

Department of
Veterans' Affairs

Environmental Scan of
Mental Health Reform
in Australia

Final Report

11 September 2019

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Acronyms and abbreviations

ABS	Australian Bureau of Statistics
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADF	Australian Defence Force
AHMAC	Australian Health Ministers' Advisory Council
AHSSQA	Australian Health Service Safety and Quality Accreditation Scheme
AIHW	Australian Institute of Health and Welfare
Better Access	Better Access to Psychiatrists, Psychologists and General Practitioners
COAG	Council of Australian Governments
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
Fifth National Plan	Fifth National Mental Health and Suicide Prevention Plan
GDP	Gross Domestic Product
GP	General Practitioner
HoNOS	Health of the Nation Outcome Scales
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LHN	Local Hospital Network
LIFE	Living is for Everyone Framework
LSP-16	Life Skills Profile
MBS	Medicare Benefits Schedule
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NMHC	National Mental Health Commission
NSPS	National Suicide Prevention Strategy
OECD	Organisation for Economic Cooperation and Development
PaRIS	Patient-Reported Indicators Surveys
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network
PTSD	Post-Traumatic Stress Disorder
NMHC	National Mental Health Commission
The Mission	The Million Minds Mental Health Research Mission
Open Arms	Open Arms - Veterans & Families Counselling
WHO	World Health Organization
WHO-AIMS	World Health Organization Assessment Instrument for Mental Health System
YES	Your Experience of Service

1. Executive summary

1.1 Introduction

Mental illness is a significant public health issue affecting Australians today; it is complex, multidimensional and affects people's ability to fully contribute to society. While the Australian Government has placed considerable efforts into system reform to address mental illness, significant levels of mental ill-health still exist which has widespread impacts across a range of demographics.

1.2 Purpose of the mental health environmental scan

1.2.1 Context of the report

While mental illness affects the general Australian population, there are some population groups that are at higher risk of, or are more susceptible to, mental health disorders. Among these population groups, are Australian veterans. Nearly half of Australian veterans who leave the Australian Defence Force (ADF) within five years, experience a mental health disorder.¹ This highlights the challenges associated with transitioning out of full-time military service and into civilian life.² Of equal concern is that only 10 per cent of ex-ADF members choose to seek access to veteran health care services.³

Given the mental health challenges for Australia's population – and specifically for the veteran population – EY has been commissioned to conduct an environmental scan of mental health reform in Australia for the Department of Veterans' Affairs (DVA). The purpose of the engagement is to:

1. Highlight the landmark developments in mental health programs and policy in Australia between 2013 and 2019
2. Identify opportunities for the DVA to better align their *Veteran Mental Health Strategy 2013 - 2023* and other mental health initiatives with the broader advancements in mental health policy in Australia.

1.2.2 Approach to the environmental scan of mental health reform in Australia

The environmental scan of mental health reform in Australia is largely being undertaken through desktop research, considering key mental health policy and program developments in Australia between 2013 and 2019. The report focuses predominantly on Federal programs and policies, though considers State and Territory government reform where relevant.

The environmental scan also examines mental health policies from international bodies, including the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD) to highlight some of the broader developments occurring in mental health policy outside of Australia.

The implications for the DVA are outlined at the end of each reform section, providing recommendations that may be incorporated into the DVA's *Veteran Mental Health Strategy*.

¹ Australian Government Department of Veterans' Affairs, 2018, *Mental Health prevalence and pathways to Care*, viewed July 2019, <https://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/research_dev/socialresearch/TWRP-Summary-Report.PDF>.

² Ibid.

³ Australian Government Department of Veterans' Affairs, 2019, *Understanding the veteran experience*, viewed July 2019 <<https://at-ease.dva.gov.au/professionals/client-resources/mental-health-advice-book/11-understanding-veteran-experience>>.

1.2.3 Outline of the report

The structure of the report is outlined below:

- **Section 2:** Outlines the context of mental health in Australia, focusing on the prevalence of mental ill-health, cost and at-risk populations. The chapter provides an overview of the Australian mental health system and explains the roles of key mental health service organisations and governance bodies.
- **Section 3:** Provides a high-level summary of key Australian mental health reforms between 2013 - 2019, and considers mental health policy reforms from the OECD and the WHO.
- **Sections 4 - 7:** Examines key developments in Australian mental health policy across four broad areas of reform:
 - Section 4 describes mental health reforms in suicide prevention planning
 - Section 5 describes mental health reforms in integrated service planning and delivery
 - Section 6 describes mental health reforms in improving quality of care
 - Section 7 describes mental health reforms in effective system performance and improvement.

1.3 Summary of key findings of the environmental scan

Setting the context of mental health in Australia

Prevalence

- Almost four million Australians experience a mental illness in any given year.
- Mental illness contributed to the third highest group of diseases after cancer and cardiovascular disease and is responsible for an estimated 12.1 per cent of the total disease impact in Australia.
- At-risk populations that have a higher prevalence of mental illness compared to the rest of the general population include: youth, people with a disability, males, the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community, Aboriginal and Torres Strait Islander people, and veterans.

Mental health services in Australia

- The Australian health system is driven by coordinated action across Commonwealth and State and Territory governments, reflecting their respective legislative, policy and funding responsibilities.
- Service delivery is commissioned through Primary Health Networks (PHNs) and delivered through Local Hospital Networks (LHNs).
- The Medicare Benefits Scheme (MBS) is a schedule of fees for medical services set by the Australian Government. It lists a range of medical consultations, tests and procedures that are funded by the Government. Many of these services subsidised under the MBS are delivered by GPs and specialist psychiatrists to meet mental health needs.
- Governance arrangements of key national reform is primarily led by the Council of Australian Governments (COAG) Health Council, with input from the Australian Health Ministers' Advisory Council, associated Principal Committees and the National Mental Health Commission (NMHC) to operationalise planning, implementation, monitoring and reporting.
- Mental health care services are accessed via primary health care, community-based organisations, the public health system and the private health system, each with their own access pathways and funding mechanisms.
- There are several challenges for Australians in accessing timely mental health care including the availability and costs of services.

Summary of Key Australian and international mental health reforms

Key findings

- Key strategies and plans laying the foundation for mental health reform in Australia include:
 - *Roadmap for National Mental Health Reform 2012-2022 (Roadmap 2012-2022)*
 - *NMHC Contributing Lives, Thriving Communities - Report of the National Review of Mental Health Programmes and Services (Contributing Lives, Thriving Communities Review)*
 - The Australian Government's response to *Contributing Lives, Thriving Communities Review*
 - *The Fifth National Mental Health and Suicide Prevention Plan (Fifth National Plan)*.
- Broad areas of reform include integrated regional planning and service delivery, suicide prevention, promoting a person-centred and holistic approach to health care and strengthening targeted early intervention activities.
- Developments in the international arena by peak bodies such as WHO and the OECD are in line with Australia's policy development of mental health issues. The WHO promotes mental health in the context of human rights while the OECD approaches mental health through the lens of economics and development.
- Enhancements in data collection will be used for international benchmarking to promote global collaboration, measuring progress and knowledge sharing.
- While Australia fares well internationally in terms of displaying advanced thinking in mental health strategic planning, policy development and national leadership, some areas of implementation are lagging which has resulted in limited improvements in health outcomes.

Key reform 1: Suicide prevention planning

Key findings

- While there have been ongoing suicide prevention efforts in Australia, there has not been a significant reduction in suicide rates over the last decade. Current approaches to suicide prevention have been criticised as being piecemeal, with gaps in data on real-time suicide attempts and death and a lack of appropriate suicide prevention training for health professionals.
- Recent reforms focus on:
 - Systems-based approach to suicide prevention across all levels of government
 - Suicide prevention strategies aimed at promotion, prevention and early intervention
 - Suicide prevention trials towards specific at-risk populations
 - Initiatives aimed at reducing stigma and discrimination for those impacted by mental illness
 - Investing in suicide prevention research, including considering best practice interventions
 - Tailored suicide prevention strategies for at-risk groups.

Future planning for DVA

- Areas for DVA to consider in future planning include:
 - Elevating suicide prevention as a key focus area
 - Managing the risk of transition in relation to suicide prevention planning
 - Leveraging community networks as much as possible to provide coordinated care to veterans and their families.

