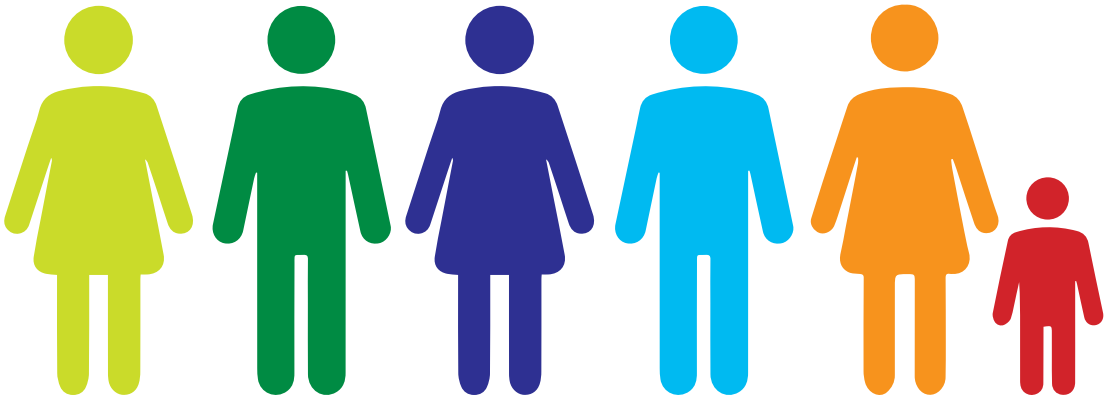
Monitoring mental health and suicide prevention reform

# Fifth National Mental Health *and* Suicide Prevention Plan 2021

*Summary*



Australian Government
National Mental Health Commission

# Acknowledgements

The National Mental Health Commission (the Commission) acknowledges the assistance and cooperation of the:

- Australian Government Department of Health and Aged Care
- state and territory government health departments
- Primary Health Networks
- state mental health commissions
- Australian Institute of Health and Welfare, and the Australian Bureau of Statistics, for providing data to report against the performance indicators.

## Acknowledgement of Country

The Commission acknowledges the traditional custodians of the lands throughout Australia. We pay our respects to their clans, and to the elders, past present and emerging, and acknowledge their continuing connection to land, sea and community.

## Acknowledgement of Lived Experience

We acknowledge the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health suicide prevention systems reform.

## About this report

This report can be downloaded from our website: www.mentalhealthcommission.gov.au

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This publication is the fourth and final report in a series of annual Fifth Plan progress reports. A complete list of the Commission's publications is available on our website.

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## A note on language

The term 'consumers and carers' has been used throughout the Fifth Plan final progress report to maintain consistency across the terminology used by the Fifth Plan and all subsequent progress reports. The Commission understands that people choose to describe themselves in a variety of ways in relation to mental health, services and systems, and so these terms are contested and evolving. The Commission respects and acknowledges the multiple ways in which people use different terminology.

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Cover graphic: The Contributing Life silhouette shown on the cover represents the diverse range of individuals within our communities. It supports the Contributing Life framework – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. Learn more about this approach on our website: mentalhealthcommission.gov.au/Lived-Experience/Contributing-Lives,-Thriving-Communities

# Background

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) was endorsed by the Council of Australian Governments (COAG) Health Council on 4 August 2017. It outlined 8 nationally agreed priority areas and 32 actions for collaborative government action over 5 years, as well as nationally agreed indicators to track the progress of the plan.

Since 2017, it has been the role of the National Mental Health Commission to monitor and annually report on the progress of implementing the Fifth Plan and the performance of the mental health system against the identified indicators.

As the final report in the series, the Fifth Plan 2021 progress report includes a reflection on the performance of the Fifth Plan in making meaningful progress towards fulfilling its vision, and an overview of key learnings to inform future reform efforts.

This summary report provides an overview of the key findings and recommended actions identified throughout the review.

The 'Implementation' section outlines key findings and recommendations from the review, based on status updates provided by Fifth Plan stakeholders responsible for implementing its actions. These stakeholders included:

- the Australian Government Department of Health and Aged Care
- state and territory health departments
- national and state and territory mental health commissions
- Primary Health Networks
- subcommittees of the COAG Health Council.

