



Australian Health
Ministers'
Advisory Council

Health Policy Priorities Principal Committee



Mental Health Standing Committee

Fourth National Mental Health Plan

First Progress Report of Implementation Activity January - December 2010

**Fourth National Mental Health Plan:
First Progress Report of Implementation Activity
January - December 2010**

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Foreword

Following much consultation, the Fourth National Mental Health Plan (Fourth Plan) was released in 2009 as the first whole of government Mental Health Plan that actively engages stakeholders (government particularly) from non health sectors.

Research continues to support the social determinants of health concept where mental wellbeing is inextricably linked to other social issues such as housing, employment, finance and social connection. Unlike its predecessors, the Fourth Plan prescribes cooperative activity across sectors and Government services to jointly implement the objectives of the Plan.

Towards this end, the Australian Health Ministers' Conference (AHMC) agreed to establish a Cross Sectoral Working Group (CSWG) and invited representatives from key Ministerial Councils in non-health sectors to work with the Mental Health Standing Committee to implement the cross sectoral aspects of the Fourth Plan.

The Fourth Plan also made particular note of how mental health reform should be reported and measured. This First Progress Report represents the bridge between the traditional style of reporting mental health reform activity and the new version being developed currently to incorporate Fourth Plan implementation activity.

The mental health reform journey will require considerable time to fully realise the effects of change. The Mental Health Standing Committee (MHSC) identified the importance of transparency and offers this Report as an interim measure to publicly illustrate the scope of work under way in the first year of implementation.

The report indicates the diversity of work being progressed through various national committee structures relevant to their areas of expertise and the concurrent jurisdictional efforts to implement the objectives of the Fourth Plan. As this report illustrates, a substantial amount of underlying preparatory activity has been progressed to provide the foundations for other Fourth Plan activity.

The MHSC will now consider options for structuring and resourcing the implementation process and present Health Ministers with their recommendations in 2011. In light of the COAG discussions on mental health reform that are anticipated to occur in mid 2011, it is likely that the MHSC will incorporate the outcome of that process before providing its final advice to Health Ministers.

In the meantime, a number of actions will continue to progress ensuring that the Fourth Plan implementation process does not stagnate and those essential elements fundamental to the success of the remaining Fourth Plan actions are progressed.

Dr Aaron Groves
Chairperson
Mental Health Standing Committee

1. Introduction

The Fourth Plan was endorsed by the AHMC on 4 September 2009 and released on 13 November 2009. The Plan takes a whole of government approach acknowledging that many of the determinants of good mental health and of mental illness are influenced by factors beyond the health system.

The National Mental Health Policy 2008 provided a strategic framework to support better outcomes for people at risk of or experiencing mental health problems. The overarching principles outlined in the Fourth Plan are in alignment with this framework, stating the relevance of Fourth Plan activity to all people in Australia.

Therefore, with the exception of Action 7 (which is specifically targeted towards Aboriginal and Torres Strait Islander People), implementation of all Fourth Plan actions are required to consider the needs of particular groups of people who are known to be at risk of developing mental illness. These target groups include (but are not limited to) women, both younger and older people, those who are homeless, live in rural/remote communities, people who are or have been in institutional care, those who have experienced trauma and dislocation, who are from a culturally and linguistically diverse background, and people who have other types of disability.

Effort will be made throughout the implementation process to consider these special needs, seek appropriate advice and input from relevant stakeholders and effect strategies relevant to promote better outcomes for these client groups.

Alongside the Fourth Plan implementation process, other reform activity with relevance to mental health is being progressed through other related processes and either has or is likely to impact on the implementation of the Fourth Plan. These processes and their implications are summarised as follows.

Electoral Processes

Caretaker provisions relevant within an electoral period require Government representatives to abstain from any action that commits an incoming Government to significant policy or budget directions.

In a period of political uncertainty, the outcome of the Federal election of September/October 2010 was delayed resulting in a prolonged caretaker period for the Commonwealth representatives on all national subcommittees. As a result of this extended caretaker mode, several national processes, including decisions relevant to the Fourth Plan, were delayed as key committee structures were unable to meet, including Health Ministers, during this time.

In addition to the Federal election, there have been other jurisdictional elections conducted, including Tasmania and South Australia in March 2010, Victoria in November 2010 and New South Wales in March 2011 which have had a smaller impact on the progression of national processes.

COAG National Action Plan on Mental Health 2006-2011

At its meeting of 18 July 2006, COAG agreed to a National Action Plan on Mental Health 2006-2011 (the Action Plan) involving a joint package of measures and significant new investment by all governments over five years that was to promote better mental health and provide additional support to people with mental illness, their families and their carers. The Action Plan committed to a number of initiatives and better integration of services between Governments and between Government and the community sector. To facilitate this, each State/Territory and the Commonwealth agreed to form state-based COAG Mental Health Groups to oversight implementation of the Action Plan.

The Mental Health Standing Committee (MHSC) who has oversight of the Fourth Plan, has also been integral in progressing the implementation of the Action Plan. As implementation of the Action Plan is reaching its final years, it is unclear as to whether a subsequent plan will follow after 2011 in light of both the Fourth Plan and broader national health reform agenda.

National Health and Hospital Network Agreement

At the COAG meeting of April 2010, all jurisdictions except Western Australia, agreed to the National Health and Hospital Network Agreement (NHHN). This Agreement was informed by the National

Health and Hospitals Reform Commission's final report, *A Healthier Future for All Australians: Final Report June 2009*, which had 12 specific recommendations relating to supporting people living with mental illness. At COAG's meeting of 13 February 2011, a revised approach to national health reform was agreed by all jurisdictions, building on COAG announcements from April 2010. COAG acknowledged the provision of greater funding toward the growth in public hospital costs by the Commonwealth under this new agreement will benefit those areas of public hospital services where gaps continue, such as in mental health. Furthermore, COAG agreed to pursue further reforms in mental health, dental health and aged care over the next three years, and agreed that mental health reform will be a focus of discussion at its next meeting.

The implementation of the national health reform agenda is being driven by the Health Reform Implementation Group (HRIG) who established a Mental Health Working Group (MHWG) to consult with the sector and facilitate the implementation of the mental health components of the reform agenda. Although the MHSC is not directly involved in this COAG process, many MHSC members have dual involvement and as such, promote alignment between the two processes.

The outcome of the HRIG process is expected to be considered by COAG in 2011 and as this is likely to impact on the progression of the Fourth Plan implementation, the MHSC is incorporating this process into its deliberations.

COAG rationalisation of Ministerial Councils

Following an independent review of Ministerial Councils by Dr Allan Hawke, COAG members agreed at its meeting of April 2010, to the need to effect fundamental reform to the Ministerial Council system by March 2011. The objective of the review is to focus Councils on national strategic priorities and to explore new ways for COAG and its Councils to identify and address issues of national significance.

COAG has agreed in principle to reforms that will see current Ministerial Councils rationalised to 11 or fewer Councils, overseeing key areas of ongoing importance to both the Commonwealth and the States, including health, education and training, community services, infrastructure, police and emergency services, and financial relations.

The implications of this process on the Fourth Plan predominantly relates to the membership of the Fourth Plan Cross Sectoral Working Group that is tasked with the implementation of the Fourth Plan's objectives in non-health sectors. The membership of this group is mainly comprised of officials representing many Ministerial Councils relevant to mental health and therefore is likely to be impacted by the outcomes of this review in 2011.

AHMAC Enquiry into Mental Health

At its meeting of 10 June 2010, the Australian Health Ministers' Advisory Council (AHMAC) considered the apparent need to better understand stakeholder concerns in relation to the perception of gaps and overlaps in mental health service provision, and in the Fourth Plan.

Along with a diverse range of stakeholders, the MHSC participated in a stakeholder consultation workshop that comprised of three sessions relating to priorities for mental health reform, intergovernmental linkages and the definition of primary mental health care.

During this process, many issues were raised including various service delivery issues, workforce issues, integration with social supports, and the need for sustained investment and enhanced partnerships. However, participants also indicated strong support for the implementation of the Fourth Plan as a vehicle that addressed the majority of reform issues.

AHMAC considered the outcomes of this process at their November 2010 Meeting and agreed to progress the issues identified through the HRIG process attending to health reform.

Immediate Future

In the coming months, it is anticipated that much of the additional mental health reform discussion will resolve through the COAG process and will result in clearer objectives for mental health reform across Government. The MHSC will continue to ensure its activity relating to the Fourth Plan and any additional COAG mental health activity is in alignment with emerging priorities by Health Ministers and COAG.

2. Implementation Progress – Committee Activity

The forerunner to the MHSC, the National Mental Health Working Group (NMHWG), was established by the AHMAC in 1991 to oversee the implementation of the National Mental Health Strategy, to provide a forum for cross-jurisdictional information exchange, and to encourage a consistent approach to the implementation of the National Mental Health Strategy. The Group also provided advice to the Australian Government Minister for Health and Aged Care on expenditure of national mental health project funding. Following a review of subcommittees of AHMAC in 2006, the NMHWG was revised and restructured as a subcommittee of the Health Policy Priorities Principal Committee and redesignated the MHSC.

The MHSC reports to the AHMC through AHMAC and the Health Policy Priorities Principal Committee (HPPPC).

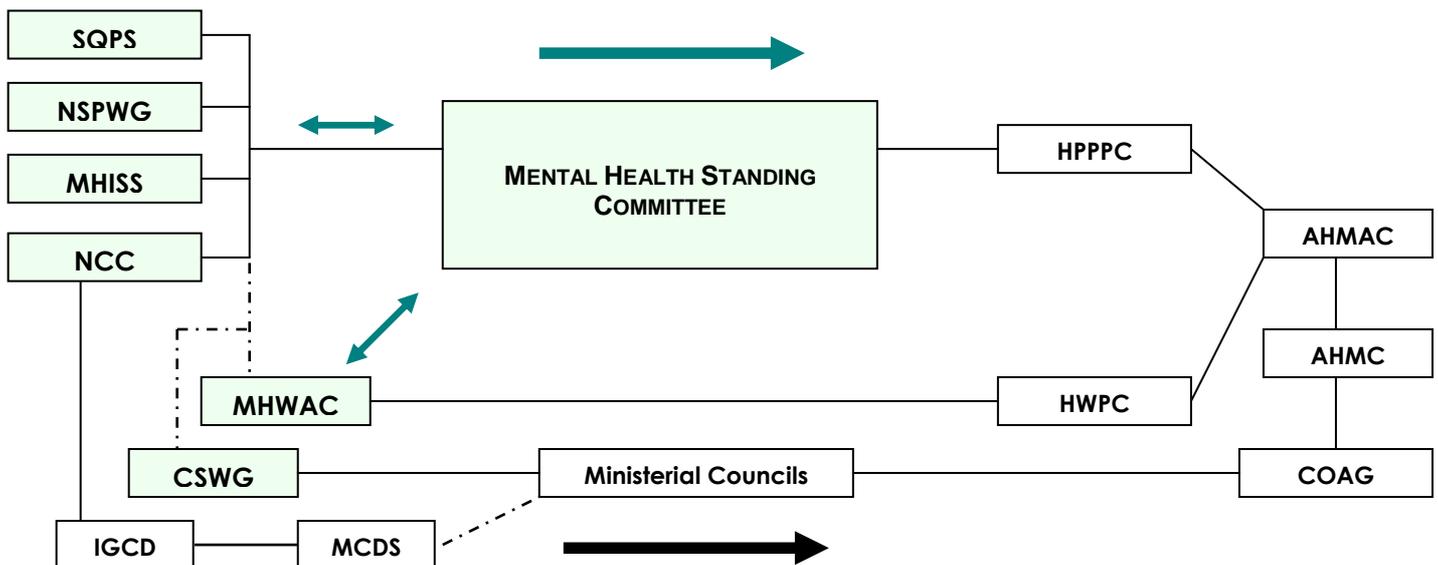
The MHSC has a broad role of oversight where significant work is undertaken through various subcommittees. The subcommittees include the:

- Mental Health Information Strategies Subcommittee (MHIS) which is predominantly responsible for expert technical advice on information management;
- Safety and Quality Partnership Subcommittee (SQPS) that focuses on mental health safety and quality issues, particularly in association with the Australian Commission on Safety and Quality in Health Care (ACSQHC) and Private Mental Health Alliance (PMHA); and
- National Suicide Prevention Working Group (NSPWG) that was formed specifically to progress Actions 12 and 13 of the Fourth Plan that relate to suicide prevention.

Other Committees that have strong linkages with the MHSC and share responsibility for various activities, but are not strictly subcommittees include the following:

- Fourth National Mental Health Plan Implementation – Cross Sectoral Working Group (CSWG) sits alongside the MHSC with shared oversight responsibilities as it is tasked with progressing the implementation of the non-health aspects of the Fourth Plan.
- National Comorbidity Collaboration (NCC) is also not a formal subcommittee of the MHSC but rather is a cooperative mechanism between the MHSC and the Intergovernmental Committee on Drugs to progress comorbidity initiatives.
- The Mental Health Workforce Advisory Council (MHWAC) reports to the Health Workforce Principal Committee (HWPC) but has strong links with the MHSC due to the overlap of activity related to the Fourth Plan, particularly the development of the Mental Health Workforce Strategy (Action 25).

The Committee Structure relevant to MHSC is depicted in the following diagram:



In addition to specialist work conducted by its subcommittee activities, the most significant work being currently undertaken by the MHSC is progressing the implementation of the Fourth Plan and other parallel mental health reform processes. The following sections outline the activity specifically relating to the implementation of the Fourth Plan.

2.1 Mental Health Standing Committee (MHSC)

The MHSC is a decision making committee to progress national policy and reform and as such, State and Territory members are directors or equivalent of mental health services, Australian Government representatives are Branch Heads, and private sector member organisations are CEO or equivalent within their organisations.

The membership of the MHSC is currently Chaired by the Queensland Director of Mental Health and also consists of Directors of Mental Health or equivalent in each State and Territory and representatives from the Australian Government Departments of Health and Ageing (DoHA), Veterans' Affairs (DVA) and Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the private sector (currently the Private Mental Health Alliance), Mental Health Council of Australia (MHCA) and consumer and carer representatives drawn from the National Mental Health Consumer and Carer Forum (NMHCCF). Official observers include representatives from the Ministry of Health in New Zealand, the Private Mental Health Alliance, and the Mental Health Council of Australia.

Fourth National Mental Health Plan Implementation Activity

Since endorsement of the Fourth Plan in 2009, the MHSC has focused on the development of an Implementation Strategy to guide the implementation of actions in the Fourth Plan. The Implementation Strategy articulates the way in which a detailed approach to implementation of each action will be developed and can be found at Appendix 1. The Implementation Strategy was endorsed by AHMC and publicly released in December 2010 at <http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/whatsnew-1>. The MHSC then established small working groups to develop detailed year-by-year implementation approaches for each action in the Fourth Plan to coordinate national activities relevant to each action.

The detailed implementation approaches were considered by the MHSC and CSWG over October and November 2010 and were endorsed with the exception of Actions 7 and 24, which require additional development. This work is continuing.

A summary of other Fourth Plan Implementation progress to the end of 2010 includes:

- Currently in draft form, the logistical aspects of implementation are being considered by MHSC, including an estimate of costs associated with implementation and models to govern the implementation process.
- MHSC members have supported the development of a Service Planning Framework (Action 16) using Commonwealth funding in 2010/2011. Discussions between the Commonwealth, Queensland and New South Wales have resulted in the drafting of an implementation proposal involving all jurisdictions for progressing the development of the Service Planning Framework. A 2.5 year implementation process is anticipated to complete this work and will be considered by MHSC in early 2011.

Subcommittee activity, to be discussed in more detail later in the following sections, has seen the progression of the following Fourth Plan actions:

- SQPS – Actions 4, 23 and 27
- MHISS – Actions 28, 31, 32, 33 and 34
- National Suicide Prevention Working Group – Actions 12 and 13
- National Comorbidity Collaboration – Action 20.

The MHSC has oversight of these processes and reviews implementation progress regularly.

2.2 Safety and Quality Partnership Subcommittee (SQPS)

The Safety and Quality Partnership Subcommittee (SQPS) is a sub-group of the MHSC which is tasked with taking forward the mental health safety and quality agenda. A key role of the SQPS is the provision of expert technical advice and recommendations on the development of national policy

and strategic directions for safety and quality in mental health, taking into consideration the National Mental Health Strategy, National Mental Health Plan(s), and mainstream health initiatives.

The SQPS has a watching brief in relation to safety and quality in mental health and may respond, through the provision of advice to the MHSC, on emerging issues of concern and related quality and safety initiatives. The SQPS may also provide advice in relation to monitoring and implementation of the National Standards for Mental Health Services.

The membership of SQPS includes the Chair (appointed by the MHSC) and representatives from key stakeholder groups who are in a position to drive change in the area of safety and quality (State and Territory public mental health sector, Australian Government Department of Health and Ageing, Australian Commission on Safety and Quality in Health Care, Private Mental Health Alliance, Mental Health Council of Australia, Community Mental Health Alliance and New Zealand Ministry of Health as well as consumer and carer representatives from the National Mental Health Consumer and Carer Forum).

