



## **Mental Health Council of Australia**

### **Recommendations on mental health reform in Australia 2008-2010**

This paper outlines the major mental health reforms identified by the federal government through various inquiries and commissions. These recommendations include major reform agendas, programs and policies already provided to the parliament, and includes the 2008 Senate Standing Committee on Community Affairs report into mental health in Australia, the Senate inquiry into suicide in Australia and the 2009 Health and Hospitals Reform Commission report on health reform in Australia. It also contains the recommendations from the National Advisory Council on Mental Health (NACMH) discussion paper.

**A Healthier Future For All Australians**  
**Final Report of the National Health and Hospitals Reform  
Commission – June 2009**

**Summary**

On 25 February 2008, then Prime Minister Kevin Rudd and the Minister for Health and Ageing, Nicola Roxon, announced the establishment of the National Health and Hospitals Reform Commission. The Commission was established to develop a long-term health reform plan for a modern Australia.

In June 2009 the National Health and Hospitals Reform Commission released its final report, *A Healthier Future for All Australians*, which included key recommendations for reforming the mental health system.

The Commission noted that a “priority for improving access and equity is better care for people with serious mental illness.” The report sets out “ways to ensure there is a range of treatment and support services for people with a mental illness, connected across the spectrum of care. We recommend an expansion of sub-acute services in the community and propose that all acute mental health services have a ‘rapid response outreach team’, available 24 hours a day, which can provide intensive community treatment and support, as an alternative to hospital-based treatment.”

The Commission also stated that “in addition to ... improving equity and access, we believe it is vital that we continuously measure and report on whether people are accessing the health services they need in a timely manner. We are recommending National Access Targets across the continuum of health services – including primary health care services, mental health services, aged care assessment, public hospital outpatient services, radiotherapy, planned surgery and emergency departments. We want the targets to be developed through broad community consultation, incorporating clinical, managerial and financial perspectives.”

They also placed a particular focus on encouraging good mental health in young people. “Most new cases of what become chronic mental illnesses – including psychotic disorders such as schizophrenia – emerge in late adolescence and the early adult years. We are recommending the national implementation of youth-friendly, community-based services providing information and screening for mental disorders and sexual health, and specialist clinical services for prevention of, and intervention for, early psychosis.”

**The NHHRC recommendations:**

1. We recommend that a youth friendly community-based service, which provides information and screening for mental disorders and sexual health, be rolled out nationally for all young Australians. The chosen model should draw on evaluations of current initiatives in this area both service and internet/telephonic-based models. Those young people requiring more intensive support can be referred to the appropriate primary health care service or to a mental or other specialist health service.

- 2.** We recommend that the Early Psychosis Prevention and Intervention Centre model be implemented nationally so that early intervention in psychosis becomes the norm.
- 3.** We recommend that every acute mental health service have a rapid-response outreach team for those individuals experiencing psychosis, and subsequently have the acute service capacity to provide appropriate treatment.
- 4.** We recommend that every hospital-based mental health service should be linked with a multi-disciplinary community-based sub-acute service that supports 'stepped' prevention and recovery care.
- 5.** We strongly support greater investment in mental health competency training for the primary health care workforce, both undergraduate and postgraduate, and that this training be formally assessed as part of curricula accreditation processes.
- 6.** We recommend that each state and territory government provide those suffering from severe mental illness with stable housing that is linked to support services.
- 7.** We want governments to increase investment in social support services for people with chronic mental illness, particularly vocational rehabilitation and post-placement employment support.
- 8.** As a matter of some urgency, governments must collaborate to develop a strategy for ensuring that older Australians, including those residing in aged care facilities, have adequate access to specialty mental health and dementia care services.
- 9.** We recommend that state and territory governments recognise the compulsory treatment orders of other Australian jurisdictions.
- 10.** We recommend that health professionals should take all reasonable steps in the interests of patient recovery and public safety to ensure that when a person is discharged from a mental health service that: there is clarity as to where the person will be discharged; and someone appropriate at that location is informed.
- 11.** We recommend a sustained national community awareness campaign to increase mental health literacy and reduce the stigma attached to mental illness.
- 12.** We acknowledge the important role of carers in supporting people living with mental disorders. We recommend that there must be more effective mechanisms for consumer and carer participation and feedback to shape programs and service delivery.

## **Towards Recovery: Mental Health Services in Australia** **Senate Standing Committee on Community Affairs, September 2008.**

### **Executive Summary (extract)**

Mental health services in Australia received significant focus and a major injection of funds in July 2006 when the Council of Australian Governments agreed to the *National Action Plan on Mental Health 2006–2011*. The plan helped put mental health high on the agenda at both state and federal levels and responded to a number of the issues that had been raised by the Senate Select Committee on Mental Health in its comprehensive inquiry.

The COAG National Action Plan recognised that mental health was not just a health portfolio responsibility, but required coordination across areas of government and a broad, community-based response. The plan put desperately needed money into the mental health community sector. It also increased access to some clinical services. COAG recognised that connecting all these services is fundamental to improving Australia's mental health care.

COAG's commitment was widely welcomed but overdue. The numbers of people with mental illness who are homeless, in prisons, living in poverty and unable to get treatment until the most acute stages of illness are testimony to the long under-resourcing of community-based mental health care and support.

Nearly two years into the National Action Plan on Mental Health, positive responses to some of the initiatives are clearly evident. Access to previously underutilised members of the mental health workforce, such as psychologists and other allied health providers has improved. Many non-government organisations have new funding to help provide a range of community-based supports. Programs have been established which try to reach people that have not been receiving services in the existing patchy and fragmented system.

However, there are a number of important aims that have not been achieved. The National Action Plan on Mental Health failed to set out a vision for Australian mental health services into the future with a plan for how to get there. Mental health care varies markedly across the states and territories and without a clearly articulated national framework and implementation plan will remain so.

Consumers have not been given a priority voice in formulating policy and implementing programs. Support for consumer advocacy, training, peer support and consumer-run services is yet to translate into the resources and capacity building needed to assist consumers in these roles.

