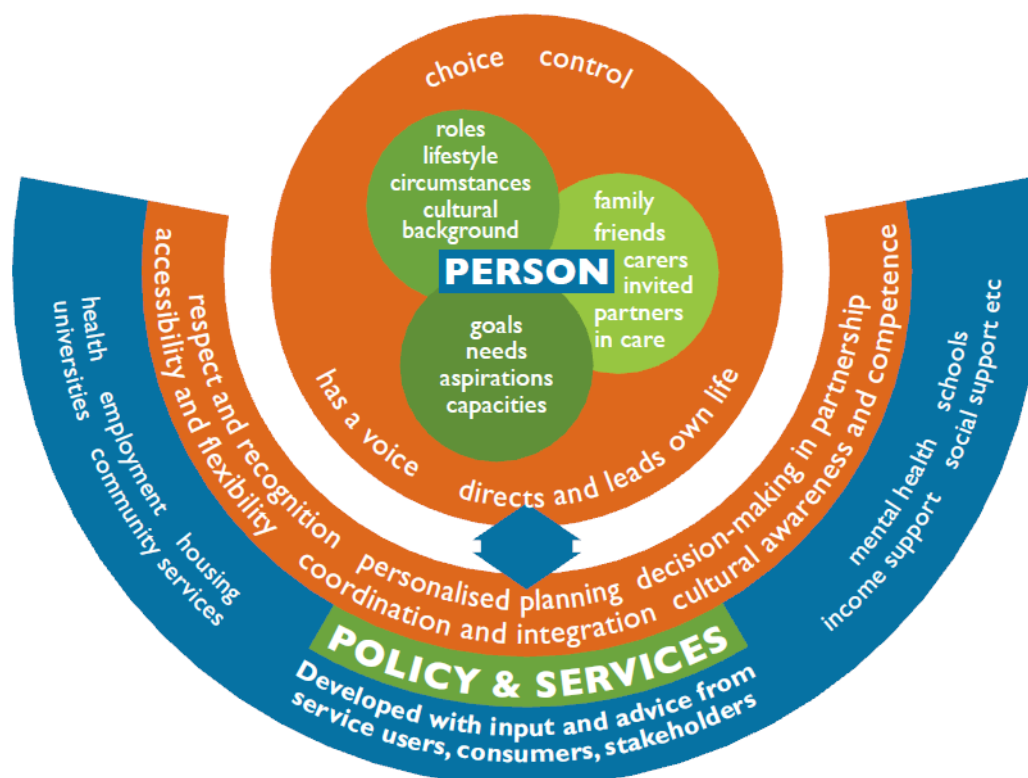
People experiencing mental health issues need support and flexibility from educational institutions and employers. They should feel safe in trusting the expertise of service providers, have confidence that service providers will be professional and respectful, and know that they will be able to make their own decisions and set their own preferences without fear of stigma or marginalisation.

Professional, respectful and collaborative approaches by clinical and non-clinical providers are the building blocks of a person-centred mental health system. Supporting the maintenance of physical health as well as healthy personal relationships, affordable and stable housing, and opportunities and flexibility in employment and education that are appropriate to a person's needs and preferences can be just as important as direct delivery of mental health services.

All support sectors, from mental health to community services, education and employment, housing and homelessness, need to work together to deliver seamless whole-of-life, person-centred support, when and where it is required.



Figure 4: A person-centred approach



Strategies

1. Increase opportunities for people with mental health issues, their families and carers, to determine the most appropriate services and supports, including through individualised funding mechanisms such as the National Disability Insurance Scheme, as well as their capacity to contribute to the design, implementation and evaluation of mental health policies, programs and services.
2. Increase the availability of prevention and intervention activities appropriate to each person's life-stage and circumstances, including for children, young people, new parents and older people.
3. Support people to access natural supports, such as family and friends, community groups, and self-help groups, and provide services that assist people in accessing and maintaining these supports.
4. Support integrated and recovery-oriented approaches to service delivery, including through the Mental Health Recovery Framework, to help reduce the recurrence of mental illness and, where possible, prevent future episodes of such illness.

Targeted strategies for Aboriginal and Torres Strait Islander people

5. Increase the involvement of Aboriginal and Torres Strait Islander people and their families, carers and service providers in developing and implementing culturally appropriate mental health, social and emotional wellbeing programs.
6. Encourage and support people, their families and carers in planning for times when they are unwell and unable to make significant decisions, by determining who will make financial, lifestyle and treatment decisions on their behalf during those periods, and by making key treatment decisions for themselves ahead of time.
7. Improve and maintain the physical health of those experiencing mental health issues and their carers, particularly by implementing measures designed to reduce the prevalence and impact of chronic illnesses.

Mary's story: effective responses for young people

Eleven year old Mary is an Aboriginal girl who has experienced significant mental health and behavioural difficulties. After being referred to a mental health service specifically designed for children and youth, it was identified that she had not attended school in over six months and had a long history of poor school attendance.

Through having her case presented to a panel of service providers who are focused on assisting young Aboriginal and Torres Strait Islander people with complex needs, Mary, her carer and the organisations who participated on the panel were able to develop a comprehensive recovery plan.

Mary's recovery plan includes: a return to school plan; the provision of private transport to school (as she feared catching public transport); support for her carer to implement behaviour management strategies; a private tutor to assist her with mathematics; and funding to enable her to attend school camp - an important opportunity to strengthen her relationships with her school peers.

As a result of this cross-sectoral and interdepartmental, coordinated approach, Mary's anxiety and fear of having to repeat her school year have been reduced. She will also soon be connected with a local Elder who will mentor her and help her to become self-motivated to attend school and continue with her education.



Priority 2: Improve the mental health and social and emotional wellbeing of all Australians

Nearly half of all Australians will experience a mental illness at some point in their lives. However, many people are unaware of how their mental health or the mental health of their family and friends could affect them, and know little or nothing about the many services and supports available to them in these situations.