Fourth National Mental Health Plan Implementation Activity

SQPS has responsibility, or shared responsibility, for progressing the work associated with the implementation of Actions 4, 23 and 27 of the Fourth Plan. In the early part of 2010, SQPS revised its work plan for 2010-2011 to ensure alignment with the Fourth Plan objectives, including those actions where SQPS had a keen interest in contributing to, or a watching brief on, activity due to linkages and interactions with the SQPS agenda. In August 2010, SQPS representatives led workshop activities to develop the draft implementation approaches for Actions 4, 23, 27 and 28. Representatives from SQPS also participated as members in other subgroups developing implementation approaches for actions where SQPS had an identified interest.

Action 4 - *Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.*

Recovery is a fundamental action of the Fourth Plan which is complicated due to the multifaceted aspects, interpretation and activities associated with recovery. A major focus of SQPS in 2010 was related to the further development of a recovery oriented framework of service provision, building on the recovery principles of the revised National Standards for Mental Health Services. The National Standards Implementation Steering Committee (NSISC), a subgroup of SQPS, is the overseeing body responsible for finalising the review and guiding the implementation of the National Standards.

The review of the National Standards involved an extensive consultation process which saw the inclusion of a Recovery Standard and the development of a set of National Principles of Recovery Oriented Mental Health Practice to ensure that mental health services are delivered in a way that supports the recovery of mental health consumers inclusive of:

- Uniqueness of the individual;
- Real choices;
- Attitudes and rights;
- Dignity and respect;
- Partnership and communication; and
- Evaluating recovery.

To accompany the revised National Standards, the NSISC developed three Implementation Guidelines for the following service sectors:

- Non government sector;
- Private office based mental health practices; and
- Private hospitals and public mental health services.

The National Standards for Mental Health Services 2010 were endorsed by Health Ministers on 15 September 2010 and officially launched by Her Excellency, Professor Marie Bashir AC, Governor of New South Wales, on 16 September 2010 at The Mental Health Services Conference (TheMHS). The National Standards and the three Implementation Guidelines are available electronically on the MHSC website under the SQPS publications area at

<http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/publications-1> and can be ordered in hard copy from National Mailing & Marketing at www.nationalmailing.com.au (Tel: (02) 6269 1000).

More recently, the NSISC developed an overarching National Implementation Strategy for the National Standards with key objectives outlined under the three areas of Implementation, Monitoring and Accreditation.

The NSISC and jurisdictions are now concentrating on the Implementation phase (in line with the National Implementation Strategy) including promotion and awareness raising activities as well as monitoring and reporting issues and the implications for accreditation. As part of the national awareness and promotion activities, a poster and video competition aimed at building awareness in the community was held and competition winners were announced at the Summer TheMHS Forum in February 2011.

In August 2010, MHSC jurisdictional members also contributed to a brief audit process to summarise recovery tools and frameworks currently being utilised or developed across jurisdictions. This information will be expanded to determine baseline activity and utilised by SQPS as it progresses further activity in 2011 in collaboration with the Mental Health Information Strategy Subcommittee and the Mental Health Workforce Advisory Committee.

Action 23 - Review the Mental Health Statements of Rights and Responsibilities.

In acknowledging the strengths of the current Mental Health Statements of Rights and Responsibilities (the Statements), the implementation approach for Action 23 identified that a review project would aim to amend and update the Statements in relation to human rights legislation, modern mental health care concepts and contemporary language rather than undertake a major rewrite of the document.

While SQPS would have oversight/governance of the review project and develop clear guidelines on the expected consultation process and timeframes, the review project activity could potentially be undertaken by an external agency. At its meeting in November 2010, SQPS agreed on the formation of a group to further scope and develop terms of reference and a work plan to progress this review.

Following the scoping activity and MHSC endorsement of the work plan, the intention is to progress the review project activity in the first half of 2011, with the aim of completing the review of the Statements by the end of 2011 prior to seeking Health Ministers' endorsement in 2012.

Action 27 - Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.

In line with the National Implementation Strategy for the National Standards for Mental Health Services 2010, all jurisdictions are now focusing on transitional processes to incorporate the National Standards into accreditation processes, promotional activities and working collaboratively to identify monitoring and reporting issues and options.

Two informal workshops were held (in July and September 2010) with various accreditation bodies to discuss the implementation and accreditation issues relating to the National Standards for the different sectors and agencies.

A larger national forum, held on 1 December 2010, brought together accreditation surveyors and providers to further discuss issues associated with implementing and integrating the National Standards 2010 into the current mental health service accreditation, monitoring and reporting processes.

The key objectives of the December forum were to;

- Identify the top 5 key challenges/opportunities related to implementing the National Standards into accreditation processes, and to the monitoring and reporting against the National Standards; and
- Identify the key strategies that will facilitate the National Standards being incorporated into accreditation processes, and assist service providers to individually monitor and report against the National Standards to ensure quality improvement. The summation paper from this forum is currently being drafted and will inform the way forward.

As a parallel process, the National Safety and Quality Healthcare Standards being developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) are also being finalised. Further activity in relation to this process will also be informed by the National Standards.

Other Fourth National Mental Health Plan Related SQPS Activities

A major focus of SQPS relates to progressing the priority areas from the *National Safety Priorities in Mental health: A National Plan for Reducing Harm*, the outcomes of which relate to improving services and consumer outcomes. These four priority areas identified are in accordance with the objectives of the Fourth Plan in relation to quality improvement and innovation, and accountability and activity under each priority area is summarised as follows:

Reduce, and where possible, eliminate the use of seclusion and restraint in mental health services

- Following the successful completion of the National Mental Health Seclusion and Restraint Project, SQPS has had a continued role in maintaining a watching brief on the wider progress of the implementation of seclusion and restraint reduction initiatives across Australia. SQPS members agreed to the hosting of annual forums, with jurisdictional support, on seclusion and restraint. New South Wales hosted a two day forum in Sydney in November 2010 and South Australia is currently in the initial stages of planning the 2011 forum in Adelaide.

Promote the safe transportation of people experiencing mental illness/disorders

- SQPS has formed a subgroup to undertake a project on the safe transportation of people with mental illness by air, consistent with the National Safe Transport Principles. The project aims to review existing guidelines for air transportation of mental health consumers and to conduct a survey of the current usage of air transportation of mental health consumers across all jurisdictions. The project is in its initial stages and work will progress in 2011.

Reduce the adverse medication events in mental health services

- The Reducing Adverse Medication Events in Mental Health Working Party (RAMEMHWP), a subgroup of SQPS, has recently completed a project which involved:
 - The development of Mental Health Medicine Information Leaflets for consumers and carers to accompany the Consumer Medication Information on medications used in mental health care;
 - Taking stock of activity in this area from a national perspective; and
 - Progressing work on the framework for consumers and carers in the prescribing, dispensing and administering of medications.
- In recognising the complexity of reducing adverse medication events, the final project report has a number of broad recommendations which includes further work for the Working Party and SQPS and external agencies. Work will continue in 2011 seeking external agency interest in progressing some of the recommendations which are beyond the scope of SQPS.

Reduce suicide for those in contact with mental health services

- SQPS continues to work with the Australian Government on the requirements of Action 13 of the Fourth Plan to align state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework.

Collaborative work with the Australian Commission on Safety and Quality in Health Care

Over the last year SQPS has also been keen to build on its relationship with the Australian Commission on Safety and Quality in Health Care (ACSQHC). This recognises the benefits in ensuring that the work of SQPS is aligned with the Commission particularly as the Commission aims to build mental health into its existing work programs. ACSQHC program areas of particular interest to SQPS include:

- Australian Safety and Quality Framework for Health Care – relates to the proposed development of a National Quality Framework for Mental Health.
- National Safety and Quality Health Service Standards – relates to the recently revised National Standards for Mental Health Services and accreditation processes.
- Health Care Rights – relates to the review of the Mental Health Statements of Rights and Responsibilities.

- Clinical Handover – relates to transition of care across services and settings.
- Recognising and Responding to Clinical Deterioration as it applies to mental health and psychiatric deterioration – relates to the seclusion and restraint reduction initiatives and the broader area of physical health.
- Medication Safety – relates to the work and recommendations of the Reducing Adverse Medication Events in Mental Health Working Party..
- Australian Quality and Safety Framework for Health Care – relates to the proposed development of a Quality Framework for Mental Health which may contribute to the complex area of recovery.

Further discussion on collaborative work with the ACSQHC and a specific strategy to take this forward will occur in 2011.

2.3 Mental Health Information Strategy Subcommittee (MHISS)

The Mental Health Information Strategy Subcommittee (MHISS) is a subgroup of the MHSC and was established under the earlier governance of the MHSC predecessor, the NMHWG. The original focus was to provide a national collaborative approach in developing and implementing initiatives related to mental health information, and to provide expert technical advice and recommendations for subsequent decision on initiatives to address the information requirements of the National Mental Health Strategy.

The primary focus of the MHISS, is to provide expert technical advice and, where required, recommend policy for consideration by the MHSC rather than define policy, which remains the province of the MHSC.

Membership includes representatives from States and Territories, the Australian Government (DoHA and FaHCSIA), the private sector (nominated by the Private Mental Health Alliance) and NGO sector (represented by Community Mental Health Australia), consumers and carers, the Mental Health Council of Australia, the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW) and the Review of Government Services Provision (ROGSP). Official observers represent the New Zealand Ministry of Health, Australian Mental Health Outcomes and Classification Network (AMHOCN) and consultants to the Department of Health and Ageing.

Fourth National Mental Health Plan Implementation Activity

MHISS was tasked with developing and implementing approaches for the Fourth Plan actions related to the development of mental health information including performance and benchmarking information, national reporting on the progress of mental health reform, public reporting of the performance of mental health services, and an evaluation of the Fourth Plan.

Additionally, MHISS has a key role in contributing to the implementation approaches for actions 4 and 27, because these are heavily information-dependent.

Action 4 - *Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.*

Elements of this approach include targeted workforce development, establishment of an effective peer support workforce, and expansion of opportunities for meaningful involvement of consumers and carers.

Whilst MHWAC, SQPS and MHISS all have lead roles for this action item, MHISS is specifically involved with the meaningful involvement of consumers and carers, in the development of a consumer experiences' of care measure and a consumer self-report measure that focuses on the social-inclusion aspects of recovery. The following items summarise activity relevant to Action 4.

Measuring consumer experiences of care

In August 2010, MHISS members endorsed in-principle, a project to develop a consumers' experiences of care measure, involving the development of a new national instrument that aims to fulfil the commitment under the Fourth Plan.

Following their November 2010 meeting, MHISS also endorsed the establishment of a working group consisting of jurisdictional representatives to develop a fully costed project plan to be submitted to the Commonwealth (DoHA). The Commonwealth is currently working with the Victorian Department of Health to further refine the work plan and costings for the project. The project is expected to be completed by December 2012.

Development of a consumer self report measure that focuses on the social-inclusion aspects of recovery

In parallel with the consumer experiences of care project, the Australian Mental Health Outcomes and Classifications Network (AMHOCN) will progress work on a consumer recovery measure. MHISS has agreed for AMHOCN to raise this at the next National Mental Health Information Development Expert Advisory Panel (NMHIDEAP) meeting with a view to presenting an options paper, focussing on the process for achieving this complementary piece of work to MHISS in 2011.

Action 27 - *Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.*

Traditionally the National Standards were used in accreditation, but primarily in relation to public sector specialist mental health services. The focus of the revised Standards has expanded to include the non-government sector and private services and accreditation processes in these sectors do not currently incorporate the National Standards in their review tools.

SQPS have the lead on this action item however MHISS has an interest due to the data development required to underpin the work. Implementation activity to date includes:

- A National Standards Implementation Strategy and Plan was developed in 2010 and will provide guidance for jurisdictional implementation;
- SQPS is working with MHISS on strategies for monitoring and reporting against the Standards; and
- An accreditation workshop was held in December 2010 to begin scoping some of the issues associated with monitoring reporting against the Standards.

Action 28: *Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework*

Key Performance Indicators for Australian Mental Health Services: Technical Specification Review

A mental health performance framework for evaluating public sector mental health services, developed by the Australian and state and territory Governments, was released in 2005 in the Key Performance Indicators for Australian Public Mental Health Services Report.

The National Mental Health Performance Subcommittee (NMHPSC) is presently reviewing the technical specifications of the current National Key Performance Indicator (KPI) set which will enable a second edition of the document to be published in 2011. A database of current Key Performance Indicators for Mental Health Services, with data specifications and sources is now available on the Mental Health Standing Committee website at www.health.gov.au/mhsc.

The NMHPSC has also conducted three jurisdictional surveys on the status of implementing the National Mental Health Performance Framework and National KPIs into public mental health services. The third survey was completed in 2010. The purpose of the surveys was to inform the NMHPSC of the jurisdictional progress, including barriers and solutions and utility of the KPI set to inform future development. The MHSC requested a web based publication summarising implementation activity be prepared for release in the first half of 2011.

Indicators and targets for the Fourth Plan

MHISS requested the NMHPSC prepare a measurement strategy document that describes the arrangements for delivering on all 25 indicators in the Fourth Plan. The NMHPSC submitted the draft document to the MHSC October 2010 meeting for noting on progress. A further draft was submitted through MHISS to the MHSC 11 February 2011 meeting and is being progressed out of session for final endorsement.

National Mental Health Benchmarking Project

All jurisdictions in Australia have recognised the need to facilitate benchmarking practices within the mental health sector, and have committed to the expansion of the National Mental Health Performance Framework to support quality improvement within public mental health services.

An evaluation of the project was overseen by the NMHPSC. The National Mental Health Benchmarking Project Evaluation Report was finalised late 2009 and endorsed by MHISS in November 2009. The report is currently being printed for distribution.

Action 31: *Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholder needs*

National Mental Health Report (NMHR)

The National Mental Health Report (NMHR) 2010 was launched by the Minister for Mental Health and Ageing on 6 December 2010. The Report focuses on progress of the National Mental Health Strategy across the period 1993 to 2008, covered by the First, Second and Third National Mental Health Plans.

Stakeholders have argued strongly for more independent and transparent reporting on mental health reform, and called for a greater role by the Commonwealth in this area. In response to this demand, the Fourth Plan foreshadowed a newly designed NMHR from 2011 that will monitor progress against the Plan's new outcome oriented set of indicators and include independent commentaries from stakeholders.

A proposal covering the design and content of the new NMHR is currently being prepared within the relevant AHMAC committees and is expected to be submitted for endorsement by the AHMC early in 2011. The NMHR 2011 is to be prepared by the Australian Government, but will be auspiced as an AHMC publication, prepared collaboratively with the States and Territories.

Mental Health Services in Australia (MHSIA) Report

The MHSIA 2007-08 Report was released on 12 August 2010. The report provides detail on expenditure on State and Territory mental health services along with analyses of services provided, workforce numbers and Medicare usage – both medical and pharmaceutical.

In 2011, the MHSIA will become an online report supported by a 30-40 page hard copy summary document from the 2008-09 edition. The MHSIA hard copy summary document will follow a similar format to the recently released Australia's hospitals 2008-09 at a glance publication.

Presently, MHSIA is on track for an end of May 2011 release of the summary document, with successive uploading of material as it becomes available via State and Territory data set submission.

COAG National Action Plan on Mental Health 2006-2011 Progress Reports

The 2nd Annual COAG Progress report 2007-2008 is available publically at <http://www.coag.gov.au/reports>

The 3rd Annual COAG Progress report 2008-2009 has been completed and endorsed by HPPPC and is presently awaiting AHMAC endorsement. Work is now commencing on the 4th Annual COAG Progress report.

Action 32: *Build an accountable service delivery system that monitors its performance on service quality indicators and makes this information available to consumers and other stakeholders*

The Fourth Plan outlines that accountability at the service delivery level will be strengthened by the introduction of systems of public reporting by service organisations on key performance measures. This will be progressed as part of broader initiatives to establish a culture of continuous quality improvement within service delivery systems that revolve around benchmarking and consumer and carer involvement.

The second part to the 27 July 2010 election commitment on *Taking Action to Tackle Suicide* concerned a commitment to introduce nationally consistent local reporting on the performance of mental health services by Medicare Locals and Local Hospital Networks. This is aimed at providing the Australian public with more timely, easy to comprehend information about the type, quality, safety and availability of mental health services on a local and national level.

A public reporting working group, sitting under MHISS, developed a draft implementation strategy for introducing public reporting on performance indicators by State and Territory mental health services. Together with the new National Mental Health Report, the future reporting arrangements offer opportunities to strengthen accountability and transparency.

Action 33: *Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting*

The Fourth Plan states that the solid information foundation developed over the past decade requires continuing collaborative effort between governments to keep data sources up to date, as well as fill gaps in current national collections.

National Mental Health Information Priorities 3rd Edition

The Fourth Plan commits to the development of the National Mental Health Information Priorities 3rd Edition. To advance the work, the Commonwealth (DoHA) is drafting the 3rd edition document that will be used as the basis to initiate consultation with stakeholders.

The drafting group met face-to-face on 15 March 2010 to discuss a work plan and systematically reviewed Part 4 of the 2nd Edition – National Priorities for Mental Health Information Development and decided what needed to be removed, altered or added to the current 42 priorities.

The Commonwealth anticipates that the revision process will be completed for discussion and endorsement at the MHISS and MHSC meetings in mid 2011.

Mental Health Non Government Organisation (NGO) National Minimum Data Set (NMDS) Project

The Mental Health NGO NMDS Project Proposal outlines the process for the development and implementation of the proposed mental health NGO NMDS and how it might proceed in a timely manner whilst minimising the potential resource burden on the mental health NGO sector and other stakeholders involved.