Key reform 2: Integrated service delivery

Key findings

- Integrated service delivery is being driven regionally by PHNs that plan and commission services to meet local needs.
- The National Disability Insurance Scheme (NDIS) provides non-clinical support to assist people with disabilities in their participation of day-to-day activities and acts as a conduit to link individuals to support services. It promotes greater alignments between the disability and mental health sectors.
- The stepped care model is central to the Australian Government's mental health reform agenda and consists of a staged system of interventions that vary in intensity and are aligned to individual need.
- There is a shift towards a more holistic approach to mental health, including recognising the interdependencies between social welfare, housing, education, employment and how these elements interface with the health system.

Future planning for DVA

- Areas for DVA to consider in future planning include:
 - Facilitating greater collaboration between ADF and DVA to ensure a smoother process for personnel transitioning into civilian life
 - Championing the total wellbeing model to promote a holistic, person-centred system of supports and services
 - Merging objectives from both the mental health and social health strategies into a combined Veteran Mental Health and Wellbeing Strategy to promote a more integrated service delivery model
 - Strengthening the stepped care model of service delivery, with a focus on early intervention and prevention
 - Strengthening case management to provide better coordination of care.

Key reform 3: Improving quality of care

Key findings

- Australia has two sets of national standards that apply to mental health provision:
 - National Standards for Mental Health Services
 - National Safety and Quality Health Service.
- There is a focus to shift attention to early intervention and prevention and prioritise service delivery through the primary health care sector, particularly given the potential lifelong health and economic benefits of early action.
- Improving coordinated support for people with severe and complex mental illness and promoting a flexible, person-centric health system is a key focus in joint regional planning and service delivery by PHNs.
- Developing the mental health workforce is a priority for Australia, particularly as there are shortages in mental health workers.

Future planning for DVA

- Areas for DVA to consider in future planning include:
 - Addressing barriers to access and boosting self-help initiatives
 - Expanding outreach activities and considering ways to better align health promotion initiatives, outreach messaging and engagement with veterans' families
 - Measuring the performance of mental health service providers.

Key reform 4: Effective system performance and improvement

Key findings

- Enabling factors such as investment in research, workforce development, technological developments and improved data systems are all identified as significant areas of focus to bolster effective system performance.
- Digital health technologies are transforming health care delivery, help improve access, promote self-management and act as a directory to other health services.
- Efforts to create standardised mental health outcome measurements are slowly evolving. Current reporting is largely quantitative but recognises the importance of patient feedback as a tool to measure health outcomes.

Future planning for DVA

- Areas for DVA to consider in future planning include:
 - Developing a central data collection hub for measuring suicide and self-harm rates and the impact of suicide prevention and self-harm programs
 - Establishing a clinical governance structure for outcome data measurement
 - Developing measurement tools for veteran health and wellbeing
 - Developing a veteran specific mental health user experience survey
 - Including performance indicators and establish reporting and monitoring frameworks to measure and evaluate progress against strategic objectives.

2. The context of mental health in Australia

Mental illness is defined as a diagnosable health condition that significantly affects how a person feels, thinks, behaves and interacts with other people.⁴ It can vary in complexity and has significant health, social and emotional impacts on those affected.

This section outlines the prevalence and cost of mental illness across Australia and highlights the vulnerable population groups that are affected by mental illness. The section then explores the roles and responsibilities across government in mental health service planning and delivery, mental health governance bodies and the funding pathway to access mental health services in Australia.

2.1 Prevalence and cost of mental illness

2.1.1 Prevalence of mental illness in Australia

The prevalence of mental illness in Australia is not uncommon, with almost four million Australians experiencing a mental illness in any given year.⁵ The Australian Bureau of Statistics (ABS) National Survey of Mental Health and Wellbeing provides comprehensive estimates of mental illness, suggesting that close to half of Australia's population (45 per cent) who are between the ages of 16 and 85 years of age will experience a common mental illness at some point in their lifetime.⁶ Of the mental illnesses in Australia, the most prevalent are anxiety (14.4 per cent), affective disorders - such as depression (6.2 per cent) - and Substance use disorders (5.1 per cent).⁷ Figure 1 below highlights key depression and anxiety facts in the Australian population, noting key differences between men and women.

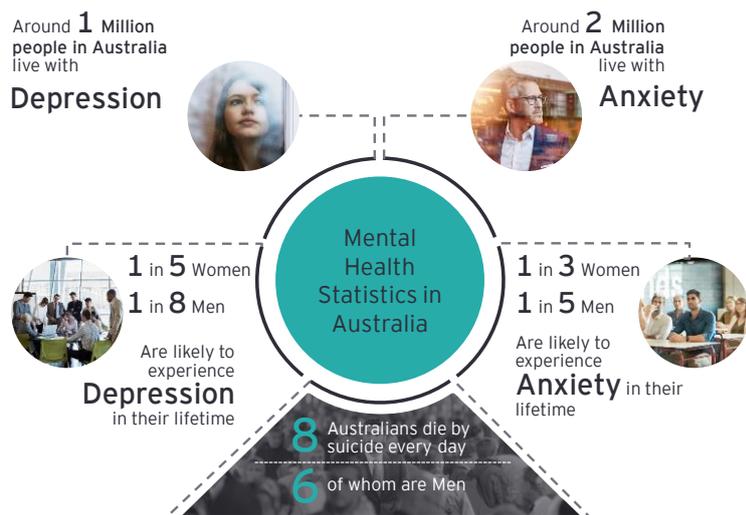
⁴ Australian Government Department of Health, 2007, *What Is Mental Illness?*, viewed July 2019, <<https://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-w-whatmen-toc~mental-pubs-w-whatmen-what>>.

⁵ Australian Government Department of Health, 2015, *Australian Government Response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services*, viewed July 2019, <[https://health.gov.au/internet/main/publishing.nsf/Content/ODBEF2D78F7CB9E7CA257F07001ACC6D/\\$File/Australian%20Government%20Response%20to%20the%20Review%20of%20Mental%20Health%20Programmes%20and%20Services.docx](https://health.gov.au/internet/main/publishing.nsf/Content/ODBEF2D78F7CB9E7CA257F07001ACC6D/$File/Australian%20Government%20Response%20to%20the%20Review%20of%20Mental%20Health%20Programmes%20and%20Services.docx)>.

⁶ Australian Institute of Health and Welfare, 2019, *Mental health services in Australia*, viewed July 2019, <<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/prevalence-and-policies>>.

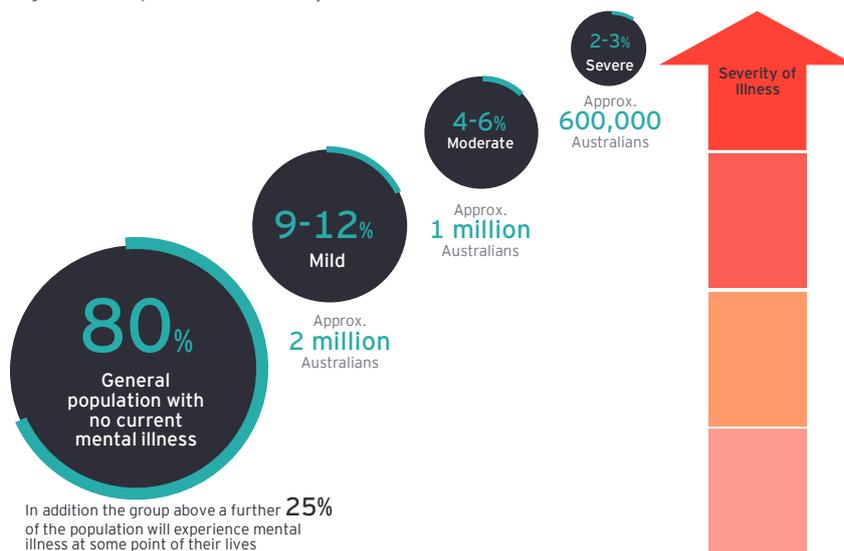
⁷ National Mental Health Commission, 2018, *Monitoring mental health and suicide prevention reform: National Report 2018*, viewed July 2019, <<https://apo.org.au/sites/default/files/resource-files/2018/10/apo-nid195861-1205261.pdf>>.

Figure 1: Key depression, anxiety and suicide facts⁸



The most recent ABS National Health Survey estimated there were 4.8 million Australians (20.1 per cent) with some form of mental illness in 2017-2018,⁹ though this figure could be underreported as the survey is based on self-identification of having mental ill-health or behavioural disorders. Of the approximate 20 per cent of Australians impacted by mental illness, 11.5 per cent have a single mental illness while another 8.5 per cent have two or more mental illnesses.¹⁰ Moreover, the severity levels of mental illness differ across the Australian population. Figure 2 depicts the levels of severity of mental illness in the Australian population.