It is critical that efforts are made to improve public awareness of mental health issues and increase access to appropriate information and resources. Early-childhood settings and schools can play a key role in helping children and young people develop better understanding of mental health issues. By providing access to a larger and more accurate body of information about mental health in schools, workplaces and other community settings, governments can help individuals to look after their mental health, and can assist carers, family members, friends and colleagues in maintaining their own health and wellbeing. Sound information and greater public awareness will also help to prevent and counter situations of discrimination and stigma.

Institutions, workplaces, families and communities need to be strengthened, and more resources dedicated to building greater resilience and equipping people to recover psychologically from challenging life experiences.

Together, we can help build better societal and personal resilience to mental illness; preventing it where possible and, where not, taking constructive action to reduce the severity, duration and long-term impacts of mental health issues on individuals, families and friends, carers and the community.



Strategies

8. Increase the availability of easy-to-understand information, resources and educational material about mental health and wellbeing, including material tailored to people from culturally and linguistically diverse backgrounds.
9. Support the development and maintenance of appropriate suicide prevention actions.
10. Enhance and implement mental health and social and emotional wellbeing programs in parenting, perinatal care, early childhood development, pre-school and school communities.

Targeted strategies for Aboriginal and Torres Strait Islander people

11. Renew and implement the National Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework.
12. Complete and implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.
13. Support the implementation of community-led healing programs.
14. Provide information, training and support to young people that empowers them to be resilient and assists them in managing stress.
15. Develop and promote best practice models of mentally healthy and safe workplaces, in collaboration with industry and mental health experts, and support workplaces in preventing bullying, harassment and discrimination.
16. Improve the support available for carers, including young carers, to assist them in maintaining their own health and wellbeing.



Sarita's story: Support for new parents

Sarita and her partner were overjoyed at the birth of their first child. They had both been looking forward to parenthood. After her son was born Sarita was happy, but always tired and felt there were never enough hours in the day to get everything done. She started to feel that she wasn't coping well. Those feelings began to overwhelm Sarita and she became increasingly teary, irritable, and tired.

A local child health nurse identified that Sarita was showing symptoms of postnatal depression and with the support of Sarita's GP, offered to refer her to a local support group. Sarita was reluctant at first as she thought postnatal depression was something that happened to other women and not her. She did not know what to expect from such a support group. But she was desperate to do something to make the situation better for herself, her son and her partner and, despite feeling scared, she went along to the group.

The first meeting went very well and Sarita was relieved to know that what she was experiencing was a treatable mental health problem and that other women were having similar experiences. As a result of attending this group, as well as sessions with a counsellor, Sarita became able to talk openly about her feelings. The support group also provided reading materials, tools and techniques to use within and outside the group to achieve their individual goals for recovery.

There was also an opportunity for Sarita's partner to attend some sessions which helped him to understand the situation, talk openly with Sarita about what was happening and how to make positive changes for Sarita and the family.



Priority 3: Prevent mental illness

Our knowledge about the factors that can contribute to a person's risk of developing mental health issues continues to increase. Known risk factors include genetics, trauma, abuse, homelessness, social isolation (including resulting from caring responsibilities), disability, and socioeconomic and other forms of disadvantage. A significant link has been established between mental illness and the harmful use of alcohol and other drugs. We also know that Aboriginal and Torres Strait Islander people are at high risk of experiencing mental health issues, and that it is critical that governments, service providers and the community have a sound understanding of past actions and how these may affect the lives of Aboriginal and Torres Strait Islander people today.

Good mental health can be maintained by tackling these risk factors and preventing or reducing people's exposure to them. Preventive activity should be directed towards those people who are perceived to be at increased risk, such as people (including young people) at risk of contact with the criminal justice system and their families; children of parents with mental illness; those with addictions to alcohol or other drugs, as well as their families; veterans, refugees and humanitarian entrants to Australia; and members of communities affected by disaster.

While not all mental health issues or illnesses are preventable, steps can be taken to reduce the likelihood that people at risk will go on to develop mental illness and that if they do, they will have better access to quality support and care.



Strategies

17. Identify populations at risk of experiencing mental health issues and provide targeted programs, including programs for people with poor levels of education, those who are homeless, young people engaged with or at risk of being engaged with the criminal justice system, and children with parents who experience mental illness.

Targeted strategies for Aboriginal and Torres Strait Islander people

18. Recognise and address the impact that the trauma, grief and loss related to past government policies, including the removal of children from their parents, can have on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.
19. Increase programs targeted at reducing exposure to risk factors for mental illness, including abuse, trauma, homelessness, social isolation, disability and persistent unemployment.
20. Better equip early childhood and education workers and institutions to support and assist children and young people who may be at risk of developing mental illness and their families.
21. Enhance and expand interventions for substance misuse, including the provision of resources for use by family members and carers, and resources for people from culturally and linguistically diverse backgrounds.



Priority 4: Focus on early detection and intervention

Early detection of mental health issues and mental illness, followed by appropriate, timely intervention can significantly reduce the severity, duration and recurrence of mental illness and its associated social disadvantage, no matter when in life the episode or episodes occur. Early detection of mental health issues can improve people's prospects of completing education and training, increase their opportunities for securing and retaining employment, help them maintain stable accommodation, and minimise their interactions with the corrections and justice system.

Early signs of mental health issues need to be more widely recognised to ensure early and accurate detection and timely, effective intervention across the lifespan. Improvements to the ease and speed with which people can connect with appropriate services and supports, including culturally appropriate and accessible services for Aboriginal and Torres Strait Islander people and people from cultural and linguistically diverse backgrounds needs to be improved.

This can be achieved through building the knowledge and skills of carers, childcare workers, teachers, employers, first responders (including police and ambulance officers), correctional officers, social workers and other service providers as well as those of the general public. This will enable them to identify the early signs of mental health issues, communicate appropriately and effectively with anyone they believe may be experiencing a mental health issue or episode of mental illness, and be aware of the available referral pathways for a person who requires support.