People in some areas still receive more service than others. Fewer mental health professionals are available outside the major cities and even within cities services are not evenly distributed. Access to some mental health care, such as services funded through Medicare under fee-for-service arrangements, is heavily dependent on the distribution of service providers.

Some groups of people, including those with the most complex needs, are not getting the kinds of services they need. There are concerns that new mental health programs are not helping those people experiencing the most severe

illnesses, due to cost or other barriers. Many services remain oversubscribed and even people in immediate crisis may be turned away.

People with mental illness still report poor treatment and abuse. Stigmatisation and discrimination still occur. These messages are not new. Governments, and Australian communities, need to look seriously at improving the human rights experiences of people with mental illness.

Much of the new funding for mental health initiatives has been to generic services and more needs to be done to provide mental health care that meets the needs of specific groups, such as Indigenous Australians, people from culturally and linguistically diverse backgrounds, youth, aged, people in prison and people living in rural and remote communities.

The range of services needed to support people with mental illness to live in the community span state and Commonwealth areas of responsibility. In particular, affordable housing and supported accommodation are keystones to furthering other efforts towards improving mental health outcomes. Employment is an important part of recovery for many people with mental illness, but services and supports to achieve this goal are still inadequate. While governments have recognised the need for better coordination, consumers, carers and service providers are disenchanted by failures in coordination between the levels of government.

Workforce shortages around Australia are affecting mental health services. Governments have invested money, and initiatives are in place to try to supply more workers to the sector, but competition remains stiff, workloads are heavy and in many areas remuneration non-competitive. Minimal attention has been paid to evaluation and outcome measurement of new mental health initiatives. Given a history of under-funding, many in the sector are keenly aware of the importance of using the available money to greatest effect. People want to know how well the new initiatives are working and whether other service structures would provide better mental health to the community.

Efforts towards improving mental health services in Australia remain a work in progress. The committee commends the Australian, state and territory governments for recognising mental health as a priority and for the significant investment made through the COAG *National Action Plan on Mental Health 2006–2011*. This is an important step in the process of mental health service reform in Australia, but there is more to do.

The committee has made a number of recommendations aimed at setting a clearer future for mental health in Australia, providing greater accountability, improving the programs and services that already exist and addressing some of the remaining gaps and shortfalls. The committee considers that further investment, leadership and cooperation are required to achieve an adequate community-based, recovery-focussed mental health care system in Australia.

## **Recommendations**

**1)** The committee recommends that the Australian Government, in consultation with state and territory governments and mental health stakeholders, develop a new national mental health policy document to succeed the National Mental Health Plan 2003–2008. The policy document should provide a clear vision of the services required in a community-based, recovery-focussed mental health system in Australia to 2015, including, but not limited to, mental health promotion and mental illness prevention and early intervention services, community-based clinical and psychosocial services, step-up and step-down transition services, crisis and acute services, as well as accommodation, education, training, employment and other community support services for people with mental illness. The policy document should include service, funding and consumer outcome benchmarks in each of these identified areas.

**2)** The committee recommends that the National Advisory Council on Mental Health be funded to establish standing committees in each of the following areas:

- monitoring human rights abuses and discrimination against people with mental illness;
- advancing community awareness of mental illness and destigmatisation;
- monitoring service adequacy and progress towards an effective community-based, recovery-focussed system of mental health care.

The committee recommends that each standing committee report directly to the National Advisory Council. In addition, the committee recommends that the National Advisory Council table the reports of the three standing committees in Parliament on an annual basis.

**3)** The committee recommends that each state and territory COAG Mental Health Group include consumer, carer, non-government organisation and private sector representatives within its membership. The committee further recommends that each COAG Mental Health Group make publicly available a quarterly progress report outlining the work undertaken in the state or territory against each commitment in the *National Action Plan on Mental Health 2006–2011*.

**4)** The committee recommends that FaHCSIA track unspent funding under National Action Plan community initiatives rolled out through NGOs. The committee recommends that any underspent funds in sites selected for National Action Plan programs be quarantined for use in those areas and distributed through other mental health programs or direct purchase of services from public health or other providers.

**5)** The committee recommends that COAG review the progress of the Care Coordination initiative in each state and territory prior to the completion of the *National Action Plan on Mental Health 2006–2011*, including an assessment as to whether allocated funding is needed to enable the aims of the initiative to be achieved.

**6)** The committee recommends that each state and territory government include in its reports to COAG the number of people in the Care Coordination target group that have actually been offered a clinical coordinator and community coordinator.

**7)** The committee recommends that in purchasing non-government organisation services for future mental health initiatives, Australian, state and territory government departments do not rely exclusively on open tenders but also develop other procurement models such as collaborative and select tenders.

**8)** The committee recommends that the following issues be considered in future funding rounds:

- the weighting given to local knowledge and linkages when assessing tenders;
- opportunities to increase collaboration;
- reducing the information burden associated with tendering for multiple programs; and
- addressing sustainability of services.
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**9)** The committee recommends that the Government give high priority to expanding the coverage and location of Personal Helpers and Mentors services across areas of unmet need in Australia.

**10)** The committee recommends that the Department of Health and Ageing, the Department of Education, Employment and Workplace Relations, the Mental Health Council of Australia and consumer representatives be funded to work together to develop a consumer-run training package for mental health workers focussed on the lived experience of mental illness. The committee recommends that the training be in a modularised format so that components can be delivered within existing NGO, vocational and professional training.

**11)** The committee recommends that FaHCSIA in conjunction with selected Personal Helpers and Mentors providers as a matter of urgency develop and promote best practice methods for managing demand for the Personal Helpers and Mentors program.

**12)** The committee recommends that FaHCSIA develop and publish an evaluation framework for the Personal Helpers and Mentors (PHaMs) program. The framework should pay particular attention to who is accessing the program and to consumer outcomes. The committee further recommends that all evaluations of the program be made public. Such evaluation should not however delay the expansion and further rollout of PHaMs services.

