

Monitoring mental health
and suicide prevention reform

National Report 2019

Summary



Australian Government
National Mental Health Commission



Introduction

The current focus on mental health and suicide prevention in Australia marks a significant turning point in our history. A number of inquiries are examining the performance of the mental health system, including the Royal Commission into Victoria's Mental Health System and the Productivity Commission's inquiry into the social and economic benefits of improving mental health. There is an increased awareness of the impacts of mental health and suicide – not only from a health and wellbeing perspective, but also from a social and economic one.

The National Mental Health Commission (NMHC) is tasked with monitoring and reporting on Australia's mental health system. The National Report 2019 – Summary provides a snapshot of some of the issues faced by the mental health system and assesses the progress of key reforms.

The NMHC identifies four key issues in the National Report 2019:

- Key reforms – such as the National Disability Insurance Scheme (NDIS), the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan), the work of Primary Health Networks (PHNs) in mental health, and activities in suicide prevention – are significant and are a positive step in improving the mental health system. While full implementation of these reforms will take time, the focus needs to be on ensuring their implementation leads to sustained change for consumers and carers.
- There is a recognised need for a whole of government approach to mental health and suicide prevention and this needs to be implemented.
- Investment in early intervention and prevention services is key to preventing mental health problems later in life and is cost-effective.
- To plan for service delivery and facilitate ongoing improvement in outcomes for consumers and carers, there is a need for more comprehensive publicly reported data across all systems that affect mental health.

The NMHC has made a number of recommendations in the National Report 2019 on how these issues can be progressed. The recommendations are variable in both scale and scope, and many will require time to be implemented by stakeholders. As part of its monitoring and reporting role, the NMHC will work with stakeholders to identify how progress of the recommendations can be measured.

Progress of key reforms

Current national reforms such as the NDIS, PHNs, and the Fifth Plan, and activities in suicide prevention are key to strengthening Australia's mental health system. These reforms are complex, interrelated and broad in scope, and will take time before their implementation leads to significant change for consumers and carers. The NMHC acknowledges that more needs to be done to ensure that there are significant changes for consumers and carers.

Primary Health Networks

PHNs have received significant public funding to contribute to key mental health and suicide prevention reforms, including improving coordination of care. This is in addition to their work in several priority areas outside the mental health system. A new performance framework and the introduction of a longer-term funding model are expected to support PHNs in their capacity to plan and commission services that more appropriately meet regional and local needs. There is considerable variability across the PHN Program in how PHNs plan and evaluate commissioned services to address the needs of their region. As independent organisations, PHNs are not currently governed by any overarching structure and are instead responsible for their own governance arrangements. Further support and capacity building for PHNs is needed to help them with their expanding role. Working to improve the health of Aboriginal and Torres Strait Islander people is a priority area for PHNs. PHNs should continue to formalise partnerships with Aboriginal Community Controlled Health Services to provide services that are culturally appropriate and meet the needs of Aboriginal and Torres Strait Islander people.

National Disability Insurance Scheme

The number of people with psychosocial disability accessing the NDIS (25,192 people) is lower than the original estimate (64,000 people). Progress has been made to address concerns around barriers to accessing the scheme, and to improve the experiences of NDIS participants with psychosocial disability. Mental health training has been prioritised for staff of the National Disability Insurance Agency (NDIA) and health professionals, a streamlined access process has been introduced for clients in existing programs transitioning to the NDIS, and implementing the complex support needs pathway and service improvements to the psychosocial disability service stream. Although these initiatives are welcomed, more can and must be done to address the needs of people with psychosocial disability, particularly in providing access to the NDIS.

The NMHC continues to hear that there are concerns about a lack of understanding of psychosocial disability, and how the episodic nature of mental illness and the recovery approach align with the NDIS assessment process. People with psychosocial disability require targeted support to access the scheme. NDIS participants with psychosocial disability need the right type of support to navigate the NDIS and other services, particularly in areas affected by thin markets. The NMHC understands that the NDIA is working on initiatives to address these issues. People with a psychosocial disability who are ineligible for the NDIS also need support. All governments have a role in ensuring that people who are ineligible for the NDIS have access to appropriate psychosocial supports. Monitoring participant outcomes and experiences, and implementing adequate support for people with psychosocial disability depends on comprehensive and readily available data and information.

Suicide prevention

The number of people who died by suicide in Australia increased to 3,128 in 2017. Governments have recognised the significant impact of suicide on families, communities and societies, with some committing to specific reduction targets and others to working towards a target of zero suicides. Current developments in Australia's suicide prevention sector are welcomed, including the move towards coordinated prevention initiatives, commitment to the regular production of detailed data on suicide attempts and deaths, and trials of alternatives to emergency departments for people in suicidal crisis. However, governments must work together to strengthen Australia's suicide prevention infrastructure in a number of areas. Cross-portfolio and cross-government collaboration is needed to develop systems, structures and co-designed strategies that acknowledge the shared responsibility in preventing suicide, particularly for Aboriginal and Torres Strait Islander Australians. Adequate support options for people experiencing suicidal crisis are required, as are mandated service standards for the care received by people at risk of suicide. Longer-term funding for suicide prevention activities and their evaluation, along with improved data collection and reporting around the characteristics of Australia's suicide prevention sector, will help to provide the evidence base needed to improve outcomes for people at risk of suicide.