For this approach to be effective, governments and service providers need to ensure that appropriate services are available, and that these are integrated and structured so there is no 'wrong door' to accessing them for people experiencing early signs or symptoms of mental illness. Screening activity should be expanded at key life transition points as well as for populations at greater risk of developing a mental health issue or mental illness. It must also be ensured that people presenting with such signs or symptoms are correctly identified and referred, and that they (and their families, carers and other support people, if appropriate) are helped to access the services that best meet their needs.




Strategies

22. Improve the 'mental health literacy' of Australians so that people can better understand and recognise their own and other people's mental health needs; identify the early signs and symptoms of mental health issues; and know the appropriate action to take in these situations.
23. Improve the mental health awareness and competency of frontline professionals (including in health, education, the justice sector and community services) to identify and respond to the early signs of mental health issues and refer people to appropriate services and supports, including for people from culturally and linguistically diverse backgrounds.
24. Build greater awareness of appropriate 'first responses' to mental health issues and mental illness in the workplace.

Targeted strategies for Aboriginal and Torres Strait Islander people

25. Strengthen the cultural competency of frontline professionals, including police, education and early childhood providers and healthcare professionals, to detect and appropriately intervene early in mental health concerns for Aboriginal and Torres Strait Islander people.
26. Build the competency of early childhood and education workers and institutions to identify and respond effectively to early signs of mental health issues.
27. Expand early intervention services for young people, ensuring national availability.
28. Expand screening activity at key life transition points and for at risk populations, with referral pathways to appropriate follow-up services and supports.



Priority 5: Improve access to high quality services and supports

People with mental health issues need access to the right quantity, quality and distribution of services and supports. These services and supports need to be flexible and responsive to individual needs and preferences: that is, they need to be person-centred.

Clinical and non-clinical services should work in an integrated way to provide whole-of-life support wherever and whenever it is needed. There should also be tailored and innovative approaches to meeting the needs of at-risk subgroups.

Some people who experience mental health issues have good access to a range of services and supports; others do not. In particular, Aboriginal and Torres Strait Islander people; women, children and adolescents; people with disabilities; people from culturally and linguistically diverse backgrounds; people who are lesbian, gay, bisexual, transgender or intersex; people who are homeless; and those from geographically isolated communities can experience multiple barriers that discourage them from accessing mental health services and support.

Governments need to reduce the significance of these barriers by providing targeted and innovative supports, and by expanding the presence and availability of services to at-risk and isolated communities. This requires working collaboratively with individuals, carers, experts and community organisations to develop appropriate, innovative, practical and effective responses, and to improve the flexibility and accessibility of existing mental health services.

Assistance from suitable supports and services at appropriate times has been shown to minimise the negative effects of some mental illnesses, improve the likelihood of lasting recovery and help people maintain social and economic participation during episodes of mental ill-health.

This is best achieved through partnerships between government, private, non-government and community organisations that ensure effective, well integrated services and responses.



Strategies

29. Reduce stigma about mental health issues among service and support providers, improve integration of clinical and non-clinical mental health services, and strengthen coordination with broader community services.
30. Build awareness in people experiencing mental health issues and their families, friends and carers about the range of support services available, their opportunities to choose appropriate care and their capacity to influence service design and delivery.
31. Support innovative service delivery models for marginalised and disadvantaged groups and those who have difficulty accessing some services, such as people from culturally and linguistically diverse backgrounds, people in remote locations, those who are homeless, those who identify as gay, lesbian, bisexual, transgender or intersex, and people within and exiting the justice system.
32. Improve workforce, service planning and capacity, including through the finalisation of the National Mental Health Service Planning Framework and by supporting the framework as it evolves to assist in planning non-health services and support.
33. Expand and better distribute the mental health workforce, which might include increasing the use of trained mental health peer support workers, promoting careers and improving career pathways for those in the mental health field.
34. Improve access to quality electronic information and enable people to access effective online mental health information services, treatments, and web-based and video-link consultations.
35. Ensure that frontline professionals and first responders (such as police, paramedics and emergency services) are trained, equipped and appropriately configured and coordinated so they can manage mental health crisis situations effectively.

Targeted strategies for Aboriginal and Torres Strait Islander people

36. Enhance the cultural competence and training of those providing mental health services and supports to Aboriginal and Torres Strait Islander people.
37. Establish protocols for service providers working with interpreters for Aboriginal and Torres Strait Islander people.
38. Increase and promote employment opportunities for Aboriginal and Torres Strait Islander people in mental health and social and emotional wellbeing service areas.

Tuyen's story: Whole-of-life support

At age 17, Tuyen's life changed for the better when he was offered stable accommodation and support in a 16-bed rehabilitation facility for 17-23 year-olds, run by a non-government organisation (NGO). Tuyen's parents divorced when he was in primary school, and his family life has been marked by domestic violence and substance abuse. For most of his life, Tuyen was estranged from his parents, and never made a regular appearance at school.

Tuyen has also struggled with Type-1 diabetes and has a history of chronic self-harm, including attempted suicide. Doctors have intermittently treated his depression and state of high anxiety with medication, but the constant state of flux in his home life has countered the persistent efforts to improve his mental health. Tuyen's transient life has made it difficult for him to maintain a strong relationship with available child and mental health services.

Tuyen has since worked with another NGO and the government-led child and mental health services with whom he already had a relationship, to establish an individual plan to work towards better health – physical and mental. Led by Tuyen, but supported by all three parties, this plan helped Tuyen to work out what steps he needed to take to secure his future wellbeing. Critically, it also gave him an understanding of and access to a range of services that would support him in his journey – including a case manager, daily living skills courses, referral to a GP and diabetes treatment centre, access to a financial counsellor and help to find more permanent, independent accommodation.

Tuyen's transition to independent living has been his key to better living. Now, not only has he held down a job for the first time and completed further study, but his physical and mental health has improved dramatically. Tuyen has driven this change, and has not looked back.

Tuyen has renewed contact with his family, has made no more attempts to harm himself, and is managing his diabetes well. He is slowly becoming less dependent on the medication that had regulated his depression, and is working on a plan to reduce his dependency entirely. Significantly, Tuyen also no longer requires psychiatric intervention, with shared care now in place between his case manager and his GP.