At the August MHISS meeting, members discussed the project and draft scoping report provided by the Australian Institute for Health and Welfare (AIHW). MHISS provided feedback and requested that AIHW develop a more detailed project proposal relating to the collection and reporting of 'input' and 'output' data about the activities of mental health NGOs at a national level for consideration at the November MHISS meeting.

The AIHW provided a project concept brief to MHISS in November 2010 which was endorsed in principle. The AIHW is scheduled to commence drafting the Data Set Specifications and form a Cross-Sectoral Working Group in March 2011, with the aim of finalising the NGO NMDS in late 2012 and progressing data collection in 2013-14.

Mental Health Intervention Classification (MHIC) 09 Pilot Study

The development of a Mental Health Intervention Classification (MHIC) 09 is based on a reappraisal study of the MHIC 06, which reflected the need for a standardised approach to the collection of national information on mental health interventions. The AIHW was commissioned to conduct the reappraisal to identify the way forward for the national collection of mental health interventions data which was designed to be provider neutral; be logical; and provide a pragmatic system for routine data collection.

A MHIC 09 proof of concept study was conducted at a pilot site in early 2010, and findings from the study were presented to MHISS in August 2010. AIHW were then asked to develop a project proposal for a wider MHIC pilot study, conducted across jurisdictions and mental health settings. The project proposal was presented to MHISS at its November 2010 meeting and endorsed in principle. The AIHW is scheduled to commence the pilot studies in June 2011 with a final report due in January 2012.

Action 34: *Conduct a rigorous evaluation of the Fourth National Mental Health Plan*

The foundations for the evaluation of the Fourth Plan will be laid in the development of indicators and data collections and through the annual National Mental Health Report series. It will also draw on a number of additional sources, including the experiences of care, families and carers, and the broader community.

To progress this work DoHA has engaged a consultant and an evaluation framework is expected to be delivered by July 2011.

2.4 Mental Health Workforce Advisory Committee (MHWAC)

MHWAC was established in 2005, as a subcommittee of the then National Mental Health Working Group (NMHWG) under AHMAC to address the national problem of shortages in the mental health workforce and difficulties with the geographic distribution of workers. Ensuring the workforce is suitably trained and competent was also a shared concern.

Under the review of AHMAC committee structures in 2006, the Health Workforce Principal Committee (HWPC) was established. As MHWAC was originally constituted for the life of the third National Mental Health Plan (2003-2008), HWPC has approved the continued operation of MHWAC for a further two, two-year periods to July 2012. MHWAC reports primarily to HWPC, but also maintains a reporting line to Mental Health Standing Committee (MHSC).

The HWPC has two major roles:

- To provide a forum for reaching agreement on key national level health workforce issues which require government collaborative action; and
- To provide advice on health workforce issues to AHMAC.

Membership of MHWAC consists of representatives from jurisdictions, consumers, carers, Private Mental Health Alliance, Australian Private Hospital Association and the non-government sector.

Fourth National Mental Health Plan Implementation Activity

Action 25: *Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas*

National Mental Health Workforce Strategy

In 2009, a Project Steering Committee with broad representation was formed to guide development of the Strategy and Plan. Consultations also took place in each capital city and in rural and remote sites at the end of 2009. Discussions have occurred with Health Workforce Australia regarding the documents and also regarding workforce competencies.

A National Mental Health Workforce Strategy and Plan were developed and have been endorsed by MHWAC and Mental Health Standing Committee (November 2010).

The National Mental Health Workforce Strategy and Plan will now be dispatched to HWPC, AHMAC and AHMC for endorsement in early to mid 2011. A detailed implementation plan will be developed following this endorsement.

Review of the National Practice Standards for the Mental Health Workforce

Prior to looking at workforce competencies, it was agreed that a contained review and updating of the National Practice Standards for the Mental Health Workforce is also required, particularly in relation to including recovery care. It was further noted that a lengthy process would be a barrier to the timely development of workforce competencies.

A project brief regarding a contained review of the National Practice Standards has been considered by MHWAC and SQPS and it is expected that work on the project will commence in mid to late 2011.

Mental Health Professional Online Development Pilot

In 2010, the Mental Health Professional Online Development (MHPOD) Pilot was conducted across all States and Territories except the ACT. Health professionals across many disciplines participated in the pilot and undertook up to ten of the forty-five topics that comprise the MHPOD.

An evaluation of the MHPOD pilot was carried out by the University of Melbourne. The evaluation found that this new resource for mental health workers had a positive impact on knowledge, skills and confidence.

In November 2010, Directors of Mental Health endorsed a two-year extension to the contract for development of a further twenty hours of topics with project support.

2.5 Fourth Plan Implementation Cross Sectoral Working Group (CSWG)

IN September 2009, AHMC agreed to establish the Fourth National Mental Health Plan Implementation Cross Sectoral Working Group (hereafter the Cross Sectoral Working Group – CSWG) to progress the whole of government elements of the Fourth Plan. The CSWG provides advice to the AHMC via the MHSC on issues relating to the Fourth Plan implementation.

The Cross Sectoral Working Group is currently chaired by an AHMAC member with Co-Chair by the MHSC Chairperson. Other representatives include three MHSC jurisdictional members, and one representative from the Commonwealth Departments of Prime Minister and Cabinet, Defence, Health and Aged Care and Families, Housing, Community Services and Indigenous Affairs, the Mental Health Council of Australia, Consumer and Carer representatives and officers representing various Ministerial Councils. In addition, other Ministerial Councils and agencies are consulted on an 'as needed' basis.

In alignment with the whole of government perspective of the Fourth Plan, the CSWG is tasked with both providing advice and facilitating Fourth Plan implementation activity relevant to sectors outside of health.

During the two CSWG meetings of 2010, CSWG members agreed for 17 Actions to be referred to the CSWG for their advice and/or facilitated activity. This included Actions 1, 2, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 19, 24, 31, & 34. CSWG members further agreed to keep watch of the following 8 Actions, including 16, 17, 20, 21, 26, 30, 32 & 33.

CSWG also reviewed the Fourth Plan Implementation Strategy and considered the detailed year-by-year implementation approaches relevant to the core business of the CSWG. All approaches were endorsed with minor amendments with the exception of Actions 14 and 24, which the MHSC advised was under continued development.

The CSWG have not yet established a work plan for 2011 – 2012 as this will largely be informed by the following concurrent processes affecting mental health reform:

- COAG review of Ministerial Councils (may impact CSWG membership);
- Outcomes of the HRIG reform process and subsequent COAG discussion;
- Resolution of the implementation process for the Fourth Plan.

In the interim, CSWG members have agreed to consult with their jurisdictional contacts to identify the existing and potential structures, processes, people, and policies that could be used to support implementation of the Fourth Plan in non health sectors. In doing this, they are also identifying specific actions relevant to their sector and raising awareness of their role in its implementation. This information will be used to inform the implementation process and will promote effective communication across sectors.

2.6 National Comorbidity Collaboration (NCC)

The National Comorbidity Collaboration (NCC) was established in September 2008 as a time limited group (with operation approved until July 2011) to provide advice to the AHMC and the Ministerial Council on Drug Strategy (MCDS), through their relevant sub-committees, on options for improved linkages between the National Mental Health Strategy and the National Drug Strategy.

The NCC consists of senior Commonwealth and State and Territory alcohol and other drugs (AOD) and mental health officials; representation from the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA); the Private Mental Health Alliance; and law enforcement.

Fourth National Mental Health Plan Implementation Activity

Action 20: *Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.*

The NCC is currently undertaking work in relation to Action 20 from Priority Area 3 of the Fourth National Mental Health Plan. The NCC has incorporated tasks towards meeting this Action in its work plan. The NCC has focused work in three areas:

- Workforce development and training;
- Taxonomy for use in AOD and mental health contexts; and
- Comorbidity data.

Workforce Development

The Terms of Reference of the NCC included establishing workforce development and training as an immediate priority. In particular, to enhance workforce development and training approaches, with priority given to the development of nationally recognised competencies, for the various types of workforces employed in the management and treatment of comorbidity.

The NCC has scoped existing comorbidity training (including competency based training) and skill development opportunities in Australia producing a workforce development, capacity building and leadership background paper for consideration.

The paper presented the findings of a jurisdictional survey of workforce development and training and the information on comorbidity training assembled by National Centre for Education and Training on Addiction (NCETA) in 2007. It also outlines the workforce development issues highlighted by this information and a number of recommendations for the NCC to consider.

On the basis of the findings and discussion presented in the paper the NCC agreed to consider the recommendations, as follows:

- A National comorbidity workforce strategy be developed that builds on the work of NCETA in the AOD sector and includes training as a key component; and
- National comorbidity guidelines for the mental health sector be developed to complement the AOD sector comorbidity guidelines and provide a basis for national training and curriculum development.

A workforce subgroup of the NCC is considering these recommendations and it is recognised that any work in this area needs to link to the National Mental Health Workforce Strategy and the National Drug Strategy.

Taxonomy

The NCC agreed that there is a need to develop a clear taxonomy relating to comorbidity for use in the AOD and mental health sectors. In order to develop a taxonomy, the following needed to be taken into account:

- Definitions in existing data sets (e.g. the National Minimum Data Set);
- Definitions in key strategies (e.g. the National Drug Strategy and the Fourth National Mental Health Plan); and
- Existing classification models (e.g. the Diagnostic and Statistical Manual of Mental Disorders).

A scoping paper with a preliminary list of key words and definitions developed in consultation with NCC members and jurisdictions is currently being developed. This scoping paper, once finalised will help inform the NCC decision to commission any further work.

Data

On behalf of the NCC, the Australian Government Department of Health and Ageing undertook initial scoping of existing Comorbidity data sources.

At the 29 July 2010 NCC meeting, members agreed that there was no minimum data set for comorbidity data, and that a statistical linkage key (SLK) would be more beneficial to identify comorbid conditions rather than presentations. The Intergovernmental Committee on Drugs is currently developing an SLK, therefore a similar activity has been fed into Action 20.

2.7 National Suicide Prevention Working Group (NSPWG)

At the 23 November 2009 MHSC meeting, members agreed to the establishment of a working group comprised of jurisdictional members of the MHSC or their representatives to progress Action Items 12

and 13 of the Fourth Plan related to suicide prevention. This group convened for the first time on 5 February 2010 in Canberra. The group is jointly Chaired by the MHSC Chair, and the Assistant Secretary, Mental Health and Suicide Prevention Programs Branch, Department of Health and Ageing. This Working Group has met on four occasions – 5 February 2010, 7 May 2010, 4 August 2010 and 22 December 2010.

At its December 2010 meeting, the NSPWG agreed to revise its terms of reference in order to better share best practice information and improve consistency and coordination taking into account health reform and mental health and suicide prevention initiatives.

Fourth National Mental Health Plan Implementation Activity

Action 12: *Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.*

Action 13: *Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework.*

Activity to date of the NSPWG has focused on the progression of Actions 12 & 13 of the Fourth Plan. In November 2010, MHSC members endorsed the establishment of the Living is For Everyone (LIFE) Framework as the national framework for suicide prevention to promote consistency of suicide prevention activity across jurisdictions. This decision will progress through to AHMAC for endorsement in early 2011.

The Australian Government has also announced the \$274 million *Mental Health: Taking action to tackle suicide package* which includes:

- \$115 m to boost frontline services and provide more services to those at greatest risk of suicide, including psychology and psychiatry services and non-clinical support to assist people with severe mental illness and carers with day-to-day needs;
- \$74.5 m in direct suicide prevention and crisis intervention, including counselling services, training for frontline community workers in suicide awareness, securing suicide 'hotspots', and supporting communities, including school communities, affected by suicide;
- \$23.2 m to provide more services and support to men who are at greatest risk of suicide, including through *beyondblue* to assist up to 30,000 additional men each year; and
- \$61.3 m to promote good mental health and resilience in young people to prevent suicide later in life.

Initiatives supported through this investment will be determined in 2011 with the majority of the program funding effective from July 2011.

3. Implementation Progress – Jurisdictional Activity

Progressing alongside the national efforts towards implementation of the Fourth Plan is the jurisdictional mental health reform activity. Shortly after the Fourth Plan was endorsed by Health Ministers, jurisdictions provided detailed summaries of baseline activity relevant to, but prior to the implementation of the Fourth Plan. This information is available on the Mental Health Standing Committee website (www.health.gov.au/mhsc) as a companion document to the Fourth Plan Implementation Strategy and will be used to measure progress over the term of the Fourth Plan.

One year on, each jurisdiction has provided an overview of activity for 2010, relevant to each priority area of the Fourth Plan. These reports are meant as a brief summary of only that activity that relates to the objectives of the Fourth Plan and therefore do not reflect the entirety of mental health reform activity underway in each jurisdiction.

3.1 Commonwealth Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Commonwealth mental health reform efforts were progressed in 2010 consistent with the guiding principles of the National Mental Health Strategy, LIFE Framework and Australian Defence Force Mental Health Strategy. Work is also undertaken to inform government consideration of future mental health reform options as requested by COAG in April 2010 as part of National Health and Hospitals Network discussions. The following highlights key examples of activity relevant to each Fourth Plan priority area. Further information on Australian Government mental health reform efforts, including a comprehensive list of programs and initiatives, is available at www.mentalhealth.gov.au.

Priority Area 1: Social inclusion and recovery

The Commonwealth progressed a number of activities in 2010 aimed at positively impacting on the recovery and social inclusiveness of people with mental illness. For example:

- As part of the 2010/11 Budget, \$58.5 million over four years was allocated for the delivery of flexible care packages, through Access to Allied Psychological Services arrangements, to better support up to 25,000 people with severe mental illness. This program will enable people with severe mental illness referred to Access to Allied Psychological Services (ATAPS) by a GP or a psychiatrist to access a package of care which is tailored to their individual needs (including their social inclusion and recovery needs).
- In March 2010, new Disability Employment Services (DES) were introduced to deliver more effective employment assistance for job seekers with disability, including for people with a mental illness. As part of DES, CRS Australia co-ordinated health, education and employment strategies for over 17,000 people with a primary mental health diagnosis, and over 34,000 people with some form of mental illness.
- Local Connections to Work was established in four Centrelink offices including Frankston (VIC), Campsie (NSW), Ipswich (QLD) and Elizabeth (SA), to assist disadvantaged job seekers to overcome barriers, including mental health barriers, to social inclusion and economic participation.
- The Department of Veterans Affairs (DVA) continues to fund the Veterans and Veterans Families Counselling Service to provide counselling support to all Australian veterans, peacekeepers and their families and eligible Australian Defence force personnel. In 2009-11, services were provided to 18,718 people.
- The Government continues to progress its White Paper on Homelessness - *The Road Home: A National Approach to Reducing Homelessness* - which outlines a comprehensive whole of government approach to reducing homelessness in Australia. Through the National Partnerships Agreement on Homelessness, governments are developing more integrated approaches to services, including looking at ways to better meet the needs of people with a mental illness who are over represented in the homeless population.

Priority Area 2: Prevention and early intervention

Prevention and early intervention activities have been progressed across Commonwealth agencies in 2010. For instance:

- In July 2010, the Government announced the *Taking Action to Tackle Suicide* strategy. Under the strategy, \$274 million will be invested over four years to provide more services to those at greatest risk of suicide including psychology and psychiatry services, as well as non-clinical support to assist people with severe mental illness and their carers with their day-to-day needs; invest more in direct suicide prevention and crisis intervention, including through boosting the capacity of counselling services such as Lifeline and providing funding to improve safety at suicide 'hotspots'; provide more services and support to men – who are at greatest risk of suicide, but least likely to seek help; and promote good mental health and resilience in young people, to prevent suicide later in life.
- In 2010, the Commonwealth worked with all jurisdictions through a National Suicide Prevention Working Group to coordinate suicide prevention activities through a national framework. *The Living Is For Everyone (LiFE) Framework* has been referred to Health Ministers for endorsement as the national framework to guide suicide prevention activities at national and jurisdictional levels.
- Prevention and early intervention efforts are also being progressed as part of the National Health and Hospitals Network agreed at COAG on 20 April 2010. For example, youth friendly mental health services will be expanded through funding up to 30 new headspace sites and providing extra funding to the existing 30 headspace sites around the country. In addition, \$24.8 million over four years will be provided to expand early psychosis services for young people aged 16-25 years.
- In 2010, over 1200 frontline staff (including Centrelink social workers) within Human Services agencies completed Mental Health First Aid training or Mental Health Awareness training.
- In 2010, having reviewed the clinical and communication effectiveness *The Right Mix — Your health and alcohol* website and resources, DVA implemented an information and advertising campaign to promote www.therightmix.gov.au to members of the veteran community.
- The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has a number of family and children programs, including indigenous, that focus on support, prevention and early intervention for families and children at risk of or experiencing family violence, mental health issues and homelessness.
- In 2010, the Department of Education, Employment and Workplace Relations (DEEWR) *Youth Connections* program provided individualised case managed services to more than 20 000 young people who had disengaged or were at risk of disengagement from education.

