Final Report

Expert Reference Group

to

COAG Working Group on Mental Health Reform

on

National Targets and Indicators for mental health reform

September 2013
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1. Background

In December 2012, the Council of Australian Governments (COAG) re-affirmed its commitment to mental health reform, released its *Roadmap for National Mental Health Reform 2012-22* and established a Working Group on Mental Health Reform to assist with the implementation of the Roadmap.

COAG also welcomed the release of the National Mental Health Commission’s inaugural Report Card on Mental Health and Suicide Prevention and agreed to provide a response to the Report Card that would include national indicators and targets for mental health reform.

COAG established an Expert Reference Group (ERG) to work alongside the the COAG Working Group on Mental Health Reform and provide independent expert advice to governments.

The key task of the ERG was to provide advice to the COAG Working Group on Mental Health Reform on a set of ambitious and achievable national, whole of life, outcome based indicators and targets for mental health that will be understood by the community and drive systemic change.

In addition the ERG was tasked with listing, in order of priority, indicators for development that currently do not have sufficiently robust or regular data available.

The ERG is chaired by Professor Allan Fels AO. The membership of the ERG compromises nominees from each jurisdiction representing clinicians, consumers and carers, academics, representatives of peak bodies, state commissions, advisory groups and policy makers. A list of ERG members is provided at Appendix 1.

The Secretariat of the ERG was provided by the National Mental Health Commission (NMHC) with costs to be reimbursed by the Australian Government’s Department of Health and Ageing.

ERG members were nominated as individuals and were independent from any of the jurisdictions who nominated them. Expert advice was also sought from organisations such as the Australian Institute of Health and Welfare and the Australian Bureau of Statistics to inform the work of the ERG.

The Terms of Reference for the ERG were confirmed by the Co-Chairs of the COAG Working Group on Mental Health Reform in April 2013. The Terms of Reference are provided at Appendix 2.

The timeline for the ERG’s work was tight. The ERG was agreed to by COAG in December 2012. Nominations for membership of the ERG were sought in February 2013 and membership was confirmed on 3 April 2013. The ERG met on three occasions: 10 April 2013, 4 June 2013 and 16 July 2013, with out of session work. The work of the ERG was completed in late August 2013.
2. Developing the vision, domains, targets and indicators

At its first meeting the ERG agreed that a small number of targets and indicators would be more useful and powerful than a large number. The group therefore took a population based approach to its work, while continually considering the potential for its national targets and indicators to be disaggregated by certain population groups, including those most at risk of mental illness and suicide.

The ERG supported an approach that resulted in targets and indicators that reflected the a whole of life, that are meaningful to people with lived experience, their families, carers and supporters, clinicians, other workers and the community. Thus members also agreed that *The Roadmap for Mental Health Reform 2012 – 2022* should be a starting point only for the ERG and not constrain its work.

It was not the ERG’s role to undertake a technical assessment of the feasibility and costs of implementing and reporting against the proposed indicators and targets. This assessment will be undertaken by the Working Group on Mental Health Reform on receipt of advice from the ERG.

In developing the suite of targets and indicators the ERG utilised the expertise of its members, sought advice from and participated in a number of consultations and sought feedback from peak bodies and Ministerial Councils.

A number of targeted consultations were undertaken to inform the work of the ERG including:

- **International benchmarking through a meeting of state/national and international mental health commissions and state/territory and international colleagues and experts.** The first of these meetings was held in Sydney in March 2013. The meeting was attended by over 40 people with specific expertise in mental health. An additional meeting of Australian state and national mental health commissions, colleagues and experts was held in Perth in July 2013.

- **The Mental Health Council of Australia (MHCA) held eight workshops, one in each state and territory, in April 2013.** The workshops were attended by consumers and carers, community mental health workers, clinicians, mental health nurses, academics and policy officers/program managers from both within and outside government. The workshops were attended by a total of 401 people who discussed the issue of targets and indicators for mental health reform as part of their program. Following the workshops approximately 300 returned completed surveys on targets and indicators to the MHCA.

- **Consumer and carer representatives, through a workshop with the National Mental Health Consumer and Carer Forum and National Mental Health Consumer and Carer Register held on 6 May 2013 and attended by 38 representatives.** This workshop,
facilitated by the MHCA, gave an opportunity for consumer and carer leaders to provide their views and advice on targets and indicators that would, if adopted, drive improvements across the mental health sector that would lead to measurable changes in consumer and carer outcomes.

