



Perth

6 November 2017

27 participants

Monitoring and Reporting Framework Mental Health and Suicide Prevention

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

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

- It is essential that lived experience informs all aspects of the Framework.
- The Commission should use the Framework to drive improvements in data and information availability, support data linkage, and better use of existing data.
- Using different methods and reporting timeframes for different issues.
- Emphasis on quality of life as an outcome measure.

DOMAINS – What are they key priorities and missing domains?

- Emphasising continuity and integration of care, increasing accessibility, equity, timely provision of services, and consumer and carer participation.
- Acknowledging that accessibility differs between jurisdictions and geographical requirements.
- Reporting on mental health outcomes and broader quality of life.
- Inclusion of child safety within family and community, including domestic violence.
- Acknowledgment of the importance of housing, and the inclusion of stigma and discrimination.
- Inclusion of mental health promotion and well being focusing on strengths and recovery.
- Greater utilisation of information that is already collected to inform policy.
- Engaging services in order to bring about change.
- Suicide prevention and mental ill health are related but are not the same and require separate consideration.



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

- A number of missing priority groups were identified including: people in contact with the justice system, older people, perinatal mental health, people who are shift workers, people experiencing homelessness, children in out of home care, and low prevalence disorders.
- Participants identified the need for a clearer definition of dual disability and the inclusion of physical health conditions.



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

- Prioritising data linkage and addressing data gaps.
- Timely provision of data and better use of existing data.
- A number of limitations with current data were identified: national inconsistency, the use of self-reported data, lack of access to useful data and lack of utility.
- Challenges identified included: inconsistent engagement across services and jurisdictions in data collection, lack of engagement of services outside of specialised mental health, time taken for clinicians in data collection, stronger emphasis on consumer and carer participation.
- Collecting data from sources outside of mental health (e.g. education, general practice physical health, forensic, first responders, consumer and carer experiences).

REPORTING FORMATS – What reporting formats should be considered?

- A number of data sources were identified (e.g. Young Minds Matter Mental Health Survey).
- A variety of formats were supported including: report cards, researcher access, media releases, bulletins, workshops and podcasts.

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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