Figure 2: Proportion of severity of mental illness in Australia¹¹



⁸ Adapted from Beyond Blue, 2016, *Annual highlights 2015-16*, viewed July 2019 <<http://resources.beyondblue.org.au/prism/file?token=BL/1763>>.

⁹ Australian Bureau of Statistics, 2018, *National Health Survey: First Results, 2017-18*, viewed July 2019, <<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001>>.

¹⁰ Black Dog Institute, *Facts & Figures about mental health*, viewed July 2019, <https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=10>.

¹¹ Adapted from Australian Government Department of Health and Ageing, 2012, *E-Mental Health Strategy for Australia*, viewed July 2019, <[https://www.health.gov.au/internet/main/publishing.nsf/Content/7C7B0BFEB985D0EBCA257BF0001BB0A6/\\$File/emstrat.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/7C7B0BFEB985D0EBCA257BF0001BB0A6/$File/emstrat.pdf)>.

2.1.2 The cost of mental illness in Australia

Mental illness contributed to the third highest group of diseases after cancer and cardiovascular disease in 2018.¹² It is responsible for an estimated 12.1 per cent of the total disease impact in Australia, which refers to the total impact of a disease measured by financial cost, mortality, morbidity and other indicators.¹³ The economic costs and social impact have also been well documented. It is estimated that total direct and non-health expenditure to support people living with mental illness is \$28.6 billion per year, with lost productivity and job turnover costing a further \$12 billion a year.¹⁴ Collectively, these figures total \$40 billion a year or roughly equal to 2.2 per cent of Australia's gross domestic product (GDP).¹⁵ These facts make clear that a significant proportion of Australians are impacted with mental illness and highlights the need for continuous reform to improve equal consumer participation and function in society.

2.2 At-risk populations for mental health challenges

In addition to the alarmingly high prevalence of mental illness in Australia, there are specific population groups that face unique mental health challenges. These at-risk groups have a greater proportion of mental illness compared to the general Australian population and are detailed below.

2.2.1 Youth

Among these at-risk populations are Australian youth, with 13.9 per cent of children and young people (aged 4 to 17 years) meeting the criteria for a diagnosis of a mental illness in the last 12 months.¹⁶ Estimates show that between 2013 and 2014, approximately 560,000 Australian children and adolescents between the ages of 4 and 17 years of age had a mental illness.¹⁷ Attention deficit hyperactivity disorder, anxiety disorders, depressive disorder and conduct disorder were the most common mental illnesses in Australian youth and adolescents.¹⁸

2.2.2 People with a disability

There is a significant relationship between mental health and disability. In 2017-18, more than half (57.9 per cent) of all people with a profound or severe disability reported having a form of mental illness, more than four times that of people with no disability or restrictive or long-term health conditions (13.7 per cent).¹⁹ Mental health and substance use disorders were also the leading cause of non-fatal burden, contributing to almost one quarter (24 per cent) of all years lost due to disability.²⁰

¹² Australian Institute of Health and Welfare, 2019, *Australia's health 2018: in brief*, viewed July 2019, <<https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief/contents/how-healthy-are-we>>.

¹³ Black Dog Institute, *Facts & Figures about mental health*, viewed July 2019, <https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=10>.

¹⁴ Council of Australian Governments (COAG) Health Council, 2017, *The Fifth National Mental Health and Suicide Prevention Plan*, viewed July 2019, <<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>>.

¹⁵ Ibid.

¹⁶ Australian Bureau of Statistics, 2007, *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*, Catalogue No: 4326.0, Canberra, viewed July 2019, <<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0>>.

¹⁷ Australian Government Department of Health, 2015, *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, viewed July 2019, <[https://www.health.gov.au/internet/main/publishing.nsf/Content/9DA8CA21306FE6EDCA257E2700016945/\\$File/child2.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/9DA8CA21306FE6EDCA257E2700016945/$File/child2.pdf)>.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Australian Institute of Health and Welfare, 2019, *Mental health services in Australia*, viewed July 2019, <<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/prevalence-and-policies>>.

2.2.3 Males

Males are three times more likely to die by suicide than females.²¹ In 2017, 2,349 (75 per cent) of people who died by suicide were male and 779 (25 per cent) were female.²² While the number of suicide deaths differs significantly for males and females, the age distribution of these deaths remain similar. The highest rates of suicide occur in the 45 to 49-year age group, and decrease among those over 55 years, for both males and females.²³ The table below highlights suicide deaths by age and gender as a proportion of total suicide deaths in 2017.

Table 1: Proportion of suicides according to age and gender²⁴

	Age Groups														
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Male	4.5	8.3	9.5	10.3	9.1	10.3	11.0	7.0	8.3	5.7	5.3	3.5	2.1	1.7	2.6
Female	6.4	6.8	8.5	8.6	7.1	9.1	12.1	10.4	8.7	6.5	4.2	3.8	2.7	2.1	2.1
Persons	5.0	7.9	9.2	9.8	8.6	10.0	11.3	7.9	8.4	5.9	5.0	3.6	2.3	1.8	2.5

While males are at a higher risk to commit suicide than females, most male suicides are not primarily linked to a mental health diagnosis.²⁵ Fewer than a third of male suicides (32.8 per cent) are associated with unipolar depression, compared with nearly half of female suicides (46.5 per cent).²⁶ Instead, male suicides are more commonly linked to a range of distressing life events such as relationship separation (28.3 per cent), financial problems (17 per cent), relationship conflict (15.7 per cent), bereavement (12.3 per cent), recent or pending unemployment (10.5 per cent), familial conflict (9.5 per cent) and pending legal matters (9.0 per cent).²⁷ These facts highlight the need for whole-of-system mental health reform when tackling mental illness, particularly for men.

2.2.4 Lesbian, Gay, Bisexual, Transgender and Intersex community

The Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community population also exhibit higher rates of mental illness compared to the general population. ABS statistics reveal that 19.2 per cent of LGBTI Australians aged 15 to 85 have experienced a mental illness in the last 12 months, triple the rates of heterosexual Australians (6 per cent) aged 16 to 85 years.²⁸ Compared to the general population, LGBTI people aged 16 and over are nearly six times more likely to meet criteria for a depressive episode and twice as likely to meet the criteria for an anxiety disorder.²⁹ Moreover, LGBTI young people are nearly twice as likely to engage in self-injury, with 33 per cent of LGBTI young people aged 16 to 27 reported having self-harmed.³⁰

²¹ Australian Bureau of Statistics, 2017, *Causes of Death, Australia, 2017, Catalogue No: 3303.0, Australia*, viewed July 2019, <<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3>>.

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ Life in Mind, 2019, *Suicide facts and stats*, viewed July 2019, <<https://www.lifeinmindaustralia.com.au/about-suicide/suicide-data/suicide-facts-and-stats>>.

²⁶ Australian Men's health Forum, 2018, *10 surprising Facts About Men's Mental Health*, viewed July 2019, <https://www.amhf.org.au/10_surprising_facts_about_men_s_mental_health>.

²⁷ Ibid.

²⁸ Australian Bureau of Statistics, 2007 *National Survey of Mental Health and Wellbeing: Summary of Results, 2007, Catalogue No: 4326.0*, Canberra, viewed July 2019, <<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0>>.

²⁹ National LGBTI Health Alliance, 2016, *Snapshot of mental health and suicide prevention statistics for LGBTI people*, viewed July 2019, <<https://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf>>.

³⁰ Ibid.

2.2.5 Aboriginal and Torres Strait Islander people

Australia's Aboriginal and Torres Strait Islander people are also disproportionately affected by mental illness and suicide, with reported suicide rates twice that of non-Indigenous Australians.³¹ Between 2013 and 2017, suicide was the leading cause of death for Aboriginal and Torres Strait Islander people between 15 and 34 years of age and the second leading cause of death for those between 35 and 44 years of age.³² In the 2014-15 ABS National Aboriginal and Torres Strait Islander Social Survey, 33 per cent of adult respondents had high/very high levels of psychological distress - 2.6 times that of non-Indigenous adults.³³ Of those aged 18 years and over reporting a mental health condition, the main types of conditions were depression (72 per cent), anxiety (65 per cent), behavioural or emotional problems (25 per cent), and harmful use of drugs or alcohol (17 per cent).³⁴

2.2.6 Veterans

Mental health problems amongst the Veteran population such as Post-Traumatic Stress Disorder (PTSD) and depression highlight the challenges associated with transitioning out of full-time military service and into civilian life. As at June 2017, around 53,000 ex-serving ADF members were affected by mental illness and were approved to receive services and treatments from DVA.³⁵ The majority (85 per cent) of these members had a service-related condition, with only about two in five ADF members with a mental illness having consulted a GP in the last 12 months.³⁶ Moreover, between 2002 and 2016, ex-serving men had a suicide rate which was 18 per cent higher than for all Australian men, with ex-serving men aged under 30 having a suicide rate 2.2 times that of Australian men the same age between 2014 and 2016.³⁷

2.3 Key bodies with responsibility for mental health services in Australia

The roles and responsibilities of funding are split between Federal, State and Territory governments, with service delivery provided by a combination of public sector agencies, private health care providers and community organisations. Figure 3 highlights the key relevant bodies and their services that can be accessed, with further detail on each body provided following the figure.