**13)** The committee recommends that the post-implementation review of the Better Access initiative gives particular attention to the referral pathways in the Better Access initiative, whether consumers are effectively moving between the providers involved and whether any structural changes or additional funding are required to improve care management and coordination.

**14)** The committee recommends that as part of the post-implementation review of Better Access a working group be established to simplify arrangements by which NGO employed psychologists and other eligible allied health professionals can use Better Access Medicare items.

The committee further recommends that the Australian Government fund a series of information workshops for relevant NGOs, explaining the outcomes of the working group and the available mechanisms for NGOs to make use of the Better Access Medicare items.

**15)** The committee recommends that the post-implementation review of the Better Access initiative consider the concerns and issues about the initiative listed in this report. In particular, the committee considers that assessment of the outcomes for consumers using the initiative is paramount. The committee further recommends that the findings of the post-implementation review be made publicly available.

**16)** The committee recommends that state and territory governments substantially increase funding to establish more long-term, step-up and step-down community-based accommodation for people with mental illness that is linked with clinical and psycho-social supports and rehabilitation services.

**17)** The committee recommends that the Australian Government strengthen mental health consumer representation, through funding consumer-run organisations to provide independent advocacy at state, territory and Commonwealth levels and to provide peer support, information and training to their members.

**18)** The committee recommends that Centrelink develop Mental Health Consultative Committees, modelled on the Western Australian Centrelink Mental Health Consultative Committee, within each of the other states and territories. The committee recommends that the Centrelink Mental Health Consultative Committees include consumer and carer representatives, representatives of the state and territory community mental health peak bodies, state and territory specialist employment services, the Commonwealth Rehabilitation Service, ACE National Network, state Centrelink offices, the relevant state government department of employment and the Australian Government Department of Education, Employment and Workplace Relations.

**19)** The committee recommends that the Australian Government provide funding for a public awareness program focussed on psychotic illnesses, to be targeted to adolescents and young adults, their peers, parents and teachers.

**20)** The committee recommends that in negotiating the next Australian Health Care Agreement, the Australian and state and territory governments agree on mechanisms to ensure that community-based mental health services are prioritised in state mental health spending.

**21)** The committee recommends that the Australian, state and territory governments develop as a matter of priority a framework for evaluating the consumer outcomes achieved by the *National Action Plan on Mental Health 2006–2011*.

**22)** The committee recommends that the Australian, state and territory governments jointly fund and establish a Mental Health Institute to foster research as recommended by the Senate Select Committee on Mental Health and to conduct ongoing monitoring and evaluation of mental health services across Australia.

**23)** The committee recommends that in reviewing the *National Action Plan on Mental Health 2006–2011* and developing future mental health policy, the Australian, state and territory governments give priority to addressing the shortfalls that currently exist in community-based mental health services, housing, education and employment for people with mental illness, comorbidity services, acute care and workforce supply to the mental health sector.

**24)** The committee recommends that the National Advisory Council on Mental Health be funded to convene a taskforce on childhood sexual abuse and mental illness, to assess the public awareness, prevention and intervention initiatives needed in light of the link between childhood sexual abuse and mental illness and to guide government in the implementation of programs for adult survivors. The committee recommends that the taskforce report its findings by July 2009 and that COAG be tasked with implementing the necessary programs and reforms.

**25)** The committee recommends that the Australian, state and territory governments, through COAG, jointly fund a nation-wide Borderline Personality Disorder initiative. The committee recommends that the initiative include:

- designated Borderline Personality Disorder outpatient care units in selected trial sites in every jurisdiction, to provide assessment, therapy, teaching, research and clinical supervision;
- awareness raising programs, one to be targeted at adolescents and young adults in conjunction with the program in Recommendation 19 (Chapter 8) aimed at improving recognition of the disorder, and another to be targeted at primary health care and mental health care providers, aimed

- at changing attitudes and behaviours toward people with Borderline Personality Disorder; and
- a training program for mental health services and community-based organisations in the effective care of people with Borderline Personality Disorder.

The committee recommends that a taskforce including specialist clinicians, consumers, community organisations, public and private mental health services and government representatives be convened to progress and oversight the initiative.

**26)** The committee recommends that through COAG the Australian, state and territory governments coordinate and develop mental health plans and fund specific additional mental health services that address the existing shortfalls for Indigenous Australians, culturally and linguistically diverse communities, youth, aged and people in rural and remote communities.

**The Hidden Toll: Suicide in Australia**  
**24 June 2010**  
**Senate Community Affairs References Committee**

**EXECUTIVE SUMMARY**

At least six Australian lives are taken by suicide every day, however there continues to be a lack of public awareness about the impact of suicide on the community. The title of the Committee's report *The Hidden Toll: Suicide in Australia* reflects this situation as well as the hope that increased public attention and support for suicide prevention can reduce the damage it causes. The following summarises the Committee's recommendations.

The costs for individuals, families and communities affected by suicide cannot be measured but are clearly enormous. The financial cost of suicide is likely to be measured in the billions every year. The Committee has recommended a detailed independent economic assessment of the cost of suicide and attempted suicide in Australia.

The number of suicides in Australia has been underreported. The Committee has recommended continued and expanded support for the activities of the National Committee for Standardisation of Reporting on Suicide, the standardisation of coronial legislation and practices, the national adoption of a standardised police form and additional resources and training for staff in coronial offices to improve accuracy of the statistics relating to suicide.

Frontline staff, workers in community organisations and other 'gatekeepers' need suicide awareness and prevention training. The Committee has recommended staff in primary care, law enforcement and emergency services receive mandatory suicide risk assessment, prevention and awareness training, all 'front line' staff should receive suicide awareness training and increased access should be provided for staff in community organisations and the general community to undertake suicide awareness and prevention training.

People who have attempted suicide, have suicidal ideation or have received psychiatric care should be assisted and supported. The Committee has recommended all hospital emergency departments should maintain at least one person at all times with mental health training and the capacity to undertake suicide risk assessments, mandatory procedures should be implemented to provide follow up support to those leaving care, programs should link services and agencies to improve the continuity of care for those at risk of suicide, and additional funding should be provided for stepped accommodation.