Priority Area 3: Service access, coordination and continuity of care

The following Commonwealth activities were undertaken in 2010 to progress efforts in this priority area:

- The Better Access initiative includes a range of Medicare rebateable services for eligible people with a diagnosed mental disorder, including psychological services provided by GPs, psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists. From 1 November 2006 to 31 December 2010, over 2.68 million people accessed over 16.76 million Medicare services under the initiative.
- On 1 November 2010, the Department of Veterans' Affairs introduced statutory registration for its allied mental health providers increasing to almost 15,000 providers registered under Better Access who can automatically provide allied mental health care to eligible members of the veteran community.
- *Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings* were released in February 2010. The evidence-based guidelines aim to increase AOD workers' knowledge and awareness of mental health issues, and improve their ability to identify mental health conditions.
- In 2010, the Department of Health and Ageing (DoHA) progressed initial work on the development of a national mental health service planning framework (action 16 of the Fourth Plan).

- The Access to Allied Psychological Services (ATAPS) program assisted consumers gain access to services and better coordination and continuity of care. Between 1 January 2006 and 30 June 2010, 113,107 people received services under ATAPS, equating to approximately 30,000 people a year.
- The Mental Health Services in Rural and Remote Areas Program provided a flexible range of service delivery models to people in rural and remote areas who have difficulties accessing Medicare supported mental health services. Since its inception in July 2007, more than 30,000 people have accessed over 110,000 services under the Program, and more than 120 FTE allied and nursing mental health professionals have been employed.
- The 2010-11 Budget allocated an additional \$13 million over 2 years to meet claims for payments for services provided by mental health nurses under the Mental Health Nurse Incentive Program. These nurses work in private psychiatry practice, general practice and other appropriate organisations to assist people with serious mental illness to receive better coordinated treatment and care. As at 31 December 2010, 710 organisations and 802 mental health nurses have registered under the program since its inception.
- FaHCSIA's Personal Helpers and Mentors (PHaMS) program links individuals, families and carers with appropriate support mechanisms, including employment, education and housing. As at 31 December 2010, there are 174 PHaMS sites servicing 8,091 current mental health consumers.
- DoHA and FaHCSIA are progressing a National Carer Recognition Framework that includes the development of a National Carer Strategy. The Strategy will formally acknowledge the vital role of carers and will provide a national framework for the development and implementation of policies, programs and services for carers as well as bring together the different reform agendas that impact on carers across governments over the next 10 years. Consultations on the discussion paper *Towards a National Carer Strategy* were held in late 2010 in 17 locations around Australia.
- DVA partnered with the Australian General Practice Network to develop an applied learning module that provides primary health care professionals with skills to identify, prevent, and treat veterans' mental health and physical health comorbidities. Phase 1 was successfully implemented by October with 55 workshops facilitated nationally across 48 Divisions of General Practice networks during 2010.
- Human Services Social Workers provide crisis intervention including supporting people with a mental illness and providing support and referrals to families in crisis. Centrelink Social Workers provide services to young carers to help them negotiate the Centrelink system.
- 58,000 Crisis Payments were provided by Centrelink to customers experiencing family and domestic violence, extreme events that resulted in the loss of their home, prison release or arrival as a refugee.
- Centrelink provided newly arrived refugees experiencing mental illness due to torture and trauma, with referrals to counselling and other support.
- Department of Human Services agencies work in prisons and forensic health facilities to assist people with mental health issues transition back into the community.

Priority Area 4: Quality improvement and innovation

The following are examples of Commonwealth activities progressed in 2010 to improve quality and foster innovation in mental health service provision.

- The Commonwealth, through involvement in the Mental Health Workforce Advisory Committee, has contributed to the development of the *Mental Health Workforce Strategy*. The Strategy, which focuses on health and community mental health service professionals whose primary role involves treatment, care or support to people with a mental illness, will be provided to health ministers for approval in 2011.
- The revised *National Standards for Mental Health Services* were released in September 2010 and provide a blueprint to guide quality improvement and service enhancement. The Standards can be applied to all mental health services, including government, non-government and private sector.
- Through its Applied Research Program, DVA commissions research that contributes to the strategic development, implementation and improvement of veteran-related policy and service delivery. One of the Program's priorities is veterans' physical and mental health needs.

- The Australian Centre for Posttraumatic Mental Health completed an evaluation of the impact of mental health initiatives implemented by DVA between 2007-10. The report will inform improved DVA operations and the development of new mental health initiatives.
- Around Australia, 1,169 multi-disciplinary workshops have been delivered by the Mental Health Professionals Network (MHPN) to mental health professionals. The purpose of MHPN is to support the development of interdisciplinary collaboration in the local primary mental healthcare sector. Nearly 15,000 professionals attended the workshops over an 18 month period. The MHPN continue to support nearly 500 networks of more than 4,000 mental health professionals that evolved and continue to evolve from these workshops.
- FaHCSIA commenced a phased evaluation in 2010 on how the three COAG Community Mental Health Measures under the Targeted Community Care Program appropriately address the changing nature of community mental health and its role in the broader context of mental health service delivery. The outcomes of Phase 1 are currently with the Minister for consideration.

Priority Area 5: Accountability – measuring and reporting progress

In 2010 the Commonwealth invested in a number of initiatives to monitor, assess and report on system performance and progress with mental health reform efforts.

- On 6 December 2010, the Department of Health and Ageing released the *National Mental Health Report 2010*. The Report summarises trends and performance in mental health services from the start of the National Mental Health Strategy to mid 2008.
- The Department of Health and Ageing, with the Mental Health Information Strategy Subcommittee (MHISS), worked towards filling gaps in current national data collections and developing new data methods that can be implemented in service delivery. They are reviewing the current National Mental Health Information Priorities, including in the context of the priority areas identified in the Fourth National Mental Health Plan.
- The Department of Health and Ageing has funded the Australian Institute of Health and Welfare (AIHW) to scope the issues, options and work required to develop a National Minimum Data Set for the NGO mental health sector.
- The Commonwealth coordinated the development of the third progress report on jurisdictional achievements against the *COAG National Action Plan on Mental Health (2006-2011)*.
- Through representation on the MHISS, the Commonwealth continued to contribute to the development of data and indicators to assist in the evaluation and monitoring of the Fourth Plan.
- The Department of Health and Ageing provided funding to engage a consultant to develop the evaluation framework for the Fourth National Mental Health Plan.

3.2 NSW Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Since 2005, there has been significant investment and reform in NSW, through the Interagency Action Plan for Better Mental Health and A New Direction in Mental Health. The focus on reform has been supported by substantial investment of new funding resulting in a \$1.231 billion mental health budget in 2010/11, with significant positive results across important emergency, community care and workforce development.

Priority Area 1: Social inclusion and recovery

In 2010, the NSW Government continued to improve community and service understanding and attitudes through a sustained and comprehensive stigma reduction strategy with a range of initiatives including as NSW Drought and Climate Change Mental Health Assistance Package and the development of an Anxiety Awareness Education Campaign.

Initiatives such as the Vocational Education Training and Employment (VETE) program, NSW School-link, and 'Got-It – Getting on Track in Time' continued to coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which

are linked to mental health programs. VETE and the Resources and Recovery Program continued to provide rehabilitation services to support recovery in the community.

The NSW Government continued to improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision with My Health Record, Physical Health Care of Mental Health Consumers, the Youth Mental Health Service Model and Specialist Mental Health Services for Older People – Community Teams and partnership projects with General Practice NSW (GP NSW)

In 2010, the Housing Accommodation and Support Initiative (HASI) continued to support participation in community life by providing access to secure housing accommodation support and clinical mental health services. In 2010, 1,102 support packages were funded state-wide with high to lower levels of care provided including 229 HASI in the Home places and a 100 place model of care for Aboriginal people. HASI has now been expanded to provide culturally appropriate support for Aboriginal people to participate in community life by providing access to secure housing accommodation support and clinical mental health services. 100 supported places will be progressively rolled out, and the program will be fully operational in 2010/11.

Priority Area 2: Prevention and early intervention

Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience continued in 2010 through the NSW School-Link Initiative and the Mental Health First Aid training program.

The NSW Early Psychosis Program and Youth Mental Health Facility at the Brain and Mind Research Institute, aims to improve outcomes for young people who are experiencing psychosis through evidence-based intervention as early as possible.

Families NSW is the NSW Government's overarching strategy to enhance the health and wellbeing of children up to 8 years of age and their families. The key objectives of Families NSW are to help parents build their skills and confidence in parenting and to identify problems early, build communities that support children and families and improve the way agencies work together to make sure families get the services they need including through the Start, Brighter Future Program, & Early Childhood Intervention Coordination Program and Schools as Community Centres initiatives.

A new five year whole of government, whole of community Suicide Prevention Strategy for NSW was launched, with work now underway to implement new actions committed to under the Strategy including a Complementary Aboriginal Action Plan and establishment of the new expert Ministerial Advisory Group.

In 2010, the NSW Government continued to provide education about mental health and suicide prevention to front line workers through the NSW Police Mental Health Intervention Team Trial and the Mental Health Emergency Care learning and development program. NSW Health and the Ambulance Service are working together on a coordinated approach to the development and implementation of initiatives targeting mental health and suicide prevention in the Ambulance workforce, including activities to increase awareness of mental health issues, build resilience, and foster an environment where it is safe and acceptable to talk about mental health and suicide.

The new NSW Children of Parents with Mental Illness Framework for Mental Health Services was released in March 2010 describes four strategic directions for an integrated approach for Area Mental Health Services in collaboration with NSW Health partners to improve the mental health and wellbeing of children and young people in NSW who have a parent with a mental illness and will promote prevention and early intervention to also provide for a parenting perspective in mental health services and a mental health perspective in parenting and children's services.

The Government's Keep them Safe, a shared approach to child wellbeing response to the 2009 Wood Special Commission of Inquiry into Child Protection Services is a commitment to better support families and to protect vulnerable children. It recognises that carer drug and alcohol and mental health issues have been a significant factor in child protection reports and funding has been provided to help address this concern. Whole Family Teams will better address the needs of whole families where carers have mental health and/or drug and alcohol problems and parenting difficulties and there are child protection concerns through specialist assessment and intervention.

Priority Area 3: Service access, coordination and continuity of care

The NSW mental health service planning model (known as Mental Health Clinical Care Prevention Model) is used to estimate need for mental health services amongst populations. The model uses epidemiological, clinical and financial information to estimate future service demand, a national model being implemented through the Mental Health Standing Committee.

The Better Service Delivery program was established to help welfare and community agencies to share information, improve their services to clients and develop a shared understanding of the service system. Since 2001, this program has aimed to improve information sharing and coordination of services across government and non government agencies through the Human Services Network with particular use is made of internet technology. NSW Health is funding GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services.

The Family and Carer program is the first of its kind in Australia and aims through local NSW health services and the non government sector to enhance the education and training, support and participation of families and carers in the care of people with mental illness. The Connecting with Carers Is Everybody's Business DVD and Handbook has also been distributed to clinicians to enhance everyday practice in working with carers. Area Health Services have also undertaken a broad range of staff training and developed local resources. Carers NSW was funded to develop the Carer Life Course Framework that provides a structure for carers to receive information and supports.

The NSW mental health service planning model (known as Mental Health Clinical Care Prevention Model) is used to estimate need for mental health services amongst populations. The model uses epidemiological, clinical and financial information to estimate future service demand, a national model being implemented through the Mental Health Standing Committee.

The Better Service Delivery program was established to help welfare and community agencies to share information, improve their services to clients and develop a shared understanding of the service system. Since 2001, this program has aimed to improve information sharing and coordination of services across government and non government agencies through the Human Services Network with particular use is made of internet technology. NSW Health is funding GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services.

The Recovery and Resource Services Program has been introduced to increase the capacity of NGOs to help people with mental illness connect with their local community through social, leisure and recreational opportunities for people. Such support enables people with a mental illness to maximise their choices, minimise or avoid the trauma of relapse, and in doing so develop a sense of community. The Program integrates and links with existing NSW Health programs, including the Mental Health Rehabilitation Program, HASI and the NSW Family and Carer Mental Health Program.

During 2010 further work was undertaken to revise the Memorandum of Understanding (MoU) for Mental Health Emergency Response between NSW Health, the Ambulance Service and NSW Police which aims to improve the co-ordination of emergency mental health response. The MoU is being updated to fully incorporate relevant provisions of the Mental Health Act 2007. The local health services are being consulted to identify declared mental health facilities under the new legislation. A new interagency protocol is in development to clarify roles and responsibilities with regard to inter-hospital transports of mental health patients which will be included in the revised MoU.

The NSW Government is committed to improving linkages and coordination between mental health, alcohol and other drug and primary care services through expanding Early Intervention Services for Youth. The "Whatever Info Guide" for children and adolescents who are experiencing a mental health problem and have been admitted to a paediatric unit or other inpatient setting has been distributed for use in paediatric, mental health and general inpatient settings around NSW. The Child and Adolescent Mental Health Discharge and Transition Planning project will develop a child and adolescent discharge planning guidelines for use in all NSW public sector child and adolescent mental health services.

In 2010, the NSW Government continued to better target services and address service gaps through cooperative and innovative service models such as the Youth Mental Health Service Model, the GP Mental Health Education Program and through partnerships projects with General Practice NSW.

Priority Area 4: Quality improvement and innovation

The following range of initiatives are in place in NSW to actively support the recruitment, retention and skill development of the NSW mental health workforce: Mental Health Nursing Scholarships, Mental Health Nurse Connect, Transition Programs for Nurses New to Mental Health, new training networks for trainee psychiatrists, Psychiatric training and the Masters Program in Forensic Mental Health.

NSW Health will continue in 2010/11 to lead work in developing a Framework for Consumer, Carer and Community Participation in Mental Health. This will be done in consultation with mental health consumers, their families and carers, and other key stakeholders.

In 2010, NSW Health continued to invest significant funding to support mental health research in NSW such as the Black Dog Institute, Hunter Medical Research Institute and support for mental health Non-Government Organisations, and drug and alcohol Non-Government Organisations, to conduct comorbidity research with other research partners, such as Universities and Area Health Services.

A Mental Health Research Framework was endorsed in March 2010 to improve collaboration and strengthen the research effort across the NSW Health Mental Health Program. NSW Health continues to fund Australia's first Chair in Schizophrenia Epidemiology and Population Health at the University of NSW with the appointment made in May 2009.

Under the Rural Mental Health Emergency and Critical Care Program, a range of innovative service models have been developed in response to the specific challenges and needs of rural and regional areas, including demographic patterns, long travel distances and issues in accessing service. These models are designed to enable smaller rural emergency departments to manage mental health presentations.

Tele-psychiatry increases capacity for people in rural and regional areas to be treated for mental health emergencies in their areas. Tele-psychiatry and video conferencing services are now provided at 65 rural and remote hospitals in the Greater Western and Greater Southern Area Health Services, with over 1900 video mental health emergency assessments completed. Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS) is the Tele-psychiatry service conducted from the Children's Hospital Westmead that supports rural and remote child and adolescent mental health clinicians across NSW. This service provides between 700 and 900 contacts per annum in tele-psychiatry, tele-supervision and tele-education. Site visits for consultation liaison, supervision and training are also conducted and support the tele-medicine service.

Priority Area 5: Accountability – measuring and reporting progress

NSW has a representative and works with the MHISS to progress national mental health data for reporting progress on Mental Health Reform and contributes to all mandatory national minimum data sets for mental health.

NSW produces a bi-annual report on the National Mental Health services KPI's for Australian Public Mental Health Services, which is made available for relevant stakeholders. Performance measures are collected on all clients of specialist mental health services. NSW was instrumental, alongside Queensland in developing along the APQ6 which measures the COAG Social Inclusion indicator. NSW has a dedicated unit charged with performance analysis and reporting. NSW has also been at the forefront of clinical benchmarking studies especially in the field of non-acute and older people's mental health services.

3.3 Victoria Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

At the commencement of the National Action Plan in July 2006, Victoria committed funding of at least \$472.2 million over five years. Victoria's commitment under the National Action Plan to 2010-11 totalled approximately \$800.6 million, and Victoria now invests just over \$1 billion per annum in specialist mental health services alone.

In March 2009 the Victorian Mental Health Reform Strategy for 2009-2019 came into being. The strategy put in place a wide-ranging agenda for development and change across mental health and related service systems, and represented a significant shift in the way in which Victoria responded to mental health issues. Built on the core concepts of prevention, early intervention, recovery and social

inclusion, the strategy took a whole of government, whole of population approach to improving health, social and economic outcomes for people with a mental illness. The activities reported on here represent those actions within our reform agenda that tie into the 4NMHP.

Priority Area 1: Social inclusion and recovery

Victoria recognised that the important contribution of education and employment outcomes and future action in this area will be informed by the work of the Ministerial Advisory Committee on Mental Health. Victoria has a strong commitment to improving coordination between the primary care sector and specialist mental health services with initiatives including; the Community Mental Health Planning and Service Coordination Initiative; Primary Care Partnerships; Mental Health Primary Early Intervention teams; Child and Youth Demonstration Projects; and six new early intervention Youth Mental Health Teams.

Promoting a recovery oriented culture and practice within all mental health services was a key element underpinning the reform agenda. Key activities included: the development of a *Psychosocial Rehabilitation and Recovery Development and Reform Plan* and a framework for recovery orientated practice for the specialist mental health service system. We engaged in a range of strategic planning activities and innovative programs developments that integrated housing and specialist mental health support services including; the development of a joint action plan between departments; the *Victorian Homelessness 2020 Strategy*; a new tier of intensive support into the PDRSS Home Based Outreach Support program; and a new supportive housing models. There were also a number of projects that supported and informed the development of a national stigma reduction strategy, including being a partner in the *beyondblue: national depression initiative* and involvement in the MMHA Stigma Reduction Project.