³¹ Australian Bureau of Statistics, 2017, *Intentional self-harm in Aboriginal and Torres Strait Islander People*, Catalogue No: 3303.0, Australia, viewed July 2019, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017?OpenDocument>>.

³² Australian Bureau of Statistics, 2017, *Causes of Death*, Catalogue No: 3303.0, Australia, viewed July 2019, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0>>.

³³ Australian Bureau of Statistics, 2016, *National Aboriginal and Torres Strait Islander Social Survey*, Catalogue No: 4714.0, Australia, viewed July 2019, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4714.0>>.

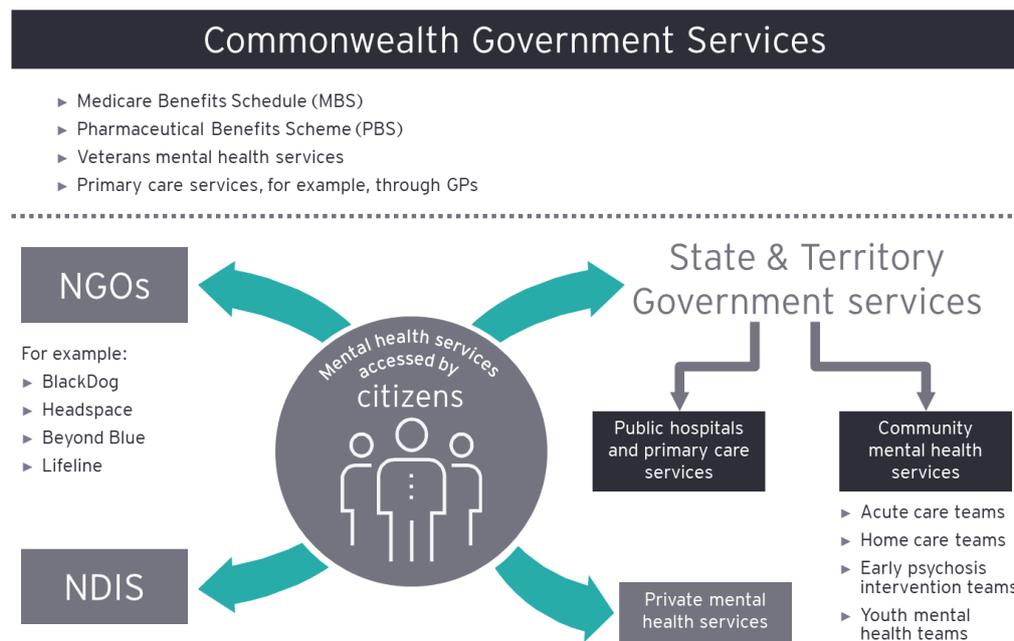
³⁴ Australian Government Department of the Prime Minister and Cabinet, 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*, viewed July 2019, <https://www.pmc.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf>.

³⁵ Australian Government Department of Veterans' Affairs, 2017, *Annual Reports 2016-2017*, viewed July 2019, <https://www.dva.gov.au/sites/default/files/files/about_per_cent20dva/annual_report/2016-2017/DVA-AnnualReports-00-ALL-2016-17.pdf>.

³⁶ Australian Institute of Health and Welfare, 2018, *A profile of Australia's veterans*, viewed July 2019, <<https://www.aihw.gov.au/getmedia/1b8bd886-7b49-4b9b-9163-152021a014df/aihw-phe-235.pdf.aspx?inline=true>>.

³⁷ Australian Institute of Health and Welfare, 2018, *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2018 update*, viewed July 2019 <<https://www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/comparing-suicide-rates-2002-to-2016>>.

Figure 3: Accessing mental health services



2.3.1 Commonwealth Government

The Commonwealth Government is responsible for national leadership of mental health reform. It funds a range of mental health services through the MBS and the Pharmaceutical Benefits Scheme (PBS). Moreover, the Commonwealth Government has a central role in the infrastructure of the mental health system and provides a range of mainstream programs that provide support for those with mental illness. These services include income support, disability services through the National Disability Insurance Scheme (NDIS) and housing assistance, among others.

Key Commonwealth Government services are highlighted below:

- MBS subsidised mental health services provided by general practitioners, psychiatrists, and allied health professionals.
- Veterans' mental health services through the DVA
- Primary care services
- PBS providing subsidised prescription drugs.

2.3.2 State and Territory Governments

State and Territory Governments set the legislative, regulatory and policy frameworks for mental health service delivery within their jurisdiction. They fund and deliver public sector mental health services that provide specialist care for people with severe mental illness. These services can include specialised mental health care delivered in public acute and psychiatric hospital settings, specialised community mental health care services and residential mental health care services. Additionally, States and Territories provide other mental health-specific services in community settings such as social housing programs. There is a trend to shift away from traditional inpatient services to more community and primary care services by promoting early intervention. Key services that are funded by State and Territory Governments are outlined below:

- **LHNs** manage the delivery of public hospital services and community-based health services, consisting of single or groups of public hospitals. LHNs have a role in working with PHNs to plan and co-commission health care services for the local region.
- **Community mental health services** are also funded and managed by State and Territory Governments. These services operate under a variety of names such as acute care teams, home care teams, early psychosis intervention teams and youth mental health teams.

Some States and Territories also have their own mental health initiatives such as establishing their own mental health strategy and mental health commissions. Examples of these initiatives are outlined in the box below:

State and Territory mental health strategies:

- *Living Well: A Strategic Plan for Mental Health in NSW 2014–2024*
- *Victorian suicide prevention framework 2016–2025*
- *WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025*
- *SA Mental Health Strategic Plan 2017–2022*
- *Rethink Mental Health: A long-term plan for mental health in Tasmania 2015–2025*
- *Northern Territory Mental Health Service Strategic Plan 2015–2021*
- *Connecting Care to Recovery 2016–2021* (Queensland)

State and Territory mental health commissions:

- NSW Mental Health Commission
- WA Mental Health Commission
- SA Mental Health Commission

2.3.3 Non-government organisations

Non-government organisations (NGOs) are key providers of mental health care and provide services such as psychosocial support services, advocacy, respite, and telephone and internet-based interventions. These services focus on providing well-being support and assistance for those living with mental illness, rather than the assessment and treatment work that is undertaken by clinical services. Examples of key mental health NGOs are described in the box below:

- Black Dog Institute is a research institute that aims to better understand, prevent, treat and reduce the incidence of mental illness, and promote health and wellbeing.
- Headspace provides youth mental health services for Australians aged 12–25 years.
- Beyond Blue works to address issues around depression, suicide, anxiety disorders and other related mental illnesses.
- Lifeline provides free, 24-hour telephone crisis support services in Australia.

2.3.4 Private mental health care providers

Private sector services include private psychiatric hospitals, private psychiatrists, general practitioners, and private allied health professionals – such as psychologists. Treatment costs for private mental health services such as private hospital attendances and private psychologists may be covered, in part, by private health insurance funds (for individuals who are covered by private health insurance and depending on their level of cover), co-payment by the individual and MBS contributions.

The federal government subsidises the cost of private sector services in several ways: the PBS subsidises access to many pharmaceuticals; the MBS makes a contribution to the medical costs incurred at private hospitals, as well as providing rebates for GP and psychiatrist consultations – however, not all bulk bill; and other government programs like the Better Access program, described in 2.5.1.

2.3.5 National Disability Insurance Agency

The National Disability Insurance Agency (NDIA) has a distinct and important role within Australia's mental health system. It is an independent statutory agency whose role is to implement the National Disability Insurance Scheme (NDIS). The NDIS aims to support a better life for Australians with a significant and permanent disability, which will be further discussed in Section 5.3.

