Monitoring mental health
and suicide prevention reform

National Report Summary

2021

Australian Government
National Mental Health Commission

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This publication is the 9th of an annual series of National Reports. A complete list of the National Mental Health Commission's publications is available from its website.

ISSN: 2209-8321 (Online)
ISSN: 26521911 (Print)

ISBN: 978-0-6452319-2-2 (Online)
ISBN: 978-0-6452319-7-7 (Print)

Suggested citation

National Mental Health Commission. Monitoring mental health and suicide prevention reform: National Report 2021. Sydney: NMHC; 2022.

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About this report

The National Mental Health Commission's (the Commission's) National Report is one of the ways in which the Commission meets its core function: to provide independent robust policy advice and evidence on ways to improve Australia's mental health and suicide prevention systems, and to act as a catalyst for change to achieve these improvements. The National Report provides an assessment of the progress of current reforms and their impacts on communities, the incidence and impact of any significant events during the period, and areas of the systems that still require focus.

This National Report reflects a period of significant change for the mental health and suicide prevention sectors.

National Report 2021 reporting period

As a result of disruptions from the COVID-19 pandemic, the reporting period for this year's National Report encompasses January to June 2021. The National Report 2022 will form the Commission's 10-year anniversary edition and will return to a 12-month reporting period.

Part A

The mental health and suicide prevention landscape in Australia (at a glance)

Poor mental health and suicide are still significant public health issues for Australia, and these have been amplified during the COVID-19 pandemic. This is especially the case for young adults and women

Five

significant inquiries and reports on mental health and suicide prevention have occurred since 2020

$2.3 billion

will be invested against the 5 key pillars of reform identified in the National Mental Health and Suicide Prevention Plan

The Australian Health Ministers' Advisory Council committees that were tasked with implementing the Fifth National Mental Health and Suicide Prevention Plan have been dissolved, and all governments have agreed to establish a new National Mental Health and Suicide Prevention Agreement (National Agreement)

Part B

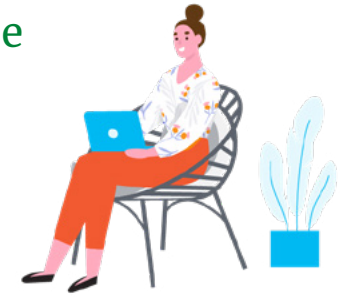
Priority issues in mental health
and suicide prevention (at a glance)

Prevention and early intervention

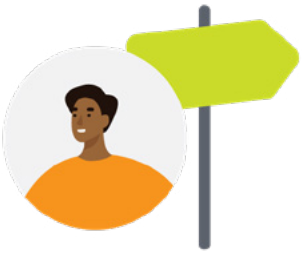
Lived experience participation

Accessibility

Workplace and the workforce



Integrated and coordinated care



Outcomes-driven systems

Part A

The mental health and suicide prevention landscape in Australia

Current state of Australia's mental health and wellbeing

Key points

- Poor mental health and suicide are still significant public health issues for Australia, and these have been amplified during the COVID-19 pandemic. This is especially the case for young adults and women—these 2 groups have experienced worse outcomes for other emotional and wellbeing measures throughout the pandemic.
- Overall aggregated data is important for understanding the broader mental health trends in Australia; more detailed granular data is needed to identify and monitor populations that may be at greater risk.
- Upcoming publications, including landmark releases from the National Survey of Mental Health and Wellbeing and the National Suicide and Self-Harm Monitoring System, will quantify mental health and suicidality indicators in the context of the COVID-19 pandemic and other ongoing crises.
- The use of mental health services increased during the pandemic. Much more data is needed on mental health service experiences, outcomes and overall effectiveness, to inform ongoing reform and improvement.

Events such as the COVID-19 pandemic, bushfires, floods and drought have exacerbated existing issues of mental ill health and suicide. There has been increased demand for mental health services and supports, resulting in increased pressures on an already-stretched workforce. These events have also fostered a greater appreciation of the impact of social determinants by highlighting how the social, cultural and economic environments we exist within are inextricably linked to our mental health and wellbeing.