Victoria committed to developing and implementing integrated approaches between relevant sectors, with a four year pilot of a specialist 'Assessment and Referral List' in the Magistrates Court; implementation of the Justice Mental Health Strategy; establishment of a Justice Mental Health Partnership Group; and the roll out of Forensic Clinical Specialist positions to ten area mental health services being indicative of the work that was underway. Key activities and programs in the development and implementation of a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework included; development of a culturally responsive metropolitan wide Aboriginal mental health service; building a skilled and sustainable Aboriginal mental health workforce; and development of a whole of government Indigenous Suicide Action Plan.

Priority Area 2: Prevention and early intervention

Victoria engaged in a number of activities to improve mental health literacy and enhance resilience. Young people were prioritised as an area for early action. Key activities included; funding a professional development program for early childhood services and schools; development of a *Mental Health Promoting Schools and Early Childhood Education and Care Settings Framework*; development of a framework for mental health promotion in workplaces; roll-out of KidsMatter; a training program to improve mental health literacy and intervention skills; and the establishment of a state-wide mental health promotion network.

Victoria recognised the value of targeted early intervention service through the roll out of the Child and Adolescent Mental Health and Schools Early Action (CASEA) program. Further, in responding to the needs of young people with mental health problems Victoria developed a new community based crisis treatment and support response - targeted to teenagers and young people; implemented a new approach to reducing in suicide amongst young people; implemented a new Youth Justice Mental Health Initiative; established new dedicated coordinators in mental health services; implemented new models of housing and support that focus on preventing a transition to adult homelessness; and delivered an embedded Youth Dual Diagnosis response within the youth homelessness service system.

In addition, Victoria engaged in a number of cross government strategic planning and service development and delivery activities that supported frontline emergency services (police and ambulance) and welfare/social support services to better respond to people experiencing a psychiatric crises, including those at risk of suicide. Activity in this area included; targeting local communities of increased risk linked to recent incidence of suicide or associated risk factors; and consolidation and enhancement of the 24/7 triage service in selected services. Victoria also

implemented an extension training program on mental health first aid for the Victorian Police Force and developed a whole of government Indigenous Suicide Action Plan.

Priority Area 3: Service access, coordination and continuity of care

Victoria committed to supporting local communities in developing solutions to improve mental health outcomes. Activities included the implementation of the new *Community Mental Health Planning and Service Coordination Initiative* in all Department of Health Regions; the engagement of specialist mental health services in local service coordination platforms such as Primary Care Partnerships; and support for Area Mental Health Services (AMHS) and PDRSS Alliances to facilitate local service planning and coordination.

There were a number of strategic activities to improve the flow of information between primary care and specialist mental health service, including demonstration projects involving primary health (including community health) and specialist mental health services to improve physical health outcomes for people with severe mental illness.

Victoria also developed a new police and community triage model to provide short term case management and care coordination for people with behavioural problems who have repeated police interactions. This service model provided an integrated emergency management response to people experiencing a psychiatric crisis. We established Police and Ambulance protocols with Mental Health and established an interdepartmental liaison committee to oversee the protocols and joined up service delivery across mental health, disability and emergency sectors.

Victoria has an ongoing commitment to improving coordination and linkages between mental health services, alcohol and other drug services, and primary care services. A new approach to the coordination of care of adults with severe mental illness was trailed. Other key initiatives included: the ongoing development of education and training materials for staff in the mental health and alcohol and drug service systems; support to the ETU to involve consumers and carers in the development of the online course materials; provision of scholarships for alcohol and drug and mental health workers; and three month reciprocal rotations for clinicians in the other service sector.

Demonstration projects were funded to bring about broad change management reforms across the health service system to better respond to the needs of people with serious mental illness experiencing chronic physical disease and the establishment of Mental Health System Development Managers in each Department of Health regions facilitates cross sector collaboration to address local mental health issues. The *Victorian Dual Disability Enhanced Regional Service Response* (VDDS ERSR) project was also piloted.

Victoria established the Mental Health Advice Line, a dedicated 24 hour telephone line providing mental health information, advice and referral to the Victorian community. In addition we progressively consolidated and streamline access to specialist mental health triage services; and introduced a standardised triage classification scale for use by community based clinical mental health services.

Priority Area 4: Quality improvement and innovation

The Mental Health Statement of Rights and Responsibilities were considered as part of the review of the *Victorian Mental Health Act 1986* (the Act). The review examined whether the Act provides an effective legislative framework for the treatment and care of people with a serious mental illness in Victoria. A draft exposure Bill has now been prepared and has been put out for public comment. The reform of Victoria's mental health legislation continues to support cross border agreements and interstate transfers of people under civil and forensic orders. Victoria continues to work with neighbour states on cross border agreements that facilitate the movement of people under civil and forensic orders across the borders.

Victoria was represented on the Project Steering Committee for the National Mental Health Workforce Strategy and Plan. Participation at this level facilitated good connection between National and Victorian Mental Health workforce priorities and actions.

Victoria committed to reviewing existing consumer and carer workforce models through the specialist mental health workforce partnership group and through targeted sector discussions including consumer and peer workers and carers. Victoria developed a new Mental Health Quality Framework.

Victoria was an active participant in the MHSS which progressed the implementation of the national mental health performance framework and benchmarking framework. A new indicator suite for CAMHS, Aged, and Extended Care settings was endorsed which broadly aligns with the National framework. Victoria committed through the reform strategy to a common mental health outcomes framework that embraced key determinants of mental health including social, cultural, and behavioural, as well as service adequacy factors, and common service and client outcomes monitoring tools consistent with the national health performance framework.

Victoria supported a national mental health research agenda by its development of an applied mental health research and evaluation agenda to strengthen the evidence base informing policy and program development and service delivery by the promotion of the wider application of research, evidence and practice knowledge to achieve best practice across the specialist mental health service system.

Priority Area 5: Accountability – measuring and reporting progress

The Victorian Mental Health Reform Strategy incorporated an outcomes framework, modelled on the national health performance frameworks, adapted to incorporate the broader social and economic factors impacting on mental health and the multi-system perspective required for a whole of government approach to mental health. The framework enabled Victoria to track progress and to be accountable for population health, client and system outcomes across government and various levels of Victoria's health and social support service systems over the life of the strategy. The framework provided the basis for a set of agreed mental health indicators and measures and took in account the measures identified in the Fourth National Mental Health Plan and COAG National Action Plan on Mental Health.

Victoria continued to work with funded services to improve data collections in order to monitor and improve system performance. Reports were produced on a quarterly basis on a range of key performance indicators broadly consistent with the national framework for children, adolescents, adult and older people mental health services. These reports form the basis of service performance management between the Department of Health and health service providers. A similar reporting system is under development for the non clinical Mental Health sector.

3.4 Queensland Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

The Deputy Premier and Minister for Health established the Queensland Mental Health Reform Committee (QMHRC) in February 2010 to oversee the statewide implementation of the Fourth National Mental Health Plan (Fourth Plan) and related state and national mental health reform agendas. QMHRC met quarterly in 2010 and is comprised of senior representatives from Queensland and Commonwealth Government departments, the private sector, the community sector and consumer and carer representatives.

Priority Area 1: Social Inclusion and Recovery

The Queensland Government made significant progress in respect of social inclusion and recovery for people with a mental illness throughout 2009–10. This includes an investment of \$8.5 million over four years (2010–14) for the development of a statewide stigma reduction strategy. The focus of the strategy will be a social marketing campaign, supported by community engagement and targeted actions at the local level.

Work commenced to renew the Queensland approach to recovery through updating the statewide framework, *Sharing Responsibility for Recovery: creating and sustaining recovery oriented systems of care for mental health*. The commitment to a recovery oriented service system has also been realised through the elevation of carer and family issues in a series of Carers Matter workshops, the inception of the Carers Matter website and the delivery of statewide training for mental health staff in carer participation.

Social inclusion and recovery has also been advanced through an investment of \$6.477 million in the Time Out housing pilot. This initiative supports young people aged 18–25 years who are experiencing early signs and symptoms of mental health problems through providing safe, friendly accommodation in a recovery focussed environment for periods up to three weeks, with follow up community support

for up to three months. This period also saw the continued expansion of a number of successful programs to promote the social inclusion of people with a mental illness, including the Housing and Support Program and the Employment Specialist Initiative which co-locates employment specialists from Disability Employment Services within public mental health services.

In addition, the Queensland Aboriginal and Torres Strait Islander Hub for Mental Health (the Hub) was established in July 2010, to provide leadership and oversight of development of service models, workforce and partnerships in collaboration with the Centre for Rural and Remote Mental Health Queensland. The specialist hub will provide support to Aboriginal and Torres Strait Islander workers in the development and delivery of clinical services.

Priority Area 2: Prevention and Early Intervention

As one of five priority areas in the Queensland Plan for Mental Health 2007–2017, Mental Health Promotion, Prevention and Early Intervention received \$9.35 million over four years to support activities aimed at strengthening collaborative action to build individual and community resilience and wellbeing; effectively target key risk and protective factors; and facilitate early intervention in known high risk groups. To this end, the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention is leading the development of the Queensland Framework for Mental Health Promotion, Illness Prevention and Early Intervention. The framework will outline key principles and actions for a whole-of-government, whole-of-community approach to enhancing mental health; and preventing, detecting and intervening early with mental illness in Queensland. The development and implementation of a Queensland Children of Parents with a Mental Illness (COPMI) Framework is also being progressed.

A range of actions to enhance mental health literacy across Queensland, including actions to enhance individual and systemic capacity across sectors are also underway. The Queensland Government has prioritised improving access to Mental Health First Aid (MHFA) training for non-clinical workers in key government and non-government services. In 2009–10, a total of 72 participants from key government agencies and district mental health services have been trained as MHFA instructors.

Implementation of the Queensland Ed-LinQ Initiative continues in 12 regions across the state in partnership with the Department of Education and Training, Independent Schools Queensland, the Queensland Catholic Education Commission and General Practice Queensland. Ed-LinQ supports child and youth mental health services, the education sector and the primary health care sector to work collaboratively and enhance the early identification and treatment of mental disorders affecting school-aged children and young people.

Finally, the Queensland Government is developing a new suicide prevention action plan. The action plan will align with the National Living is for Everyone Framework, and provide a whole-of-government approach to suicide prevention across the state, with a focus on enhancing coordination of services to those in need and reducing suicide risk and mortality.

Priority Area 3: Service Access, Coordination and Continuity of Care

Through the Queensland Plan for Mental Health 2007–2017, a total of \$632.4 million has been invested to date to improve the Queensland mental health service system. This includes \$528.8 million over four years in 2007–08, \$88.6 million over four years in 2008–09, \$6.5 million over three years in 2009–10, and \$8.5 million over four years in 2010–11. Under this funding, 17 ongoing capital works projects across Queensland will deliver more than 270 new, redeveloped or refurbished inpatient mental health beds by 2011–12. By the end of 2011–12 it is expected that Queensland will have a total of 1,569 mental health beds, 86% of the number of beds required to meet a target of 40 beds per 100,000 population by 2017.

In addition, service access, coordination and continuity of care have been significantly enhanced through initiatives such as the Care Coordination program and the Queensland Framework for Primary Mental Health Care. The Care Coordination program improves the coordination of mental health service delivery across government, non-government and private sector services for consumers with severe mental illness. Twenty Service Integration Coordinator positions have been established in public mental health services across the state.

The Queensland Framework for Primary Mental Health Care, revised and relaunched during Mental Health Week 2010, identifies strategies at the local and state level to support a more integrated and

effective primary care system for people with a mental illness. Initial implementation of the Framework is occurring through the Partners in Mind (PIM) initiative which aims to increase the capacity of general practitioners to meet consumer needs, and better integrate public mental health services and general practice. PIM is implemented in partnership with General Practice Queensland and the divisions of general practice across Queensland.

Priority Area 4: Quality Improvement and Innovation

Service quality improvement and innovation in Queensland is supported by a range of current and planned activities. Foremost during this reporting period Queensland joined other states and territories in endorsing the new National Standards for Mental Health Services 2010 (the Standards). Queensland is committed to the full implementation of the Standards with current work focussed on ensuring they are integrated into all services in the mental health sector in a meaningful way. Other quality improvement activities include the development of a Statewide Clinical Auditing Framework. The Clinical Auditing Framework provides a consistent approach in clinical auditing activity and will enable services to benchmark against like services and assist in the building of evidence for accreditation.

This period also saw the formation of a new Mental Health Clinical Governance Steering Committee to drive the development of an evidence-based, sustainable approach to improving the safety and quality of Queensland's public mental health services, which supports the needs of consumers, carers and the community.

Recognising the value of the consumer and carer contribution to clinical and community support settings, in August 2010 Queensland launched the Consumer, Carer and Family Participation Framework. This took place alongside the further expansion of the Consumer Companion Program with the recruitment of a statewide coordinator to manage the consumer companion workforce in Queensland. There are currently 76 casual consumer companions employed across all 17 acute adult inpatient units in Queensland.

Priority Area 5: Accountability - Measuring and Reporting Process

Queensland is committed to using comprehensive and accurate information to improve service quality, support patient safety, drive service reforms and inform policy development.

Towards this goal, the Queensland Government has enhanced the collection of clinical and administrative data through initiatives such as implementation of a statewide clinical information system (the Consumer Integrated Mental Health Application), and the Mental Health Establishments Collection Application, which streamlines the collection, validation and reporting of the Mental Health Establishments National Minimum Data Set.

Improved information and performance measurement is being utilised to inform individual and systemic evaluations, including a formal evaluation framework for the Queensland Plan for Mental Health. The Mental Health Performance Management Framework currently being developed will articulate a clear governance structure and escalation protocol. This will allow for greater accountability and sector ownership of performance. These and other enhancements are reinforcing improved performance measurement in Queensland.

3.5 Western Australia Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

The *WA Mental Health Towards 2020 Consultation Paper* was prepared following widespread consultation with key stakeholders, facilitated by PricewaterhouseCoopers, including consumers and carers, government and non-government agencies, service providers and the broader community.

In 2010, the Mental Health Commission undertook an extensive process of interactive engagement with the community and key stakeholders to validate the *Consultation Paper* and identify gaps in the document.

The community and key stakeholders embraced the opportunity to inform and be involved in mental health reform, as evidenced by the 177 returned surveys, 79 written submissions and information provided by 395 participants at community forums held in various locations in Western Australia. Social

inclusion and recovery themes feature strongly in the feedback which will inform the final strategy documents.

The second phase of the youth anti-stigma project (Music Feedback multimedia campaign) was led by the Commission in partnership with Department for Communities' Office for Youth, *beyondblue*, Indigenous Human Rights Network of WA and WA Music Association. The objectives of the project include:

- Increase Western Australian young people's (12-25 years) awareness of mental health issues and promote help seeking behaviour through the use of popular music, media and events; and
- Increase capacity of mental health and youth service providers to promote and support the anti-stigma message to young people at local events, initiatives and activities through the use of Music Feedback CD/DVD and network of musicians.

As part of the project, 28,000 copies of CD/DVDs featuring a documentary, song and music videos were developed, an interactive website (www.musicfeedback.com.au) was established and documentaries and pages were posted on YouTube, Facebook and MySpace social media sites.

Youth groups, schools, musicians and mental health services have organised gigs and speakers to promote the anti-stigma message and distribute the resources. The *WA Music Song of the Year Competition* encourages songwriters to enter in 14 categories including a Mentally Healthy category. The extensive publicity via schools, music street press, newspapers, online websites and community radio promotes mental wellbeing to a broad audience, particularly young people.

The *Mental Health Good Outcomes Awards* publicly recognise outstanding individuals, groups and organisations that have reduced stigma, improved mental wellbeing, developed innovative services and/or enhanced the human rights of consumers and carers. There are 11 categories under the Awards and winners are announced by the Minister for Mental Health at a gala breakfast.

The People with Exceptionally Complex Needs initiative is designed to improve interagency collaboration and coordination of services across health and social domains that respond more adequately to individual adults with exceptional needs. The target group clients pose a significant risk of harm to themselves and others, requiring extensive support that can only be delivered with well-coordinated services authorised by senior officers from key agencies including Disability Services, Corrective Services, Housing, Drug and Alcohol and Mental Health Services.

The Commission funded the WA Association for Mental Health to develop a recovery framework for the mental health non government sector in WA. This project includes a planned series of symposia on recovery and the first was held during Mental Health Week in 2010. The aim of the series is to include representatives from both non government and government service providers. A key outcome from the first symposium is a strong commitment to shared training, care co-ordination, consumer and carer involvement, inclusion of recovery principles into formal and informal training, sharing of information and a culture change with a recovery focus commencing from initial assessment onwards. The recovery framework will be finalised following the completion of the planned symposia.

