

A Contributing Life
The 2013 National Report Card on
Mental Health and Suicide Prevention

Supplementary Paper 1:

Reporting Back on the 2012 Report Card Priorities and Recomendations

Prepared by Australian Institute of Health and Welfare, November 2013



Australian Government
National Mental Health Commission

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1 Reporting Back on the 2012 Priorities and Recommendations

In 2012 the Commission set out four priorities and ten recommendations for governments and others to consider and accept

PRIORITY 1: Mental health must be a high national priority for all governments and the community.

PRIORITY 2: We need to provide a ‘complete picture’ of what is happening and closely monitor and evaluate change.

PRIORITY 3: We need to agree on the best ways to encourage improvement and get better results.

PRIORITY 4: We need to analyse where the gaps and barriers are to achieving a contributing life and agree on Australia’s direction.

RECOMMENDATION 1: Nothing about us, without us – there must be a regular independent survey of people’s experiences of and access to all mental health services to drive real improvement.

RECOMMENDATION 2: Increase access to timely and appropriate mental health services and support from 6-8 per cent to 12 per cent of the Australian population.

RECOMMENDATION 3: Reduce the use of involuntary practices and work to eliminate seclusion and restraint.

RECOMMENDATION 4: All governments must set targets and work together to reduce early death and improve the physical health of people with mental illness.

RECOMMENDATION 5: Include the mental health of Aboriginal and Torres Strait Islander peoples in ‘Closing the Gap’ targets to reduce early deaths and improve wellbeing.

RECOMMENDATION 6: There must be the same national commitment to safety and quality of care for mental health services as there is for general health services.

RECOMMENDATION 7: Invest in healthy families and communities to increase resilience and reduce the longer term need for crisis services.

RECOMMENDATION 8: Increase the levels of participation of people with mental health difficulties in employment in Australia to match best international levels.

RECOMMENDATION 9: No one should be discharged from hospitals, custodial care, mental health or drug and alcohol related treatment services into homelessness. Access to stable and safe places to live must increase.

RECOMMENDATION 10: Prevent and reduce suicides, and support those who attempt suicide through timely local responses and reporting.

Introduction

In the 2012 National Report Card on Mental Health and Suicide Prevention the Commission stated that it would report on progress against these priorities and recommendations in the 2013 Report Card.

The 2013 Report Card provides an overall assessment of progress, however at the time of writing the Commission had not received the COAG response to the 2012 Report Card, and so information from public sources was sought. This supplementary paper provides additional information to that found in the 2013 Report Card, relating to the Commission's assessment of national progress against the priorities and recommendations, as well as the activities the Commission has undertaken.

Reporting Back

At its December 2012 meeting, the Council of Australian Governments (COAG) welcomed the release of the National Mental Health Commission's first annual Report Card on 27 November 2012 and agreed to provide a response "in light of the significance of this inaugural report card in framing the expectations of the National Mental Health Commission and its approach to future reporting".

By September 2013 a response from COAG had not been received by the Commission.

To fulfil its commitment to report back on progress, the Commission undertook a review of publicly available examples of progress against the 2012 priorities and recommendations. Following this, the Commission circulated its findings and invited all governments to provide individual responses, and identify additional activities not reported in the public arena.

Responses were received from Western Australia, the Northern Territory and Victoria, and these are reflected in the 2013 Report Card and this supplementary paper. The Commonwealth, Tasmania, South Australia and the Australian Capital Territory declined to provide separate reports, noting that COAG would respond. Responses from New South Wales and Queensland had not been received at the time of writing of the 2013 Report Card.

On 20 November 2013 the Commission received the official response to the 2012 Report Card from COAG, which was published on their website the following day: - <http://www.coag.gov.au/node/515>

The timing of receipt of the COAG response one week before the launch of the 2013 Report Card meant that it was not possible to be included, as the document had already been completed and printed. However, the COAG response is included in this Supplementary paper (refer next section).

The purpose of this paper is to present an overview of government activities in regard to the priorities and recommendations of the 2012 Report Card. It includes:

- COAG's response to the 2012 Report Card, received by the Commission on 20 November 2013.
- Jurisdictional responses received by the Commission in relation to progress and activities against the 2012 priorities and recommendations.
- A summary of government activity identified through publicly available information, for those states and territories that did not provide an individual response (these summaries were forwarded to states or territories for comment).

2 COAG'S Response

COAG welcomed, at its December 2012 meeting, the release of *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention* – the Commission's first annual report card on mental health. The Prime Minister had tasked the Commission with preparation of an annual Report Card as one of its central functions when establishing the Commission in 2010-11.

In light of the significance of this inaugural Report Card in framing the expectations of the Commission and its approach to future reporting, COAG agreed to provide a response.

COAG welcomes the contribution of the National Mental Health Commission in providing its "big picture case for change" through the Report Card and giving voice to those with a lived experience of mental health issues and to those who provide them with support and assistance.

In responding to the Report Card, COAG acknowledges the existing efforts of all governments in providing the supports needed for all Australians to live contributing lives and commitment to the continuous improvement of mental health services and supports for people with mental illness, their families and carers and the community. The Report Card highlights opportunities for systematic reforms that will bring Australia closer to delivering a world leading mental health system that provides the whole of life supports required to live full and rewarding lives.

This, and subsequent Report Cards, will help inform the implementation of 'The Roadmap for National Mental Health Reform 2012-22' (the Roadmap), which was released by COAG on 7 December 2012.

The Roadmap establishes the direction governments will take over the next ten years to 2022 to achieve the COAG vision for a society that "values and promotes the importance of good mental health and wellbeing; maximises opportunities to prevent and reduce the impact on mental health issues and mental illness; and support people with mental health issues and mental illness, their families and carers to live contributing lives".

COAG notes that some of the important reforms proposed by the Commission, and by COAG through the Roadmap, will require extensive development and consultation. The implementation of these reforms will need to be grounded in what is realistic and achievable within the financial and workforce constraints faced by all governments and the complex challenges faced by the mental health system as a whole. Such reforms may therefore need to be considered in a timeframe that extends beyond the annual reporting cycle of the Commission and may be addressed in the context of developing the successor to the Fourth National Mental Health Plan. Where COAG is unable to immediately commit to specific action suggested by the Commission, this does not diminish the commitment of COAG to addressing the overarching priorities concerned.

This response focuses on the four Priority Areas and ten Recommendations of the Report Card, noting the Commission intends to report on progress against these in its second annual Report Card.

Priority 1

Agreed. COAG has released its Roadmap for National Mental Health Reform 2012-22, reaffirming the commitment of all governments to maintaining mental health as a high national priority. All governments have adopted the vision of the Roadmap.

COAG has established a Ministerially led Working Group on National Mental Health Reform, supported by an Expert Reference Group, to coordinate implementation of the Roadmap. The Working Group will develop the successor to the Fourth National Mental Health Plan and improve the capacity of governments to monitor and report on whether the services necessary for an individual to keep well and live to their full potential are being provided.

COAG has asked the National Mental Health Commission to inform the implementation of the Roadmap through chairing an Expert Reference Group that will assist the Working Group develop targets and indicators for mental health and represent views of the sector, including those with a lived experience of mental health issues and those that provide them with support and assistance; and through providing three yearly reporting on the progress of implementation of the Roadmap. COAG has also engaged relevant Select and Standing Councils in implementing the Roadmap, reflecting its commitment to support the economic, educational, social and housing needs of those with mental health issues.

COAG acknowledges that mental health is already a high priority of all governments. In the Australian Government, mental health, including the National Mental Health Commission is the responsibility of the Minister for Health. Within state and territory governments, mental health is the responsibility of mental health or health ministers, with some states establishing Mental Health Commissions. All states and territories have current mental health strategies or frameworks in place, and most have recently enacted mental health legislation or have new legislation pending.

As evidence of their commitment to mental health, Australian governments exceeded their initial commitments under the COAG National Action Plan on Mental Health 2006-2011, and increased spending on mental health to 7.7 per cent of total government health spending in 2010-11. This is the highest level of spending since reporting commenced in 1993.

Priority 2

Agreed. More effective data is critical to designing, monitoring and evaluating reforms.

COAG will draw on the extensive efforts already underway to improve mental health data collections, including development of a mental health Non-Government Organisation minimum data set for reporting in 2015, and development of measurement tools to monitor consumer social inclusion outcomes and their experience of care.

COAG notes the important roles of the Independent Hospital Pricing Authority and the National Health Performance Authority in ensuring transparency of mental health funding allocations in the implementation of mental health reform.

COAG further notes the role of the Australian Institute of Health and Welfare in promoting transparency in public reporting by all levels of government, particularly through its annual publication *Mental Health Services in Australia*. The publication includes reports on expenditure data by level of government and by type of service.