Fifth National Mental Health and Suicide Prevention Plan

Reporting on the progress of implementing the Fifth Plan is fundamental to understanding whether the commitments made in the Fifth Plan are being honoured. However, straightforward monitoring of implementation of the Fifth Plan does not in and of itself shed light on whether it is making a positive difference for consumers and carers. The NMHC supplemented its first report on the progress of implementing the Fifth Plan, published in October 2018, with a report on the experiences of consumers and carers, published in September 2019. Given that the Fifth Plan is still in the early stages of implementation, it is difficult to provide detailed commentary on progress of the reform to date. However, the issues in the 2019 Consumer and Carer Report – such as the availability and adequacy of mental health services, the availability and cultural appropriateness of services for Aboriginal and Torres Strait Islander communities, and experiences of stigma and discrimination – reinforce the intent of the Fifth Plan priority areas and the associated actions. As implementation of the Fifth Plan progresses, the NMHC expects to see changes in Australia's mental health system. The NMHC will continue to survey and report on the experiences of consumers and carers to ensure that these changes result in genuine improvements for people living with mental illness.

Creating sustained improvement

Whole-of-government approach to mental health

The impacts of mental health on consumers, carers and communities go beyond the immediate health system. The relationship between mental health and social determinants such as housing, education, employment and social justice is dynamic and complex. Any approach to addressing mental health requires consideration of these complexities, which affect all aspects of an individual's life. At present, the mental health system in Australia is complex and fragmented, with roles and responsibilities spread across governments, as well as the non-government and private sectors. This complexity and diversity requires coordination and collaboration between all governments, and across multiple systems within and across portfolios. A whole-of-government approach is needed to address the complex, cross cutting issues of mental health, to ensure that the investment made in mental health is efficient, effective and informed by the best available evidence.

Early intervention

Early intervention is key to preventing mental health problems later in life. Investment in prevention of mental illness and promotion of mental health has both economic and social benefits. Supporting people's mental health throughout their lifetime and preventing the development of mental illness when individuals are at risk reduces distress, disadvantage and disability. It is also cost-effective, limiting the need for service provision to mitigate these issues while improving Australia's productivity.

Investing in prevention and early intervention requires a long-term vision for mental health, because the benefits accumulate over long timeframes. To achieve the maximum benefit from prevention and early intervention strategies, a coordinated approach is needed across and within governments. Investing in the mental health of children is a prime example of the long-term, coordinated approach required – including investment in education, social services and health care systems to help develop resilience, and improve access to appropriate care and supports. The NMHC welcomes the recent announcement by the Australian Government of the development of a National Children's Mental Health and Wellbeing Strategy. To assist in building the evidence base for the economic value of investing in early intervention and prevention, the NMHC has completed work modelling the return on investment from 10 interventions. Information can be found on the [NMHC website](#).

Access to data, transparency and sharing of information

To inform service planning and facilitate ongoing improvement in outcomes for consumers and carers, we need routinely collected, comprehensive, publicly reported data across all systems that affect mental health. To achieve this, we need to invest in a program of prevalence data collection, including prevalence data for Aboriginal and Torres Strait Islander people, routinely collected and reported psychosocial risk factors associated with suicide deaths, consumer and carer-rated measures on quality of life and service performance, NDIS data for people with a psychosocial disability, suicide prevention expenditure including workforce and program and service activity. The NMHC welcomes the Australian Government's commitment to funding an updated National Survey of Mental Health and Wellbeing adult survey.

Recommendations

Addressing population data gaps

Recommendation 1: The Australian Government supports an ongoing program of prevalence data collection, conducted at regular intervals, and commits to a feasibility study to investigate options for expanding the scope of disorders and high risk community groups included in the prevalence data collection program.

Recommendation 2: The Australian Government supports the development of a culturally appropriate version of the National Survey of Mental Health and Wellbeing, to collect high quality data on the prevalence of mental illness in Aboriginal and Torres Strait Islander communities.

Recommendation 3: The Australian Government supports the ongoing inclusion and further development of psychosocial risk factor analysis in the routinely published deaths data collection.

Australia's mental health system

Recommendation 4: Subject to the findings of the Productivity Commission inquiry into the social and economic benefits of improving mental health, governments support a national mental health service gaps analysis.

Recommendation 5: The Australian Government produces a clear implementation plan to accompany the development and release of the National Mental Health Workforce Strategy.