Priority 6: Improve the social and economic participation of people with mental illness

Every Australian should have the opportunity to live a full and rewarding life, and to be supported wherever possible to achieve this.

Improving individuals' social and economic participation is vital – it can boost overall health and wellbeing, lessen the severity of mental illness, contribute to recovery, and reduce the likelihood of poverty, homelessness and long-term reliance on income support as a result of mental illness.

To improve the social and economic participation of people with mental illness or mental health issues, a whole-of-government and broad community response that recognises people's aspirations and helps them achieve their life goals is needed. This in turn can profoundly enhance the ability of people with such issues to participate actively in education, work and their communities.

An effective response to mental health issues in our society also entails ensuring that workplaces and educational institutions provide appropriate support and flexibility to their employees and students. This includes managing learning activities, assessments, workloads, stress, transitions between education and employment or between different jobs, and professional relationships that encourage the successful and productive participation of every person in the group.

People who care for and support people with mental illness can also struggle to maintain their participation in paid work and education. Any person can become isolated in their community without the right mix of flexible supports, for themselves and those for whom they care. It is important that carers, too, are offered appropriate supports and services if we are to enable all Australians to participate successfully in society.

Improving access to education, employment and social activities, and support in finding affordable and stable accommodation, can help build a person's sense of self-worth and connectedness, giving them a greater chance of ongoing economic independence. Addressing these factors may also contribute to the ongoing prevention of mental health issues and mental illness, and the social and emotional wellbeing of all Australians.



Strategies

39. Promote the development of inclusive and supportive workplaces, encourage better workplace design that accommodates those with mental health issues, and support improvements in employers' capacity and willingness to hire, retain and re-engage people with mental health issues and their carers.
40. Improve access to affordable, appropriate and secure housing for people with mental health issues or mental illness.
41. Improve the competency of early childhood and education providers and their access to appropriate and flexible education for young people with mental illness, mental health issues or significant emotional or behavioural challenges (including adjusted learning needs), extending this access to people with caring responsibilities.
42. Improve the awareness of and coordination among service providers to ensure that the education and employment needs and potential of those with mental health issues are identified, recognised and realised.
43. Support the development of social enterprises that increase the participation of people with mental health issues in education, employment, and in their communities.
44. Provide greater support for families and carers so that they, too, can live full and rewarding lives and can participate in education, employment and the community.

Targeted strategies for Aboriginal and Torres Strait Islander people

45. Expand the availability and ensure a range of high quality and culturally appropriate mental health services and supports for Aboriginal and Torres Strait Islander people with a mental health issue to enable their participation in education, employment and their community.



Elizabeth's story: Successful independent living

At 30, Elizabeth has finally achieved her dream of living independently. Up until now, she has managed the daily challenges of living with a mental illness with support from her mother, teachers and doctors, but the strain of living in hospital and in and out of shared houses has taken its toll, reaching a critical point when, at the age of 29, she found herself evicted from a group house.

Elizabeth's health rapidly deteriorated, and her clinical support team raised serious concerns about her wellbeing.

Elizabeth had been taking active steps towards a better life, enrolling in an adult education course to prepare her for tertiary study and trying to lead a more independent life, but the insecurity of her living arrangements was undermining her progress, and placing considerable stress on her family.

Elizabeth's mother had been balancing care for her daughter with equally significant issues around her other child, a boy with a physical disability. Despite her best efforts to advocate for her daughter, it had been difficult for her to establish living arrangements for Elizabeth that would help her to achieve the independence she needed to progress.

Elizabeth's clinical support team recognized that she needed her own space, and her own home. After taking active steps to help her achieve this, they have seen a dramatic improvement in Elizabeth's mental health. She is supported by regular contact with her family, a tutor, and community services, but she is in control.

The key to Elizabeth's steps to recovery has been recognition of her individual needs and aspirations. Finally, she has independence and is shaping her own future.



Making the journey

Governments have been on a mental health reform journey for some years, including through COAG's National Action Plan 2006-2011 and the Standing Committee on Health (SCoH)'s Fourth National Mental Health Plan 2009-2014. The Commonwealth and some jurisdictions have established mental health commissions, which have given mental health a stronger focus. Further, this Roadmap sets priorities that include and go beyond the health system.

While the Roadmap sets a shared Vision and sets out Strategies to achieve it, it is crucial that governments transform this into real change. This will be a complex challenge, as responsibility for implementation sits with all governments and across key portfolios, and will require close cooperation between governments, the mental health sector, and the broader community.

The successor to the Fourth National Mental Health Plan, which will set out how the Roadmap will be implemented, will reflect jurisdictions' mental health plans, such as those being developed by mental health commissions. The Priorities and Strategies identified in the Roadmap guide national progress towards this shared vision, and do not mandate the determination of specific jurisdictional mental health strategies, priorities and implementation plans, including the role of State or Territory mental health commissions. Implementation of the Roadmap will ensure that jurisdictions can work towards the shared Vision within the context of each State and Territory's mental health reform framework against their own timeframes and order of priorities.

Senior officials will also ensure that the Roadmap and other national reforms, such as health reform and development of a National Disability Insurance Scheme, are consistent and complementary.

Focusing efforts

To deliver the aspirations in this Roadmap, COAG is creating a new Working Group on Mental Health Reform that will ensure a high-level, national body is overseeing the detailed work on mental health reform, and that all levels of government are accountable for achieving change over the next ten years.

The Working Group will report to COAG and be co-chaired by the Commonwealth Minister for Mental Health and a Minister nominated by States and Territories. Primary membership will include one official from each first minister's department and one from each health department or mental health commission (if appropriate).



To ensure a whole-of-government approach, there will also be one additional member from each jurisdiction. These officials would each represent different portfolios out of the following list and engage with the respective officials' groups: early childhood, education, employment, housing, homelessness, indigenous, regional affairs, community services, disability, drug and alcohol and justice portfolios. Each state and territory has the option to send a Minister instead of one of these officials.