COAG will consider further development of national mental health and other population surveys, and timing of these, in the context of development of the successor to the Fourth National Mental Health Plan and advice from the Working Group and Expert Reference Group on national whole of life, outcome based targets and indicators for mental health.

Priority 3

Agreed. All governments are committed to the monitoring and evaluation of programs, as normal business, to foster continuous improvement and identify best practice, taking into account quantitative data and qualitative sources of program feedback.

To ensure that implementation of the Roadmap will help deliver a well-coordinated and person-centred mental health system for all Australians, and allow mental health to be a key consideration in the development of major policy reforms, relevant COAG Select and Standing Councils have adopted the vision of the Roadmap and are engaging with the Working Group.

Funding arrangements under COAG's National Health Reform Agreement will provide additional Australian Government funding for mental health services and improve funding transparency. The Independent Hospital Pricing Authority is designing activity based funding for mental health services consistent with the objectives of least intrusive treatment and community based care, while noting that hospitals remain a critical component of mental health services. The resulting funding approach for mental health services will be included in a review, in 2015-16, of the impact of the National Health Reform Agreement.

COAG notes the National Disability Insurance Scheme will play an important and complementary role in improving outcomes for people with severe and persistent mental illness. The National Disability Insurance Scheme will address the psychosocial needs of eligible people over their lifetime; noting that the National Disability Insurance Scheme Act 2013 provides that people with impairment attributable to a psychiatric condition may access scheme supports where they meet the disability criteria.

Priority 4

Agreed. COAG, through the Roadmap, has committed to the development of ambitious, but achievable targets for reform that will focus efforts to enable people with mental health issues and mental illness, and those that provide them with support and assistance, to live full and rewarding lives.

The Working Group will report to COAG by end-2013 on whole of life and outcome based targets and indicators for mental health that will be understood by the community. Based on advice from the Expert Reference Group, these targets and indicators will be used by the Commission in its three yearly reporting on the implementation of the Roadmap, which will in turn shape efforts by governments to address identified gaps.

The Working Group will develop a successor to the Fourth National Mental Health Plan for consideration by COAG in 2014. The plan will address identified gaps in mental health services and ensure investment in mental health is directed to evidence-based activities and emerging best practice.

The plan will provide strategic direction to the allocation of services by governments under

the National Mental Health Service Planning Framework. The Framework will be completed in 2013 and will contribute to governments' ability to better align resources with the services needed by Australians to achieve a contributing life.

Recommendation 1 Agreed. The lived experiences of people with mental health issues and those that provide them with support and assistance should inform mental health reform and drive continuous improvement in national policy and provision of services and supports. COAG acknowledges the principle of consumer and carer participation is strongly embedded in key national policy documents including the Roadmap; the Mental Health Statement on Rights and Responsibilities (2012); and the National Standards for Mental Health Services (2010).

COAG notes existing work under the Standing Council on Health to better understand consumer involvement and engagement in their care and the quality of that care, including development of a consumer experience of care measure and the 'Living in the Community' questionnaire on social inclusion and recovery.

COAG welcomes the contribution of the Commission to the understanding of people's experiences and to driving improvement through a regular survey of people with mental health difficulties and their families and support people.

Recommendation 2 Noted. COAG supports the need for improved access to mental health services and support, and the Roadmap cites 12 per cent as a provisional target for the percentage of the Australian population receiving clinical mental health services.

COAG will further consider this recommended target when the Working Group on Mental Health Reform and Expert Reference Group provide advice in late 2013 on a set of ambitious but achievable national, whole of life, outcome based targets and indicators for mental health. COAG notes that targets and indicators will need to be appropriate to the diverse cultural and geographic context of communities across Australia.

COAG meanwhile has endorsed access to mental health services as a performance indicator to be considered by the COAG Reform Council in its annual reporting on the performance of governments under the National Healthcare Agreement Performance Framework.

Recommendation 3 Agreed. All governments are working to reduce involuntary practices and where possible, eliminate seclusion and restraint. To help monitor progress against this aim, all jurisdictions have now endorsed the ongoing development of data on these aspects of care, with the objective of establishing a routine national collection, improving on the current ad hoc collection of data for the National Seclusion and Restraint Forum. The initial focus of this work has been on seclusion data. This is being progressed through the Standing Council on Health. The initial focus of the work has been on seclusion data development.

COAG supports the initiative of the Commission in calling for evidence of best practice in reducing and eliminating seclusion and restraint.

Recommendation 4 Agreed. COAG is committed to improving and maintaining the physical health of those experiencing mental health issues and their carers, and this commitment is reflected in the Roadmap. Moreover, Health Ministers continue to ensure that mental illness is nominated as a National Health Priority Area.

COAG recognises the need for better coordination of care, including through multidisciplinary care models, and acknowledges the importance of primary health care providers and emergency departments as gateways to health and mental health services.

COAG notes that governments are considering physical health in the assessment, review and refinement of mental health programs including a focus on better coordinating care and helping patients to access health services addressing chronic disease.

On 24 May 2013, a National Summit on Addressing the Premature Death of People with Mental Illness was held in Sydney and affirmed the right of people with severe mental illness to have the same expectations for good health, wellbeing and quality of life as the general population.

In recognition that more needs to be done to address this complex issue, improving physical health and reducing early death will remain part of the reform agenda and will be a priority in developing targets and indicators for mental health and a successor to the Fourth National Mental Health Plan.

Recommendation 5 Noted. COAG agrees that it is critical that the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples remain a key priority on the national agenda. It is imperative that governments continue to work to enhance wellbeing and reduce the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and the general population.

In this context, the existing 'Closing the Gap' targets already drive progress towards these

aims with a specific focus on individual drivers, including mental health, given in the annual Prime Minister's Closing the Gap Report and biennial reports of the Productivity Commission on Overcoming Indigenous Disadvantage.

This focus is also highlighted in the COAG Roadmap for National Mental Health Reform with targeted strategies to improve social and emotional wellbeing, decrease the rates of mental illness among Aboriginal and Torres Strait Islander peoples, and better ensure culturally appropriate mental health and support services. This will be well supported by the renewal of the 2004-09 Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework which is expected to be provided to the Standing Council on Health for endorsement later in 2013.

COAG notes that mental health and social and emotional wellbeing have been included in the National Aboriginal and Torres Strait Islander Health Plan, which will build on the Closing the Gap initiative and encompass social, emotional, spiritual and cultural wellbeing.

The Australian Government has also released the first Aboriginal and Torres Strait Islander Suicide Prevention Strategy. The strategy will see increased investment for suicide prevention activities that are culturally specific to Aboriginal and Torres Strait Islander peoples and their communities.

Recommendation 6 Agreed. COAG is committed to ensuring the mental health system achieves standards of safety and quality equivalent to those applying in the general health sector and supports the proposed collaboration between the National Mental Health Commission and the Australian Commission on Safety and Quality in Health Care.

COAG notes that state and territory governments are progressively mandating accreditation of services against the National Standards for Mental Health Services and the National Safety and Quality Health Service Standards. To assist accreditation against both sets of standards the Australian Commission on Safety and Quality in Health Care is developing an Accreditation Workbook for Mental Health Services.

Recommendation 7 Agreed. COAG supports investment in healthy families and communities and acknowledges the central role of parents and other primary care providers in building psychological resilience early in childhood development.

All governments fund services to assist vulnerable families, and some have increased investment supporting early intervention for children and their families experiencing mental health issues. Additionally, all governments invest in healthy families and communities through such initiatives as the Family Support Program.

COAG notes that increasing the resilience of families and communities is reflected in the inclusion of mental health as a national priority in the Second Action Plan 2012-15 of the National Framework for Protecting Australia's Children 2009-2020, and through the support of mental health services for people who have experienced domestic and family violence and sexual assault under the National Plan to Reduce Violence against Women and their Children 2010-2022.

Through the Roadmap, COAG has signalled the need for continued efforts to raise awareness about mental illness and increase the availability of prevention and intervention services for new parents and families and this will be further addressed in the development of the successor to the Fourth National Mental Health Plan.

Recommendation 8 Agreed. Improving the economic participation of people who experience mental health issues is a priority. This has been identified in the Roadmap, particularly through the development of more inclusive and supportive workplaces.

COAG notes the role of Australian Government employment services and supports to assist people into employment by working with employers, service and support providers and job seekers to find sustainable employment and provide services tailored to the disadvantage of individual job seekers. The Australian Government is working with international agencies, including the OECD, to inform improvements in Australian policy and programs in the area of mental health and work.