Pathway to the NDIS

Having recognised that a single pathway approach to the NDIS is not suitable for all people with disabilities, the NDIA has developed tailored pathways for people who have specific needs. Various approaches have been designed to provide the necessary support for people with disability, which are being rolled out progressively.

Recent approaches include pathway reforms that consider issues facing rural and remote communities, as well as the Psychosocial Disability Stream which was announced in October 2018. The key components of the Psychosocial Disability Stream include:³⁸

- Employing specialised planners and local area coordinators to ensure participants have access to psychosocial expertise
- Staffing strategy targeted at building significant capacity in psychosocial disability and mental health experience through:
 - Learning and development strategies on psychosocial disability and mental health delivering training and education through a combination of online, face-to-face training and mentor coaching
 - Strengthening the link between mental health services and NDIA staff and partners
 - Prioritising recovery-based planning and episodic needs
 - Assisting potential participants who are likely to be eligible to access the NDIS.

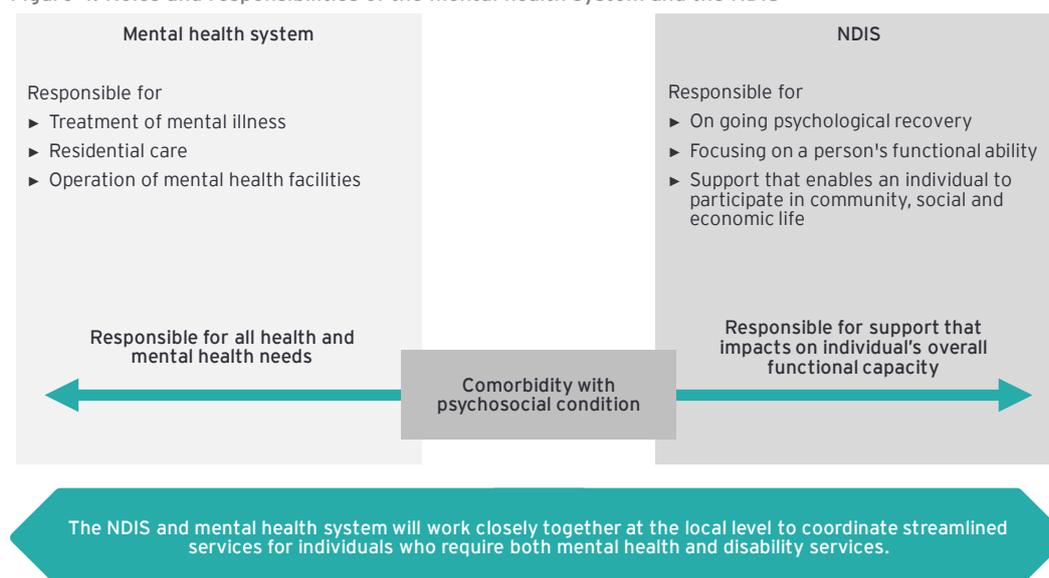
NDIS and interaction with the broader health system

In 2015, COAG agreed to a set of principles to determine the responsibilities of the NDIS and how it interfaces with the mental health system.³⁹ The roles and responsibilities of the NDIS and the mental health system are depicted in Figure 4.

³⁸ Australian Government, 2019, *Australian Government response to the Senate Community Affairs References Committee Inquiry report: Accessibility and quality of mental health services in rural and remote Australia*, viewed July 2019 <<https://www.health.gov.au/sites/default/files/response-accessibility-and-quality-of-mental-health-services-in-rural-and-remote-australia.pdf>>.

³⁹ Council of Australian Governments, 2015, *Principles to determine the responsibilities of the NDIS and other service systems*, viewed July 2019, <<https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf>>.

Figure 4: Roles and responsibilities of the mental health system and the NDIS



2.4 Key mental health governance bodies in Australia

Key governance bodies oversee the mental health system in Australia. The Commonwealth Government, along with States and Territory Governments, is responsible for the development of national frameworks and governance structures to effectively implement and monitor key reforms in the mental health system. This work is predominantly led by the COAG Health Council, with input from the Australian Health Ministers' Advisory Council (AHMAC) and associated Principal Committees and the National Mental Health Commission (NMHC).

Responsibilities of some of the key bodies are outlined below:

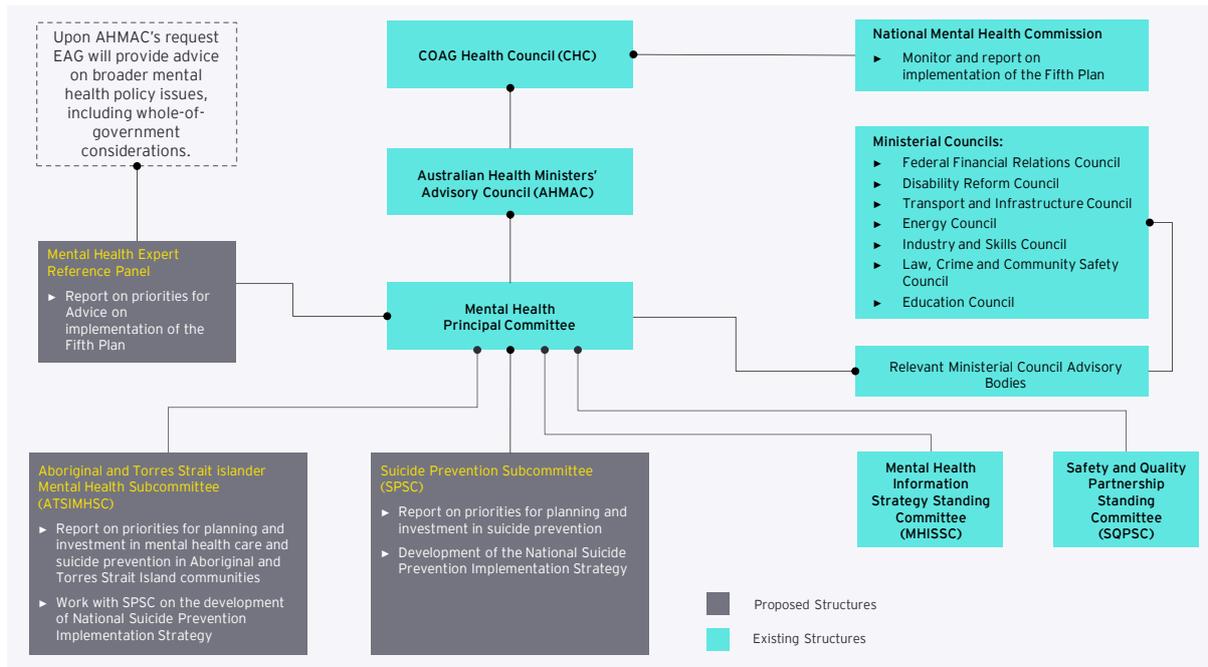
- **COAG Health Council:** The COAG Health Council and its advisory body, the AHMAC, provide a mechanism for the Australian Government, State and Territory Governments to discuss matters of mutual interest concerning health policy, services and programs.
- **NMHC:** An independent body that works across all areas of Government to promote mental health and prevent suicide. It is also tasked with monitoring and reporting against the *Fifth National Plan*.
- **Mental Health Principal Committee:** The committee's main role is to develop and implement a shared National Mental Health and Suicide Prevention Plan in addition to advising AHMAC on mental health and drug and alcohol issues.
- **Australian Commission on Safety and Quality in Health Care (ACSQHC):** The ACSQHC aims to promote, support and encourage safety and quality in the provision of health care for people with mental illness.⁴⁰

Under the *Fifth National Plan*, Governments have committed to establishing a Mental Health Expert Advisory Group to advise AHMAC on the implementation of the *Fifth National Plan* and analyse progress. Moreover, a Suicide Prevention Subcommittee and an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee are planned to be established to report on priorities for planning and investment. These actions were reported as "on track" in the NMHC's 2018 Progress Report.

Figure 5 below outlines the governance arrangements of the *Fifth National Plan*, designed to assist the COAG Health Council to deliver on improved outcomes.

⁴⁰ Australian Commission on Safety and Quality in Health Care, 2019, *Mental health*, viewed July 2019, <<https://www.safetyandquality.gov.au/our-work/mental-health>>.

Figure 5: Key mental health governance arrangements⁴¹



Similar to the national settings, States and Territories have their own governance arrangements which are generally aligned with specific strategic plans to ensure effective implementation and monitoring of progress. The New South Wales Government, for example, has adopted a broad approach to monitoring and implementation of its *Living Well* Framework and is aligning mental health within the broader NSW health system to promote integrated planning.⁴² South Australia⁴³ and Western Australia⁴⁴ have also adopted similar approaches, involving community health organisations, public and private health care providers, people with lived experience and their carers and advisory councils in a co-design process when formulating their mental health plans. The respective Mental Health Commissions outline that monitoring, evaluation and reporting frameworks will be established to operationalise planning.