- Key NGOs, peak bodies, academics and thought leaders from a range of sectors through a dedicated meeting of the Council of Non-Government Organisations for Mental Health (CONGO), co-hosted by the MHCA and NMHC. The CONGO meeting was held on 21 May 2013 and attended by more than 110 delegates.

- Targeted consultations with key experts, organisations and Ministerial Councils.

Further detail on the consultations undertaken is provided at Appendix 3.

Some specific feedback from the consultations which informed the ERG’s work was:

- The aspirations of consumers and carers should be fundamental in considering targets and indicators
- Consumers and carers generally supported process rather than outcome indicators to drive change due to the challenge, at times, of measuring outcome indicators
- The importance of the whole of life approach, in particular consideration of issues outside the health domain, and social determinants
- The importance of community wellbeing within the ERG’s framework
- The importance of the reported experiences of individuals and families to driving change

There was general agreement for use of the National Mental Health Commission’s 2012 *A Contributing Life: The National Report Card on Mental Health and Suicide Prevention* framework as an organising approach, with the inclusion of three additional areas:

- community wellbeing
- workforce
- prevention and early identification.

The feedback from the consultations undertaken by the MHCA identified the need for targets in the following areas:

- life expectancy
- access to services
- employment participation rates for people with mental health
- accessibility of affordable, appropriate, safe, secure and lasting accommodation
- suicide and attempted suicide
- peer workforce strategy
- national wellbeing
- physical and chemical restraint in mental health and justice settings
- spending on community based mental health
- mental health and the criminal justice system.
The key issues for the MHCA in providing advice to the Working Group on Mental Health Reform were:

- national spending on mental health services, in particular community based mental health
- elimination of seclusion and restraint
- discharge planning and follow-up.

The final report from the consultations undertaken by the MHCA is provided at Appendix 4. The ERG has prepared a table which compares the ERG framework with the targets and indicators recommended through the consultations undertaken by the MHCA. This table is available at Appendix 5.
3. The framework of targets and indicators to drive mental health reform

In agreeing its framework of national targets and indicators for mental health reform, the ERG has identified a vision for Australia in 2023, which is:

- Reduced prevalence of mental illness and suicide
- Increased understanding of and improved attitudes towards mental illness resulting in changed behaviour
- Increased funding allocated to, and spent on, mental health in particular community services, promotion, prevention and early intervention, as a percentage of GDP (to be determined by the Productivity Commission). An interim target is that the proportion of funding on mental health from the health budget should be at least 13% which is equal to the burden of disease.

The ERG identified six domains, or global areas of focus for transformational change, to organise its framework. The six domains are:

- More people with mental health problems will have better physical health and live longer
- More people have better mental health and wellbeing
- More people with mental health problems will live a meaningful and contributing life
- More people will have a positive experience of care and support
- Fewer people will experience avoidable harm
- Fewer people will experience stigma and discrimination

These domains are then underpinned by a suite of targets and indicators, which are shown on the following pages.
# National Targets for Mental Health Reform

## 10 Year Vision

In 10 years' time we want to see in Australia:

- Reduced prevalence of mental illness and suicide
- Increased understanding of and improved attitudes towards mental illness resulting in changed behaviour
- Increased funding allocated to, and spent on, mental health in particular community services, promotion, prevention and early intervention, as a percentage of GDP (to be determined by the Productivity Commission).

An interim target is that the proportion of funding on mental health from the health budget should be at least 13% which is equal to the burden of disease.