COAG will give further consideration to strategies for increasing the participation of people with mental health difficulties in employment in the context of developing the successor to the Fourth National Mental Health Plan. Development of the plan will take into account the role of complementary initiatives, such as the National Disability Insurance Scheme in providing the person centred and whole of life supports that eligible people with mental health issues and mental illness need to achieve their full potential.

COAG commends the Commission on its plans to establish a taskforce on workforce participation and welcomes ongoing advice on this issue, through the Working Group to inform implementation of the Roadmap.

Recommendation 9 Agreed. Access to stable accommodation for people with mental health issues is critical. COAG is committed to improving access to affordable, appropriate and secure housing for people with mental health issues.

COAG notes the existing efforts by governments to address homelessness, including through National Partnership Agreements. The National Partnership Agreement on National Mental Health Reform targets stable accommodation and support for those with mental illness. The National Partnership Agreement on Homelessness, supports people who are homeless or at risk of homelessness – including people with mental health or substance abuse issues - in achieving sustainable social housing and social inclusion.

State and territory governments have either embedded within hospital, custodial care, and mental health or drug and alcohol related service discharge policies and protocols the principle of no discharge into homelessness, or are in the process of reviewing their policies and protocols. COAG notes that contextual matters, including the remoteness of locations and the circumstances of discharge from care, can pose particular challenges in adhering to the principle.

Further consideration will be given to the complex matter of discharge into homelessness, including removal of discriminatory barriers to accessing all forms of housing for those with mental health difficulties, in the context of developing the successor to the Fourth National Mental Health Plan.

Recommendation 10 Agreed. A very high priority must continue to be provided to preventing and reducing suicide and supporting those who attempt suicide through timely local responses and reporting. This is reflected in the Roadmap with a focus on increasing community awareness and help for people at risk of suicide.

COAG notes that all governments have adopted the Living Is For Everyone (LIFE) framework and states and territories have in place suicide prevention strategies, action plans or dedicated services. Some Australian governments have established Ministerial suicide prevention advisory committees.

Australian governments are demonstrating their commitment to reducing the incidence and impact of suicide through funding evidence based programs targeting suicide in the most vulnerable regions and communities. Governments are also funding protocols or risk management frameworks to apply across their health and emergency services to aid the early detection and appropriate management of suicide risk.

COAG strongly supports local, integrated and timely suicide and at-risk reporting and responses and notes the National Coroners' Information Service and National Committee for Standardised Reporting for Suicide is developing a national standardised police form to improve identification of emerging areas of concern for suspected suicide deaths. The Australian Government is consulting the states and territories on potential implementation.

Conclusion

COAG commends the National Mental Health Commission on this first annual report on Mental Health and Suicide Prevention.

COAG welcomes the Commission's next report, noting the 2013 Report Card will report back on progress against the specific recommendations and findings of the 2012 Report Card; continue to focus on, and report against, the five domains of a contributing life and suicide prevention; and that the emotional health and wellbeing of Aboriginal and Torres Strait Islander peoples will continue to be a focus throughout the report.

The Commission undertook a review of publicly available websites and published documents in order to identify examples of activities and progress made against the 2012 Report Card priorities and recommendations. This section presents these findings for the Commonwealth and all other jurisdictions.

3 State and Territory Responses to the 2012 Report Card Priorities and Recommendations

As noted above, jurisdictional responses outlining activities and progress against the 2012 Report Card priorities and recommendations were received from Victoria, Western Australia and the Northern Territory. This section includes these responses.

Victorian response

Priority 1

Victoria supported the development of the Roadmap for National Mental Health Reform 2012-22, which reaffirms the commitment of all governments to maintaining mental health as a high national priority. The Victorian Government has adopted the vision of the Roadmap.

The Victorian Government has demonstrated the importance of funding mental health programs by exceeding our initial commitments under the COAG National Action Plan on Mental Health 2006-2011.

In October 2012, a new Mental Health Act for Victoria - Summary of proposed reforms was released. A Mental Health Act Implementation team was established to lead these reforms in partnership with consumers, their carers and families, and service providers. Work is ongoing with the Bill which will be introduced in 2013.

The Victorian Government Department of Health has established:

- Consumer Partnership dialogues to facilitate collaboration across the Department, the consumer workforce and the Victorian Mental Illness Awareness Council.
 - Carer Partnership dialogues to facilitate collaboration across the Department, the carer workforce and the Victorian Carers Mental Health Network.
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Priority 2

Victoria, through COAG, supports the efforts already underway to improve mental health data collections and is an active participant in national discussions to improve and refine data.

Victoria has participated in the development of the Mental Health non-government organisation establishment national minimum dataset (NGOE NMDS) through representation on the working group established by the AIHW to develop the specifications for this collection and the development of measurement tools to monitor consumer social inclusion outcomes and their experience of care.

Priority 3

Victoria is committed to monitoring and evaluating programs to foster continuous improvement and identify best practice, taking into account quantitative data and qualitative sources of program feedback.

Victoria has played a lead role in advocating for psychiatric disability to be an integral part of the NDIS and has embedded relevant funding and service provision in arrangements for the Barwon launch site which commenced in July 2013. The NDIS will play an important and complementary role in improving outcomes for people with severe and persistent mental illness.

Priority 4

Victoria, by supporting the roadmap, has committed to the development of ambitious, but achievable targets for reform that will focus efforts to enable people with mental health issues, and those that provide them with support and assistance, to live full and rewarding lives.

Victoria's Framework for Recovery-oriented Practice notes that orienting service delivery towards recovery involves the need to focus on strong partnerships in decision making between consumers and service providers. It also requires partnerships with carers and other

family members or significant others.

Recommendation 1 Victoria recognises that the lived experiences of people with mental health issues and those that provide them with support and assistance should inform mental health reform and drive continuous improvement in national policy and provision of services and supports.

Consumer and Carer partnerships are an example of the Victorian Government working with people with a lived experience of mental health as key informants to policy and service design.

In direct response to feedback from women on their experience of inpatient units, the Victorian Government has prioritised women's safety through further investment in women's only spaces in inpatient units and additional training to ensure women feel safer in inpatient services.

Recommendation 2 Victoria, through COAG, has endorsed access to mental health services as a performance indicator to be considered by the COAG Reform Council in its annual reporting on the performance of governments under the National Healthcare Agreement performance framework.

Recommendation 3 The Victorian Government is committed to reducing the use of restrictive interventions and working towards eliminating these practices in clinical mental health services. Lower hospitalisation rates in Victoria contribute to lower use of restrictive interventions.

Recent clinical leadership, benchmarking, guidelines, demonstration projects, pilots, and targets set through the Victorian Government's Statement of Priorities with each health service has seen a steady increase in agencies reporting lower seclusion rates.

Consumers and carers are integral to the solution of reducing restrictive interventions.

The Victorian Government has funded a state wide project team to support mental health services to identify the systemic changes that need to occur to result in a sustainable reduction – and ultimately elimination – in the use of seclusion and restraint. Victoria has been publicly reporting seclusion rates for adult, aged and child and adolescent target populations for the past three years on a quarterly basis. Quarterly reporting on rates of restraint in aged inpatient settings commenced 2010-11.

Victoria has contributed to the annual ad hoc collection of seclusion data for national reporting to the Australian Institute of Health and Welfare for the past four years.

Recommendation 4 Victoria is committed to improving and maintaining the physical health of those experiencing mental health issues and their carers, and this commitment is reflected in our support of the roadmap.

The Victorian Government has a range of programs and initiatives that have contributed to promotion and identification of physical health needs of people with a mental illness.

Recommendation 5 The roadmap has targeted strategies to improve social and emotional wellbeing, decrease the rates of mental illness among Aboriginal and Torres Strait Islander peoples, and better ensure culturally appropriate mental health and support services.

The Victorian Government provides funding to Aboriginal organisations and health services for mental health programs and initiatives targeted to Aboriginal Victorians. These include suicide prevention programs, mental health liaison services and specialist mental health family services.

Recommendation 6 Victoria supports the mandatory accreditation of public mental health services against the National Standards for Mental Health Services and National Safety and Quality Health Service standards.

Funding and service guidelines require Mental Health Community Support Services to implement National Standards for Mental Health Services and incorporate implementation of these standards into existing accreditation frameworks.

Recommendation 7 The Victorian Government is working to transform not just mental health services, but all human services to meet these challenges. The centrepiece of this transformation is Services Connect.

Services Connect looks to transcend traditional administrative boundaries to connect all human services; from housing to child and family services, from disability support to community mental health and alcohol and drug treatment services. At the core of the Services Connect is a model of service delivery that provides:

- One assessment when people access human services
 - One client record instead of multiple records held by different services, so that people
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- only need to tell their story once
 - One key worker to be a single point of contact
 - One plan that considers the full range of a person's or families' needs, goals and aspirations.

