



# Hobart

16 October 2017

*14 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 Hobart.

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

- Embed consumer and carer participation throughout and ensure monitoring.
- Need for a strong emphasis on the causal and risk factors for mental ill health and suicide, in particular community connections and housing.
- Include broader measures of social supports at all levels, including the system level.
- Ensure a clearer view of suicide monitoring and reporting.
- Balance ambition and feasibility over the different timeframes of the Framework, and ensure we do not just monitor and report on what is easy.
- Data standardisation and consistency between States and Territories will be a key challenge, including at a sub-jurisdictional level.

**DOMAINS** – What are they key priorities and missing domains?

- Priorities: continuity and integration of care, community connections, broad quality of life outcomes.
- Suicide prevention and mental ill health are related but are not the same and require separate consideration.
- Prevention needs a stronger focus.
- System coverage needs to extend beyond clinical (e.g. first responders and community) and outside mental health (e.g. disability, housing and homelessness).
- Strengths based population measures (e.g. mental health literacy, resilience, wellbeing) needed.
- Stigma and discrimination outside of mental health requires consideration.



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

- Include a stronger focus on children and young people (e.g. in out of home care and breaking the cycle associated with intergenerational trauma).
- Ensure rural and remote is a priority population.
- Identify cohorts whose data is not being captured or who are hard to reach (e.g. men who are at higher risk of suicide, and people experiencing homelessness).
- Give greater focus to identifying and understanding cohorts who we know little about.



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

- A significant challenge for data collection is ensuring commonality, integrity and reliability across all States and Territories, including at the sub-jurisdictional level (especially outcome measures).
- Qualitative data is important as well as quantitative.
- Opportunity for unique primary sources is appealing but challenging.

## REPORTING FORMATS – What reporting formats should be considered?

- Use plain English, especially for consumers, carers, families and support people. Mental health literacy is very variable and information needs to be easy to understand.
- Internet connection and cost need to be considered in reporting options in the digital space – hard copies may still be needed.
- Consider making data available through a central repository e.g. data.gov.au
- Supplement traditional formats with innovative online reporting.
- Reputable and reliable data sources (e.g. AIHW and ABS) were utilised most frequently.

# 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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