Priority Area 2: Prevention and early intervention

Over the last 12 months, the Commission continued to fund and support a number of prevention and early intervention programs including:

- Positive Parenting Program (Triple P), a proven parenting solutions that helps solve current parenting problems and prevents future problems before they arise;
- Aussie Optimism that provides teachers, practitioners and parents with practical strategies for developing children's social competence, self-management and positive thinking;
- Act Belong Commit, a community-based health promotion campaign that encourages people to take action to improve their mental health and wellbeing;
- Western Australian Suicide Prevention Strategy 2009-2013 launched in September 2009, aims to transform attitudes regarding suicide and suicidal behaviour and represents a guide for policies and services to better meet the needs of people at risk. The Strategy also charts a longer term vision to promote individual mental health and wellbeing and the need to enhance community capacity in approaches to suicide prevention. In December 2010, the

Strategy officially launched its new *One Life* logo branding and website

www.onelifewa.com.au;

- Lifeline WA, the vital Lifeline WA Telephone Counselling Service that operates throughout the state of Western Australia to provide support to people in crisis and emotional distress;
- Implementation of Clinical Guidelines for the Physical Care of Mental Health Consumers that provides a preventative, best-practice framework for mental health services, and facilitates effective coordination of care between health providers, and with mental health consumers.
- Children of Parents with a Mental Illness (COPMI) Program and Resource Unit, a program that provides individual counseling and group work for COPMI to encourage skills for coping with challenges. The program supports the work of services and workers in many settings to improve the outcomes for children and their families where a parent experiences a mental illness.
- Fremantle Child and Adolescent Mental Health Services (CAMHS), in collaboration with Community and Child Health Services, run local groups for mothers and infants who are at high risk of developing mental health problems. Early identification of significant problems leads to timely follow up by CAMHS.
- Two Multisystemic Therapy (MST) Teams aimed at treating the early stages of conduct disorder are based in North and South Metro CAMHS under license from MST Services in the USA. This program operates according to a rigorously researched evidence base and ongoing research of outcomes for consumers is integrated into the service delivery model. Twenty per cent of clients are of Aboriginal descent.
- The Eating Disorders Program developed and implemented a training module in prevention and early intervention for front line professionals.

Priority Area 3: Service access, coordination and continuity of care

The Commission continues to develop housing and individualised support initiatives for people with a mental illness who are in hospital or at risk of hospitalisation and who could live independently in the community with the provision of housing and appropriate support. Collaboration between the Commission and the Department of Housing has secured 50 dwellings linked with support for people with a mental illness through the Independent Supported Accommodation program.

In addition, the Commission has finalised a number of housing initiatives in 2010 including:

- Two Community Supported Residential Units providing a total of 50 beds;
- One Community Options service providing 8 beds;
- A homeless youth supported accommodation service providing 16 beds; and a homeless adult supported accommodation service providing 34 beds.

The Children Young People Leaving State Care Project was identified by the Western Australian Community Services Leadership Group in 2010 as a priority. The project will focus on outcomes for a cohort of approximately fifty young people aged 13 – 25 years, who have or are likely to have cross agency contact with mental health, child protection, disability or corrective services.

The Commission commenced a project, in partnership with staff from a state-wide acute inpatient service for adolescents, which aims to improve the outcomes for young people discharged from the unit. Three to five young people identified from this project will be considered as part of the cohort for the Leaving State Care project.

Examples of service providers working together to promote the most effective and efficient use of services for young people include:

- Specialist mental health services (YouthReach South and Youth Link) have a memorandum of understanding with youth drug and alcohol services aimed at improving access and shared care for youth with co-morbid mental health and substance use issues. A series of case conferences between the organisations has increased partnerships, continuity and quality of care.
- Integrated Service Centres for refugee children is a cross-agency program between Department of Education, Child and Community Health Services and CAMHS located at two primary schools with Intensive English Centres where there is a high proportion of refugees. The program assists with service access for a vulnerable population.

- In 2010 two teams of child protection specialist liaison clinicians were established in the North and South Metropolitan area. This project aims to improve the collaboration and liaison with Department of Child Protection as well as the ability to measure and report on services provided to children and young people in care.

Priority Area 4: Quality improvement and innovation

A WA Steering Group has been established to lead the implementation of the National Standards for Mental Health Services and the first meeting was held in December 2010. The Group includes representation from the public mental health services, private hospitals, the NGO sector, the Office of the Chief Psychiatrist, carers and consumers and the Department of Health and Ageing (WA branch).

The 'Practicewise' Evidence based Interventions Database was established to provide easy computer based access for CAMHS clinicians to step by step protocols and templates for delivering evidence based interventions to children and adolescents, including information for what works with whom.

Priority Area 5: Accountability – measuring and reporting progress

The Economic Audit Committee (EAC) Report 'Putting the Public First: Partnering with the Community and Business to Deliver Outcomes': Government of Western Australia 2009; recommends that an Outcomes Areas approach is adopted to bring together key stakeholders from both within and outside the state public sector to work collaboratively toward agreed outcomes. Mental health is one of the three key outcome areas identified at a whole of government level for collaborative effort. The other two outcome areas are homelessness and early childhood.

The Mental Health Outcomes Area Working Group was established in 2010 to provide advice and leadership on several issues including the contribution to mental health outcomes for which individual agencies should be held accountable. The Group currently has representation from government and non government service providers and will meet in February 2011 to consider terms of reference and the most effective way of engaging consumers, carers and the wider community.

3.6 South Australian Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

South Australia has used market research to plan a communication strategy aimed at destigmatising and improving community understanding of mental illness. However it is felt that a national strategy is also needed. SA Health mental health service have now consolidated and integrated their training initiatives under one centre to improve coordination. Initiatives are in process working with the universities to enhance collaborative workforce development.

Our shared care programme with Divisions of General Practice has been evaluated and proven to achieve successful outcomes and a new contract has been agreed. Recovery principles have been incorporated into all new models of care and service delivery plans. A joint initiative with the Housing authority and the NGO sector has resulted in the provision of a large number of consumers receiving social housing.

A major consultation process with the Aboriginal and Torres Strait Island communities has resulted in the development of a strategic policy and an action plan intended to address improving access to services, and ensuring the availability of culturally appropriate responses.

Priority Area 2: Prevention and early intervention

The roll out of Mental Health First Aid continues with the targeting of specific groups as well as the community in general. There are several collaborative initiatives with *beyondblue* which involve diverse sections of the community.

A number of initiatives targeting young families, children and youth are running, funded by Commonwealth, State and non-government sources, including the National Perinatal Depression Initiative, Headspace, Headroom, Healthy Young Minds, Incredible Years etc. The Early Youth Psychosis, a hub and spoke model is in operation with plans for expansion. The CAMHS strategic service plan is under review.

A suicide prevention strategy is under development to integrate the various programmes currently in operation for education, prevention, support and postvention programmes.

Collaborative work with other agencies as a consequence of new legislation and new Memorandum of Understanding (MoU) with emergency services has enhanced interagency knowledge and cooperation.

Carer and consumer groups, peak bodies and those employed within public services have increased their contribution to service planning and consumer advocacy.

Priority Area 3: Service access, coordination and continuity of care

The Mental Health Reform programme in SA is in its third year of roll out. The service plans are based on population need and consumer focussed in all aspects of policy and protocol development.

When complete, the new range of services and delivery model will greatly improve all of these considerations. In addition, an electronic health information system is in development which will enable coordination of care planning across all services.

An integral part of the reform process is the greatly increased involvement of the non-government sector and of other governmental agencies. A number of cross sectoral groups are now working together on many aspects, particularly in the recovery area. In all areas there are now local liaison groups of emergency and community services. A number of Drug and Alcohol /mental health co morbidity positions have been created.

Priority Area 4: Quality improvement and innovation

The new Mental Health legislation enacted on 1 July 2010 describes a number of key principles to better protect consumers with respect to consumer rights, dignity and improve equity of access to services. A very significant amount of training accompanied the implementation of the Act.

SA Health has a Safety and Quality Framework and mental health services will align with this. This includes improved reporting, investigation and remediation, following adverse events or complaints.

Cross border agreements are progressing with other jurisdictions although this work is impacted by state elections.

The Digital Regional initiative is in progress with 90 new audio visual centres across the state to enable telemedicine consultation and assessment, teaching and supervision.

Priority Area 5: Accountability – measuring and reporting progress

SA Health has a suite of Key Performance Indicators (KPIs) used to measure and monitor mental health service reforms. Many of these mirror KPIs contained in the new plan. In addition, SA Health has commenced a process of evaluating new services including those contained in the stepped system of care. The SA government has also appointed an independent Council (Health Performance Council) to report to government on the provision of health services.

3.7 Tasmania Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

Statewide & Mental Health Services (SMHS), through its assertive case management model, is working to re-orient service delivery to a recovery focus. Improving employment outcomes for people experiencing mental illness is an important aspect of recovery. Tasmania has adopted a national model which embeds a specialist employment consultant within community mental health teams. SMHS has established the Individual Placement Support for Competitive Employment model in Hobart. The project has been successful with eight consumers gaining competitive employment, five entering formal study and seven in vocational activities. An Integrated Employment Implementation Framework has been developed and will be rolled out to community mental health teams in 2011. Tasmania has maintained a whole of government focus on homelessness and in 2010 SMHS worked

with Housing Tasmania to progress the Specialist Intervention Tenancy Service (SITS). SITS teams, made up of professionals with a background in homelessness; mental health; alcohol and other drugs, assist clients to develop skills to increase their capacity to live independently and address issues that have previously led to homelessness, as well as reconnect with family, community and other networks. Building the Foundations has a strong focus on increasing awareness to reduce discrimination and social exclusion. In 2010 the Government funded the Mental Health Council of Tasmania to develop mental health literacy and stigma reduction strategy. The State Government's Refugee Health Funding has provided additional support to help improve the mental health and wellbeing of culturally and linguistically diverse (CALD) communities in Tasmania. These projects include the Mental Health Early Intervention Project and the Tasmanian Mental Health Network. Tasmania also supports the rollout of "Stepping out of the Shadows" stigma reduction training for culturally and linguistically diverse communities. Inter Agency Support Teams are cross agency teams through which young people identified at high risk are able to benefit from cross agency solutions to emerging problems. Teams are located within each Local Government Area in and continued to provide support throughout the state in 2010. SMHS is also working with the Personal Helpers and Mentors (PHaMs) Program providing referrals and support.

Priority Area 2: Prevention and early intervention

In October 2009 the Tasmanian Government released *Building the Foundations for Mental Health and Wellbeing, a Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania* (Building the Foundations). The primary goals of Building the Foundations are to enhance mental health and wellbeing of all Tasmanians; reduce the prevalence of mental ill health; and minimise the impact of mental illness by employing a coordinated whole of government, whole of community approach. In July 2010, SMHS began work on a Strategic Framework for PPEI activities in relation to alcohol, tobacco and other drugs (ATODs). This Framework is designed to complement both Building the Foundations and the Fourth Plan. In December 2010 the Government launched Tasmania's Suicide Prevention Strategy (the Strategy). The Strategy, a sub-strategy to Building the Foundations, takes a 'community action approach' to addressing risk and protective factors. The Inter Agency Working Group for Mental Health, established to oversee implementation of *Building the Foundations* across Government and service sectors. One of the priority actions of the IAWGMH is to increase awareness and understanding of the risk and protective factors for mental health and wellbeing across all sectors. Through a partnership with *Aspire*, the rollout of the training module *Understanding Mental Health and Wellbeing* has commenced across the State. Part of this program is the delivery of a 'train the trainer' workshop that will increase capacity across government and community sectors through the development of two year regional training plans. *MindMatters* and *KidsMatter* are implemented through Project Officers based within the Department of Education. There is also a state wide Mental Health in Schools Reference Group, with representatives from public, catholic and independent schools. Significant progress has also been made towards the rollout of the National Perinatal Depression Initiative. Training in the use of the Edinburgh Depression Scare and Universal Psychosocial Assessment and depression screening is being rolled out in maternity services across the State in line with regional plans.

Priority Area 3: Service access, coordination and continuity of care

Ongoing implementation of the Statewide and Mental Health Services Collaboration Strategy has enhanced opportunities for cooperation across Government. The Inter Agency Working Group for Mental Health, established in 2009, continued to work to strengthen cross-government partnerships. In September 2009, the Tasmanian Government launched the Consumer and Carer Participation Review to identify an optimum model for mental health consumer and carer participation within Tasmania and to inform the implementation of Tasmania's Consumer and Carer Participation Framework. A priority of the Framework is the establishment of a new consumer organisation and the process to appoint board members commenced in 2010. The involvement of consumers and carers is an essential component in planning accessible, coordinated care that provides optimal outcomes. The Community Sector Interface Group, established in 2008/09, continued to meet throughout 2010, providing a valuable resource to support planning for a more integrated service system and to enhance coordination of effort across sectors. The Tasmanian Care Coordination Model uses Maximizing Recovery Panels (MRPs) as a single point of entry in order to assess and determine the most suitable community sector services for mental health clients. The MRP model was reviewed in

2008/09, and consultations continued throughout 2010 to explore options for the future. In line with the Fourth Plan's commitment to coordinating the care system, in 2010 work continued towards the establishment of a Primary Mental Health Clinical Network (the Network). The Network will enhance patient outcomes by bringing together clinicians, carers and consumers to in the planning and improvement of Primary Mental Health services in Tasmania and facilitate promotion, prevention and early intervention for people at risk. Following recommendations of the Suicide Prevention Strategy, three suicide prevention discharge coordinator positions and four peer support positions have been created to provide seamless support in transition from inpatient care back into the community. The Tasmanian Comorbidity Steering Committee and Working Groups have continued to meet to progress development of a new Comorbidity Framework to provide an agreed set of principles and priorities for Tasmania. The underlying principle is that there should be 'no wrong door' for clients seeking mental health and substance use treatment.

Priority Area 4: Quality improvement and innovation

In line with the National Standards for Mental Health Services (NSMHS), Tasmania is strengthening clinical governance through a state-wide committee and clinical specialty groups for each clinical area. A Project Officer has been engaged to progress state-wide implementation of the NSMHS to state agencies and community sector organisations. Statewide & Mental Health Services is seeking accreditation through the Australian Council on Health Care Standards. This process formally began in 2009 and significant progress has been made across all service and corporate areas in 2010. In 2010 Tasmania completed its workforce development strategy in line with the National Mental Health Workforce Strategy. Work continues to increase consumer and carer employment in clinical and community support settings through progress towards the Consumer and Carer Participation Framework. The process of drafting new Mental Health Act continued in 2010. The new legislation is being drafted using clear language so that it will be accessible and easy to utilise. It will appropriately balance consumer rights with the need for treatment, and will recognise the important role played by carers and family members of persons with a mental illness. The legislation is rights focussed and reflects notions of consumer autonomy. In particular it will not enable a person with capacity to be treated against their will and provides special protections for patients who are children. The drafting process is nearing completion and consultation on the draft legislation is expected to commence in early 2011. In 2010 work continued towards the development of cross-border arrangements to provide guidance for the transfer of clients between jurisdictions.

Priority Area 5: Accountability – measuring and reporting progress

The focus on improved information management and the development of a single reporting system continued to progress in line with the development of a new Mental Health Services Information System to guide service planning, funding models and data collection. In 2010 the implementation phase of the Client Management and Clinical Information Systems Project for Statewide and Mental Health Services formally commenced. The initiative will facilitate appropriate transfer of clinical information to ensure continuity of care for all consumers. Work commenced to review the governance structures overseeing the implementation of *Building the Foundations* and the *Suicide Prevention Strategy*. The intention is to develop a streamlined monitoring and reporting process to ensure momentum is maintained across strategic priorities.

3.8 Australian Capital Territory Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

ACT Government continues funding support for Mental Illness Education ACT (MIEACT), supported accommodation through services such as the Society of Saint Vincent De Paul - Samaritan House, community sector services that provide vocational training and rehabilitation services such as the Social Enterprise Hub; as well as the 2010 Mental Health Week celebrations. Enhancement of education and employment options for mental health consumers is well underway through the development of the ACT Mental Health Consumer Training and Scholarship Scheme, a new collaborative between the ACT Mental Health Consumer Network, ACT Health and the Canberra Institute of Technology; and the individual Placements and Support Program.

A recovery-oriented culture is promoted through the commencement of Recovery Training for staff of Mental Health ACT. The new specialist Mental Health Assessment Unit (MHAU) in the Emergency Department of The Canberra Hospital that commenced operation in April 2010. Recovery principles are embedded in the assessment and early intervention procedures of the MHAU.

The ACT Housing Accommodation and Support Initiative (HASI) pilot also commenced in 2010; and integrates mental health clinical services, mental health support services, and housing agencies.

Services that enhance Aboriginal and Torres Strait Islander social and emotional well-being have been improved through the establishment of MHACT Liaison Officer and Psychiatry Registrar placements at the Winnunga Nimmitija Aboriginal Health Service. ACT Government has also funded mental health and wellbeing services for at-risk young Aboriginal and Torres Strait Islander people through Gugan Gulwan Aboriginal Youth Corporation. Further to this was the introduction of the Transcultural Mental Health Community Development and Liaison Officer to the Mental Health ACT team.

Priority Area 2: Prevention and early intervention

Implementation of the ACT Government's strategic mental health promotion, prevention and early intervention framework Building a Strong Foundation: *'A Framework for Promoting Mental Health and Wellbeing 2009-2014'* (the Framework), launched in 2009 provides a systematic plan for enhancement of social inclusion and recovery through improved community and service understanding across the ACT. Enhancing the social equities and reducing the inequities that influence mental health and wellbeing is one of the actions areas within the Framework. A subgroup was formed to review existing PPEI resources in the ACT, and the ACT Health Promotions Branch are collaborating to develop an integrated physical and mental wellbeing promotion campaign.

Throughout 2010, the ACT Government strengthened funding for community organisations to improve mental health literacy and enhance resilience in schools, workplaces and communities through organisations such as Mental Illness Education ACT (MIEACT), Bungee and OzHelp. Additional funding was provided for Mental Health First Aid Training for Emergency Service Workers (ambulance and police), and Teachers.