Services Connect is designed to connect people with the right support, address the whole range of needs, and to help people build their capabilities to improve their lives.

Recommendation 8 The Victorian Parliament completed a joint committee inquiry into employment participation of people with mental illness. The Victorian Government tabled its response in April 2013.

Relevant initiatives underway include the Pathways to Economic Participation pilot program being undertaken in two Area Mental Health Services.

Recommendation 9 The Victorian Government has provided funding for a range of initiatives which include:

- Breaking the cycle: reducing homelessness — this program provides outreach support and care coordination for people experiencing entrenched homelessness as a result of their mental illness.
- Mental health support for secure tenancies — this program targets people with severe mental illness who are/at-risk of being homeless and who need active support to access and maintain stable housing.
- The Improved Housing Access initiative is working in two Area Mental Health Services to work with clinical teams to develop relationships with housing providers in making decisions about clients' future care and support needs.

The Victorian Government has also funded the Mental Illness Fellowship pilot program, Opening Doors, which is working with the private rental sector to secure and support suitable rental housing for people in recovery from severe mental illness.

Recommendation 10 In November 2012, funding was announced for eight community organisations to support suicide prevention and mental health activities for same-sex attracted/gender-questioning young people.

The Victorian Government Department of Health has developed the Working with the suicidal person – evidence based practice guideline to support care for people in emergency departments and acute mental health settings.

The Victorian Government has adopted the Living Is For Everyone (LIFE) framework.

The Victorian Government is developing a Victorian Suicide Prevention Statement.

Western Australian response

Priority 1 In 2009 the State Government established a separate mental health portfolio and appointed a Minister for Mental Health for the first time in recent history in Western Australia. In 2010 the Western Australian Government established the Mental Health Commission, the first in Australia, with a broad range of functions including the responsibility for public investment in mental health.

The WA Mental Health Commission (WA MHC) has developed a 10 year mental health strategic policy document “Mental Health 2020: Making it personal and everybody's business – Reforming Western Australia's mental health system”. Annual Action Plans list key and specific initiatives that the WA MHC and other stakeholders will undertake during a 12 month period.

The WA MHC is committed to 'balancing investment' in mental health - a key reform direction articulated in Mental Health 2020. The WA MHC revised its Outcome Based Management Structure to report publicly (Annual Reports and Government Budget Papers) on investment in four service types; Promotion and Prevention, Specialised Admitted, Specialised Community and Accommodation and other supports (a range of community based supports and services) ensuring that this commitment is in the public domain and to track progress.

National publications indicate that the WA Government spent \$225 per capita (the second

highest in Australia) on specialised mental health services in 2010-11.

The 2013-14 Budget Estimate for the WA MHC is \$652.1M, an increase of \$49.5M from the 2012-13 Budget.

As part of the WA Implementation Plan for the COAG “Closing the Gap” program, the State Government in Western Australia is expected to spend \$7.9M in 2013-14 to continue the State wide Specialist Aboriginal Mental Health Service (SSAMHS) and \$22.3 million was allocated to social and emotional wellbeing programs between 2009-10 and 2012-13. Although the National Partnership on Closing the Gap in Indigenous Health Outcomes expired on 30 June 2013 and a new Agreement has not yet been finalised, the Western Australian Government extended the funding for the SSAMHS and social and emotional wellbeing programs until 30 June 2014. An Aboriginal Affairs Cabinet Subcommittee is undertaking a review of all programs and services targeting Aboriginal people to ensure better coordination of services. Further funding for these programs will be dependent upon the review outcomes and the Closing the Gap National Partnership negotiations. Western Australia’s strategic policy Mental Health 2020: Making it personal and everybody’s business includes Aboriginal people as a key priority group.

Priority 2

Connecting data for health and medical research has a long history in Western Australia. WA hosts a state Centre of Excellence in Data Linkage, which operates as collaboration between the Department of Health of Western Australia (DoH), the University of Western Australia (UWA), the Telethon Institute for Child Health Research (TICHR) and Curtin University.

More than 700 projects have made use of WA linked data since 1995. The Developmental Pathways Project for example is a collaborative project between TICHR and state government departments including Health, Attorney General, Education, Corrective Services, Child Protection, Communities, Housing, Disability Services Commission, WA MHC and WA Police. There has been widespread support for the project from within each of the participating state departments and it is widely acknowledged that linkage between datasets held by separate agencies has provided valuable cross agency data for analyses.

The WA MHC is in the process of developing a state wide NGO establishment level data collection to be implemented for the reporting period 2013-14. This work is in line with national development of the NGO Establishments NMDS.

The WA MHC has the responsibility for ensuring mental health resources are used to deliver services which best meet the needs of consumers, their carers and families. All State and Commonwealth funding for public mental health services is required to be channelled through the WA MHC to ensure clear lines of accountability and acquittal.

The development and implementation of a Purchasing Framework for Mental Health Services in Western Australia (WA) provides for the sequencing, key activities, deliverables and timelines that are considered essential inputs into the development of an annual service agreement between the WA MHC (as purchaser) and the DoH (as provider). The Framework ensures that funding provided by the WA MHC for mental health purposes is quarantined and acquitted in a timely manner using a transparent and accountable process. This is achieved within the context of the Western Australian Government’s budget processes and development and implementation of Activity Based Funding and Management in WA.

An Acquittal and Performance Monitoring and Reporting Framework has also been developed by the WA MHC and DoH that defines the mechanisms for the acquittal and monitoring of the commissioning cycle to ensure that the data that informs the planning and purchasing of services is of a sufficient level and specificity to facilitate both clinical and operational decisions that support effective, safe and high quality mental health care.

The WA MHC reports publicly each year on expenditure on specialised mental health services through Annual Reports and the Budget Papers. See 1.3 above.

The WA MHC is also responsible for reporting nationally on expenditure on specialised mental health services that is published in several national reports, e.g. Mental Health Services in Australia, National Mental Health Reports and the Report on Government Services.

The WA MHC contracted a number of specific research and evaluation projects in 2012-13 which contribute to the WA MHC’s capacity to develop evidence based policy options that address the needs of the community. Examples include an evaluation of the Supported Accommodation Program (see also WA response under Recommendation 1); an Interim Evaluation of the State wide Specialist Aboriginal Mental Health Service (SSAMHS); a review of the clinical and non-clinical transcultural mental health structures in WA and a research project investigating the stigma associated with mental illness.

Priority 3

WA intends to utilise the National Mental Health Services Planning Framework to inform the WA 10 year Mental Health Services Plan. As part of the planning process WA will map existing services against benchmarks and review best practice models to determine the services and supports required in WA to improve the mental health and wellbeing of

individuals, their families and carers. This project is currently being undertaken.

The National Safety and Quality Health Service Standards (NSQHSC) and the National Standards for Mental Health Services (NSMHS) will assist in ensuring services are contemporary and high quality.

Collaboration between mental health commissions and the processes designed to ensure effective implementation of the National Roadmap on Mental Health Reform will further assist this process.

Australia's involvement in the International Initiative for Mental Health Leadership provides a ready source of information on international best practice.

The IHPA has commissioned a consultancy to develop a definition of mental health services and to identify cost drivers in mental health care. Further work will be undertaken to develop an appropriate mental health classification system that will be applied to classify mental health activity across service settings. All jurisdictions are represented at the Mental Health Working Group established by the IHPA to support these developments. The WA MHC has pro-actively submitted a request to IHPA for the assessment of the new Joondalup Subacute Mental Health Services on its eligibility for funding under the Public Hospital Service In-Scope criteria.

The Western Australian Government continued negotiations with the Commonwealth Government to ensure Western Australians retain local decision making and are not disadvantaged by being part of the National Disability Insurance Scheme. Agreement was reached between the Premier and the Prime Minister on 5 August 2013. This Agreement enables both the State's 'My Way' model and the Commonwealth's 'DisabilityCare Australia' to be implemented in selected sites. The 'My Way' model enables people with disability, their families and carers to design, plan and implement their own supports and services. It includes relationship-based support, local decision making and early engagement in good planning processes. The State governments 'My Way' model will be fully implemented in the Lower South West region and the Cockburn Kwinana area. The 'DisabilityCare Australia' model will be implemented in the Perth Hills areas (Kalamunda, Mundaring and Swan). Implementation plans building on current initiatives and best practice in individualised funding and support for people with disability (including psychiatric disability) in Western Australia are being explored with the Commonwealth Government.