## Domains

<table>
<thead>
<tr>
<th>Targets</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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<th>5.</th>
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<th>11.</th>
<th>12.</th>
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</thead>
<tbody>
<tr>
<td>Physical health of people with severe mental illness</td>
<td>More people with poor mental health will have better physical health and live longer</td>
<td>1. Improve life expectancy of adults with a mental illness to achieve parity with adults without a mental illness. Particular focus should be on:</td>
<td>Reducing mortality rates of adults over 15 years with a mental illness by 30% in four years and 50% in 10 years</td>
<td>Increasing the proportion of adults over 15 with a diagnosed mental illness who are screened every 12 months for physical and mental health issues by 40% in four years and 50% in 10 years</td>
<td>Wider determinants of mental health and illness</td>
<td>2. Increase in the proportion of the population who report positive mental wellbeing</td>
<td>Access, care and treatment</td>
<td>3. Increase in the proportion of mental health consumers, families and carers who report timely access to the support and services they need by 10% each year</td>
<td>Recovery and quality of life</td>
<td>6. Improve employment rates of adults over 18 with mental illness and their carers</td>
<td>Knowledge, attitudes and behaviours of the general public</td>
<td>11. Reduction in the national suicide rate by 10% in four years and 50% in 10 years</td>
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<td>Mental health and wellbeing for the whole population</td>
<td>2. Increase in the proportion of the population who report positive mental wellbeing</td>
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<td>Service users' experience of stigma and discrimination</td>
<td>14. Increase in the number of consumers, families and carers who report having the confidence to challenge stigma and discrimination</td>
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## Targets

- **Key:** Linking each target to the ‘Contributing Life’ framework
- **Key:** 150cm baseline measure is required in order to establish target
- **Key:** Training, not just surviving.
- **Key:** Meaningful support, not just treatment.
- **Key:** Meaningful opportunities, not just access.
- **Key:** Experiences, not just data.
- **Key:** Involvement, not just consultation.
- **Key:** Challenges with messy, tricky, complex, innovative.

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4. Determining priorities

While it was not the ERG’s role to undertake a technical assessment of the feasibility and costs of implementing and reporting against the proposed targets and indicators the ERG was tasked with listing, in order of priority, indicators for development that currently do not have sufficiently robust or regular data available.

The ERG has identified a number of targets and indicators which require baseline data to enable targets to be determined and change to be measured. The specific targets and indicators are identified in the framework.

Priority areas identified by the ERG where focus should be directed to develop targets and indicators are in the areas of:

- Life expectancy
- Recovery – both experiences and peer workers
- Housing
- Employment
- Suicide attempts
- Stigma and discrimination
- Mental health wellbeing
5. What else is required?

The ERG has identified a number of issues which will require further work by the Working Group on Mental Health Reform in order to maximise the output from the ERG.

Data collection has been an issue in health care in general and mental health in particular, for some time.

We know that there are important data gaps that do need to be addressed to ensure that the data required to measure several of the targets and indicators recommended by the ERG is available.

Mental health data has frequently been collected but not necessarily reported back to the services to enable them to improve their service delivery to better meet the needs of consumer and carers. One problem is that the data is frequently based on activity and does not necessarily inform services as to the achievement of outcomes. A further issue is the lack of linked data which could be used to measure service effectiveness and client outcomes. There have been many challenges and delays in defining and collecting the data for national mental health reports. Further there continues to be a need to agree definitions and to gather baseline data for targets and indicators where data does not already exist.

The ERG was tasked with developing whole-of-life, national targets and indicators. In order to measure the changes that are expected as a result of the implementation of mental health reform, many of these targets and indicators will need to be disaggregated by, at least: gender, aboriginality, multiculturalism, culture, age, sexuality, and to reflect locations such and rural and remote locations. The disaggregation of data will enable more detailed analysis of the indicators to ensure that the targets are met across the population.

Finally, targets and indicators for mental health reform in Australia must be endorsed by COAG, reported regularly to the community and built in to national strategies and policies to ensure they drive systemic reform.
Appendices
1. **Expert Reference Group (ERG) Members**

Professor Allan Fels, Chair  
Chair, National Mental Health Commission

Ms Judy Bentley  
Carer Representative, Nominee of the National Mental Health Consumer and Carer Forum

Mr Darren Carr  
Chief Executive Officer, Mental Health Council of Tasmania

Mr John Feneley  
NSW Mental Health Commissioner, NSW Mental Health Commission

Mr Jack Heath  
Chief Executive Officer, SANE Australia

Professor Jayashri Kulkarni  
Director, Monash Alfred Psychiatry Research Centre

Dr Peter Norrie  
Chief Psychiatrist, ACT Department of Health

A/Professor Robert Parker  
Director of Psychiatry, Top End Mental Health Services, Northern Territory

Mrs Danuta Pawelek  
Director, Performance and Reporting Directorate, Western Australian Mental Health Commission

Mr Frank Quinlan  
Chief Executive Officer, Mental Health Council of Australia

Ms Ailsa Rayner  
Consumer Representative, Nominee of the National Mental Health Consumer and Carer Forum

