



Melbourne

19 October 2017

19 participants

Monitoring and Reporting Framework Mental Health and Suicide Prevention

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

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

- Ensure the Framework distinguishes between high and low prevalence disorders, disability, and population measures.
- Monitor and report on whole-of-system and community connections as opposed to individuals in the domains.
- Monitor stigma barrier to community participation and support within health services.
- Use a variety of data sources.
- Synthesise key messages and share these broadly.

DOMAINS – What are they key priorities and missing domains?

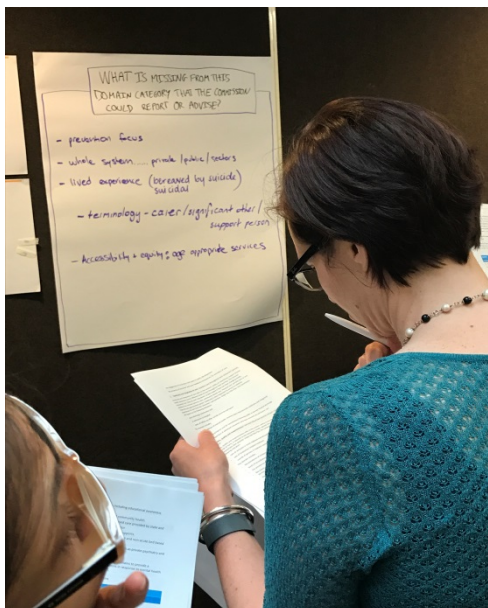
- Priorities: availability and equity, consumer and carer participation, community connections, mental health outcomes.
- Suicide and mental health are challenging to capture in one Framework – its important to report on the “sum of the parts”.
- Inclusion of data from across the mental health continuum, including prevention and early intervention.
- Capturing strengths based population indicators, e.g. positive childhood development.
- Stigma and discrimination exist within the health system and beyond requires consideration.
- Considering primary health connection with education, employment, justice, housing, disability etc.



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

- Many priority groups were raised by participants as missing from the Framework, such as: men - particularly those aged 40-65, LGBTQIA, Aboriginal and Torres Strait Islander people, workforces that are exposed to trauma, carers and their families, people experiencing homelessness, refugees, people in contact with the justice system, rural and remote communities.
- Look at separating dual disability and dual diagnosis.



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

- Data linkage is a primary opportunity, followed by analysis at jurisdictional level.
- A lot of data is fragmented and difficult to link together – drawing on different sources can build the ‘bigger’ picture.
- Privacy guidelines present a challenge to data linkage and longitudinal analysis.
- Make greater use of data we already have – our Federated system makes data consistency and access challenging.

REPORTING FORMATS – What reporting formats should be considered?

- Communicate via different formats such as: gatherings, visual data, stories and videos.
- Given that non-government organisations cannot enforce targets, the Commission could set aspirational targets.
- Data sources frequently utilised by participants varied, examples included: research statistics, coroner and Department of Health and Human Services reporting, councils and the Australian Bureau of Statistics.

Thank you

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



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