The 'Measuring change' section provides an overview of key findings and recommendations, based on available indicator data, to draw conclusions about the Fifth Plan's performance.

# Implementation

## Key findings

- Overall, 43 actions and sub-actions have been completed, and 15 are being finalised through business-as-usual activities or progressed under other reforms. A single rating cannot be reported for Actions 14 and 27, as they are being implemented separately by each jurisdiction. The remaining 5 actions have been closed, as they were superseded by the announcement of the National Mental Health and Suicide Prevention Agreement (National Agreement).
- There were some delays in the delivery of certain actions over the Fifth Plan's life. Some stakeholders reported a lack of funding and resources as a barrier to implementation. For example, Primary Health Networks reported resourcing as a common hindrance in supporting integrated regional planning and service delivery, with some citing workforce shortages, staff turnover and the number of priorities to be addressed as key challenges. State and territory government departments also cited funding and resources as barriers to implementing certain actions.
- The Fifth Plan marked the first time that all governments committed to working together to integrate planning and service delivery at the regional level (Priority Area 1). Almost all actions under Priority Area 1 have been implemented. However, some stakeholders experienced difficulties in clarifying the roles, responsibilities and expectations involved in implementing this reform over the Fifth Plan's life. Engagement with consumers and stakeholders was reported as a key enabler to progress by some stakeholders, with many reporting consumer consultation as critical to planning, governance and the development of frameworks.
- The Australian Government committed to commissioning an independent evaluation of the Fifth Plan informed by targeted consultation with governments, consumers and carers and the mental health sector (Action vi). The development of an evaluation plan was delayed in 2018–19 by resourcing and capacity issues, and again in 2019–20 by the COVID-19 pandemic and review of the former COAG councils and ministerial forums. Action vi was subsequently closed when the COAG governance bodies ceased.
- Without an independent evaluation of the Fifth Plan, conclusions about its performance in achieving its objectives are difficult to make. This is a significant shortcoming in terms of informing continuous improvement and applying learnings to future reforms.
- Although there was intent to undertake evaluate the Fifth Plan, work to develop an evaluation plan started after the Fifth Plan itself had been developed, and implementation was already well underway. Evaluation planning should have begun during the early design stages of the Fifth Plan, to ensure objectives were measurable and ensure the required data for performance monitoring could be collected during implementation and aligned to existing data collections.

## Recommended reform priorities

- Recognising that not all Fifth Plan actions have been completed, concerted action should be taken to honour and implement the commitments made in the Fifth Plan.
- Actions yet to be completed should be prioritised to achieve tangible improvements to the mental health and wellbeing of carers and consumers.
- In considering the barriers to implementing the Fifth Plan, future mental health and suicide prevention plans should prioritise:
  - ensuring all actions for future reform are specific, measurable and time-bound, and that expectations, roles and capabilities of stakeholders are clearly defined from the outset
  - building into implementation plans appropriate mechanisms that appropriately support and resource stakeholders to implement actions.
- Although steps towards integrated regional planning and service delivery have been achieved—including the development of regional mental health and suicide prevention plans by Primary Health Networks and the National Mental Health Service Planning Framework—momentum to implement and evaluate these plans should be maintained to ensure they translate into better outcomes for consumers.
- A commitment to evaluation should be reflected in adequate resource allocation and a move towards multiple forms of evaluation. This should include formative, outcomes-based, developmental and process evaluations, which occur in planned ways and are aligned to the purpose of system reform.
- Evaluation planning should begin during the early design stages of future mental health and suicide prevention plans to ensure objectives are measurable.
- Findings and evidence from evaluations should be published to support learning, evidence-based decision-making and practical improvements to policies and programs.

# Measuring change

## Key findings

- The Fifth Plan identified 24 performance indicators (Attachment A) to collectively measure the mental health and wellbeing of Australians and the performance of the mental health system throughout the life of the Fifth Plan and beyond.
- Although some performance indicators have shown improvement and others deterioration over the Fifth Plan's life, the limitations of the performance indicators significantly restrict the conclusions that can be drawn around the extent to which the Fifth Plan achieved its objectives.