⁴¹ COAG Health Council, 2017, *The Fifth National Mental Health and Suicide Prevention Plan*, viewed July 2019, <<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>>

⁴² New South Wales Mental Health Commission, 2014, *Living Well: A strategic plan for mental health in NSW 2014 - 2024*, viewed July 2019, <[https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20\(1\).pdf](https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20(1).pdf)>.

⁴³ South Australian Mental Health Commission, 2017, *South Australian Mental Health Strategic Plan 2017 - 2022*, viewed July 2019, <<https://samentalhealthcommission.com.au/wp-content/uploads/SA-Mental-Health-Strategic-Plan-2017-2022.pdf>>.

⁴⁴ Western Australian Mental Health Commission, 2018, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 - 2021: Plan Update 2018*, viewed July 2019, <<https://www.mhc.wa.gov.au/media/2638/plan-update-2018.pdf>>.

2.5 Non-veterans' access and funding pathway to mental health services

Some challenges such as cost of healthcare may present access issues for some people. These costs can arise out of private psychologists and psychiatrists setting their own fees and requiring patients to pay out of pocket expenses, or in the form of making a co-payment. This section considers the access and funding pathway for people to access mental health services through primary healthcare systems, public health systems and private health systems.

2.5.1 Primary health care access to mental health services

To address the costs for people wanting to access mental health services through primary health care, the Australian Government has subsidised access to psychologists, psychiatrists and other allied health providers through a key initiative, "*Better Access to Psychiatrists, Psychologists and General Practitioners*" (*Better Access*). *Better Access* gives consumers MBS subsidised access to psychologists and other allied health providers, provided they have received a Mental Health Treatment Plan by their GP. Under this initiative, Medicare rebates are available to patients for selected mental health services provided by GPs, psychiatrists, psychologists and eligible social workers and occupational therapists.⁴⁵

Medicare services available under the Better Access Initiative

Medicare rebates are available for up to ten individual and ten group allied mental health services per calendar year to patients with an assessed mental illness who are referred by:

- A GP managing the patient under a GP Mental Health Treatment Plan
- A referred psychiatrist assessment and management plan
- A psychiatrist or paediatrician.

Mental health services under this initiative include psychological assessments and therapy services by clinical psychologists. They also include focused psychological services provided by GPs, eligible psychologists, social workers and occupational therapists. Health professionals are free to determine their own fees for the mental health services they provide. However, charges in excess of the Medicare rebate are the responsibility of the patient.⁴⁶

Incorporating telehealth into the Better Access Initiative

The use of telehealth services is becoming increasingly important in the Australian mental health landscape - particularly in relation to primary health care usage - and has recently been incorporated into *the Better Access* initiative. From 1 November 2017, eligible patients with a Mental Health Treatment Plan are able to claim rebates for video consultations through the initiative. The Government has committed \$9.1 million in funding over four years to enable Australians who live in rural and regional Australia to access psychologists via telehealth from 2017-18 to 2020-21.⁴⁷

The changes announced allow up to seven of ten *Better Access* mental health consultations to be provided through online channels, with one of the first four sessions required to be delivered through a face-to-face consultation. Relevant services can be delivered by clinical psychologists,

⁴⁵ Department of Health, 2018, *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative*, viewed July 2019, <[https://www1.health.gov.au/internet/main/publishing.nsf/Content/AD7820EAC9F90D90CA25817900186FB2/\\$File/Fact%20sheet%20-%20BA%20for%20patients.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/AD7820EAC9F90D90CA25817900186FB2/$File/Fact%20sheet%20-%20BA%20for%20patients.pdf)>.

⁴⁶ Ibid.

⁴⁷ Department of Health, *Prioritising Mental Health - improving telehealth for psychological services in regional, rural and remote Australia*, Budget 2017 - 18, viewed July 2019 <[https://www1.health.gov.au/internet/budget/publishing.nsf/Content/B8FDC2AEF8083F1CCA25810E0007E56C/\\$File/28.%20Prioritising%20Mental%20Health%20%E2%80%93%20Improving%20telehealth%20for%20psychological%20services%20in%20regional,%20rural%20and%20remote%20Australia.pdf](https://www1.health.gov.au/internet/budget/publishing.nsf/Content/B8FDC2AEF8083F1CCA25810E0007E56C/$File/28.%20Prioritising%20Mental%20Health%20%E2%80%93%20Improving%20telehealth%20for%20psychological%20services%20in%20regional,%20rural%20and%20remote%20Australia.pdf)>.

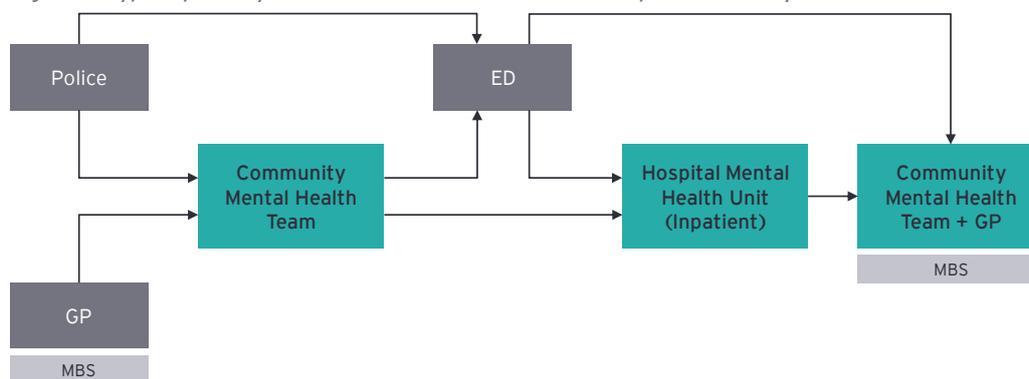
registered psychologists, occupational therapists and social workers. *Better Access* telehealth items allow patients to access services from a location that is convenient to them, including their home, with the condition that they are located in an eligible rural, remote or very remote location and not within 15 kilometres by road from their treating professional.

Psychological services delivered through telehealth will be available for patients living in Modified Monash Model regions four to seven. These regions cover smaller country towns - for example, Collie, WA, Castlemaine, Victoria, Dalby, Queensland and Young, NSW - and remote and very remote locations - for example, Strahan, Tasmania, Tarcoola, SA, and Cobar, NSW. This will ensure that the services go to areas with the biggest access challenges, not to larger regional centres that are more likely to have resident psychologists and other health professionals.⁴⁸

2.5.2 Public health system access to mental health services

People can also access mental health services through the public health system, with Figure 6 depicting this typical pathway. People are generally not required to make out of pocket payments as these services are State and Territory Government funded. GP services also fall under the MBS, however as noted previously not all bulk bill. It is important to note that the below diagram highlights the likely mental health access pathway for those with more severe mental health needs.

Figure 6: Typical pathway to access mental health services via public health system⁴⁹



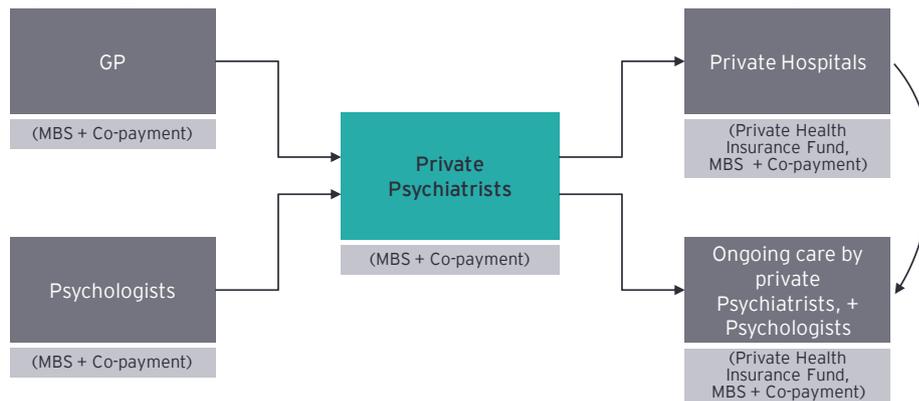
2.5.3 Private health system access to mental health services

Typical access to mental health services through the private health system is depicted in Figure 7. Each of the mental health service providers - GPs, psychologists, psychiatrists and hospitals - within the private health system require a co-payment, as they generally charge higher fees, in addition to: (1) the MBS; and (2) any contributions that may be provided through private health insurance for those who are covered. Private health insurance also funds private hospital mental health services.