Recognising the vital importance of working in collaboration with the sector, including consumers and carers, an Expert Reference Group will be formed to work alongside and assist the Working Group, including in its efforts to drive reform (as set out below). The Expert Reference Group will be chaired by the National Mental Health Commission and will consist of one nominated representative from each jurisdiction, such as a mental health commission, or representative of a peak body or advisory group, or consumer or carer group.

Relationships with relevant standing and select councils

The Working Group will engage closely with other COAG councils and fora working on mental health issues through its members and by providing six monthly updates to the SCoH on its activities, as well as to other relevant Councils.

To reinforce the importance of this engagement, COAG will ask other relevant Standing and Select Councils (with responsibilities for early childhood, education, employment, housing, homelessness, regional affairs, community services, disability, justice and corrections) to adopt the Roadmap, support the Working Group on Mental Health Reform and be responsible for implementation of relevant aspects within their responsibilities.

Implementing change

The Working Group will have responsibility for the following major tasks:

1. Improving access to data

The Working Group will examine the need for a mental health data-sharing protocol for consideration by COAG by mid-2013. As a longer-term initiative, the Working Group will also assess the value of the large number of national mental health data sets to determine whether they are providing information that is person-centred, whole-of-life and can demonstrate whether the range of services necessary for an individual to keep well are being provided. The Working Group may identify opportunities to rationalise or amend data sets and opportunities to improve linkages across collections. As well as engaging closely with the Expert Reference Group, the Working Group may draw on technical data expertise as required.



2. Developing indicators of change

Indicators are required to track progress of whether the Roadmap's Vision has been achieved. A preliminary set of eleven performance indicators and three contextual indicators are in the Annex. The eleven preliminary indicators have been selected as they are:

- high-level and aligned with the Roadmap Vision
- national, reflecting the national vision and commitment
- long-term, measuring change over the life of the Roadmap
- available, with relevant data accessible now or in the near future

The Working Group will use the preliminary set of indicators as a starting point to develop the most appropriate set of indicators to show that the reforms are improving outcomes and making a difference to the whole of people's lives. This may include looking at areas such as: a national measure of self-reported wellbeing; improving the physical health of people with mental illness; and improving the experience of people using services. The Working Group will report to COAG on this work by end 2013.

3. Setting targets for reform

The Working Group will also develop targets for as many of the indicators as possible, where appropriate, and report back to COAG at end 2013. The targets will be informed by international and local research. These targets will be ambitious but achievable.

As a starting point, five of the preliminary indicators have been identified as provisionally suitable for targets, as outlined in the Annex. These were selected as they have a robust evidence base that supports the setting of specific benchmarks, enabling us to go beyond the identification of simple trends, and allowing government to set well-defined policy directions that will help us achieve these benchmarks.

The Working Group will be responsible for adding and adjusting indicators and targets over the life of the Roadmap to maintain their links to evidence and keep pace with improvements in data collection.

4. Successor to the Fourth National Mental Health Plan

The Working Group will develop, for COAG's consideration by mid-2014, a successor to the Fourth National Mental Health Plan, which will set out how the Roadmap will be implemented and commence when the Fourth Plan expires at the end of 2014.

The successor to the Fourth Plan will reflect the high level aspirations and Strategies in the Roadmap and will convert them into more concrete medium-term actions.



Monitoring the journey

The National Mental Health Commission will prepare three yearly reports to COAG which document progress towards achieving the Roadmap Vision. Monitoring of progress will be focused on long-term change at the national level, reflecting the ten-year span of the Roadmap.

The progress reports will allow COAG to evaluate its progress in achieving mental health reform and allow governments to identify areas in which greater focus is required in order to improve the outcomes for people with mental illness, their families and their carers.

The Working Group will settle, by the end of 2013, which aspects of the Roadmap the Commission will report on.

The Roadmap progress reports will have a national focus. Where data is available, they will consider outcomes and progress for different parts of the community, particularly Aboriginal and Torres Strait Islander people, as well as by factors such as age group, gender, language and cultural background, socioeconomic status and location (e.g. urban or remote areas).

Each jurisdiction will continue to be accountable for the performance of its mental health services and supports through national and other reporting that includes performance by jurisdiction.

In preparing the progress reports, the National Mental Health Commission will use the new Working Group on Mental Health Reform and the Expert Reference Group to engage with state and territory governments, other mental health commissions and stakeholders.

These progress reports are not intended to substitute for other more frequent and specific reporting about the performance of mental health policy, systems and programs, such as:

- The National Mental Health Commission's annual National Report Card on Mental Health and Suicide Prevention
- The National Mental Health Report
- The Australian Institute of Health and Welfare's Mental Health Services in Australia Report
- The COAG Report on Government Services.



Annex: Preliminary indicators and targets

Preliminary performance indicators

All governments are committed to reducing stigma and discrimination in society; significantly reducing suicide rates; and ensuring that people affected by mental health issues and their families have access to appropriate services and supports, stable and safe homes, and are able to participate successfully in education and employment.

This Annex contains a preliminary set of targets and indicators to monitor progress by all governments. These provide a starting point for further work, with stakeholders, to identify specific whole-of-life and outcome-based national indicators and targets which are the right ones to show whether progress has been made towards COAG's aspirational targets and Roadmap Vision.

A preliminary set of eleven performance indicators and three contextual indicators are outlined below. The eleven preliminary indicators have been selected as they are:

- high-level and aligned with the Roadmap Vision
- national, reflecting the national vision and commitment
- long-term, measuring change over the life of the Roadmap
- available, with relevant data accessible now or in the near future.

The Working Group will use the preliminary set of indicators as a starting point to develop the most appropriate set of indicators to show that the reforms are improving outcomes and making a difference to the whole of people's lives. This may include looking at areas such as: a national measure of self-reported wellbeing; improving the physical health of people with mental illness; and improving the experience of people using services. An indicator will also be developed in relation to primary care, to measure the important contribution to improved outcomes made by primary care services (comprising mental health promotion, early intervention, treatment and referral). The Working Group will report to COAG on this work by end 2013.