ACT Health also launched the strategy - *'Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009 – 2014'* (the Strategy) during 2009, and then in 2010 assisted with funding from the Commonwealth Department of Health and Ageing implemented the Let's Talk suicide prevention campaign leading up to World Mental Health Day September 2010. This coincided with a medical campaign in the Canberra Chronicle and The Canberra Times at World Suicide Prevention Day. Further to this, forensic and corrections health clinicians participated in the *'Real Understanding in Self-Harm'* program which enabling them to deliver the program to prisoners in the Alexander Maconochie Centre (AMC). The AMC Chaplain received training in *'Seasons of Growth'* – a bereavement support program to support bereaved prisoners, and suicide prevention training was presented to clinicians at Gugan Gulwan Aboriginal Youth Corporation. The ACT Suicide Prevention Internet page was launched; and an annual seminar series program for commencement in 2011, was developed. The program aims to provide education and support for those working with vulnerable men *'Let's Talk for Men's Health'*.

ACT Health entered into a research partnership with the Australian National University Centre for Mental Health Research to review both the Framework and the Strategy.

Priority Area 3: Service access, coordination and continuity of care

Mental Health ACT has improved service access through the implementation of the 'No Wrong Door Policy' that aims to ensure that regardless of the points of contact with services that clients make they are actively assisted on their journey to the most appropriate service. In addition, care coordination is embedded into the practice of Mental Health ACT clinicians, and is the responsibility of all clinicians with support and monitoring from Team Leaders. Case management is embedded into assessment, recovery planning, case review, and case closure that identify services and referral pathways. The newly developed 'Link Tool' (a services directory) has been implemented and is undergoing presentation to all sectors. The aim is for all clients to have a single Recovery Plan, and the tool outlines processes for improved access, protocols and practice standards that support and promote care coordination based on the COAG National Action Plan on Mental Health and the ACT COAG Mental Health Group endorsed Care Coordination Information Paper.

ACT During 2010, ACT Health sponsored a consultant led review of the ACT's community sector mental health services; and outcomes are soon to be published.

Priority Area 4: Quality improvement and innovation

ACT Health has implemented the intersectoral Mental Health Strategic Oversight Group (SOG) to oversee and monitor the implementation of the 'ACT Mental Health Services Plan 2009 – 2014'. The SOG membership includes participants who are consumers, carers, ACT Health and community based service providers, various ACT and Australian Government departments. The plan articulates the vision for mental health services until 2020.

In addition to undergoing accreditation by the Australian Council on Healthcare Standards (ACHS), a monitoring and evaluation framework and tools have been developed. This includes the enhanced capacity of Mental Health ACT's information technology package MHAGIC to manage monitoring mechanisms to assess compliance, as well as the development of a new electronic clinical audit tool.

The ACT is also undertaking a review of the 'Mental Health (Treatment and Care) Act 1994'. This review is being led in partnership by ACT Health and ACT Department of Justice and Community Safety. There has also been a negotiation of the ACT – Victoria Mental Health (Civil) Interstate Agreement 2010; and the ACT – SA Mental Health (Civil) Interstate Agreement 2010 (the Agreements), and consultations for the development of the 'ACT Charter of Rights for Mental Health Consumers'.

In the community mental health sector, the Mental Health Community Coalition received enhancement funding from ACT Health to introduce external quality standards, workforce standards and development of sector-wide outcomes measures in mental health sector.

Priority Area 5: Accountability – measuring and reporting progress

The ACT Mental Health Strategic Oversight Group (SOG), in its role to oversee the implementation of new reforms in mental health services across the ACT through the implementation of the *ACT Mental Health Services Plan 2009 – 2014* (the Plan), has necessitated the establishment of comprehensive, timely and regular reporting. This has in turn assisted with enhancement of the reporting mechanisms and reporting structure in the ACT. The SOG works closely with the Mental Health ACT Executive Group, thus improving lines of accountability and reporting; and ACT Health will present the Minister with an Annual Report on the implementation of the Plan.

ACT Health, in partnership with The Centre for Mental Health Research Australian National University, has entered into a partnership to evaluate the strategy - *Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014* annually. Reports on evaluation will be submitted to the ACT Cabinet.

3.9 Northern Territory Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

In 2010 Territory Mental Health Services undertook a review of policies, plans and strategies to align services within a recovery framework. This included both government and some non-government services. An NT mental health NGO has commissioned the development of a hand held data system for workers to undertake on the spot recovery based data collection. This tool is being developed further with the ability to show consumers a graphical view of their past and present records and will assist staff in applying recovery approaches with consumers.

The Mental Health Program continued to support the provision of a general practice service catering to the physical needs of clients with severe and persistent mental illness receiving community mental health care. Following the success of the scheme in Darwin this service was extended to Alice Springs.

Collaboration with housing continued to improve in 2010 via a partnership between NGO's and Territory Housing under which housing is made available to NGOs and sublet to consumers aided by support programs from the NGO and psychiatric services from Mental Health Services.

Support to non-government organisations using recreational activities as a pathway to social inclusion, was continued in 2010 with Mental Health Services funding a community support assistant to foster closer ties between clinical services and community based rehabilitation.

Priority Area 2: Prevention and early intervention

The National Perinatal Depression Project implemented in partnership with the Commonwealth is providing training and education for clinicians from primary healthcare service who will provide the screening and initial support for women and their families. Education sessions started in 2010 with more scheduled for 2011. Work commenced on translating the Edinburgh Post-natal Depression Scale into Yolngu and Walpiri to enable effective screening of women speaking these languages. The translated versions will be piloted in two remote communities in the Top End and Central Australia

Funding for additional Child and Adolescent clinicians, enabling provision of regular visiting services and increased support for local primary care and education providers at selected remote communities.

Continuation and expansion of a project to develop and validate culturally specific assessment and treatment planning tools and targeted interventions for Indigenous populations in the Northern Territory in collaboration with the Menzies School of Health Research, Mental Health Services and Beyondblue.

Priority Area 3: Service access, coordination and continuity of care

In 2010 the Northern Territory Government provided additional funding to enable establishment of a Territory wide 24 hour mental health telephone triage service. This will enhance after hours telephone access for individuals and referring agencies including emergency services throughout the NT and in increased community response service in Darwin. Building on the new triage service Mental Health Services is restructuring the Darwin service configuration to improve the efficiency and effectiveness of service delivery and enhance continuity of care. Community intake assessments, short-term community treatment and longer-term case management are transitioning to an integrated structure. This work commenced in 2010 and will be finalised in 2011.

Collaborative work with the NT Police continued. A new mental health education program was implemented in 2010 and all new police recruits are now provided with 4 days mental health training. A new on-line refresher training module for all serving officers was also implemented. A new MOU was drafted as a foundation for enhanced joint service provision.

The Northern Territory Government announced commitment to a new 30 bed forensic mental health and behavioural unit and 6 transitional cottage beds. Specifications for the Unit to be built adjacent to a proposed new Prison in Darwin have been completed and detailed design work is underway.

The Palmerston mental health team moved into the new GP Superclinic enabling closer ties with primary care providers for service provision and training of future generalist and mental health clinicians. Also in the Palmerston area the new perinatal team is located adjacent to a general practice clinic, with entry to the perinatal service is via the GP reception area and facilitating integrated care with the primary health service. Sessional services will also be provided at other primary health centres.

Co-ordination of complex case management across multiple agencies has been enhanced by the *Shared Client Case Management Framework* and accompanying Practice Guidelines. Practitioners using the shared information system are now able to ascertain the existence of cases within other programs and the Department Children and Families and contact the relevant case manager for information sharing where appropriate. Initial work on legislative reform for enhanced information sharing has commenced.

Building of an additional 5 inpatient beds in Darwin and 6 inpatient beds in Alice Springs commenced in a flexible configuration. These beds will allow separate mental health inpatient care for vulnerable groups and assessment and stabilisation for high risk young people and clients with a cognitive disability in partnership with the Aged and Disability and Children and Families programs. Legislative amendment to support the new service commenced.

Priority Area 4: Quality improvement and innovation

Client forums were held in all regional centres in the Territory in 2010 gathering feedback from clients, carers and service providers of their experiences of mental health care and suggestions for further inclusion and participation in mental health service development.

Interactive talking posters with information in English and 6 Indigenous languages have been developed to enable non literate English speaking consumers and non-English speaking Indigenous consumers to access information on mental health rights and responsibilities. These will be trialled in Central Australia and if successful will be introduced to the Top End.

Installation of new video conferencing equipment commenced in remote clinics. This will enable increased opportunities for assessment, clinical support and mental health training for remote consumers, families and primary health services. It will also enable increased family contact with remote clients admitted to mental health inpatient units in Darwin and Alice Springs.

Alignment and single accreditation of all public mental health services in the NT.

Introduction of a quality and standards review process for mental health NGOs in the NT based on the NGO National Standards for Mental Health Services review process developed by WA.

Commencement of a 12 month Palliative Care in Mental Health Project funded by the Commonwealth, to be completed in 2011. Project outcomes will include implementation of routine mental health screening and development of referral pathways for palliative care patients and improved palliative care for people with severe and persistent mental illness.

Priority Area 5: Accountability – measuring and reporting progress

The NT continues to actively engage in the national process of information and performance reporting development through the range of working groups and projects. Local client/patient data collection systems continue to be refined to ensure appropriate data standards are maintained and improved to support KPI reporting.

Data management systems are undergoing considerable change to improve the quality and reliability of warehoused data used in report development. This is a large undertaking and has consequences for the timely development and reporting of some KPIs.

Formal reporting of a number of mental health KPIs is routinely provided in the NT Budget Papers and Treasury output monitoring process and also form part of the Department of Health's Annual Report publication. Organisational and sectoral stakeholders are now provided with routine quarterly activity and performance reports based around the national KPIs and is evolving as the technical design and validation of further KPIs come into fruition.

Appendix 1: Implementation Strategy

FOURTH NATIONAL MENTAL HEALTH PLAN IMPLEMENTATION STRATEGY

Introduction

The Mental Health Standing Committee (MHSC) on behalf of the Australian Health Ministers Conference (AHMC) is progressing the Fourth National Mental Health Plan (the Fourth Plan) implementation and monitoring process.

All jurisdictions have been involved in the development of this Implementation Strategy which details the process for implementation that will achieve the aims and objectives of the Fourth Plan.

This Implementation Strategy identifies how progress will be monitored, including whether quantitative and or qualitative measures are relevant to measuring the achievement of the principles, priority areas and actions of the Fourth Plan. In measuring how the Fourth Plan is impacting on mental health reform in Australia, the Implementation Strategy covers areas other than health as determinants of good mental health, recognising that determinants of mental health and mental illness are influenced by factors beyond the health system.

AHMC will report on progress against this Implementation Strategy every year to the Council of Australian Governments (COAG). Responsibility for monitoring and coordination of the implementation, evaluation and reporting effort vests with the MHSC.

The Fourth National Mental Health Plan Implementation Strategy was developed under the auspices of the Australian Health Ministers' Advisory Council (AHMAC) and in consultation with the Cross Sectoral National Mental Health Plan Implementation Working Group.

Since the Fourth Plan was developed, COAG (with the exception of Western Australia) has agreed:

- a. that the Commonwealth will take responsibility for primary mental health care services which target the more common mild to moderate mental illnesses, such as anxiety and depression, including those currently provided by the states and territories; and
- b. to undertake further work on the scope for additional mental health service reform for report back to COAG in 2011, including the potential for further improvements to the allocation of roles and responsibilities in the mental health sector.

This Implementation Strategy will be amended as necessary to reflect future COAG decisions as part of broader health reform.

Context

The Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014 was endorsed by the Australian Health Ministers' Conference on 4 September 2009 and launched on 13 November 2009. Endorsement of the Fourth Plan represents commitment by all governments to implementation of the following vision for mental health set out in the *National Mental Health Policy 2008*:

"... a mental health system that enables recovery, that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community."

The following principles underpin the Fourth Plan and are fundamental to realising the aims of the Plan:

- Respect for the rights and needs of consumers, carers and families;
- Services delivered with a commitment to a recovery approach;
- Social inclusion;
- Recognition of social, cultural and geographical diversity and experience;
- Recognition that the focus of care may be different across the life span;

- Services delivered to support continuity and coronation of care;
- Service equity across areas, communities and age groups; and
- Consideration of the spectrum of mental health, mental health problems and mental illness.

The Fourth Plan has five priority areas for government action in mental health:

1. Social inclusion and recovery;
2. Prevention and early intervention;
3. Service access, coordination and continuity of care;
4. Quality improvement and innovation; and
5. Accountability - measuring and reporting progress.

The Fourth Plan identifies 34 key actions that will make meaningful progress towards fulfilling the vision of the policy. While led by health ministers, the Plan takes a whole of government approach through involving sectors other than just health. The Fourth Plan will provide a basis for governments to advance mental health activities within the various portfolio areas in a more integrated way, recognising that many sectors can contribute to better outcomes for people living with mental illness.

The Fourth Plan adopts a population health framework approach to mental health and mental illness. This framework recognises the complex range of causes and outcomes of both mental health and mental illness and acknowledges the importance of mental health issues throughout the lifespan, and across the diverse population groups that exist in Australia.

When drafting the Fourth Plan the MHSC was aware of the increased risk of mental illness amongst a number of specific groups within the Australian community. However, it was not possible to adequately capture the needs of these groups in the Plan, when the inclusion of one group would result in the exclusion of another and would make the Plan a long list of vulnerability and risk factors as well as a document of special circumstances that needed to be considered at all times.

Implementation of the actions in the Plan will involve consultation with relevant stakeholders. These separate consultations will be as inclusive and as broad as possible to ensure appropriate consideration is given to the implementation issues for specific population groups.

Governments have developed the implementation strategy to provide a tool to guide implementation and provide for quantitative and qualitative measurement of the progress of implementation of the Fourth Plan. This will enable shorter to medium term measures of progress to be reported on and accommodates the different stages of mental health reform across the jurisdictions.

Governance and accountability

The following roles and responsibilities in relation to governance of the Fourth Plan are proposed on the basis that the Fourth Plan is a Health Minister's Plan¹ in the context of a whole of government approach.

Council of Australian Governments (COAG)

The Council of Australian Governments will be informed of progress in implementation of the Plan by the Australian Health Ministers' Conference (AHMC). As agreed by AHMC on 4 September 2009, COAG will receive annual reports on progress in implementation of the Fourth Plan via the National Mental Health Report.

Australian Health Ministers' Conference (AHMC)

At the AHMC meeting of 22 July 2008, health ministers noted the draft revised National Mental Health Policy as a basis for informing the development of a fourth, whole of government, National Mental Health Plan. At their 5 December 2008 meeting, AHMC noted the progress update from AHMAC

¹ In some jurisdictions, implementation might be the responsibility of other Ministers or equivalent.

which indicated that the Plan would be a health ministers' Plan in the context of a whole of government approach.

AHMC provides strategic direction to the Australian Health Ministers' Advisory Council (AHMAC) on mental health reform. It will lead implementation of the Plan and members will report on implementation of the Fourth Plan within their jurisdiction to AHMC. Partnerships with relevant Ministerial Councils and other stakeholders will also be established to progress cross portfolio aspects of the Fourth Plan and to promote further consideration of mental health reform by sectors other than health.

Australian Health Ministers' Advisory Council (AHMAC)

AHMAC will provide strategic advice to AHMC on progress and directions for mental health reform under the Fourth Plan. It also provides strategic direction to the Health Policy Priorities Principal Committee (HPPPC) on mental health reform.

AHMAC members will oversee implementation of the Fourth Plan within their jurisdiction.

Health Policy Priorities Principal Committee (HPPPC)

HPPPC will formalise partnerships with relevant Ministerial Advisory Councils through chairing the Cross Sectoral Mental Health Working Group which will progress cross portfolio aspects of the Plan and promote further adoption of mental health by other Ministerial Advisory Councils.

HPPPC is responsible for the provision of strategic advice to AHMAC on mental health reform under the Plan and also provides strategic direction to the MHSC.

HPPPC will monitor annual progress of implementation on the Fourth Plan including review of the strategy as required. HPPPC members will also provide strategic advice on implementation of the Fourth Plan within their jurisdiction

Mental Health Standing Committee

The MHSC has developed this Implementation Strategy, which includes health priorities for cross portfolio engagement and will progress health led actions under the Strategy. The MHSC will also develop an annual National Mental Health Report through the Mental Health Information Strategy Sub-Committee (MHISS) which will be considered by HPPPC, AHMAC, AHMC and COAG.

MHSC will support the HPPPC Chair in the establishment and ongoing work program of the new Cross Sectoral Mental Health Working Group to progress mental health reform with these sectors including the relevant priorities identified in the Implementation Strategy.

MHSC members will also be responsible for progression of the implementation of the Fourth Plan within their jurisdiction.

Cross Sectoral National Mental Health Plan Implementation Working Group

As agreed by the Australian Health Ministers' Conference on 4 September 2009, a Cross Sectoral National Mental Health Plan Implementation Working Group has been established to progress the whole of government elements of the Fourth National Mental Health Plan.

