



Canberra

18 October 2017

27 participants

Monitoring and Reporting Framework Mental Health and Suicide Prevention

ABOUT - The National Mental Health Commission is developing a strategic Framework to guide our national monitoring and reporting on mental health and suicide prevention with input from consumers, carers, families and support people, service providers, policy and decision makers across Australia. This summary is from the workshop discussion held in Canberra.

KEY THEMES – at the Canberra workshop, the following issues were highlighted:

- The need for clearer definitions of dual disability and dual diagnosis.
- Clarification on the role of the Commission as a secondary data user.
- Inconsistency in definitions of similar data concepts across jurisdictions.
- The importance of the consumer and carer perspective across all domains.
- How Primary Care, GPs and NGOs would be brought out through the Framework and data utilised.
- The importance of suicide prevention, improving data collection, mental health literacy and the need to measure mental health and wellbeing.
- Observation of the inter-related nature of domains.

DOMAINS – What are they key priorities and missing domains?

- Social domain could be renamed *Contributing Life or Wellbeing and Connections*.
- Consumer and carer participation should be central to the system.
- Measuring mental health and suicide literacy across the population and raising awareness of different service providers.
- Inclusion of positive mental wellbeing along with prevalence of mental ill health.
- Inclusion of physical health within the social domain as it impacts on an individual's capabilities.
- Efficiency, capability and sustainability were identified as sitting above accessibility and the other areas due to these requiring considerations at the outset to ensure a stable system.
- Increasing awareness of unmet need, where people are 'falling through the gaps'.



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PRIORITY GROUPS – Which groups are a priority and who has been missed?

- Priority Groups may not be the best terminology: target or interest groups could be more appropriate along with clear definitions.
- Missing groups include: people in contact with the justice system, people experiencing homelessness, men, carers, frontline health and emergency workers, rural and remote communities, people living with severe spectrum psychotic disorders, and people who have fallen through the gaps following the NDIS roll out.



DATA AND ANALYSIS – Where can we add value and what are the challenges?

- Researching what has been successful previously.
- Taping into Google searches to identify unmet needs.
- Identifying and reporting on key gap areas.
- Navigating privacy and confidentiality laws.
- Aiming to lower the burden on data providers.
- Potential data sources could include: newspapers, ABS statistics, google searches, consumer networks, and social networks.

REPORTING FORMATS – What reporting formats should be considered?

- Multiple formats are needed so that information is available to those without access to technology or who lack confidence or knowledge in their ability to utilise it.
- Integrating videos and personal stories along with the data to become an interactive experience.
- Creating reports that are user friendly with simple graphs and charts, no jargon.
- Allowing the context of the data to inform the format given varied audiences.
- Use of qualitative data.

Thank you

The Commission is grateful for the time and invaluable insights workshop participants provided. The feedback gathered through the consultation will help us shape a national monitoring and reporting Framework that will provide information to support change in mental health and suicide prevention.



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