The public awareness of suicide needs to be increased through a long term awareness campaign and responsible reporting in the media. The Committee has recommended a national suicide prevention and awareness campaign using a range of media including targeted approaches to high risk groups as well as a review of the Mindframe guidelines and current media practices for the reporting of suicide. The Committee has also recommended national estimates on suicide

should be released at least biannually to raise community awareness about suicide.

People seeking assistance from telephone crisis and counselling services should not be deterred by call costs. The Committee has recommended the Commonwealth government act to ensure affordable access to telephone crisis services are maintained and that an implementation study be commissioned for a national toll-free telephone crisis support service to assist those at risk of suicide.

Access to the means of suicide must be reduced and programs to address 'suicide hotspots' should be implemented. The Committee has recommended funding be made available for projects to aimed at reducing access to means of suicide and adding suicide prevention measures at 'suicide hotspots' according to established guidelines.

Groups with an increased risk of suicide should continue to be targeted with specific programs. The Committee has made number of recommendations:

- that there be an increase in the number of projects and funding for men;
- that a separate strategy be developed for Indigenous communities;
- that suicides by children should officially reported;
- that support group assistance should be developed for those who attempt suicide or self harm;
- that additional resources be provided to mental health services;
- that additional suicide awareness and risk assessment training be made available to 'gatekeepers' in regional, rural and remote areas;
- that LGBTI people be recognised in suicide prevention strategies and policies and the development of targeted programs;
- that a national suicide bereavement strategy be developed; and
- specific initiatives be developed to assist recently released prisoners.

New research should focus on the efficacy of suicide prevention interventions and results should be widely available to practitioners and others. The Committee has recommended additional funding for research should be provided through the National Suicide Prevention Program, including the evaluation of suicide prevention interventions. A suicide prevention resource centre should be established to collect and disseminate research and best practice regarding suicide prevention.

Increased coordination of programs and services is necessary for effective suicide prevention in Australia. The Committee has recommended a national suicide prevention strategy with participation and funding from all levels of government as well as collaboration with community stakeholders and service providers. The benefits of a national suicide prevention governance and accountability structure external to government should also be evaluated.

Increased funding of programs and support for those at risk of suicide is necessary to reduce the number of suicides and attempted suicides in Australia. The Committee has recommended that, at a minimum, Commonwealth government funding should be doubled and further increases should be assessed as the efficacy of suicide prevention interventions is established by research.

Furthermore a Suicide Prevention Foundation should be established to encourage funding from government, business, community and philanthropic sources and to direct these resources to priority areas of suicide prevention awareness, research, advocacy and services. Suicide prevention project and program funding should be provided in longer cycles to assist their success and stability.

Finally the Committee has recommended that a target should be set by government for the reduction of suicide in Australia by 2020 to focus the attention of the public and policy makers on suicide prevention.

### **Recommendation 1**

The Committee recommends that the Commonwealth government commission a detailed independent economic assessment of the cost of suicide and attempted suicide in Australia, for example by the Productivity Commission.

### **Recommendation 2**

The Committee recommends that Commonwealth, State and Territory governments, in consultation with the National Committee for Standardised Reporting on Suicide, implement reforms to improve the accuracy of suicide statistics.

### **Recommendation 3**

The Committee recommends that the Standing Committee of Attorneys-General, in consultation with the National Committee for Standardised Reporting on Suicide, standardise coronial legislation and practices to improve the accurate reporting of suicide.

### **Recommendation 4**

The Committee recommends all Australian governments implement a standardised national police form for the collection of information regarding a death reported to a coroner.

### **Recommendation 5**

The Committee recommends that the Commonwealth, State and Territory governments enable timely distribution of suicide data from coroners' offices regarding suicides to allow early notification of emerging suicide clusters to public health authorities and community organisations.

### **Recommendation 6**

The Committee recommends that State and Territory governments provide additional resources and training to staff in coronial offices to assist in the accurate and timely recording of mortality data.

### **Recommendation 7**

The Committee recommends the National Committee for Standardisation of Reporting on Suicide liaise with peak insurance and financial associations, such as the Insurance Council of Australia, regarding exclusionary conditions in contracts which may deter the reporting of suicides.

### **Recommendation 8**

The Committee recommends that Commonwealth, State and Territory governments ensure that staff in primary care, law enforcement and emergency services receive mandatory and customised suicide risk assessment, prevention and awareness training as part of their initial training and ongoing professional development.

### **Recommendation 9**

The Committee recommends that Commonwealth, State and Territory governments mandate that hospital emergency departments maintain at least one person with mental health training and capacity to conduct suicide risk assessments at all times.

### **Recommendation 10**

The Committee recommends that Commonwealth, State and Territory governments review debriefing procedures and counselling support available to frontline workers regularly exposed to suicide and attempted suicide related incidents.

### **Recommendation 11**

The Committee recommends that Commonwealth, State and Territory governments establish mandatory procedures to provide follow up support to persons who have been in psychiatric care, have been treated following an attempted suicide or who are assessed as being at risk of suicide.

### **Recommendation 12**

The Committee recommends that Commonwealth, State and Territory governments provide funding for programs to identify and link agencies and services involved in the care of persons at risk of suicide. These programs should aim to implement agreements and protocols between police, hospitals, mental health services, telephone crisis support services and community organisations and to improve:

- awareness by different personnel of suicide prevention roles and expectations; and
- handover procedures and continuity of care for persons at risk of suicide.
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### **Recommendation 13**

The Committee recommends that Commonwealth, State and Territory governments provide additional funding for graded accommodation options for people at risk of suicide and people with severe mental illness.

### **Recommendation 14**

The Committee recommends that the Australian governments oblige health care staff to offer prior consent agreements, such as advance health directives and standing medical powers of attorney, to patients at risk of suicide.

### **Recommendation 15**

The Committee recommends that Commonwealth, State and Territory governments provide accredited suicide prevention training to all 'front line' staff, including those in health care, law enforcement, corrections, social security, employment services, family and child services, education and aged care.