Priority 4

WA has been involved in the development of the National Mental Health Services Planning Framework, with several key sector experts contributing to the various planning groups in the national project. WA intends to utilise the National Mental Health Services Planning Framework to inform the WA 10 year Mental Health Services Plan. As part of the planning process WA will map existing services against benchmarks and review best practice models to determine the services and supports required in WA to improve the mental health and wellbeing of individuals, their families and carers. This project is currently being undertaken.

The WA Suicide Prevention Strategy 2009-2013 (Strategy) identifies six priority Action Areas in-line with the national LIFE Framework:

- Improving the evidence base and understanding of suicide prevention
- Building individual resilience and the capacity for self help
- Improving community strength, resilience and capacity in suicide prevention
- Taking a coordinated approach to suicide intervention
- Providing targeted suicide prevention activities for high-risk groups
- Implementing standards and quality in suicide prevention

The WA MHC is supportive of strengthened data collection across the lifespan to improve mental health outcomes; and appropriate sharing of Coronial data to enhance suicide prevention, crisis intervention and post-vention programs.

There is a recognised need for better coordination of suicide data collection and information sharing across agencies and jurisdictions. The WA MHC is currently working with key agencies such as the Department of Education, WA Police and the DoH to improve data analysis to support suicide prevention. Under the Strategy, Edith Cowan University is linking and analysing WA State Coronial data on completed investigations to inform suicide prevention initiatives.

Given the complex causal factors around suicide, it is difficult to set meaningful numerical targets for reduced suicide rates or incidents.

As part of the work commissioned by the Aboriginal Affairs Cabinet Subcommittee, the WA MHC will work closely with the DoH and other relevant organisations to identify gaps and or duplication of service delivery to Aboriginal people and improve coordination and collaboration both centrally and at the local level to ensure benefits are maximised to the community.

Recommendation 1 WA MHC staff participated on a working group to progress a national project on assessing consumer experiences of care received in mental health services. The WA MHC will support the National Mental Health Commission to undertake regular national surveys as required.

The WA MHC contracted independent consultants to conduct a program evaluation of its Supported Accommodation Program, which aims to provide supported housing for people with a severe and persistent mental illness; people who are homeless, at risk of homelessness, people in unsuitable accommodation or residing for long periods in inpatient units. The evaluation process included interviews with a selection of residents and their families, paper based surveys as well as face consultation with service providers.

The WA MHC has allocated funding for the next three years to Consumers of Mental Health Western Australia (CoMHWA) to coordinate, promote and support the consumer voice within mental health services and the wider community.

Carers WA and ARAFMI also receive recurrent funding from WA MHC to provide systemic advocacy including carer representatives.

Connect Groups (peak body for self help and support groups) received grants to assist their membership to build capacity at a grass roots community level. These grants directed to consumer and carer groups, support the WA MHC's key principle of 'Engagement', where consumers, families and carers are engaged as genuine partners in advising and leading mental health developments in WA.

The WA MHC funded three NGO organisations to build capacity in the peer workforce space by encouraging the employment and support of consumer and carer peer workers.

Recommendation 2 Western Australia is committed to improving access to timely and appropriate mental health services and support. As highlighted in Western Australia's strategic policy Mental health 2020: Making it personal and everybody's business, WA is committed to ensuring that there is a balanced mix of mental health services across government, community and private sectors to deliver a high quality mental health system.

Examples of recent programs that demonstrate this commitment include the State wide Specialist Aboriginal Mental Health Service (SSAMHS) (see Recommendation 5), the Individualised Community Living Strategy (see Recommendation 4) and the development of a Mental Health Court Diversion and Support Program. This program operates in both adult and children's courts with the aim of improving the outcomes for people with mental illness, and to lessen the impact on the community of the offences committed by people with mental illness.

The work currently underway to develop the WA Mental Health Services Plan will identify existing gaps in mental health services so that strategies can be implemented to further improve access to services.

Recommendation 3 WA Health has contributed to ad hoc data collection and will participate in the development of the nationally agreed collection through Safety and Quality Partnership Standing Committee (SQPSC), Mental Health Information Strategy Standing Committee (MHISSC) and Mental Health National Minimum Data Set (MHNMDS) Subcommittee. The draft WA Mental Health Bill includes reporting requirement in relation to seclusion and restraint.

As part of the policy decision making process through the Standing Council on Health and its related sub committees, Western Australia supported the public release of the national and state/territory seclusion data presented at the 2012 national forum. It also further agreed to the annual release of national and state/territory data presented at national forums via the Australian Institute of Health and Welfare (AIHW) website. The forum data was subsequently released on the AIHW website, generating considerable media interest.

Recommendation 4 The WA MHC identified that for some people with psychiatric disability, there is a need for ongoing support to enable people to improve their physical and mental health, and remain in their own homes and communities. Over the past two years, the development of the Individualised Community Living strategy has enabled more than 100 people with enduring mental illness to access individualised planning, funding and support to improve their physical and mental health and their quality of life. It is planned that this program will continue to expand in 2013/2014.

The WA MHC is part of the Disability Health Network in Western Australia which has representation across agencies and aims to address and improve the physical health status of people with disability including people with mental health needs.

The WA MHC has funded the development of training packages to increase the awareness of mental health issues for people with disability. The training packages will be aimed at staff within a range of services.

The WA MHC has provided funding for a series of symposiums to be held in August 2013 with international and national speakers to review current practice and strategies to improve

physical health outcomes for people with intellectual disability and mental health issues.

The WA MHC provided funding to the Mental Illness Fellowship of Western Australia (MIFWA), to target smokers who have a mental health issue/illness, in particular those who reside in hostels and/or rehabilitation services in WA. The 'Smoking Cessation Program', is delivered by trained peer workers.

The WA MHC has funded the University of Western Australia to produce Clinical Guidelines for the Physical Care of Mental Health Consumers package, a preventative, best-practice framework for mental health services, that facilitates effective coordination of care between health providers and mental health consumers. Designed for use by psychiatrists and general practitioners, the handbook contains a compilation of tools designed to give a deeper understanding of each consumer's health-related behaviours and social situation – Culture/religion/ spirituality, exercise, diet, smoking, oral/dental, sexual activity, alcohol and other drug use, psychosocial supports.

The draft WA Mental Health Bill includes requirements that involuntary patients must also have a physical health check.

The WA MHC has funded a Mental Health Program Coordinator position with Primary Care WA, a peak organisations for primary care stakeholders. The role of the Coordinator is to build on the relationships forged with the State Government, mental health primary care sector peak bodies and service providers by:

- supporting primary care providers in the implementation of mental health programs;
- working collaboratively with transitioning Medicare Locals
- partnering relevant professional educational organisations to promote and resource mental health skills training for General Practitioners and other primary health care providers.

The WA MHC also liaises with the Medicare Locals and meets with the CEOs and Chairs of the Medicare Locals on a regular basis with the aim of better sharing of information and of building collaborative relationships.

The public mental health services in Western Australia have initiated a Care Coordination Framework that articulates the roles and responsibilities of all people involved in care. The focus of the Framework includes improving the quality of care via partnerships with all stakeholders involved in holistic care delivery and with the collaboration of consumers and carers in care planning to ensure the right care is delivered, at the right time, in the right place by the right organisation.

Recommendation 5 Western Australia's strategic policy Mental health 2020: Making it personal and everybody's business includes Aboriginal people as a key priority group.

As part of the WA Implementation Plan for the COAG "Closing the Gap" program, the State Government in Western Australia committed a total of \$22.47 million over four years to establish a State wide Specialist Aboriginal Mental Health Service (SSAMHS) and \$22.3 million was allocated to social and emotional wellbeing programs between 2009-10 and 2012-13. The objective of SSAMHS is to increase the accessibility and responsiveness of mainstream public mental health services for Aboriginal people with severe and persistent mental illness.

At 31 December 2012, 61 out of the 90 FTEs filled at SSAMHS were Aboriginal people. An independent interim evaluation of SSAMHS was conducted in 2012. The evaluation showed early signs of a positive impact including increased contact with community mental health services and reduced presentations at Emergency Departments by Aboriginal people since the commencement of SSAMHS.

Although the National Partnership on Closing the Gap in Indigenous Health Outcomes expired on 30 June 2013 and a new Agreement has not yet been finalised, the Western Australian Government extended the funding for the SSAMHS and social and emotional wellbeing programs until 30 June 2014. An Aboriginal Affairs Cabinet Subcommittee is undertaking a review of all programs and services targeting Aboriginal people to ensure better coordination of services. Further funding for these programs will be dependent upon the review outcomes and the Closing the Gap National Partnership negotiations.

There are also a range of other investments currently underway that provide employment and training for Aboriginal people, for example the new 14 bed inpatient unit at Broome.