Dr Peter Tyllis  
Chief Psychiatrist, South Australian Department of Health

Professor Harvey Whiteford  
Kratzman Chair of Psychiatry and Population Health, Head of Policy and Evaluation Research, University of Queensland

**Ex-Officio**

Ms Robyn Kruk  
Chief Executive Officer, National Mental Health Commission

Ms Georgie Harman  
Deputy Chief Executive Officer, National Mental Health Commission

**Secretariat**

Ms JulieAnne Anderson  
JA Projects Pty Ltd
2. ERG Terms of Reference

EXPERT REFERENCE GROUP ON MENTAL HEALTH REFORM

GOVERNANCE ARRANGEMENTS AND

TERMS OF REFERENCE

16 April 2013
Expert Reference Group – Terms of Reference

Background

On 7 December 2012 COAG released the Roadmap for National Mental Health Reform 2012-22 (the Roadmap), agreed to provide a joint response to the National Mental Health Commission’s (the Commission) inaugural Report Card on Mental Health and Suicide Prevention (the Report Card) that would include national indicators and targets for mental health reform and established the Working Group on National Mental Health Reform (the Working Group) to be supported by an Expert Reference Group (ERG).

The Working Group is a national high level, interjurisdictional, cross portfolio body to ensure that mental health reform remains a priority across governments.

Role of the Expert Reference Group

The ERG reports to and supports the Working Group. The role of the ERG is to provide independent advice to the Working Group on matters referred to it. Importantly the ERG has been established to provide advice to governments that reflects a broader community perspective, especially the views of those with lived experience of mental health issues, their families and other supporters.

Terms of Reference

The key task of the ERG is to provide advice to the Working Group on a set of ambitious and achievable national, whole of life, outcome based indicators and targets for mental health that will be understood by the community and drive systemic change. A starting point for this work is the preliminary indicators and targets in the Roadmap. It is not the ERG’s role to undertake a technical assessment of the feasibility and costs of implementing and reporting against the proposed indicators and targets. This assessment will be undertaken by the Working Group on receipt of advice from the ERG.

In making recommendations on national, whole of life, outcome based indicators and targets for mental health, the ERG should consider:

- the range of needs of all Australians with mental health issues and their family and supporters - from having a home to employment, education and health supports, to social connections – and how this range should be reflected in national indicators;
- the range of relevant Australian and comparative international mental health performance indicators and targets, and relevant indicators from other sectors and what indicators will be most influential in achieving systemic change to improve people’s lives;
- if the performance against the indicator should be static, increasing or decreasing;
- listing in order of priority indicators for development that currently do not have sufficiently robust or regular data available; and
- the availability of relevant indicators that may be disaggregated by Indigenous status.
The Working Group must report to COAG on national indicators and targets by the end of 2013. The ERG’s advice to the Working Group must be provided to in a timeframe that enables the Working Group to meet this deadline.

The ERG may also be requested to provide advice to the Working Group on other matters as required to assist the Working Group in meeting the Working Group’s terms of reference. Where additional advice is sought of the ERG by the Working Group, the resources required to undertake this work, and the timing of this work, will be negotiated.

Consultation and Engagement

In undertaking its work, the ERG will ensure that appropriate consultation and engagement is undertaken, including with people with lived experience of mental health issues, their families and other supporters, the Commonwealth and state and territory governments and jurisdictions’ mental health commissions, providers of services and supports across the range of sectors, and researchers/academia.

Relationships

The ERG’s primary relationship will be with the Working Group. The ERG reports to and supports the Working Group.

It is expected that the ERG will work closely with the mental health sector and other sectors to progress its work and may draw on established relationships and expertise, including these already harnessed by the Commission.

Membership

The ERG’s membership will comprise:

- the Chair (from the Commission);
- one nominated representative from each jurisdiction, which could include a representative from a mental health commission, peak body or advisory group, or consumers/carers; and
- a representative with lived experience of a mental health issue and a family/carer representative agreed by the Co-Chairs of the Working Group.

The Chair of the ERG, in consultation with the Co-Chairs of the Working Group, will have capacity to use or co-opt additional expertise, including technical expertise, onto the ERG to ensure community diversity is reflected in its advice and to enable the ERG to address the Terms of Reference.

Secretariat

The Commission will provide Secretariat support to the ERG.