**Recommendation 16**

The Committee recommends that the National Suicide Prevention Strategy promote and provide increased access for community organisation and the general community to appropriate suicide prevention training programs.

**Recommendation 17**

The Committee recommends that the Commonwealth government fund a national suicide prevention and awareness campaign that provides information to all Australians about the risks and misconceptions of suicide, and advice on how to seek and provide help for those who may be dealing with these issues. This campaign should utilise a range of media, including television, radio, print and online, and other methods of dissemination in order to best reach the maximum possible audience. This campaign should also create links with efforts to alleviate other public health and social issues, such as mental health, homelessness, and alcohol and drug use.

**Recommendation 18**

The Committee recommends that the development of a national suicide prevention and awareness campaign should recognise the risks of normalising and glamorising suicide, and draw on wide consultation with stakeholders and a solid evidence base.

**Recommendation 19**

The Committee recommends that a national suicide prevention and awareness campaign, once developed, should operate for at least 5 years, and with adequate and sustained resources. This should include the provision of additional resources, support and suicide awareness training for health care professionals.

**Recommendation 20**

The Committee recommends that the Mindframe guidelines and current media practices for the reporting of suicide are reviewed. Research should be undertaken to determine the most appropriate ways to better inform the Australian public about suicide through the media, including mainstream news reporting, as well as through internet and social networking sites.

**Recommendation 21**

The Committee recommends that national figures on suicide should be released to the Australian public, at a minimum, biannually, in an effort to raise community awareness about suicide, and should be provided together with information about available services and support.

**Recommendation 22**

The Committee recommends that a national suicide prevention and awareness campaign should include a targeted approach to high-risk groups, in particular young people, people in rural and remote areas, men, Indigenous populations, lesbian, gay, bisexual, transgender and intersex people and the culturally and linguistically diverse communities. This approach should include the provision of culturally sensitive and appropriate information and services.

**Recommendation 23**

The Committee recommends that the Commonwealth government ensure telecommunications providers provide affordable access to telephone and online counselling services from mobile and wireless devices.

**Recommendation 24**

The Committee recommends that the Commonwealth government commission an implementation study for a national toll-free crisis support telephone service to assist those at risk of suicide.

**Recommendation 25**

The Committee recommends that the National Suicide Prevention Program include funding for projects to reduce access to means of suicide and prevention measures at identified 'suicide hotspots'. These interventions should be evidence based and in accordance with agreed guidelines.

**Recommendation 26**

The Committee recommends that the National Suicide Prevention Program should increase the funding and number of projects targeting men at risk of suicide.

**Recommendation 27**

The Committee recommends that the Commonwealth governments develop a separate suicide prevention strategy for Indigenous communities within the National Suicide Prevention Strategy. This should include programs to rapidly implement postvention services to Indigenous communities following a suicide to reduce the risk of further suicides occurring.

**Recommendation 28**

The Committee recommends that the Australian Bureau of Statistics and other public agencies which collect health data record and track completed suicides and attempted suicides of those under 15 years of age.

**Recommendation 29**

The Committee recommends that targeted programs be developed to provide community support group assistance for people who have attempted suicide and those who self harm.

**Recommendation 30**

The Committee recommends that additional resources be provided by Commonwealth, State and Territory governments to mental health services. These services are recognised as functioning to reduce the rate of suicide and attempted suicide in Australia.

**Recommendation 31**

The Committee recommends that additional 'gatekeeper' suicide awareness and risk assessment training be directed to people living in regional, rural and remote areas.

**Recommendation 32**

The Committee recommends that lesbian, gay bisexual, transgender and intersex people be recognised as a higher risk group in suicide prevention strategies, policies and programs, and that funding for targeted approaches to assist these groups be developed.

**Recommendation 33**

The Committee recommends that the Commonwealth, State and Territory governments together with community organisations implement a national suicide bereavement strategy.

**Recommendation 34**

The Committee recommends the development of a National Suicide Prevention Program initiative targeting assistance to people recently released from correctional services.

**Recommendation 35**

The Committee recommends that the Commonwealth government provide funding in the National Suicide Prevention Program for research projects into suicide prevention, including detailed evaluations of suicide prevention intervention.

**Recommendation 36**

The Committee recommends the Commonwealth government, as part of the National Suicide Prevention Strategy, create a suicide prevention resource centre to collect and disseminate research and best practice regarding suicide prevention.

**Recommendation 37**

The Committee recommends that following extensive consultation with community stakeholders and service providers, the next National Suicide Prevention Strategy include a formal signatory commitment as well as an appropriate allocation of funding through the Council of Australian Governments.

**Recommendation 38**

The Committee recommends that an independent evaluation of the National Suicide Prevention Strategy should assess the benefits of a new governance and accountability structure external to government.

**Recommendation 39**

The Committee recommends that the Commonwealth government double, at a minimum, the public funding of the National Suicide Prevention Strategy, with further increases to be considered as the research and evaluation of suicide prevention interventions develops.

**Recommendation 40**

The Committee recommends that the Commonwealth, State and Territory governments should facilitate the establishment of a Suicide Prevention Foundation to raise funding from government, business, community and philanthropic sources and to direct these resources to priority areas of suicide prevention awareness, research, advocacy and services.

**Recommendation 41**

The Committee recommends that, where appropriate, the National Suicide Prevention Program provide funding to projects in longer cycles to assist the success and stability of projects for clients and employees.

**Recommendation 42**

The Committee recommends that the Commonwealth government as part of a national strategy with State, Territory and local governments for suicide prevention set an aspirational target for the reduction of suicide by the year 2020.

**A Mentally Healthy Future For All Australians**  
**National Advisory Council on Mental Health (NACMH)**  
**Discussion Paper, November 2009.**

**Summary**

The National Advisory Council on Mental Health (NACMH) was established as an election commitment of the Rudd Labor Government in June 2008. The NACMH provides a formal mechanism for the Australian Government to gain independent advice from a group of appointed experts to inform national mental health reform. The objective of the NACMH is to provide timely, expert, balanced and confidential advice to Government on mental health issues and respond to requests from the Minister for Health and Ageing.