⁴⁸ Ibid.

⁴⁹ Source: EY

Figure 7: Typical pathway to access mental health services via private health system⁵⁰



2.5.4 Challenges for individuals in accessing mental health care services in Australia

There are various challenges people may encounter when trying to access mental health services in Australia which may result in poorer mental health outcomes. These include, for example:

- A high demand for already overstretched public mental health services, resulting in long wait times.
- High costs of private mental health care, especially given people living with mental illness are more likely to be of a lower socio-economic status.
- A limited mental health workforce which faces high turnover and burnout rates, resulting in the loss of skills and expertise.
- Access challenges in rural and remote areas to mental health services due to limited availability of primary care and mental health services.
- Limited public transport to access services across all parts of Australia.
- Limited awareness of how to access mental health care and the options available, particularly in a fragmented and often confusing health system.

⁵⁰ Ibid.

3. Summary of key Australian and international mental health reforms

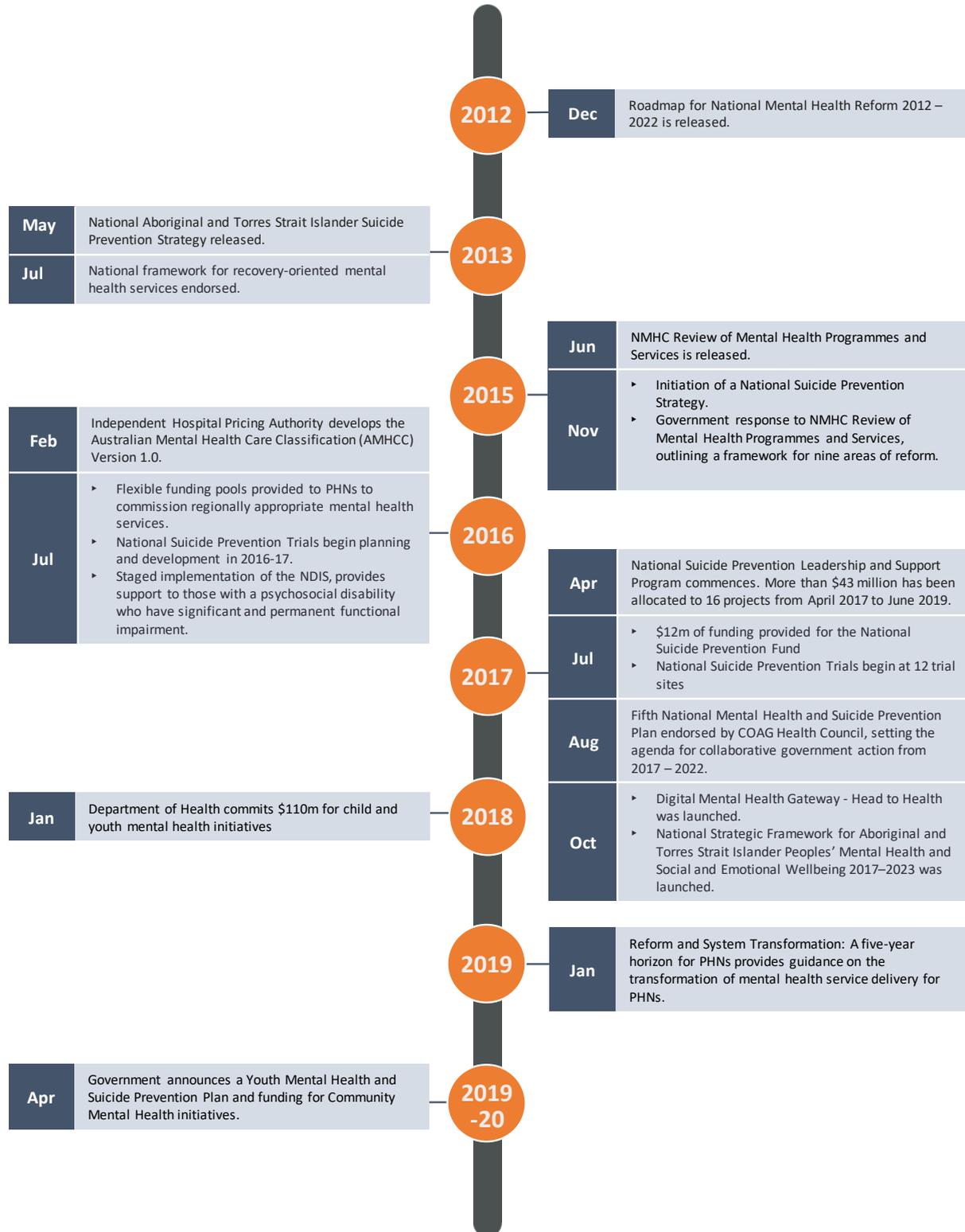
3.1 Introduction

Over the last decade, there has been a strong focus on better integration of Australia's mental health system and in improving access to treatment options to achieve better mental health outcomes. This section provides a high-level overview of Australian mental health reform activities between 2013 and 2019, with deeper insights outlined in Sections 4 to 7 of the report. Mental health policy developments within international bodies such as the WHO and the OECD are also considered to highlight progress occurring outside of Australia and shed light on global conversations about mental health.

3.2 Overview of reform activity in Australia between 2013 and 2019

There has been considerable progress in Australia's mental health policy since the launch of the *National Mental Health Strategy* in 1992. The development of the *Roadmap 2012-2022* and the *Fifth National Plan* have provided a strong foundation from which to drive future policy development and reform. Figure 8 below provides an overview of some of the key milestones in mental health reform in Australia between 2013 and 2019.

Figure 8: Key reforms in the Australian Mental Health System between 2013 and 2019



3.3 Current Australian mental health reforms

The first focused *National Mental Health Strategy* emerged in 1992 and has served as the guiding framework for mental health reform in Australia. The strategy aims to promote mental health, prevent mental illnesses and reduce its impact, as well as assuring the rights of those affected by mental illnesses.⁵¹ Numerous mental health plans have been released since this time, each building on preceding documents and having greater acknowledgement of the need for coordinated treatment of mental illnesses. Appendix A notes Federal Budget measures relating to mental health funding and programs from 2013 to 2019.

Current policies and their outcomes are described in the following sections and include:

- *Roadmap 2012-2022*
- NMHC's *Contributing Lives, Thriving Communities Review* and
- *The Fifth National Plan*.

3.3.1 *The Roadmap for National Mental Health Reform 2012 - 2022*

A key guiding document that has helped lay the foundation for mental health planning in Australia is *The Roadmap for National Mental Health Reform 2012 - 2022* (the Roadmap).⁵² The Roadmap is an initiation by the COAG to provide a forward looking 10-year vision for the mental health system in Australia. The Roadmap included the establishment of a COAG Working Group on Mental Health Reform and is supported by an Expert Reference Group.

The intention of the Roadmap is to provide a national framework that operates alongside national and state/territory programs, plans and initiatives. At its centrepiece is the "social determinants of health framework", which is depicted in Figure 9. This is a model that recognises the wide range of factors that can influence an individual's mental health, and in turn, how mental health has far reaching impacts on other spheres of society.

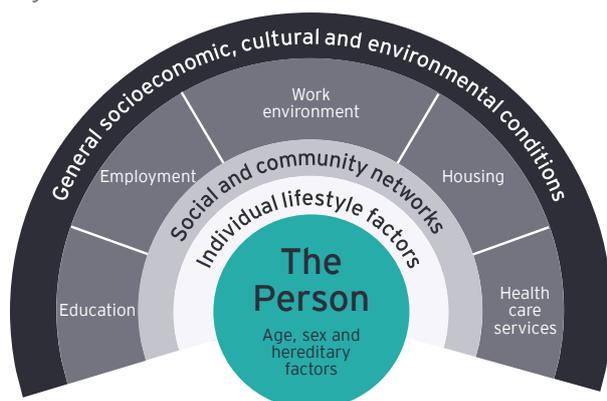
The Roadmap calls for collective action in addressing mental health and outlines six priorities:

1. Promote person-centred approaches
2. Improve the mental health and social and emotional wellbeing of all Australians
3. Prevent mental illness
4. Focus on early detection and intervention
5. Improve access to high quality services and supports
6. Improve the social and economic participation of people with mental illness.