Recommendation 6 Accreditation against the ten National Safety and Quality Health Service Standards is mandatory for all hospitals and day surgeries both public and private facilities in WA from 1 January 2013.

A requirement to comply with the National Standards for Mental Health Services (NSMHS) is included in the Service Agreement between the Department of Health and the WA MHC.

The NSMHS have been included in all contracts as a mandatory requirement with the Non-

Government Sector. When the new NSMHS were first introduced to assist with the implementation, the WA MHC funded two project officers, one in the DoH and one at the Western Australian Association for Mental Health (WAAMH) to assist in the education of the sector of the new Standards. In addition, WAAMH have been funded to provide National Standards Training on an ongoing basis to the NGO sector.

A quality management framework is being established to evaluate the quality of non-government services against the NSMHS through (i) an annual on-line self-reporting mechanism (which has been implemented) and (ii) external independent evaluators who will assess NGO performance against the NSMHS by verifying NGO practices through observations and feedback from key stakeholders, including service users and families, on a three yearly rotational basis (this will be trialled early 2014 with full implementation later in 2014).

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- Recommendation 7** WA has made a commitment to enhance investment in services and supports for children and families to prevent the development of serious mental health problems.
- WA provides a dedicated office (Parenting WA) that delivers resources, workshops, training, support and home visiting to assist parents to manage their parenting concerns, including delivering evidence-based programs such as the Positive Parenting Program.
 - WA increased mental health investment in 2011-12 with \$3.2 million in the metropolitan, rural and remote areas to provide early intervention for children and their families experiencing a mental health crisis.
 - WA received Commonwealth funding in 2012-13 to enhance mental health services for children and their families, including the development of a new service to provide personalised support for families.
 - WA has funded a new service to provide personalised support for families of children with mental health problems who attend the children's court.

Although the Commonwealth funding for National Perinatal Depression Initiative finished on 30 June 2013 and a new agreement is yet to be negotiated, Western Australia continues to deliver some services through the non-government sector targeting women experiencing or at risk of perinatal depression. In addition, the State has also made significant investment to support perinatal mental health services delivered through both the public mental health and non-government sectors, including a number of women's health centres and services to provide perinatal mental health services located in Fremantle, Gosnells, Midland, Rockingham and Northbridge.

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- Recommendation 8** The WA Association for Mental Health is progressing the establishment of an Independent Placement Support (IPS) program in WA to facilitate recovery through employment.
- In June 2013, the WA MHC provided a grant for \$150,000 to WAAMH to establish provision of technical assistance, including training, fidelity assessment, data collection, partnership development, consultation and support to mental health services (public and community managed organisations) and disability employment services that initiate IPS partnerships.
- During 2013-14, the WA MHC will work with the WA Association of Mental Health (WAAMH) and stakeholders in public and community managed mental health services to develop a Peer Work Strategic Framework. The framework will guide these services to properly support peer workers; and to coordinate the expansion and development of the peer workforce across sectors.
- The Certificate IV Mental Health Peer Work is currently being delivered by Polytechnic West through Recognition of Prior Learning (RPL). This RPL process is giving experienced Peer Workers the opportunity to be credentialed. WA is the first jurisdiction in Australia to deliver this Certificate using the RPL process. Face to face training in the Certificate IV will be rolled out from 2014.

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- Recommendation 9** WA has been successful in attracting additional State and Commonwealth government funding to develop and expand the Individualised Community Living Strategy which enables individuals with mental illness to plan and direct the supports they need to maintain tenure in the community. The State and Commonwealth Government have funded individualised supports and community-based housing to assist people with a severe and persistent mental illness to make a successful transition from hospital to living in the community.
- Over 4 years 122 people will have a home purchased for them through the Department of Housing and a package of support provided to assist them to live in their home and improve community participation.
 - To date 80 homes have been purchased.
 - An additional 26 people will be provided with a personalised package of support to continue to live in their current home in the community.

Through the National Partnership Agreement on Homelessness, WA has implemented a

range of measures to support individuals and families at risk of homelessness to access and maintain housing and support. The two specific mental health initiatives include housing support for people leaving hospital and the mobile mental health outreach team.

The initiatives are all documented on a dedicated webpage and progress on the implementation of the initiatives undertaken by government departments is regularly monitored through the WA Council on Homelessness. The Council also plans to focus on identifying emerging trends and potential future gaps over the next phase of the Homelessness strategy in WA.

WA commissioned a “Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia” (Stokes Review). WA has committed to implementing the recommendations in the Stokes Review, including streamlining and improving the quality of assessment and discharge processes, and developing cooperative approaches between agencies to foster the implementation of a joined up system that provides the necessary supports for people when they leave hospital.

The draft WA Mental Health Bill introduces a requirement for treatment, support and discharge planning. This formalises and makes mandatory a practice already embedded in mental health services and is designed to provide the patient and persons involved with some knowledge of what to expect from treatment and support provided by mental health services, and to ensure, as far as possible, continuity of care following discharge. It also requires the Mental Health Tribunal to review and provide recommendations in relation to the extent to which patients’ treatment, support and discharge plans meet the requirements of the Bill.

WA is working to ensure that people with mental illness are able to access public and social housing equitably through sustaining close working relationships between the WA MHC and the Department of Housing. One example of the close collaboration is the establishment of a joint working group to monitor and provide urgent support for people with mental illness who are at risk of eviction from public housing properties.

Recommendation 10 The State Government has committed \$13 million over four years for the State wide Suicide Prevention Strategy 2009-2013 (Strategy). See www.mentalhealth.wa.gov.au/mentalhealth_changes/wa_suicide_prevention_strategy.aspx

Through the Ministerial Council for Suicide Prevention (MCSP) and the contracted non-government organisation, Community Action Plans (CAPs) are being developed across WA; and Agency Plans are being established to build a safety net of suicide prevention strategies within the community. The CAPs are uniquely created and owned by each community to reflect their own culturally-specific needs and developed through a process of community engagement with individuals, families, communities and local organisations. Each plan’s aim is to increase the knowledge, skills and capacity of local communities to recognise people at risk of suicide, and to help prevent and reduce the harm caused by suicide.

Forty-five CAPs are currently being implemented and cover more than 250 individual locations, seven state wide plans and at-risk groups such as Aboriginal people, young people and regional communities. As at 10 September 2013, there are 239 agencies formally committed to the Strategy and undertaking suicide prevention activities and training for their workforce and stakeholders.

In 2012 the WA MHC and the MCSP invested joint funding totalling \$673K for a new program to connect school-aged children with mental health services to reduce the risk of self-harm or suicide. This provided six extra mental health staff at CAMHS and a Department of Education school psychologist.

- In addition to the Strategy, the WA MHC provides significant investment to suicide prevention services. In 2012/13 approximately \$1.6M was provided to suicide prevention, early intervention, counselling, and post-vention services in WA. In 2013/14 funding of \$543K to Lifeline per annum over three years will provide crisis support, suicide prevention and mental health support services. Youth Focus will receive \$2.5M over five years to help young people and school communities to overcome issues associated with self-harm, depression and suicide.

Another important development for mental health reform was the WA Premier’s announcement on 10 April 2013 that the WA MHC and Drug and Alcohol Office will amalgamate under a single Chief Executive. This will ensure better integration of the State’s network of services relating to prevention, treatment, professional education and training, and research activities in the drug and alcohol sector and across mental health services. This improved coordination of services will provide better support to people with co-occurring issues and enhance suicide prevention programs for those most at-risk across the state.

The MCSP contracted consultants to review the evidence-base for community and professional suicide prevention education and training resources, to inform future planning and investment. The final report is available.

The MCSP has also funded a project through the national Standby post-vention program to

identify key locations for service expansion in WA.