The NACMH paper states: "Our governments' investments in mental health need to evolve significantly: beyond the dominant focus on acute and sub-acute health care to include a more balanced emphasis on community care, a clear focus on managing the risk factors that can give rise to mental illness and strengthening the protective factors that prevent mental illness and promote mental health. To be successful, investment in a mentally healthy Australia needs to be embedded across a whole-of-government national policy framework. This means that we need to reflect a focus on mental health across the board – in our approach to education, social services, housing, employment, Indigenous affairs and so on – not just in our health or mental health services."

NACMH raised seven Priority Areas for investment which will make significant contributions to achieving the vision of a mentally healthy Australia.

***Priority Area One: A mentally healthy Australia is everyone's business***

**Program Investment 1: Mental health literacy through expanded community education initiatives**

*Description:* Ongoing investment is required in mental health literacy through further community education and stigma reduction initiatives including an expanded role for *beyondblue*, Mental Health First Aid, school-based mental health education programs (e.g. Mind Matters & Kids Matters) and similar programs.

*Indicators of success:* Earlier recognition of mental disorders in the community and earlier seeking and accessing of appropriate intervention; decreased incidence of suicide and self harm; increased participation and inclusion for people experiencing mental illness; improvement in health and social outcomes and reduction of the overall health burden.

**Program Investment 2: Mental health practice and competency training for all health and human service employees**

*Description:* Mental health cannot be compartmentalised or ignored by the health and human services professions given it impacts on all areas of physical, social and cultural health. There is a need to continue to support initiatives that improve mental health literacy and response to people with mental health issues

among front line professionals across the board, but particularly in the health care, human service and emergency services workforce. This should include a review of mental health curricula within undergraduate, vocational and post vocational training with a view to identifying the mental health literacy, skills and practice training requirements necessary to ensure an appropriate level of mental health content given the prevalence and impact of these disorders. Training should include how to identify the early signs of mental illness and the knowledge and skills required to confidently and competently manage or respond to mental health problems and/or crises and to assist with referral or access to timely and effective assessment, treatment and care.

*Indicators of success:* Earlier identification and management of mental health problems has significant implications for reducing the longer term costs of mental illness, both in human and financial terms.

## ***Priority Area Two: Investing in our communities***

### **Program Investment 3: Priority Communities Initiative**

*Description:* Using a range of relevant ABS indicators and indexes, the 100 most socially and economically disadvantaged communities experiencing high risk to well-being and to child social exclusion will be identified. A funding program to empower the priority communities to develop extensive supports and community-based initiatives to target inequities and to improve the emotional and social wellbeing and social participation of disadvantaged families is required.

*Indicators of success:* Improved health and wellbeing particularly among children and young people aged 0-25; Increased early attendance at antenatal care and early childhood care; decreased rates of childhood injuries; increased levels of age appropriate social development; Increase early identification of mental health care needs across all age groups of children; increased participation in under-school age activities; greater school retention rates; increased levels of housing stability; improved parental health and wellbeing; decreased rates of suicide and self harm; and increased employment and social participation.

### **Program Investment 4: Mentally Healthy Communities Program**

*Description:* A funding program for communities to establish partnerships to enable communities to act early and to provide local solutions. The key emphasis is on targeted early intervention, prevention and promotion programs to address locally identified mental health needs. This program also seeks to establish service and support pathways for communities encountering significant barriers to accessing timely and appropriate services, treatment and care with a view to increasing their engagement and utilisation of mental health treatment and community support services. Addressing equity and access issues affecting mental health, independent living and social inclusion is a key aspect of this program.

*Indicators of success:* Greater recognition of mental health problems and mental illness; earlier seeking and accessing of help and assistance for mental health issues and problems; greater service responsiveness to the needs of people with mental health issues; greater recognition and responsiveness to co-

occurring conditions and problems; and greater support for generalist services and access to specialist services when required; and greater workforce, educational and community participation for people with mental illness and mental disorders.

### **Program Investment 5: Revision and implementation of the Social and Emotional Wellbeing Framework**

*Description:* In a mentally healthy Australia, the Australian Government's commitment to closing the gap between Indigenous and non-Indigenous communities must be accompanied by significant investments to address the link between chronic disease, mental health and chronic stress within Indigenous communities and to build on earlier achievements commenced with the development of the Social and Emotional Well-being Framework. The imperative for the development of the framework was the failure of mainstream mental health services to pick up the full spectrum of needs in Indigenous communities where the usual helping mechanisms that exist in a reasonably healthy society are absolutely overloaded due to the high levels of grief, and trauma. A project is recommended to revise and implement the Social and Emotional Well-being Framework. Implementation should include the development of processes for much greater accountability for what is achieved both through the National Mental Health Plan as well as the revised SEWB Framework. This project will compliment the work of the Healing Foundation and its emphasis on self-determination and Indigenous healing programs.

*Indicators of success:* Improved mental health, social and emotional well-being and physical health in Indigenous communities; decreased rates of suicide and self harm in Indigenous communities; self determination in Indigenous mental health; an expanded, supported and resourced Indigenous mental health workforce; expansion of trauma and grief prevention, support and counselling and healing programs; and the provision of specialised care and support through Indigenous Community Mental Health programs for families and children across all age groups.

### **Priority Area Three: Investing in our work places**

#### **Program Investment 6: A Mentally Healthy Workplace Study**

*Description:* Work can be a protective factor to good mental health. The level of control an employee feels over their work situation, the stress experienced and whether or not the employee feels valued in the workplace can affect work performance, absenteeism, workplace safety and staff turnover. Research is recommended to explore how mental health promotion can be embedded in workplace and occupational, health and safety legislation, policy, standards, codes and requirements. This work would make recommendations on changes, strategies, training and resources for promoting the mental health and wellbeing of employees, preventing the onset of mental health problems among employees and for assisting employers and managers to create mentally healthy workplaces.

*Indicators of success:* Decreased levels of workplace stress, absenteeism and staff turnover; reduction in days lost to stress and poor mental health and a reduction in associated costs; and increased levels of workplace safety.