### Inability to determine causality

- The performance indicators cannot provide information about why a measure of health, wellbeing or system performance has or has not changed over time, or what is needed to achieve the desired changes.
- Even if changes over time are detected, it is not possible to determine whether the Fifth Plan has had its intended impact on these outcomes or whether the change is the result of other contributing factors.
- The performance indicators in the Fifth Plan are not closely aligned with its actions, so they cannot be used to determine whether the Fifth Plan actions have been effective in achieving their intent. For example, the proportion of adults with very high levels of psychological distress (Performance Indicator 7) was selected as an indicator for Priority Area 1 'Achieving integrated regional planning and service delivery'. However, the actions under Priority Area 1 are largely concerned with addressing service gaps, duplication and addressing the areas of highest need at a regional level through improved integration.

### Insufficient data to establish trends

- For several data sources, not enough data is available to establish trends over time. A total of 9 performance indicators are measured every 3 or more years. The Fifth Plan covered 5 years, so, for many of these indicators, only 1 or 2 datasets available to assess change over the Fifth Plan's life.
- Each performance indicator has specific caveats that limit the conclusions that can be drawn from the data available. Examples include:
  - reliance on self-report data for experiences of mental illness
  - issues with sample representativeness (for example, only measuring outcomes among those who access care)
  - gaps in data for specific population groups, such as children.
- Currently, data is not collected for 6 of the 24 performance indicators.

### Lack of specificity

- Observable changes for some of the indicators are not expected in the short term, as they represent progress towards long-term outcomes. For example, reducing prevalence rates of suicide is unlikely to be realised in the short term, given the long timeframes between certain interventions and expected outcomes (for example, the implementation of actions under a strategy to build resilience or prevent the onset of suicidal ideation or mental ill health).
- Many of the indicators are influenced by multiple risk and protective factors, including various personal characteristics and socio-cultural factors such as economic conditions and stigma relating to mental illness and suicide. Change in these indicators will likely require significant long-term investment and collaborative effort before the impact of incremental improvements become evident in the data.
- The Fifth Plan did not adopt specific targets or timeframes for any of the performance indicators. By failing to set the desired standard of performance to be achieved on these broad measures, a lack of accountability can arise which is a key barrier to reform.

## Clinical focus of indicators

- The Fifth Plan was heavily health-system orientated, with the majority of actions focused on the health portfolio. Therefore, unsurprisingly, the performance indicators are primarily focused on clinical and health outcomes, such as psychological distress, prevalence of mental illness and population access to clinical mental health care. However, there is widespread recognition that many of the factors that contribute to mental health are beyond the remit of the health system and aligned with the social determinants of health and wellbeing.
- Although the 2008 National Mental Health Policy outlines a vision for a mental health system that works to both prevent and detect mental illness early, no performance indicators assess early intervention or prevention. Similarly, no performance indicators adequately assess integration or collaboration between services, despite this being a key priority of the Fifth Plan.
- Although improvements were observed across some indicators over the Fifth Plan's life (including seclusion rates and employment of consumer and carer workers), these improvements cannot be linked to tangible improvements to the experiences of people living with mental illness, or their families, carers and communities.
- Although the Your Experience of Service survey measures consumers' experiences of services across Australia, data is currently only available for some jurisdictions for publicly funded specialised mental health services specifically. Further, the survey is not administered consistently across jurisdictions, so comparisons should be made with caution.