Table 1: Performance indicators

Indicator and measure	Why is it important?	Source
... a society that better values and promotes good mental health and wellbeing		
<p>Knowledge of and attitudes towards mental health issues and mental illness in the community</p> <p><i>The specific measure needs to be selected – could include positive measure of awareness and understanding of mental health issues and social distancing as an indicator of attitudes</i></p>	<p>Positive and supportive attitudes about mental illness in the community reduce stigma and discrimination, increase social inclusion, and support earlier identification and intervention, leading to better outcomes for consumers, their carers and their families</p>	<p>National stigma and mental health literacy survey, reported for the Fourth National Mental Health Plan</p> <p><i>(Frequency to be settled)</i></p>
... a society that maximises opportunities to prevent and reduce the impact of mental health issues and mental illness		
<p>Readmission to hospital within 28 days of discharge</p> <p><i>Reported as the percentage of in-scope overnight separations from public acute psychiatric inpatient units that are followed by a readmission to the same or to another public sector psychiatric inpatient unit within 28 days of discharge</i></p>	<p>This indicator refers to being discharged from an acute mental health unit and readmitted to an acute mental health unit. Admission following a recent discharge may indicate that hospital-based care was either incomplete or ineffective, or that follow-up care and support was inadequate. A reduction in this rate should signal that all clinical supports (both hospital and community care) are working together effectively</p>	<p>State and Territory data collections</p> <p><i>(Annual)</i></p>
<p>Consumer experience of mental health services</p> <p><i>Reported as the percentage of consumers who are satisfied with the services received within the past 12 months. Sub-measures include participants' perceptions of professionals having spent enough time, listened carefully and shown them respect</i></p>	<p>Consumers' and their carers' perceptions and experiences of care are vital to informing services about areas that may need improvement. Improvement in the consumer's experience should be facilitated by the implementation of person-centred and outcome-oriented approaches to mental health</p>	<p>Australian Bureau of Statistics Patient Experience Survey</p> <p><i>(Annual)</i></p>

Indicator and measure	Why is it important?	Source
<p>Levels of accreditation against the National Mental Health Standards</p> <p><i>Accreditation is reported as the proportion of expenditure on services who meet four levels of accreditation, with Level 1 being compliance with all standards and Level 4 not being externally assessed</i></p>	<p>The National Mental Health Standards were updated in 2011 and now include a standard for services that support recovery. They also include standards for the involvement of consumers and carers in the planning, development and evaluation of services. While future assessments cannot be compared to those of previous years, assessments during the lifetime of the Roadmap will indicate whether services meet the new standards</p>	<p>National Minimum Data Set. Accreditation is by external review. This measure is reported for the Fourth National Mental Health Plan and the Report on Government Services.</p> <p><i>(Every 3-5 years)</i></p>
<p>The percentage of the population receiving clinical mental health services</p> <p><i>Reported as a percentage, derived from validated counts of services provided or funded by the Commonwealth (including all mental health related Medicare services and private health) and states and territories</i></p> <p><i>Inclusive of all mental-health related Medicare Benefits Schedule items and includes some ambulatory-equivalent admitted patient mental health service contacts. Includes consultant psychiatrist services, GP and other services, clinical psychologist services and other allied health services</i></p>	<p>When considered in the context of the prevalence of mental health disorders (see contextual indicators), the percentage of the Australian population receiving clinical mental health care is an indicator of their access to clinical services</p>	<p>Medicare Benefits Scheme, Private Mental Health Alliance and State/Territory data, as reported for the Fourth National Mental Health Plan and the National Healthcare Agreement</p> <p><i>(Annual)</i></p>
<p>Number of individuals receiving Commonwealth Government care co-ordination services</p> <p><i>Would include information on Partners in Recovery only</i></p>	<p>This indicates the number of individuals being assisted through better coordination of clinical and other supports and services to deliver ‘wrap around’ care individually tailored to the person’s needs</p>	<p>Partners in Recovery Program</p>
<p>Use of mental health services in prisons</p> <p><i>The specific measure is yet to be selected, and could include number of consultations, the time required to get an appointment and/or wellness scores</i></p>	<p>This indicates the extent to which the mental health support services available to prisoners are contributing to improved mental health</p>	<p>National Prisoner Health Census</p> <p><i>(Annual)</i></p>



Indicator and measure	Why is it important?	Source
... a society that supports people with mental health issues and mental illness, their families and carers to live full and rewarding lives		
<p>Participation rates by people with mental illness in education and employment</p> <p><i>Currently reported as percentage of population aged 16–64 years with self-reported mental illness who are employed (as defined by the standard Australian Bureau of Statistics definition) and/or are enrolled in a course of study towards a formal secondary or tertiary qualification</i></p> <p><i>New indicator to be developed by end 2014</i></p>	<p>Improvement in employment participation rates by people with mental illness issues is likely to lead to better health outcomes and to signal broader attainment of ‘full and rewarding lives’, through factors such as stable housing, financial independence and social inclusion. Participation in and completion of education is an important threshold to achieving this</p>	<p>National Health Survey, as reported for the Fourth National Mental Health Plan</p> <p><i>(Every 3 years)</i></p>
<p>Participation by carers of people living with mental health disorders in the labour force and the community</p> <p><i>The proportion of carers of people aged 20–64 years with mental health disorders who are participating in the labour force compared with all carers and with non-carers of the same age, and the proportion of all carers of people aged 15–64 years with mental health disorders who are engaged in education compared with all carers, and with non-carers of the same age (excludes non-co-located carers)</i></p>	<p>This indicates the extent to which carers, including carers of people with mental health disorders, are supported in maintaining their engagement with employment, education and community activities</p>	<p>Survey of Ageing, Disability and Carers</p> <p><i>(Conducted 2003 and 2009)</i></p>
<p>Physical health of people with mental illness</p> <p><i>Reported as the percentage of people with mental illness and comorbid physical conditions recognised as a National Health Priority Areas, such as diabetes, asthma, coronary heart disease, stroke, cancer and arthritis</i></p>	<p>This indicator refers to self-assessed health status and the co-morbidity of mental illness with other conditions</p> <p>The physical health of people with mental illness is a significant factor in the burden of disease that is associated with mental illness. Rates of obesity, diabetes and tobacco use are much higher for people with mental illness</p>	<p>National Health Survey</p> <p><i>(Annual)</i></p>