### **Program Investment 7: Employer Incentive and Safety Net Program and Employment Support Program for people with mental illness**

*Description:* A program to provide an employer incentive scheme and safety net options to support employers of people with mental illness which dovetail with transition and safety net arrangements for people on Disability Support Pension who seek to move into paid employment. Accompanying this program, expanded and specialised support is recommended for people with mental illness who are placed in jobs is required. Assistance and support after the job starts will vary depending on the employees, the severity of the impacts of their condition, the complexity of the job and the nature of the workplace.

*Indicators of success:* Increased workforce participation and employment rates of people with mental illness; higher rate of successful employment placements; and reduction in social costs due to decreased levels of unemployment among people with mental illness, the restoration to independent living for increased numbers of people and the prevention of chronic mental illness.

### **Priority Area Four: Investing in our children, youth and families** **Program Investment 8: Early childhood & family mental health & developmental services (0-25 years)**

*Description:* Early childhood and family mental health and developmental services to provide integrated early intervention, early childhood and family clinical mental health services, health services, and family support services for families with children aged 0-25 years. Family-oriented services are envisaged which provide assessment, treatment, intervention, collaborative care and community-based responses within a framework of supporting social, emotional, personal and physical development.

*Indicators of success:* Improved health and wellbeing particularly among children, young people and emerging adults aged 0-25; Increased early attendance at antenatal care and early childhood care; decreased rates of childhood injuries; increased levels of age appropriate social development; Increase early identification of mental health care needs across all age groups of children; improved children's mental health and well-being; increased participation in under-school age activities; improved learning; greater school retention rates; increased levels of housing stability; improved parental health and wellbeing; and increased employment and social participation.

### **Program Investment 9: Schools as hubs for acting early and for nurturing children and families**

*Description:* A program to facilitate the rollout nationally of initiatives like *Edlink* and *SchoolLink* to assist in strengthening formal and informal links at local and area level between TAFE, all schools and school counsellors, youth services, family support services, local Child and Adolescent Mental Health Services and Headspace programs. The program will expand services for early childhood, the transition period to primary school and early adolescence and support for families during these developmental phases.

*Indicators of success:* Early identification of mental health and developmental issues; earlier access of mental health and psychological services; higher

participation in pre-school aged education; higher school retention; increased labor force and community participation.

#### **Program Investment 10: Services for Families at High Risk**

*Description:* A program providing targeted services for families at high risk. The target audience includes families with multiple and complex problems such as long-term unemployment, poverty, economic and financial stress, high and persistent levels of stress, unstable housing or risk of homelessness, poor or persistent mental health difficulties or substance misuse, trans-generational trauma and abuse, risk of offending, school dropout or expulsion. Services provided will be multi-disciplinary and partnership-based and would include a no 'wrong door' approach to access, wider systems of support, a family focus an family assessment, a dedicated key worker, intensive and structured support and a coordinated and integrated response.

*Indicators of success:* Reduced family dislocation and separation; improved social and emotional outcomes for children and young people; reduced child maltreatment and lower costs to child welfare system; reduced child accidents and injuries; lower costs for emergency room visits & other public health care costs; lower costs for public health care system.

#### **Priority Area Five: Investing in our health system**

##### **Program Investment 11: Services for the elderly**

*Description:* A program for the expanded provision of specialised mental health and dementia care services for older Australians, including those residing in age care facilities. Timely and skilled assessment of mental health problems and their differentiation from dementia must occur in unison with comprehensive physical health assessments. An appropriate range of treatment options proceeding through systems of connected and coordinated care for both mental health and physical health care needs must then be provided. A comprehensive range of support services for the elderly and their families is required to aid the return to independent or assisted living and participation in the community.

*Indicators of success:* Earlier detection and treatment of depression and anxiety leading to reduced suicides rates among the elderly; earlier detection of dementia and improved quality of life for the person affected and their families; reduced length of stay in long term mental health and other health care facilities.

##### **Program Investment 12: Connecting Care Initiatives - Person-centred collaborative practice incentives with a particular focus on addressing inequities in physical health and social circumstances of people with mental illness and their families**

*Description:* A program to support the development of person-centred collaborative and multidisciplinary practice incentives to reduce risk factors, improve physical health and social well being and improve quality of life and lifestyle. People with severe mental illness and their families experience increased morbidity and mortality associated with a range of physical conditions. Factors such as lifestyle, psychotropic medication, and inadequate physical health care contribute to the poor physical health of people with mental illness. Significant inequities are also experienced socially. Models for coordinating and integrating mental health care with a series of holistic health screen checks and

healthy lifestyle programs will be developed. Also required will be family and social support, psychological intervention, dietary and exercise advice, and assistance with organising an active lifestyle. Restoring better health and independence are key outcomes in this program.

*Indicators of success:* Reduced morbidity and premature mortality among people with mental illness and their families; significantly better quality of life; improved mental health and prevention of relapse; reduced frequency and severity of episodes of mental illness and increased daily function through stabilization of symptoms and health.

### **Program Investment 13: A Partnership with the Community to address Suicide and self-harm**

*Description:* The development of a new national suicide prevention and post-vention strategy that enables real community engagement underpinned by significant levels of new funding commensurate with the scale of the problem. The new strategy will be supported by research, new institutions to support standards and training and education, community awareness and education and monitoring and reporting.

*Indicators of success:* Real and sustained reductions in suicide and self harm rates particularly in higher risk populations including men, rural populations, some occupational groups and Aboriginal and Torres Strait people.

### **Priority Area Six: Investing in our mental health system**

#### **Program Investment 14: The development of National e-Mental Health Services**

*Description:* As an extension of the national e-health records program, the development of a National e-Mental Health Strategy including the creation of patient centred electronic health records. This involves the development of a national e-mental health portal providing one point of access to mental health services, and a national e-mental health stepped care service to be used by consumers, schools, workplaces and health professionals and offering e-Mental Health promotion, e-Mental Health prevention, e-Mental Health self-screening, assessment and early intervention, e-Mental Health treatment services, and e-Mental Health referral.