Northern Territory response

Priority 1	<p>There is a representative from the NT Government Department of the Chief Minister on the COAG working group on mental health reform.</p> <p>Investment in NT NGO's remains high.</p> <p>There continues to be growth in the establishment of sub-acute MH facilities.</p> <p>The NT Government has committed to "Closing the Gap" and Indigenous MH and wellbeing is at the forefront of many department strategies including the development of a new Suicide Prevention Action Plan for the NT 2014-2016 and a new NT Department of Youth Health Strategy.</p> <p>A new Indigenous Suicide Prevention Project Officer has been employed to further Indigenous Suicide Prevention activities in the NT.</p>
Priority 2	<p>The Statistical Linkage Key (SLK) standard needs to be endorsed by all jurisdictions. NT has provided this on a voluntary basis previously as an adjunct to its NMDS obligation.</p> <p>National MH NGO Establishment NMDS development is underway and due for implementation in 2014-15. NT NGOs capacity to collect/report the data may be challenging and costly. National consultations on collection methodology options are yet to be completed.</p>
Priority 3	<p>The Department of Health, NT Mental Health Services is guided by the National Standards for Care. The NT has unique challenges in providing service owing to a greater remote population, large jurisdiction and small population.</p> <p>NT Mental Health Services is contributing to the development of an ABF – mental health appropriate classification.</p> <p>Northern Territory will continue to take a balanced approach in developing mental health supports ensuring that facility development and funding is aligned to meet the needs of people with mental health difficulties.</p>
Priority 4	<p>Rates of suicide are decreasing in the NT and reduction of suicide remains a top priority for the government.</p> <p>A new Suicide Prevention Action Plan is being written for 2014-2016.</p> <p>A new NT MH Service Strategic Plan is currently being formulated in 2013.</p>
Recommendation 1	<p>Such an approach is supported by the NT.</p>
Recommendation 2	<p>The contribution of private sector in NT is well below the national average in providing a contribution to services to the community.</p>
Recommendation 3	<p>This indicates significant new data development. There needs to be national agreement and development of standards for this/these data collections.</p> <p>There are many variations between jurisdictions in terms of legislative operation and definition of involuntary treatment making comparative analysis challenging.</p> <p>The NT was a demonstration site for seclusion reduction in a previous initiative. A substantial reduction in seclusion was achieved and has been maintained.</p>
Recommendation 4	<p>The NT mental health service funds a GP clinic to address physical health needs of clients who are unable to access other primary health services.</p> <p>Equity of access to GP's is an important issue encompassing lack of availability of bulk-billing GP's, high rates of failure to attend appointments and the need for long appointments for complex presentations for those with enduring low prevalence mental illness.</p> <p>Metabolic Syndrome has been targeted in the NT with an increasing emphasis being placed</p>

on the importance of physical health. A new program was initiated to focus on this.

The NT has a strong GP liaison service and a Metabolic Monitoring Tool has been developed and is in use in the NT.

Recommendation 5 NT involvement in the ATSI forums to provide suicide action and wellbeing policies was vigorous. Closing the Gap remains a high priority for the NT Government.

Increased employment of Indigenous mental health workers is predicated on increased training to fulfil the roles, and increased support to maintain indigenous workers in the workforce.

A new Indigenous Suicide Prevention Project Officer has been employed to further Indigenous Suicide Prevention activities in the NT.

Recommendation 6 NT Mental Health Approved Procedures to the Mental Health and Related Services Act and Mental Health Policy suite aims to ensure quality and standardisation across the services.

Recommendation 7 • The NT DOH Mental Health Peri-natal Service is funded by DoHA and provides services to Darwin, Alice Springs and by consultation throughout the NT.

Recommendation 8 No comment made.

Recommendation 9 This remains problematic for the NT with a large population living remotely and housing remaining a challenge due to affordability and availability issues. NPA agreements currently provide accommodation and sub-acute accommodation for MH consumers. This is set to increase in the NT in the next 6 months.

Recommendation 10 New NT Suicide Prevention Action Plan 2014-2016 in progress.

NT Government works with NT Coroner's Office to record and respond to completed suicides.

NT Government funds local suicide action initiatives and education.

New NT Suicide Prevention and Support Website to commence 2013.

A new Standby Response service commenced in the NT in July 2013.

Standby Response providing post-vention support in the NT in 2013.

headspace delivering care to youth and headspace School Support commenced 2012.

Counterpunch delivering preventative care to at risk youth in three locations and expanding.

New initiatives underway between beyondblue and the NT Government DOH to record and respond to self-harm in the NT.

4 Government activity from publicly available sources relevant to the 2013 Report Card priorities and recommendations

The Commission undertook a review of publicly available websites and published documents in order to identify examples of activities and progress made against the 2012 Report Card priorities and recommendations. This section presents these findings for the Commonwealth and all other jurisdictions.

Jurisdiction action – identified from publicly available information

Priority 1

Mental health must be a high national priority for all governments and the community.

Australian government

- COAG announced The Roadmap for National Mental Health Reform 2012–2022 (the Roadmap) on 7 December 2012. A Working Group on Mental Health Reform (the Working Group) has been established to oversee the progress of the Roadmap. An Expert Reference Group, which is being chaired by the National Mental Health Commission, has also been formed to provide advice to the Working Group.
- The Commonwealth and state and territory health ministers attended a National Summit on Mental Health and Physical Health to address the premature death of people with mental illness on the 24 May 2013 at Parliament House, Sydney.

New South Wales

- A review of the NSW Mental Health Act has been undertaken – the report on the review was tabled in Parliament on 31 May 2013.
- Establishment of the NSW Mental Health Commission on 1 July 2012.

Victoria

- In October 2012 the report, *A new Mental Health Act for Victoria - Summary of proposed reforms* was released. The Mental Health Act Implementation Project team was established to lead this work, in partnership with consumers, their carers and families, and service providers.
- Consumer Partnership – the Department of Health and Mental Health Drugs and Regions Division have established the Consumer Partnership Dialogues to facilitate collaboration across the Department, the consumer workforce and the peak, the Victorian Mental Illness Awareness Council.

Queensland

- A review of the Queensland Mental Health Act is currently being undertaken – the stated objective of the review is to identify and enact improvements in the Act, having regard to the experiences of stakeholders and those responsible for administering the Act since its inception.
- The legislation to establish a Queensland Mental Health Commission was approved in Parliament on 7 March 2013 and the new Commission will commence operations from 1 July 2013.

Western Australia

- A review of the WA Mental Health Act is currently being undertaken – the stated objective of this review is to achieve the best outcomes for people experiencing mental
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illness in Western Australia, and their families and carers.

- The Mental Health Commission has funded, initially for 3 years, an Early Psychosis Youth Centre (EPYC) – the first centre of its kind in WA.

South Australia

- Establishment of the Mental Health Lived Experience Register – the stated purpose of the Register is to provide a mechanism for people living with lived experience to provide feedback, observations, ideas and recommendations for improving Mental Health Services in South Australia.

Tasmania

- A new Mental Health Bill for Tasmania was passed by parliament on 9 April 2013, and will commence on 1 January 2014 – the stated purpose of the new legislation is to balance consumer rights with the need for treatment, while also recognising the important role played by carers and family members of people with a mental illness. It enables individuals with capacity to make their own treatment choices, while facilitating treatment for individuals who lack decision making capacity and who need treatment for their own health or safety, or for the safety of others.
- Australian Capital Territory
- A review of the ACT Mental Health Act is currently being undertaken – the stated purpose of the review is to ensure the Act will meet the needs of the ACT community and bring legislation into line with important mental health reforms happening locally and nationally. A wide range of community organisations, stakeholders and interest groups including mental health consumers and carers has provided valuable input.

Priority 2

We need to provide ‘a complete picture’ of what is happening and closely monitor and evaluate change.

The COAG Working Group for Mental Health Reform has formed a Data Sharing Subgroup to undertake an analysis of existing data and protocols in order to develop principles and a protocol for sharing data with the National Mental Health Commission for the purpose of producing the triennial Roadmap reports.

Priority 3

We need to agree on the best ways to encourage improvement and get better results.

From 1 July 2013 mental health services commenced funding under activity-based funding. The Independent Hospital Pricing Authority (IHPA) has also commenced work on designing a new classification system for mental health services. Preparatory work on the development of the classification is scheduled for early 2014 with the finalised classification approved by 30 April 2015 to allow a one year trial planned from 1 July 2015. IHPA will be able to price mental health services using the new classification from 1 July 2016.

In terms of Disability Care Australia and coverage of psychosocial disability, the following information is available on the scope of what the scheme covers “...a person meets the disability requirement if the person has a disability that is attributable to...one or more impairments attributable to a psychiatric condition...” and the impairment(s):

- Are/likely to be permanent.
- Result in substantially reduced functional capacity/psychosocial functioning in undertaking one or more of the following activities: communication; social interaction; learning; mobility; self-care; self-management.
- Affect the person’s capacity for social/economic participation.
- The person is likely to require support under the scheme for life.

Priority 4

We need to analyse where the gaps and barriers are to achieving a contributing life and agree on Australia’s direction.

The National Mental Health Service Planning Framework (NMHSPF) project aims to achieve a population based planning model for mental health that will better identify service demand and care packages across the sector in both inpatient and community environments.

The NMHSPF project is a 2 year (2011 to 2013) national project that will progress action 16 of the fourth plan, specifically: “...the development of 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.”

The NMHSPF project is joint - led by NSW Ministry of Health and Queensland Health, using funds provided by DoHA.