Indicator and measure	Why is it important?	Source
<p>Housing status and experience of homelessness among mental health consumers</p> <p><i>The specific measure needs to be selected – may include percentage of people with mental illness and experience of homelessness and unstable tenure, and/or perceived need for mental health services using the Supported Accommodation Assistance Program</i></p>	<p>This indicates the extent to which stable accommodation with appropriate levels of support is available for people living with a mental illness</p>	<p>The Fourth National Mental Health Plan, measure under development</p> <p><i>(Frequency various as numerous sources)</i></p>

Contextual indicators

Three contextual indicators will provide important information that will help to frame and interpret the indicators, but will not be suitable for assessing reform over time. Consequently, these indicators will not be used to measure progress against the Roadmap Vision directly. This is either because the relationship between government performance and changes in these indicators is unclear, or because data on these indicators is collected too infrequently to enable accurate measurement of change over the life of the Roadmap.

The contextual indicators selected are:

- the rate of service use by people with mental illness
- the prevalence of mental illness in the community, where prevalence is regarded as the percentage of the population who have met the criteria for diagnosis of a recognised mental illness in the past 12 months – this is an important consideration in assessing levels of access to services and in service planning
- the rate of suicide in Australia, as suicide accounts for approximately 1.6% of deaths in Australia, and people with mental illness are at greater risk of suicide than the general population.



Potential further development

Consistent with the proposed opportunities for review over time, improved and more representative performance indicators may be adopted.

Some of the preliminary indicators require additional work ahead of the first report to ensure that they are reliable, relevant and valid.

More work could be done in the following areas to provide clearer analysis of outcomes for people with mental illness:

- The indicator relating to the percentage of the population receiving clinical mental health services, which currently excludes services provided by NGOs and some web-based supports. National data collections are needed to enable relevant bodies to monitor the performance of non-government services and enable the performance indicators of the Roadmap to keep pace with changes to the mental health system.
- There is no single data source for housing status and experiences of homelessness for people with mental illness. While further development is carried out, reporting on this indicator will draw on a range of data sources.
- The National Mental Health Standards were updated in 2011 to include a standard for supporting recovery, and include other standards of particular interest to consumers and carers such as their involvement in decisions about service delivery and care. Current reporting does not allow identification of performance against individual Standards, but more detailed reporting over time will be introduced to allow more targeted monitoring. Work will also be undertaken to expand this indicator so that it encompasses the accreditation of non-government organisations and private hospitals, where these are not currently captured.
- There are a range of sources for participation data including the National Health Survey, the Survey of Disability Ageing and Carers, the National Survey of Mental Health and Wellbeing and Household, Income and Labour Dynamics in Australia Survey. Work will be undertaken to determine the most suitable indicator and benchmarks to support the development of meaningful targets.



Preliminary areas for targets

The Working Group will develop targets for as many of the indicators as possible, where appropriate, and report back to COAG at end 2013. The targets will be informed by international and local research. These targets will be ambitious but achievable.

As a starting point, five of the preliminary indicators have been identified as provisionally suitable for targets. These were selected as they have a robust evidence base that supports the setting of specific benchmarks, enabling us to go beyond the identification of simple trends, and allowing government to set well-defined policy directions that will help us achieve these benchmarks.

Table 2: Areas for targets

Indicator	Preliminary target	Timeframe for establishing a target
Consumer experience of mental health services	n/a	End 2013
A new indicator and target for participation by people with mental illness in education and employment	n/a	New indicator by end 2014 and subsequent work towards a target in 2015
Readmission to hospital within 28 days of discharge	12% or less	Mid-2014
The percentage of the population receiving clinical mental health services (preliminary indicator)	12%	Mid-2014
The percentage of the population receiving mental health services (identified for development from the indicator above)	n/a	2016–17
Accreditation levels against the National Mental Health Standards	100%	Mid-2014



Building the evidence base and improving data collections

There is a need to continue research and data development to improve our collective knowledge and understanding of mental health and wellbeing, the many factors contributing to it, their interaction, and effective ways to improve and maintain mental health for people across the population.

For example, current Australian mental health and broader health data collections are inadequate in their description of the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Improvement of national data collections in these areas will be critical to the design and refinement of services and supports, and to the identification of service gaps. Similarly, evidence of systematically effective approaches to suicide prevention is scarce, but there is an imperative for governments, service providers and the community to perform better in this area. Suicide is a complex phenomenon and in 2010 was the leading cause of death for men aged 16–44.

New opportunities are enabling us to increase our knowledge of risk and protective factors for mental health in the early years, using data being collected through the national rollout of the Australian Early Development Index and associated research. Work is also starting on the measurement of social and emotional wellbeing and development in middle age. The value of these collections will increase as data accumulates over time and is linked to other data collections.

Data on mental health and wellbeing has improved in recent times, but there remain significant challenges to capturing information that demonstrates clearly whether reform is being achieved and whether outcomes for people with mental health issues have improved. A key element of this Roadmap is prioritising the development of better data and evidence. The annual publication of the National Report Card on Mental Health and Suicide Prevention by the National Mental Health Commission will be used to inform further data collection, analysis and reporting.