The impacts of the pandemic and other disasters have highlighted growing inequalities. Some population groups have been further disadvantaged as the impacts of the pandemic continue to unfold and we experience ongoing lockdowns. For Aboriginal and Torres Strait Islander people, the pandemic risks exacerbating existing health, social and economic inequalities. There is increasing concern for women and young people.

Key sector developments

Key points

- Australia's mental health and suicide prevention systems are being reformed. Five significant inquiries and reports on mental health and suicide prevention have occurred since 2020, and 2 significant suicide prevention reforms are upcoming.
- Common themes have emerged from the reviews and reports; the Commission views these as priority areas.
- The Australian Government identified 5 key pillars of reform in the National Mental Health and Suicide Prevention Plan it delivered through the 2021–22 Budget, and $2.3 billion will be invested against these pillars over 4 years.
- The Australian Health Ministers' Advisory Council committees that were tasked with implementing the Fifth National Mental Health and Suicide Prevention Plan have been dissolved, and all governments have agreed to establish a new National Mental Health and Suicide Prevention Agreement (National Agreement).
- The National Agreement is a key piece of work intended to provide a mechanism for achieving lasting reform.
- Sector collaboration will be key to reform, and the COVID-19 pandemic has demonstrated that collaboration within and across sectors can be developed rapidly and effectively.
- Collaboration with people with lived experience of mental ill health and their carers and families, including co-design of services, will be essential for effective progress.

The 2021–22 Budget and the Australian Government's National Mental Health and Suicide Prevention Plan present a commitment to more preventive and person-centred mental health and suicide prevention systems.

But more still needs to be done. The systems are still inadequate to meet the needs of the full breadth of people experiencing mental illness and psychological distress. The systems struggle to consider the interconnectedness of sectors that contribute to mental health and wellbeing, including housing, disability, health, education and justice. Continued partnership with people with lived experience is essential to ensure that reforms are designed and implemented as needed.

The recent reform agenda in Australia has resulted in various recommendations. Although the measures outlined appear promising, we are yet to see how they will be rolled out and implemented, and what their impact on the sector will be. A key challenge for the mental health reform agenda is to bring all these pieces together and support implementation, ideally with ongoing assessment of outcomes against a monitoring and evaluation framework. In October 2020, National Cabinet announced a new Health National Cabinet Reform Committee tasked with delivering a new National Mental Health and Suicide Prevention Agreement (National Agreement) by November 2021. This is intended to guide whole-of-governments national reform. The potential for the National Agreement to drive improved coordination and better outcomes is significant.

Part B

Priority issues in mental health and suicide prevention

Similar issues, themes and advice have consistently emerged across the findings of recent inquiries. The Commission has identified 6 priority areas requiring greater and continued focus to work towards effective, connected and well-functioning mental health and suicide prevention systems.

These 6 areas—prevention and early intervention, accessibility, integrated and coordinated care, lived experience participation, workplace and the workforce, and outcomes-driven systems—are also aligned with the key principles and approaches set out in Vision 2030, the Commission's blueprint for mental health in Australia.

Prevention and early intervention

Key points

- Many Australians do not, or are not able to, access support when they first begin to struggle with their mental health.
- The National Children's Mental Health and Wellbeing Strategy outlines the requirements for an effective system of care for children up to 12 years old. It seeks to create a new, shared understanding of the roles of families, communities, services and educators in promoting and supporting child mental health and wellbeing.
- Recommendations of the National Suicide Prevention Final Advice include developing a National Suicide Prevention Strategy and a National Suicide Prevention Workforce Strategy, an outcomes framework for suicide prevention, and implementation of support structures to build the lived experience workforce.
- The National Plan to Reduce Violence Against Women and their Children 2010–2022 provides the main policy framework for reducing violence against women and their children in Australia, but it has not achieved this aim.
- We need a more coordinated approach to prevention and early intervention across the touchpoints that have an impact on mental health.