The Terms of Reference for the Cross Sectoral Working Group are to:

- Provide advice to the Australian Health Ministers' Conference (AHMC), other relevant Ministerial Councils and stakeholders represented in the membership of this Working Group, including the National Mental Health Consumer and Carer Forum, on strategies to achieve a whole of government approach to mental health.
- Provide advice (to the AHMC, other relevant Ministerial Councils and stakeholders represented in the membership of this Working Group) on and oversee implementation of the actions within the Fourth Plan that have cross portfolio implications.
- Develop a framework for Ministerial and Ministerial Council responsibility for implementation of Fourth Plan actions which provides clear accountability structures for all relevant Ministerial Councils including mechanisms for developing workplans, performance indicators and reporting mechanisms to Health Ministers
- Progress a specific focus on mental health directions and priorities within other Ministerial Council strategies and initiatives.
- Contribute to identification and development of data and indicators for the Fourth Plan.
- Contribute to annual reporting on implementation of the Fourth Plan.

Fourth National Mental Health Plan for Jurisdictional Mental Health Groups

In July 2006, the Council of Australian Governments (COAG) endorsed a *National Action Plan on Mental Health (2006 – 2011)*. To ensure Commonwealth and state and territory government initiatives being progressed under the COAG Plan are coordinated and delivered in a seamless way, the Premier or Chief Minister’s department in each state and territory convened a COAG Mental Health Group.

These groups provided a useful forum for oversight and collaboration and involve Commonwealth and state and territory representatives. Engagement with non-government organisations, the private sector and consumer and carer representatives also occurs.

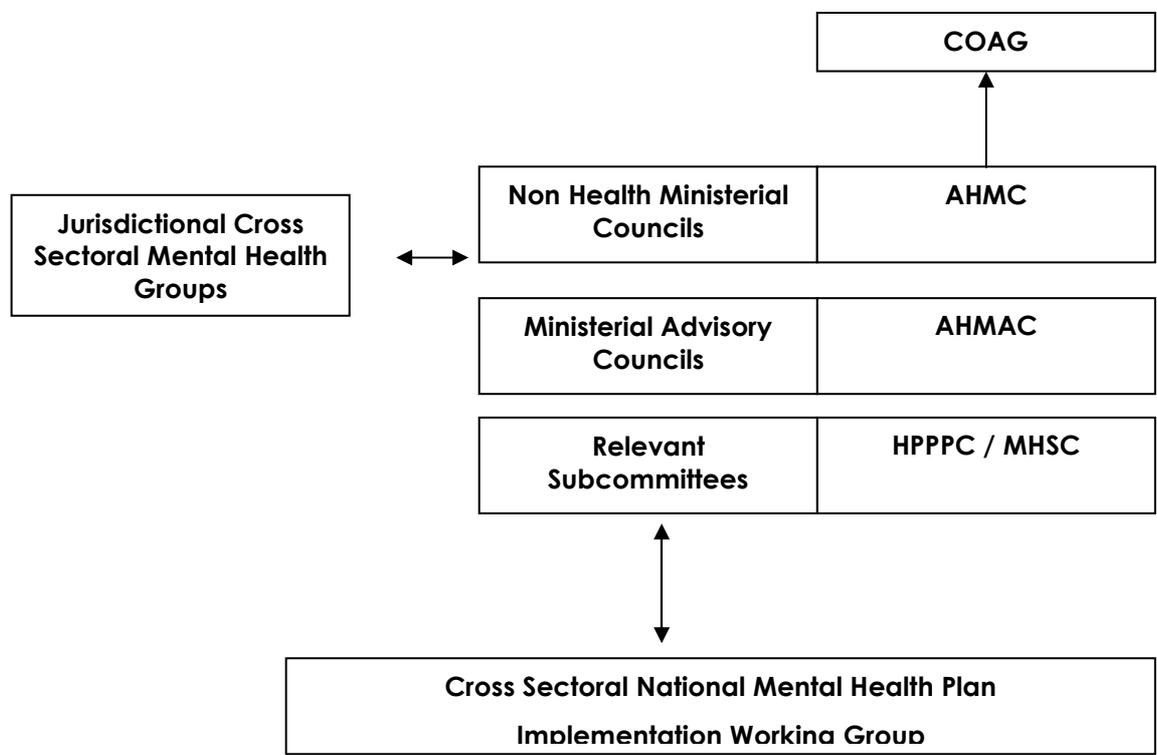
In addition to the continued work on specific mental health issues, these groups will also focus on the implementation of the Fourth National Mental Health Plan.

It is envisaged that these groups, in relation to the Fourth Plan, will:

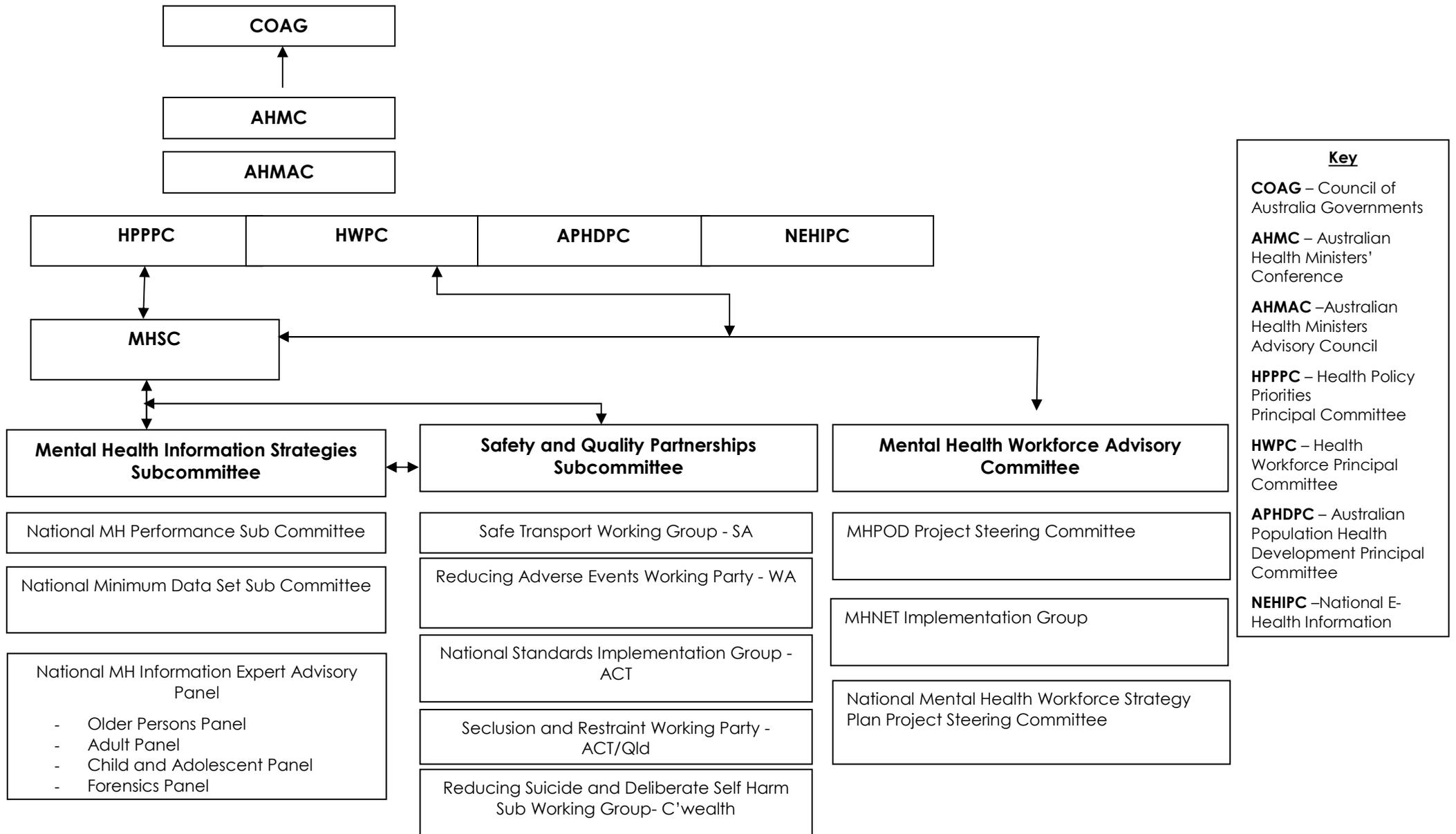
- Provide advice on strategies to achieve a whole of government approach to mental health within the jurisdiction.
- Provide advice on and oversee implementation of the actions within the Fourth Plan that have cross portfolio implications.
- Progress a specific focus on mental health directions and priorities within other portfolio strategies and initiatives.
- Contribute to identification and development of jurisdictional data and indicators for the Fourth Plan.
- Contribute to jurisdictional input to annual reporting on implementation of the Fourth Plan.

A map of the proposed governance structure is provided below.

Overarching Governance Structure – Implementation of the Fourth National Mental Health Plan (proposed)



AHMC Governance Structure – Implementation of the Fourth National Mental Health Plan (Current)



Actions

The Fourth National Mental Health Plan contains 34 actions. The MHSC will now commence activities to ensure that these actions are achieved. Some of the actions require commitments of time and effort rather than financial investment and others require new or re-focused funding. Several actions may require new funding and it will be up to individual jurisdictions to source funding as appropriate.

Some actions in the Plan are fundamental and their implementation will impact on the implementation of other actions in the Plan.

A range of activity is being undertaken against some of the actions in the Plan, whereas others represent new territory for government collaboration.

The table below outlines the process for the further development of activities to progress actions. The lead agency for each action will be responsible for developing a detailed year by year approach to implementation as well as providing secretariat support for the subgroup that will provide input to this year by year approach.

Priority Area 1 - Social inclusion and recovery

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority Area 1 – Social inclusion and recovery	1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.	Nationally coordinated and cross sectoral	Lead: Commonwealth Subgroup: QLD, TAS and WA Then to Cross Sectoral Working Group (CSWG) for agreement	Qualitative	All Govts	3, 5, 11
	2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.	Nationally coordinated and cross sectoral	Lead: VIC Subgroup: Commonwealth, QLD and WA Then to CSWG for agreement	Qualitative	All Govts	1, 2
	3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision. *	Nationally Coordinated	Lead: QLD Subgroup: VIC and NT, Commonwealth	Qualitative	All Govts	

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
	4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.	Jurisdictional and cross sectoral	Chairs of Safety and Quality Partnership Subcommittee (SQPS), Mental Health Information Strategies Subcommittee (MHISS) and Mental Health Workforce Advisory Committee (MHWAC) to progress this action Then to CSWG for agreement	Qualitative	All Govts	22
	5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.	Jurisdictional and cross sectoral	Lead: VIC Subgroup: Commonwealth and SA Then to CSWG for agreement	Qualitative	States	4
	6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.	Jurisdictional and cross sectoral	Lead: VIC Subgroup: Commonwealth and SA Then to CSWG for agreement	Qualitative	All Govts	4, 19
	7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Strait Islander Social and Emotional Well Being Framework.	Nationally Coordinated	Lead: Commonwealth Subgroup: QLD, WA and NT MHSC to work collaboratively with the National Indigenous Health Equalities Council	Qualitative	Cwlth	

Priority Area 2 - Prevention and early intervention

	Action	Responsibility	Implementation Approach	Type of implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority Area 2 – Prevention and early intervention	8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.	Jurisdictional and Cross Sectoral	Lead: Commonwealth Subgroup: QLD, NSW and ACT Then to CSWG for agreement	Quantitative	All Govts	6
	9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.	Jurisdictional and Cross Sectoral	Lead: QLD Subgroup: WA, SA and Commonwealth Then to CSWG for agreement	Qualitative	All Govts	
	10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.	Nationally Coordinated and cross sectoral	Lead: Commonwealth Subgroup: SA and VIC Then to CSWG for agreement	Quantitative	All Govts	7
	11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.	States/ Territories	Lead: NSW Subgroup: VIC, QLD , WA and Commonwealth	Quantitative	States	
	12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.	Jurisdictional with National coordination and cross sectoral	Lead: Commonwealth Subgroup: Suicide Prevention Framework Alignment Working Group to consult with SQPS. Then to CSWG for agreement	Quantitative	All Govts	10
	13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.	Nationally Coordinated and cross sectoral	Commonwealth to lead Subgroup: Suicide Prevention Framework Alignment Working Group to consult with SQPS. Then to CSWG for agreement	Qualitative	All Govts	

	Action	Responsibility	Implementation Approach	Type of implementation Progress Measure	Who needs to report	Relevant Indicator Number **
	14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.	Jurisdictional and Cross Sectoral	Lead: QLD Subgroup: TAS, NSW and Commonwealth Then to CSWG for agreement	Qualitative	All Govts	
	15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.	Jurisdictional and Cross Sectoral	Lead: NSW Subgroup: NT, ACT and Commonwealth Then to CSWG for agreement	Qualitative	All Govts	

Priority Area 3 - Service access, coordination and continuity of care

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority area 3 – Service access, coordination and continuity of care	16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.*	Nationally Coordinated	Lead: Commonwealth Subgroup: all States and Territories	Qualitative	Cwlth	13
	17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.*	States/Territories	Lead: VIC Subgroup: WA, SA and Commonwealth	Quantitative	States	
	18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.*	Jurisdictional	Lead: QLD Subgroup: TAS and NSW	Qualitative	All Govts	17
	19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.	States/Territories and Cross Sectoral	Lead: NSW Subgroup: SA, QLD and SQPS Then to CSWG for agreement	Qualitative	States	
	20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.*	Jurisdictional	Lead: Commonwealth Subgroup: NSW ,TAS and National Comorbidity Collaboration (NCC)	Qualitative	All Govts	
	21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.*	Jurisdictional	Lead: NSW Subgroup: ACT and NT	Qualitative	All Govts	
	22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.*	Jurisdictional	Lead: Commonwealth Subgroup: QLD, TAS, NT and NSW	Qualitative	All Govts	

Priority Area 4 - Quality improvement and innovation

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority Area 4 – Quality improvement and innovation	23. Review the Mental Health Statement of Rights and Responsibilities.	Nationally Coordinated	SQPS	Qualitative	SQPS	
	24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.	Nationally Coordinated and Cross Sectoral	Lead: WA Subgroup: all state and territories Then to CSWG for agreement	Qualitative	States	
	25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.	Nationally Coordinated	MHWAC to progress this action.	Qualitative	MHWAC	
	26. Increase consumer and carer employment in clinical and community support settings	Jurisdictional	Lead: QLD Subgroup: TAS, ACT and Commonwealth	Quantitative	All Govts	21
	27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.	Nationally Coordinated	SQPS to progress this action	Quantitative	States	22
	28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework.	Nationally Coordinated	MHISS and SQPS to progress this action	Qualitative	All Govts	25
	29. Develop a national mental health research strategy to drive collaboration and inform the research agenda	Nationally Coordinated	Commonwealth Subgroup: QLD and NSW	Qualitative	Cwlth	
	30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.*	Jurisdictional	Lead: NSW Subgroup: QLD, WA, SA and Commonwealth	Qualitative	All Govts	

Priority Area 5 - Accountability – measuring and reporting progress

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority area 5 – Accountability – measuring and reporting progress	31. Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholder needs.	Nationally coordinated and cross sectoral	MHISS to progress this action Then to CSWG for agreement	Qualitative	All Govts	
	32. Build an accountable service delivery system that monitors its performance on service quality indicators and makes this information available to consumers and other stakeholders.	All jurisdictions	MHISS to progress this action	Quantitative	All Govts	25
	33. Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting.	Nationally coordinated	MHISS to progress this action	Qualitative	MHISS	
	34. Conduct a rigorous evaluation of the Fourth National Mental Health Plan.	Nationally coordinated and cross sectoral	MHISS to progress this action Then to CSWG for agreement	Qualitative	MHSC	

* Note: these actions to be progressed alongside each other to ensure that the national service planning framework is linked into the development of these models.

**Note: indicators of direct relevance to each action are listed, noting that not all 25 indicators can be directly correlated with an action in the Plan. Refer to Attachment A for a full list of indicators.

Summary of reporting responsibility

Type of implementation Progress Measure	Who needs to report?				
	Cwlth	States	All Govts	Committee	GRAND TOTAL
Qualitative	3	3	16	4	26
Quantitative		3	5		8
Total	3	6	21	4	34

List of Fourth Plan indicators

Indicator Number	Action
1	Participation rates by people with mental illness of working age in employment
2	Participation rates by young people aged 16-30 with mental illness in education and employment
3	Rates of stigmatising attitudes within the community
4	Percentage of mental health consumers living in stable housing
5	Rates of community participation by people with mental illness
6	Proportion of primary and secondary schools with mental health literacy component included in curriculum
7	Rates of contact with primary mental health care by children and young people
8	Rates of use of licit and illicit drugs that contribute to mental illness in young people
9	Rates of suicide in the community
10	Proportion of front-line workers within given sectors who have been exposed to relevant education and training
11	Rates of understanding of mental health problems and mental illness in the community
12	Prevalence of mental illness
13	Percentage of population receiving mental health care
14	Readmission to hospital within 28-days of discharge
15	Rates of pre-admission community care
16	Rates of post-discharge community care
17	Proportion of specialist mental health sector consumers with nominated GP
18	Average waiting times for consumers with mental health problems presenting to emergency departments
19	Prevalence of mental illness among homeless populations
20	Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities
21	Proportion of total mental health workforce accounted for by consumer and carer workers
22	Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards
23	Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system
24	Proportion of consumers and carers with positive experiences of service delivery
25	Proportion of mental health service organisations publicly reporting performance data