Glossary

Advocacy	Representing the concerns and interests of consumers and carers, speaking on their behalf, and providing training and support that enables them to represent themselves effectively.
Anxiety	A mental disorder characterised by feelings of unease, tension and distress that may be accompanied by an exaggerated fear of possible danger or misfortune, and is often associated with significant disruption to a person's life, such as inability to hold down a job or to use public transport. Examples of anxiety disorders include phobic disorders, panic disorders, post-traumatic stress disorder and obsessive-compulsive disorder (OCD).
Capacity	The ability or possibility of an organisation or individual to carry out certain tasks or achieve certain goals.
Carer	A person who has a significant role caring for someone with a mental health issue or mental illness. A carer might be a family member, friend or colleague, and may be paid or unpaid. The role of such carers is not necessarily static or permanent, and may vary over time according to the needs of both consumers and carers.
Consumer	A person who uses or has used a mental health service.
Depression	A lowering of mood that includes feelings of sadness, despair and discouragement, ranges from mild to severe and is sustained over a period of time. Mild depression is an emotional state that many people experience during their lifetimes. Severe depression is a serious mental illness producing symptoms such as slowness of movement, loss of interest or pleasure in most activities, changes in sleep and appetite, and agitation.
Disadvantage	A social relationship in which the position of one person is worse because the position of another person is relatively better. People may be disadvantaged in many ways; in relation to poverty, the term refers to resources, opportunities and distribution of power.
Discrimination	The unfavourable treatment of a person based on prejudice.
Early detection	The discovery of a disorder or condition as early as possible in its course so as to minimise its negative impact.




Early intervention	The management of a mental health issue or mental illness, early in life or early in the course of the disorder, so as to reduce the risk of its escalation.
Episode	The period in which a health problem or illness exists, from its outset to its resolution.
Homelessness	<p>Primary homelessness is experienced by people without conventional accommodation (e.g. those who are sleeping rough or in improvised dwellings).</p> <p>Secondary homelessness is experienced by people who move frequently from one temporary shelter to another (e.g. residing in emergency accommodation and/or youth refuges, and ‘couch surfing’).</p> <p>Tertiary homelessness is experienced by people staying in accommodation that falls below minimum community standards (e.g. in boarding houses and/or caravan parks).</p>
Intellectual disability	People with intellectual disabilities have learning challenges and their intelligence is more limited. Such conditions are usually identified at birth or in early childhood. Intellectual disabilities are not mental illness and require very different specialist skills from those offered by mental health services. However, people with intellectual disabilities can also suffer from mental illness.
Mental health	Mental health is a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual wellbeing and the effective functioning of a community.
Mental health issue	Cognitive, emotional or social abilities that are diminished, but not to the extent that the criteria for a mental illness are met.
Mental health literacy	Knowledge of and beliefs about mental health issues or mental illnesses that may aid in the recognition, management or prevention of such mental illnesses. These may include the ability to recognise specific mental illnesses; knowing how to seek sound mental health information; knowledge of risk factors and causes, self-treatments and the types of professional help available; and attitudes that promote recognition and appropriate help-seeking.



Mental health services	Services in which the primary function is to provide clinical treatment, rehabilitation or community support targeted towards people affected by mental illness or psychiatric disability, and/or their families and carers.
Mental illness	A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional and/or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders or the International Classification of Diseases.
Performance indicator	Refers to a quantitative measure that is used to judge the extent to which a given objective has been achieved. Indicators are usually tied to specific goals and serve simply as 'yardsticks' by which to measure the degree of success in goal achievement. Performance indicators are usually expressed as a rate, ratio or percentage.
Person-centred approaches	Approaches to service that embrace a philosophy of respect for and partnership with people receiving the services. They involve a collaborative effort from patients as well as patients' families, friends and mental health professionals.
Prevalence	The proportion of individuals in a particular population who experience an illness within a specified period of time.
Prevention	An activity or approach that assists in maintaining positive mental health through pre-emptively addressing factors that may lead to mental health issues or mental illnesses. These can be aimed at increasing protective factors, decreasing risk factors or both, as long as the ultimate goal is to maintain or enhance mental health and wellbeing.
Primary mental health care	The first level of care within the formal health system. Essential services at this level include early identification of mental health issues or mental illnesses, treatment of common mental illnesses, management of stable psychiatric patients, referral to other levels where required, attention to the mental health needs of people with physical health problems, and mental health promotion and prevention.



Recovery	Recovery from mental health issue or mental illness is best described as a process, sometimes lifelong, defined and led by the person with a mental illness or disorder, through which they achieve independence, self-esteem and a meaningful life in the community. Each individual has different needs. These needs will also change over time. A ‘recovery’ orientation in service providers is central to ensuring that people with mental health issues and their carers receive the services that best meet their needs, and that continue to meet their needs as these change.
Remission	The abatement or the decrease of symptoms.
Resilience	The capacity of a person to cope positively with stress and adversity.
Risk factor	Social, economic or biological status, behaviours or environments that are associated with or cause increased susceptibility to a specific disease, episode of ill health or injury.
Severe mental illness	A mental illness in which a person’s ability to think, communicate and behave appropriately is so impaired that it interferes with that person’s capacity to deal with the ordinary demands of life. Without effective treatment and support, the outcome for the person may be significant impairment, disability and/or disadvantage.
Social determinants of health	The social determinants of health are the conditions in which people are born, grow, live, work and age – including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health – often unfair and avoidable differences in health status seen within and between countries – are largely responsible for health inequities.
Social inclusion	Contemporary concepts of disadvantage often refer to social exclusion. Social inclusion refers to policies that result in the reversal of circumstances or habits that may otherwise lead to social exclusion. Indicators of social inclusion are that all Australians: are able to secure jobs; access services; connect with family, friends, work, personal interests and their local community; deal with personal crises; and have their voices heard.



Social support	Assistance available to individuals and groups from within communities. Social support networks can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing a person’s quality of life. Social support may include emotional support, information sharing, and the provision of material resources and services. Social support is now widely recognised as an important determinant of health, and an essential element of social capital.
Stigma	A negative opinion or judgement held by individuals or society at large towards an individual or group with common characteristics.
Suicide prevention	Suicide prevention encompasses a range of interventions, including health promotion, early intervention, crisis support and ongoing intervention for people experiencing suicidal thoughts and behaviour, and responding to and supporting families and communities impacted by suicide.
Symptoms	Changes in a person’s mind or body that indicate they may be suffering from a particular illness.
Wellbeing	Wellbeing is not just the absence of disease or illness. It is a complex combination of a person’s physical, mental, emotional and social health factors. Wellbeing is strongly linked to happiness and life satisfaction.
Whole-of-government	Whole-of-government denotes public agencies working across portfolio boundaries to achieve shared goals and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery.



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An initiative of the Council of Australian Governments