The lack of a focus on prevention and early intervention across the general community and within Australia's mental health and suicide prevention systems has been consistently highlighted. This refers to prevention and intervention both early in life and early in the experience of distress. The National Suicide Prevention Final Advice emphasised the importance of early intervention in supporting people in distress and not waiting until they are in crisis. Although investment in early intervention is increasing, we are yet to see the same for prevention approaches, which by necessity must include social determinants such as education and housing.

Promising pieces of work in this area are emerging. They include the National Children's Mental Health and Wellbeing Strategy, which recognises the importance of supporting children from infancy, as well as empowering parents, carers and communities. A new network of up to 15 Head to Health Kids mental health and wellbeing centres is being developed in partnership with states and territories. There are also growing calls for an increased prevention and early intervention focus for violence against women and children.

An important aspect of shifting focus towards prevention of suicide and mental ill health is increasing awareness and improving mental health literacy across the whole population. This can be done by implementing programs and campaigns, such as #ChatStarter, that build connections and support the development of resilience, particularly among children and young people.

Accessibility

Key points

- Accessibility remains a key challenge for Australia's mental health and suicide prevention systems. For many Australians, the mental health and suicide prevention system fails to provide safe, high-quality and effective care that is accessible to all.
- Barriers to access can be geographical, digital, financial, or fear of stigma and discrimination.
- The Our Stories—Beyond the Disaster project has helped us to understand mental health and wellbeing impacts of natural disasters as experienced by people on the ground.
- The National Disaster Mental Health and Wellbeing Framework is intended to guide improved coordination of mental health and wellbeing, and participative localised responses following disasters.
- The COVID-19 pandemic has accelerated demand for access to digital mental health services when social distancing and isolation measures have prevented access to face-to-face services. However, the evidence is not clear on whether digital service delivery is effective for people with severe mental illness or who are experiencing an immediate crisis.
- Developing a National e-Mental Health Strategy would help to ensure that appropriate, safe and high-quality digital and telehealth services are accessible for all. Ideally, the National Safety and Quality Digital Mental Health Standards would be made mandatory and legally enforceable.

Accessing and navigating mental health and suicide prevention systems is a persistent issue. Structural barriers mean that policies and practices in a variety of settings disproportionately impact the lives of people with mental ill health, and prevent services responding appropriately and effectively. Care is not always financially, geographically or practically accessible for many Australians. Rural and remote communities are often left behind, especially in times of crisis—as we have witnessed during the bushfires, floods and drought. This was evident throughout the Commission's Our Stories—Beyond the Disaster project, which began in early 2021.

Although digital technologies offer promising solutions to several access barriers, this area currently lacks the infrastructure required to support their use. We are also yet to fully understand the effectiveness and appropriateness of certain digital interventions for certain populations. Reform in this priority area will need to address these issues.

In addition, as more people become willing to seek help, there is growing awareness of the impacts of stigma and discrimination across the systems. Many people still experience structural stigma via the services they access for support. The Commission will continue to prioritise lived experience in the development of Australia's first National Stigma and Discrimination Reduction Strategy, due for completion by December 2022.

Integrated and coordinated care

Key points

- Disconnected and fragmented care means that some people are falling between the gaps in the mental health and suicide prevention systems, unable to access services to meet their needs before a crisis occurs.
- To deliver better-integrated and coordinated care, reform is needed at the regional and local levels. Primary Health Networks and Local Hospital Networks provide core regional architecture and leadership to make this happen.
- Hub-and-spoke models of integrated care could be used to support broader statewide and territory-wide networks that connect mental health and wellbeing services.
- The Initial Assessment and Referral decision support tool helps to ensure that people accessing care are directed to the service that meets their needs.
- Mental and physical ill health are often linked, and the years of life lost as a result of physical conditions for people with mental illness may be increasing. Better links between mental and physical health services are needed to provide people with complete support.