## Recommended reform priorities

- Recognising the broad nature of the performance indicators and the length of time between data collection, sustained monitoring and reporting of the Fifth Plan performance indicators over the next decade should be a key priority. This will help determine whether predicted changes are occurring across the set of indicators. Although it will not be possible to link improvements or deteriorations with the Fifth Plan's implementation, this data will help highlight what areas should be prioritised in future reform efforts.
- As well as ongoing monitoring of these broad outcomes, a focus on monitoring more short- and medium-term outcomes for incremental policy, service and system changes should be adopted to make it clearer that reform is making a meaningful change and to help drive continuous improvement.
- Selecting these outcomes should be informed by considerations of scientific soundness and usefulness for decision-making. Given the importance of social determinants and the effects of mental ill health on a person's functioning, effort should be made to move from purely clinical and health-focused indicators to include indicators that:
  - focus on factors such as wellbeing, employment, physical health and income
  - capture how integration drives improved outcomes for consumers and carers.
- To promote accountability and progress reform priorities, a set of ambitious but realistic and achievable targets and timeframes should be agreed for all selected outcomes. To ensure they are relevant and fit for purpose, targets should be co-designed with consumers and carers.
- It is critical to regularly collect and monitor more in-depth and robust quantitative and qualitative data on the perspectives of consumers and carers in the formal evaluation of future Mental Health and Suicide Prevention Plans. Efforts should also be made to ensure responses represent the full breadth of the consumer and carer population to more broadly assess whether the reform is successfully achieving its objectives. Large and representative samples that include priority populations will help answer critical questions such as what specific interventions or service improvements are generating an impact, for whom and under what circumstances.
- Noting current data gaps and the impact this has on drawing conclusions about the effectiveness of policies and initiatives, agencies should work together to improve how data is collected, recorded and disseminated to address these gaps and increase the availability of reliable data. This should be supported by a strong evaluation culture to improve transparency and accountability.
- Priorities for data development should include outcomes identified by mental health consumers and carers to ensure they are relevant and fit for purpose.

# Conclusion

The Fifth Plan has led to various innovative activities and changes that have the potential to significantly improve outcomes for consumers and carers. However, there were several barriers in gauging its success in achieving its objectives.

There is significant opportunity to improve the implementation, monitoring and evaluation of future mental health reforms, including:

- a commitment to evaluation, reflected by adequate resource allocation for high-quality evaluation and planning, including more in-depth and robust quantitative and qualitative data on the perspectives of consumers and carers as part of formal evaluation
- moving toward performance indicators that better reflect the complexity and determinants of mental health, including factors such as employment, physical health and income
- greater collaboration between agencies to improve how data is collected, recorded and disseminated to address current gaps.

The National Agreement is a significant step forward in moving towards these proposed changes. It commits governments to greater collaboration, better data collection and sharing, a stronger evaluation culture, and the development of a National Evaluation Framework.

These commitments must translate into structural change, facilitated by strong governance structures, clear roles and responsibilities and strong monitoring and reporting on action across all portfolios.

System reform takes significant time and persistence to achieve, but the Commission is confident that through collaborative effort and continued investment under the National Agreement, we will be closer to achieving an integrated mental health system that meets the needs of all Australians.

# Attachment A

Table 1: Performance indicators, by reporting purpose and reporting status

| Performance indicator purpose and status | Performance indicators |
|---|---|
| | **Reported performance indicators** |
| **Performance indicators that monitor the health and wellbeing of Australians** | **PI 1:** *Children who are developmentally vulnerable*<br>**PI 2:** *Long-term health conditions in people with mental illness*<br>**PI 3:** *Tobacco and other drug use in adolescents and adults with mental illness*<br>**PI 6:** *Prevalence of mental illness*<br>**PI 7:** *Adults with very high levels of psychological distress*<br>**PI 9:** *Social participation in adults with mental illness*<br>**PI 10:** *Adults with mental illness in employment, education or training*<br>**PI 11:** *Adult carers of people with mental illness in employment*<br>**PI 19:** *Suicide rate*<br>**PI 24:** *Experience of discrimination in adults with mental illness.* |
| **Performance indicators that monitor the performance of the mental health system** | **PI 13:** *Mental health consumer experience of service*<br>**PI 14:** *Change in mental health consumers' clinical outcomes*<br>**PI 15:** *Population access to clinical mental health care*<br>**PI 16:** *Post-discharge community mental health care*<br>**PI 17:** *Mental health readmissions to hospital*<br>**PI 18:** *Mental health consumer and carer workers*<br>**PI 22:** *Seclusion rate*<br>**PI 23:** *Involuntary hospital treatment* |
| | **Not-yet-reported performance indicators** |
| **Performance indicators that aim to monitor the health and wellbeing of Australians** | **PI 4:** *Avoidable hospitalisations for physical illness in people with mental illness*<br>**PI 5:** *Mortality gap for people with mental illness*<br>**PI 8:** *Connectedness and meaning in life* |
| **Performance indicators that aim to monitor the performance of the mental health system** | **PI 12:** *Proportion of mental health consumers in suitable housing*<br>**PI 20:** *Suicide of people in inpatient mental health units*<br>**PI 21:** *Rates of follow-up after suicide attempt/self-harm* |