Meeting the needs of consumers and carers

Recommendation 6: The NMHC suggests that state and territory governments offer the Your Experience of Service (YES) survey to consumers during every hospital stay or community health centre visit, and contribute to the national data collection on consumer perspectives of mental health care.

Recommendation 7: The NMHC suggests that state and territory governments investigate the feasibility of implementing the Mental Health Carer Experience Survey.

Recommendation 8: The Australian Government supports the implementation of the Living in the Community Questionnaire Summary Form in the mental health services they fund. The NMHC suggests that state and territory governments implement the Living in the Community Questionnaire Summary Form in mental health services they fund. All resulting data should be publicly reported.

Social determinants

Recommendation 9: Subject to the findings of the Productivity Commission inquiry into the social and economic benefits of improving mental health, the Australian Government considers the role of a central government agency to coordinate a whole-of-government approach to mental health policy.

Recommendation 10: Subject to the findings of the Productivity Commission inquiry into the social and economic benefits of improving mental health, the Australian Government considers the role of an independent statutory body to monitor and evaluate mental health policy outcomes. This includes the current levels of expenditure on mental health and whether investment in mental health is effective, efficient and informed by evidence based policy.

Primary Health Networks

Recommendation 11: In consultation with PHNs, the Australian Government establishes an overarching entity to govern, support and build PHN capacity on a national scale.

Recommendation 12: The Australian Government responds fully to the 17 recommendations in the PHN Advisory Panel Final Report.

Recommendation 13: The Australian Government endorses the implementation of the Five Year Horizon for PHNs and details how it will publicly report on its implementation.

Recommendation 14: The report on the performance of the PHN Program to be released by the Australian Government includes baseline data about how the PHN Program is meeting outcomes under the PHN Performance and Quality Framework.

Recommendation 15: The Australian Government encourages PHNs to extend contracts with existing service providers who can demonstrate efficacy and suitability in providing services in their region; and where feasible, enter into longer-term contracts when commissioning services with new providers.

Recommendation 16: The Australian Government encourages PHNs to position Aboriginal Community Controlled Health Services as preferred providers for mental health and suicide prevention services for Aboriginal and Torres Strait Islander people.

National Disability Insurance Scheme

Recommendation 17: The NDIA publishes information about the outcomes of the complex support needs pathway and the psychosocial disability service stream, and the evaluation outcomes of streamlined access for people with psychosocial disability.

Recommendation 18: The Australian Government: extends support for Commonwealth community mental health program clients to at least June 2021; considers whether the funding available under the National Psychosocial Support and Continuity of Support measures matches the needs of people who are ineligible for the NDIS; and considers how funding and access to services for people ineligible for the NDIS can be simplified.

Recommendation 19: The Australian Government, with state and territory governments ensure that people who are ineligible for the NDIS have access to adequate psychosocial support services.

Recommendation 20: The NDIA works with state and territory governments to progress the Maintain Critical Supports policy and release detail on what is happening with the policy.

Recommendation 21: The NDIA includes support coordination as a standard item in all plans for people with psychosocial disability.

Recommendation 22: The NDIA routinely publishes data about participants with psychosocial disability including information about application, access and planning outcomes by population groups, eligible/ineligible status, plan utilisation, the extent of support coordination in plans, and current rates of expenditure on supports in plans.

Suicide prevention

Recommendation 23: In acknowledgment of their shared responsibility for preventing suicide, any future national suicide prevention strategies be co-designed and co-governed by all relevant portfolios under the Australian Government, including health, education, justice, social services and employment.

Recommendation 24: The Australian Government work with the state and territory governments to commit to a national Aboriginal and Torres Strait Islander suicide prevention plan, that is led by the knowledge and expertise of Indigenous people.

Recommendation 25: The Australian Government work with state and territory governments to ensure that all evaluations of initiatives to improve emergency department care extend beyond measures of process and impact on hospital staff, to include impact on meaningful outcomes for consumers and carers as a primary outcome measure.

Recommendation 26: The Australian Government work with the Safety and Quality Partnership Standing Committee to ensure that the mental health supplement to the National Safety and Quality Health Service Standards includes detailed requirements and guidance on the care required by people at risk of suicide.

Recommendation 27: The Australian Government work with the Mental Health Principal Committee, to oversee the development of best practice suicide prevention guidelines that cover the full range of suicide prevention activities, from primary prevention to postvention, in all settings.

Recommendation 28: The Australian Government work with the state and territory governments on the development of routinely collected data on suicide prevention expenditure, workforce and program and service activity.

Recommendation 29: The Australian Government, with the state and territory governments commit to longer-term funding for suicide prevention activities and evaluations of these activities to better assess outcomes over a longer period of time.

Recommendation 30: The Australian Government commit to the timely public release of the evaluation of the National Suicide Prevention Trial. The Australian Government should also work with the Victorian Government, Australian Capital Territory Government and the Black Dog Institute to encourage the timely public release of their evaluations of the local area suicide prevention trials.