Continuing reform is needed to deliver better-integrated and coordinated care within and beyond the health system. This includes integration within services, and coordinated care within mental health and suicide prevention. We also need all government portfolios beyond health to work towards a common goal and take a whole-of-governments approach to mental health and wellbeing. There have been promising developments to address service fragmentation, and to plan and provide better-targeted and integrated care at a regional level through primary care.

Efforts in this area have included the development of joint regional mental health and suicide prevention plans, efforts to integrate care for people with complex mental health needs, and the introduction of a consistent approach to assessing and referring consumers through the Initial Assessment and Referral decision support tool. Local Health Districts and Primary Health Networks will need to be encouraged and supported to work together to deliver on reforms through the provision of clear government mandates for joint planning, and tools, data and resources to support integrated service systems.

Lived experience participation

Key points

- Partnership with people with lived experience in mental health and suicide prevention to support co-design, co-production and co-delivery of systems and services is vital.
- Lived experience input can be used to ensure that a service is meaningful, safe, respectful and accessible.
- The input of people with lived experience has helped shape the advice and recommendations of several national and state inquiries and reports.
- A thriving mental health lived experience (peer) workforce is vital for high-quality, recovery-focused mental health services. The *National Lived Experience (Peer) Workforce Development Guidelines* have been developed to encourage and support the growth of this workforce.
- The Commission will be overseeing the co-design process for a National Lived Experience (Peer) Workforce Professional Network to boost professional collaboration.
- Peak body arrangements are currently being scoped, which will address a key ongoing gap in reform: the availability of a resourced and coordinated national voice for consumers and carers to inform reform efforts.

The inclusion of lived experience insights and knowledge in mental health and suicide prevention reform is crucial for a system that best serves the people it is intended for. This requires genuine engagement with, and participation of, people with lived experience, and active support for co-design, co-production and co-delivery of systems and services. Lived experience has played a crucial role in shaping the outcomes of the reform agenda; however, this is yet to translate into the delivery of mental health care that meets the needs of those who access it.

A consistent call to better engage people with lived experience in all aspects of developing, implementing and reviewing mental health programs and services is resulting in changes in the sector. These include workforce changes such as greater emphasis on the important role of the lived experience workforce and broader lived experience engagement. The Commission is leading the development of the *National Lived Experience (Peer) Workforce Development Guidelines* to support these aims.

Workplace and the workforce

Key points

- Workplaces can promote mental health and intervene earlier in suicidal distress, but more clarity, information and support are required to enable employers to meet this duty of care.
- Several jurisdictional, organisational and industry-led initiatives have been developed to support mentally healthy workplaces. Some legislative and regulatory requirements have also been clarified; however, organisations are grappling with a complex and evolving legislative and regulatory environment.
- The Commission and the Mentally Healthy Workplace Alliance are leading the development of a nationally consistent approach to align initiatives, so that organisations have a comprehensive and holistic suite of supports.
- The current mental health workforce does not have the capacity to deliver quality mental health services to diverse communities. Adequately addressing workforce issues underpins the success of the mental health reform agenda.
- The National Mental Health Workforce Strategy will be a critical mechanism for mental health reform in this area.

Workplaces can provide a pathway to support for people who may not have any interaction with the mental healthcare system. It is important to equip these environments with knowledge of early warning signs, appropriate referral pathways and continued supports to both enable recovery and to welcome workers who have experienced mental ill health. The spotlight on workplaces intensified in the first half of 2021 as organisations responded to the ongoing challenges posed by the COVID-19 pandemic, such as supporting remote teams and workers providing essential services.

Issues including a lack of knowledge and capacity, a complex legislative environment and diverse needs continue to challenge organisational efforts. With a growing range of initiatives and services being led by jurisdictions and industries, the Commission and the Mentally Healthy Workplace Alliance are working to align these activities into a nationally consistent approach through the National Workplace Initiative.