Expert Reference Group on Mental Health Reform under the COAG Roadmap for National

Mental Health Reform 2012–2022 released its final report, National Targets and Indicators for mental health reform, via the NMHC website
<http://www.mentalhealthcommission.gov.au/our-work/expert-reference-group.aspx>

Recommendation 1 **Nothing about us, without us – there must be a regular independent survey of people’s experiences of and access to all mental health services to drive real improvement.**

The Australian Bureau of Statistics (ABS) is currently working with the National Health Performance Authority to extend this survey in 2014/15 (Health Care Pathways project) to measure continuity of care amongst frequent users of primary health care services and to report this measure at the Medicare Local level (expected sample size is 38,000 households).

Recommendation 2 **Increase access to timely and appropriate mental health services and support from 6-8 per cent to 12 per cent of the Australian population.**

Updated data is available on the treatment rate for mental illness from 2012 Report Card, which shows that the proportion of the population receiving mental health services in 2010–11 was estimated to be 8.6% of the population.

Recommendation 3 **Reduce the use of involuntary practices and work to eliminate seclusion and restraint.**

Updated data is available on the rate for involuntary mental health legal status from 2012 Report Card, which shows that the proportion of non-ambulatory hospital admissions with an involuntary treatment status decreased to 29.1% in 2010–11.

National seclusion data has been published under agreement with the Safety and Quality Partnership Standing Committee via AIHW’s Mental health services in Australia which shows that the national rate of seclusion per 1,000 bed days has dropped by 32% from 2008–09 to 2011–12.

Recommendation 4 **All governments must set targets and work together to reduce early death and improve the physical health of people with mental illness.**

The Roadmap for National Mental Health Reform includes setting targets and indicators relating to the mortality gap between people with severe mental illness and the general population.

Expert Reference Group on Mental Health Reform under the COAG Roadmap for National Mental Health Reform 2012–2022 released its final report, National Targets and Indicators for mental health reform, via the NMHC website
<http://www.mentalhealthcommission.gov.au/our-work/expert-reference-group.aspx>

Recommendation 5 **Include the mental health of Aboriginal and Torres Strait Islander peoples in ‘Closing the Gap’ targets to reduce early deaths and improve wellbeing.**

Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) established.

National Empowerment Project (NEP). The National Empowerment Project is a newly developed initiative supported by Commonwealth and Western Australia and operating in 9 sites nationally.

Recommendation 6 **There must be the same national commitment to safety and quality of care for mental health services as there is for general health services.**

The Australian Commission on Safety and Quality in Health Care (ACSQHC), in collaboration with the National Mental Health Commission (NMHC), is conducting a scoping study on the implementation of the National Standards for Mental Health Services, and the National Safety and Quality Health Service Standards in mental health services. The first part of the project was an online survey. For Stage two, a series of focus groups will be taking place across the country during July and August 2013.

The ACSQHC has released the Consultation Draft Accreditation Workbook for Mental Health Services. This workbook has been developed through collaborative work between the Australian Commission on Safety and Quality in Health Care, the Department of Health and Ageing, and the Safety and Quality Partnership Subcommittee. The Workbook is intended as a tool for health services implementing and being accredited to the National Safety and Quality Health Service Standards and the National Standards for Mental Health Services.

Recommendation 7 **Invest in healthy families and communities to increase resilience and reduce**

the longer term need for crisis services.

In April 2013 additional funding for the Mental Health Respite: Carer Support program was announced by the Australian government; this includes access for about 1,100 extra families of people with severe mental illness access to flexible respite and support services.

Partners in Recovery — the aim of this program is to support people with severe and persistent mental illness with complex needs and their carers and families, by getting multiple sectors, services and supports they may come into contact with (and could benefit from) to work in a more collaborative, coordinated, and integrated way. The funding period will commence from early 2013 and may be up to June 2016.

Recommendation 8 Increase the levels of participation of people with mental health difficulties in employment in Australia to match best international levels.

In April 2013 additional funding for the Personal Helpers and Mentors (PHaMs) program was announced by the Australian government, this includes: more than 230 more personal helpers and mentors which are expected to enable an additional 2,500 people with severe mental illness to access this program; and 152 of the new personal helpers and mentors will be through specialised PHaMs employment services.

Recommendation 9 No one should be discharged from hospitals, custodial care, mental health or drug and alcohol related treatment services into homelessness. Access to stable and safe places to live must increase.

New South Wales

- In June 2013, the NSW Government announced the launch of the Housing and Accommodation Support Initiative (HASI) Plus program.
- Unlike other existing HASI programs, services included in the HASI Plus program will provide both accommodation and accommodation support services. The program will provide housing linked to clinical mental health services and accommodation support for people who require either 16 or 24 hours of support per day to maintain community living.
- This program will specifically target people with a mental illness who are exiting either mental health inpatient units or similar institutions after long periods of admission who, without stable housing and support, are unable to live independently.

Victoria

- In April 2013, the Victorian Government announced the launch of two initiatives:
 - Breaking the cycle: reducing homelessness — this program will provide outreach support and care coordination for people experiencing entrenched homelessness as a result of their mental illness.
 - Mental health support for secure tenancies — this program is targeted to people with severe mental illness who are/at-risk of being homeless and who need active support to access and maintain stable housing.

Queensland

- The Supporting Recovery — Coordinated Accommodation and Support program. This program will fund 8 short/medium term recovery places in Mackay to enable people with severe mental illness and complex care needs to make sustainable transitions from inpatient mental health facilities to independent living in the community.

Western Australia

- The State and Commonwealth Government have funded individualised supports and community-based housing to assist people with a severe and persistent mental illness to make a successful transition from hospital to living in the community.
- Over 4 years about 120 people will have a home purchased for them through the Department of Housing and a package of support provided to assist them to live in their home and improve community participation.
- To date 100 homes have been purchased.

Australian Capital Territory

- The ACT government Supported Accommodation Outreach initiative will provide outreach support for up to 18 people with mental illness or mental dysfunction at any one time, including: Assistance with obtaining and sustaining independent and suitable housing; and Providing support for 18 new clients per annum with serious mental illness and recent experience of institutional care, to transition from 24 hour crisis supported accommodation to permanent housing.

Recommendation 10 Prevent and reduce suicides, and support those who attempt suicide through timely local responses and reporting.

Australian government

Taking Action to Tackle Suicide package

- More community-based psychology services — additional psychological services for people who are at risk of suicide will be provided through the Access to Allied Psychological Services (ATAPS) program. Funding has been rolled out to Medicare Locals to allow for an expansion of suicide prevention services nationally.
- Taking action to prevent suicide and boost crisis intervention services — provides funding to increase the capacity of Lifeline to answer calls, to provide for toll free calls from mobile phones and to provide a dedicated phone line at some key suicide hotspots. Mental Health First Aid — provides funding for training for frontline community workers in the financial and legal sectors, relationship counsellors, and healthcare workers to better identify and respond to the needs of people at risk of suicide or who have attempted suicide.
- Infrastructure for suicide hotspots — provides capital funding to improve safety at notable suicide 'hotspots' through the implementation of infrastructure such as improved fencing/ barriers, night lighting, signage and closed circuit television monitors.
- Community prevention activities for high risk groups — to support community led suicide prevention activities targeted at groups and communities which are at high risk of suicide, including Indigenous people, men, gay, lesbian and bisexual people and families bereaved by suicide.
- Expansion of the National Workplace Program — helps workplaces identify and support workers with depression and anxiety who may not be receiving treatment. This component has allowed beyondblue to expand their National Workplace Program to an additional 350 workplaces each year.
- Increased helpline capacity — In May 2012, beyondblue launched a digital marketing campaign using online advertising targeting men across Facebook, LinkedIn, Google and other major web publishers. The advertising refers people to a beyondblue men's specific website (www.beyondblue-men.org.au) and to the beyondblue Info Line. This component will increase beyondblue's capacity to promote men to take action.
- Targeted campaigns on depression and reducing stigma — will target high risk groups, including young men (18-25 years), older men (>60 years), fathers, rural men, men from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander men, members of the gay, bisexual, transgender and intersex communities, homeless men, unemployed men, those with co-morbid substance misuse and men living in outer urban growth areas. This component will allow beyondblue to adapt and extend existing education and awareness campaigns and develop new targeted community awareness and mental health promotional campaigns.
- KidsMatter expansion — will enable the successful KidsMatter Primary initiative to be expanded to an additional 1700 primary schools by June 2014 (2000 in total).

Victoria

- In November 2012, funding announced for 8 community organisations to support suicide prevention and mental health activities for LGBTI youth.

South Australia

- The SA Suicide Prevention Strategy 2012–2016 was launched in September 2012.

Tasmania

- In May 2013 the LGBTI Community Action Plan on Suicide Prevention was launched.
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A Contributing Life
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