*Indicators of success:* Earlier identification; earlier and greater sustained engagement in treatment and care; lower cost therapies; quality use of medicines and more efficient information transfer between clinical teams and professionals.

#### **Program Investment 15: A national early psychosis program**

*Description:* A program to resource the national roll-out of partnership-based early psychosis intervention, treatment and recovery services is proposed. The services will target first or early psychoses irrespective of the age of onset.

*Indicators of success:* Early identification and treatment of primary symptoms of psychotic illness; Improved access without delay to assessment and treatment; reduction in frequency and severity of relapse; reduced associated morbidity and

impairment; reduced disruption to participation in education, employment and community for both the individual and their families.

**Program Investment 16: A national early intervention program for high prevalence mental disorders**

*Description:* A program to resource the design and roll-out nationally of partnership-based early intervention, treatment and recovery services for high prevalence mental disorders including depression, anxiety disorders, conduct disorders, drug use disorders and alcohol use disorders.

*Indicators of success:* Early identification and treatment of disorders affecting many people often with highly debilitating and far-reaching consequences for individual, families and society; improved access without delay to assessment and treatment; reduction in frequency and severity of relapse; reduced associated morbidity and impairment; reduced disruption to participation in education, employment and community for both the individual and their families.

**Program Investment 17: Mental Health Service Reform Program – ensuring timely and quality services across life span, across disorders across acuity**

*Description:* Service reform incentive program to ensure that appropriate mental health services are provided across life span, across disorders whether high or low prevalence and across acuity. For example, mental health services should be specifically tailored to the needs of infants, children, adolescents, youth, emerging adults, adults and older Australians. Mental health services should also comprise early psychoses prevention and intervention, crisis assessment and treatment service, acute and sub-acute services, stepped/phased prevention, treatment and recovery services, and longer term treatment and follow-up services for people with severe mental disorders adults and older Australians. Services should be inclusive of all mental disorders whether low prevalence conditions, high prevalence conditions, personality disorder spectrum or co-existing with other conditions.

*Indicators of success:* Improved access without delay to assessment and appropriate treatment and recovery support services irrespective of age, diagnosis and acuity of disorder.

**Program Investment 18: Expansion of community-based support and recovery models**

*Description:* An expanded national community mental health program is proposed to provide an increased range of psychiatric disability and recovery services and social support models including a key worker programs, stable housing programs and programs targeting the supported recovery of those with complex needs including comorbidity with drug and/or alcohol problems.

*Indicators of success:* Reduction in frequency and severity of relapse; reduced associated morbidity and impairment; reduced disruption to participation in education, employment and community for both the individual and their families; and reduced homelessness and risk of homelessness among people with severe mental illness.

### **Program Investment 19: Mental health workforce strategy**

*Description:* The development and implementation of a national mental health workforce strategy must be at the core of transforming the mental health services in Australia. The strategy and targeted resources are necessary to ensure that there are sufficient numbers and an appropriate mix and spread of mental health staff delivering services with the appropriate expertise, who are well supported and led, and who are delivering services that meet the needs and preferences of people experiencing mental illness and their family and friends. The strategy must address the issues of morale, retention, re-skilling and re-deployment as well as recruitment, learning and training including pre-entry level training, continuing professional development and an expanded range of innovative clinical placements. Targeted and increased support and incentives are required for clinicians across all mental health professions to encourage them to work in the areas of greatest need.

The expansion of some roles such as peer support workers and consumer advocates and the development of new roles for supporting people living in the community is required, similar to the development of the Support, Time and Recovery (STAR) workers in the UK. The strategy must also address organisational leadership, clinical leadership and changes to work practices to build a more skilled, flexible and responsive workforce.

*Indicators of success:* Improved morale, higher intentions to stay in mental health services, increased recruitment and retention of mental health staff particularly in rural and remote and other under-served and resourced areas; greater utilisation of mental health services; improved consumer and family satisfaction with mental health services.

### **Priority Area Seven: Investing in research, evaluation and measuring our progress**

#### **Program Investment 20: Mental Health Reform Agency to strengthen quality and accountability**

*Description:* The establishment of an independent, national mental health reform agency. This national agency would report independently from and to the government and would monitor service safety, effectiveness and quality across all service settings and identify gaps in service provision, leadership, training, work force and research. The agency would be informed by consumer, carer and service provider knowledge, experience, and by evidence-based research. It would also advise on improving community awareness, decreasing stigma and discrimination and improving the expertise and sustainability of the mental health workforce. The agency will work with other national agencies in Canada, New Zealand and elsewhere to develop and implement international benchmarking. A critical inclusion in the Mental Health Reform Agency must be processes for strengthening quality and accountability in mental health and social and emotional wellbeing reform agendas in Aboriginal and Torres Strait islander communities.

*Indicators of success:* National and international benchmarks for mental health services; nationally agreed outcomes-based monitoring framework; greater consumer and carer participation in outcome and performance measurement and reporting; and more integrated service delivery approaches that respond to mental illness nationally.

### **Program Investment 21: Uniform legislative provisions**

*Description:* A reference to the Australian Law Reform Commission to recommend on the development and implementation of uniform legislative provisions for the treatment and care of people with mental illness and related disorders that take into account their expressed preferences and wishes.

*Indicators of success:* Uniform legal provisions irrespective of where a person lives in Australia; and cross-jurisdictional recognition of orders.

### **Program Investment 22: National Institute for Mental Health to strengthen research and evidence and to promote learning**

*Description:* A National Institute for Mental Health to work collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just, approaches to preventing, treating and supporting the recovery from mental illness and related disorders and to reducing their personal, health, economic and social impacts. The Institute would provide national leadership in continuing to transform the understanding and treatment of mental illnesses through research and dissemination of information and by so doing, assist to pave the way for prevention, recovery and cure.

*Indicators of success:* Increase of evidence-based research in Australia; increased dissemination of best practice in prevention, treatment and recovery services; increased information sharing between government, non-government, business and community sectors.