Remuneration and reimbursement of expenses

Members, unless representing a government agency, will be offered payment according to the Commission’s Paid Participation Policy or equivalent Remuneration Tribunal determination.
3. Consultations to inform the ERG’s work

Peak bodies and other key stakeholders

National Mental Health Consumer and Carer Forum
National Mental Health Consumer and Carer Register
Disability Discrimination Commissioner
UnitingCare Australia
Australian Social Inclusion Board
Mission Australia
Australian Council on Social Services
Australian Psychological Society
Royal Australian and New Zealand College of Psychiatrists
Australian Medical Association
Royal Australian College of General Practitioners
Australian Medicare Locals Alliance
Mental Illness Fellowship of Australia
Young & Well CRC
headspace
beyondblue
Suicide Prevention Australia
Mental Health Commission of Canada
New Zealand Mental Health Commissioner
Australian Bureau of Statistics
Australian Institute for Health & Welfare

Australian National Council on Drugs
Forum of Australian Services for Survivors of Torture and Trauma
Mental Health in Multicultural Australia
LGBTI Health Alliance
Mental Illness in Multicultural Australia
Mental Health Nurses of Australia
Community Mental Health Alliance
Private Mental Health Alliance
Carers Australia
National Aboriginal Community Controlled Health Organisation
Mental Health Coordinating Council
Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group
National Employment Services Association
Mental Health Council of Australia
Council of Non-Government Organisations in Mental Health (CONGO)
NSW Mental Health Commission
Queensland Mental Health Commission
Western Australia Mental Health Commission
State and Territory Governments

Ministerial Councils

Standing Council on Tertiary Education, Skills and Employment
Standing Council on Community, Housing and Disability Services
Standing Council on School Education and Early Childhood
Standing Council on Police and Emergency Management
COAG Select Council on Housing and Homelessness

Further information is in Appendix 4
4. Report from the MHCA consultations

Measuring a Contributing Life
MHCA consultations on targets and indicators to drive mental health reform

Final Report Prepared for the National Mental Health Commission, June 2013

Full Report and Appendices available at Attachments 1A and 1B
5. **Comparison of the ERG framework with the targets and indicators recommended through the consultations undertaken by the MHCA**

The MHCA’s consultations identified 10 targets and related indicators across the whole-of-life. The key outcomes of the consultations are shown below with reference to where these outcomes are incorporated into the ERGs final framework of targets and indicators.

<table>
<thead>
<tr>
<th>MHCA consultation domain</th>
<th>ERG framework of targets and indicators</th>
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<tbody>
<tr>
<td>Physical health</td>
<td>Domain 1 – More people with mental health problems will have better physical health and live longer</td>
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<tr>
<td>Access to services</td>
<td>Domain 3 – More people with mental health problems will live a meaningful and contributing life</td>
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<tr>
<td>Economic participation</td>
<td>Domain 3 – More people with mental health problems will live a meaningful and contributing life</td>
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<tr>
<td>Housing</td>
<td>Domain 2 – More people will have better mental health and wellbeing</td>
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<tr>
<td>Suicide</td>
<td>Domain 5 - Fewer people will experience avoidable harm</td>
</tr>
<tr>
<td>Peer workforce</td>
<td>Domain 2 – More people will have better mental health and wellbeing</td>
</tr>
<tr>
<td>Community wellbeing</td>
<td>Domain 2 – More people will have better mental health and wellbeing, and</td>
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<td></td>
<td>Domain 6 – Fewer people will experience stigma and discrimination</td>
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<tr>
<td>Safety</td>
<td>Domain 4 – More people will have a positive experience of care and support</td>
</tr>
<tr>
<td></td>
<td>Domain 5 - Fewer people will experience avoidable harm</td>
</tr>
<tr>
<td>Government spending</td>
<td>Overarching target of ‘Increased funding allocated to, and spent on, mental health in particular community services, promotion, prevention and early intervention, as a percentage of GDP (to be determined by the Productivity Commission). An interim target is that the proportion of funding on mental health from the health budget should be at least 13% which is equal to the burden of disease’.</td>
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<tr>
<td>Consumer and carer involvement</td>
<td>Domain 3 – More people with mental health problems will live a meaningful and contributing life, and</td>
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<tr>
<td></td>
<td>Domain 4 – More people will have a positive experience of care and support</td>
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</tbody>
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