Adequately addressing workforce issues remains key to the success of the mental health reform agenda. We continue to see mental health services working at capacity and being challenged to respond to increasing demand. Our mental health and suicide prevention workforces are stretched, under-resourced and under-supported. Both short- and long-term measures are required to address issues such as workforce shortages across professions, maldistribution of the workforce, capacity and capability, limited training and professional development pathways, negative workplace cultures, and the additional demands and pressures caused by the pandemic and ongoing natural disasters.

Change has been slow in this area, despite ongoing development of the National Mental Health Workforce Strategy and announcement of a National Suicide Prevention Workforce Strategy. Implementation of these strategies will help grow the capability and wellbeing of the workforce and build collaborative ways of working. Reform in this area will have significant flow-on effects in how services are experienced by consumers and their families, friends and carers, with a shift to truly person-led, recovery-focused systems.

Outcomes-driven systems

Key points

- The National Federation Reform Council and the Productivity Commission Inquiry into Mental Health have highlighted the need for a health system with a nationally agreed set of outcomes, where continuous improvement is informed by research, monitoring, and evaluation of outcomes, underpinned by robust data.
- Collecting data on outcomes and feeding it back into systems can drive continuous improvement matched to stakeholder needs. Several processes are needed to make this possible.
- Outcomes must be identified and defined according to stakeholder needs, to ensure that any change is valuable and effective. Clear definitions and common terminology must be used to ensure that measurements are consistent across systems. Outcomes must be linked to accountability to ensure appropriate commitment and responsibility.
- The Australian Government has committed to establishing a comprehensive evidence base to support real-time monitoring and data collection.
- Investment in new data collection, storage and sharing technologies will need to be considered at a national level and supported by all system stakeholders.

To be most effective, services must be underpinned by evidence, and committed to cycles of monitoring and continuous quality improvement, evaluation, and integration of emerging evidence. An increased focus on the collection and use of outcomes data will better inform service and program evaluation, planning and delivery.

Governments have agreed that a national set of outcomes is required. It will be important to accurately define what outcomes are important to all stakeholders, and to build the system's ability to monitor outcomes, drive accountability and identify service gaps. Improved clarity of roles and responsibilities, oversight, and coordination for monitoring and evaluation will also be needed.

The National Suicide and Self-Harm Monitoring System has provided improved coherence, accessibility, quality and timeliness of national data and information on suicide, suicide attempts and self-harm. In a world first, the July 2021 release of new data will include national monitoring of ambulance attendances for suicide attempts, self-harm and suicidal ideation.

Moving forward

Now is the time for meaningful and sustained change to our mental health and suicide prevention systems. We have never been more informed or aware of mental health–related impacts and issues, and the need for change has never been greater. The body of work and comprehensive information provided across the reform agenda has laid out clear and practical recommendations that would both improve the mental health outcomes of Australian communities and benefit the Australian economy. We can now implement meaningful change—beyond commitment from national leadership, we need coordinated, strategic action, and we need it now.

A highlight for this reporting period has been the way in which we have been able to use the collective expertise of the sector to provide informed and rapid advice to the Australian Government. We thank the mental health and suicide prevention sectors for their willingness to collaborate and assist in addressing the immediate and urgent concerns of Australians, particularly during the pandemic. These efforts highlight the importance of real-time data in contributing to rapid decision making to implement much-needed change on the ground.

In 2022, we will embark on our next Connections Tour across Australia. This tour will provide us with the opportunity to hear directly from the community on the impacts of the pandemic, and how the Australian Government's reform activities, specifically the 2021–22 Budget and the National Agreement, have been received and implemented. We are also very excited to host the Lived Experience Participation Summit in 2022, which will assist us in further embedding lived experience participation within the mental health and suicide prevention agenda.

In 2022, the Commission celebrates its 10th year, and our anniversary edition of the National Report will give us the opportunity to reflect on the sector's growth and impact over the past 10 years. We know, however, that for many Australians some things have not improved, and it is vital that we reflect on and learn from the past 10 years, and provide insights into what needs to be done to continue to improve the mental health and wellbeing of all Australians into the future.

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