⁵¹ Australian Government Department of Health, 2014, *National Mental Health Strategy*, viewed July 2019, <<https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-strat>>.

⁵² Council of Australian Governments, 2012, *The Roadmap for National Mental Health Reform 2012-22*, viewed July 2019, <<https://www.coag.gov.au/sites/default/files/communique/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf>>.

Figure 9: Social determinants of health framework⁵³



3.3.2 The NMHC’s review of mental health programs and services and the Australian Government’s response

Contributing Lives, Thriving Communities Review

Since its establishment in 2012, the NMHC has been the driving force behind much of the recent mental health reforms in Australia. In 2014, it was tasked by the Australian Government to conduct a review of mental health programs and services. *Contributing Lives, Thriving Communities Review*,⁵⁴ highlighted the inefficiencies, complexities and fragmentation of the mental health system and presented a compelling case for long-term reform.

The goal of the *Contributing Lives, Thriving Communities Review* was to make a set of recommendations for Government consideration to plan a system that will support the mental health and wellbeing of all Australians to live happy and fulfilling lives. Their recommendations were based on three key principles:

1. Person-centred design
2. A new system architecture
3. Shifting funding to more efficient and effective “upstream” services and support.

The *Contributing Lives, Thriving Communities Review* provided 25 recommendations, under the following nine strategic directions:

1. Set clear roles and accountabilities to shape a person-centred mental health system
2. Agree and implement national targets and local organisational performance measures
3. Shift funding priorities from hospitals and income support to community and primary health care services
4. Empower and support self-care and implement a new model of stepped care across Australia
5. Promote the wellbeing and mental health of the Australian community, beginning with a healthy start to life
6. Expand dedicated mental health and social and emotional wellbeing teams for Aboriginal and Torres Strait Islander people
7. Reduce suicides and suicide attempts by 50 per cent over the next decade
8. Build workforce and research capacity to support systems change
9. Improve access to services and support through innovative technologies.

⁵³ Ibid: Adapted from Dahlgren and Whitehead, 1991, *Policies and Strategies to Promote Social Equity in Health*, viewed July 2019, <<https://www.ncbi.nlm.nih.gov/books/NBK221240/>>.

⁵⁴ National Mental Health Commission, 2014, *Contributing Lives, Thriving Communities - Report of the National Review of Mental Health Programmes and Services*, viewed July 2019, <<http://mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>>.

Australian Government Response to Contributing Lives, Thriving Communities Review

The Australian Government response (2015)⁵⁵ to the *Contributing Lives, Thriving Communities Review* acknowledged the inefficiencies of the current system, reiterated its commitment to delivering an effective mental health system, and pledged to pave the way forward to implement initiatives that will drive real change. The Australian Government aimed to transform Commonwealth health funding and leadership to achieve a more integrated and sustainable mental health system. Its response outlined nine interconnected areas of reform, including:

1. Locally planned and commissioned mental health services through PHNs and the establishment of a flexible primary mental health care funding pool
2. A new easy to access digital mental health gateway
3. Refocusing primary mental health care programs and services to support a stepped care model
4. Joined support for child mental health
5. An integrated and equitable approach to youth mental health
6. Integrating Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing services
7. A renewed approach to suicide prevention
8. Improving services and coordination of care for people with severe and complex mental illness
9. National leadership in mental health reform.

3.3.3 The Fifth National Plan

The *Fifth National Plan* is the most current document guiding mental health reform in Australia and provides a strong basis for future health reform over the next five years. It builds on the previous four plans and significant achievements to date, including the renewal of the *National Mental Health Policy* and *Mental Health Statements of Rights and Responsibilities*. Other additional activities include enhancing education, training and support programs for carers and mental health professionals and building a stronger evidence-base to inform treatment options and system design.⁵⁶ The *Fifth National Plan* sets the direction for future policy change, encourages a more collaborative, whole-of-government approach to addressing mental illness and addresses the notable absence of suicide prevention from previous national plans.

The *Fifth National Plan* identifies eight priority areas including:

1. Achieving integrated regional planning and service delivery
2. Effective suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place.

Responsibility for implementation of this plan lies with the AHMAC and its relevant Principal Committees and will be guided on intergovernmental agreements. The *Fifth National Plan* was endorsed by the COAG Health Council in August 2017.

⁵⁵ Australian Government Department of Health, 2015, *Australian Government Response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services*, viewed July 2019, <[https://www.health.gov.au/internet/main/publishing.nsf/Content/ODBEF2D78F7CB9E7CA257F07001ACC6D/\\$File/response.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/ODBEF2D78F7CB9E7CA257F07001ACC6D/$File/response.pdf)>.

⁵⁶ COAG Health Council, 2017, *Fifth National Mental Health and Suicide Prevention Plan*, viewed July 2019, <<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>>.

3.4 Mental health policies from international bodies

Having considered the key mental health policies impacting on mental health service delivery in Australia, this next section considers the mental health policies from international bodies.

International bodies such as the WHO and the OECD provide useful benchmarking data across countries, as well as providing a platform for global collaboration and discussion of important policy initiatives. They have a far-reaching impact: from saving lives, to improving education and employment outcomes of those suffering from a mental illness, to the socioeconomic benefits of having a healthy population.

The following sections provide an overview of key policy documents and research produced by the WHO and OECD on mental health. Further information on these initiatives can be found in Appendix B.

3.4.1 The World Health Organization

According to the WHO, suicide is the second leading cause of death among 15 to 29 year-olds and depression will be the leading cause of disease globally by 2030. The WHO's efforts to improve mental health revolve around promotion of mental health and wellbeing, prevention of mental illnesses, protection of human rights and health care for those affected by mental illness.⁵⁷

There is a clear imperative for global action on mental health which the WHO says is a "long-neglected problem".⁵⁸ Some of the key publications and roadmaps for action that are relevant to consider in the Australian policy context are listed below.

Mental Health Action Plan 2013-2020

The most significant document for international action on mental health produced by the WHO is the *Mental Health Action Plan 2013-2020*, endorsed by the World Health Assembly in May 2013. The action plan is a comprehensive document that calls for attitudinal changes in behaviour that perpetuate stigma and the expansion of services to promote greater efficiency in how mental illness is treated. Its overall goal is to "promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce mortality, morbidity and disability for persons with mental disorders."⁵⁹ The plan recognises that mental health, like other health conditions, can be affected by a range of socioeconomic factors that need integrated strategies for promotion, prevention, treatment and recovery through a whole-of-government approach. Details about the objectives and of the action plan are included in Appendix B.1.

⁵⁷ World Health Organization, 2019, *Mental Health*, viewed July 2019, <https://www.who.int/mental_health/en/>.

⁵⁸ World Health Organization, 2019, *Mental Health Action Plan 2013 - 2020*, viewed July 2019, <https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf;jsessionid=35EDBE28895DC2BBAD1E1295097831EE?sequence=1>.

⁵⁹ Ibid.

National Suicide Prevention Strategies

WHO estimates that over 800,000 people die by suicide every year globally, equating to about one death every 40 seconds.⁶⁰ It is also estimated that for each person who dies by suicide, more than 20 others attempt suicide.⁶¹ These alarming statistics prompted the WHO to publish their report: *Preventing Suicide: a global imperative* to increase awareness and make suicide prevention a high priority on the global health agenda. The report explores risk factors, global epidemiology of suicide and provides suggestions for working towards a comprehensive and multisectoral approach to suicide prevention. The WHO have subsequently built on this work and in 2019, released their report: *National suicide prevention strategies: Progress, examples and indicators*. Further information on this initiative is outlined in Appendix B.2

3.4.2 The Organisation for Economic Co-operation and Development

The OECD has also recognised the widespread impacts of mental health and its flow on effects to other areas of society. The economic impact of mental ill-health can rise to up to 4 per cent of GDP, and accounts for one of the largest and fastest growing disease burdens globally.⁶² Moreover, the OECD has found a strong correlation between those experiencing mental illness having poorer educational and employment outcomes, compared to those in good mental health.⁶³ Below are some of the key pieces of work conducted by the OECD that are relevant to consider in the context of Australian mental health policy.

Mental Health Performance Framework

The OECD has embarked on a project to benchmark performance of mental health systems. The report is expected to be released in 2020 and aims to identify ways to strengthen mental health systems by measuring the performance in a standardised manner. The OECD Mental Health Framework comprises of six principles that constitute a high performing mental health system:

1. Focus on the individual who is experiencing mental ill-health
2. Have accessible, high-quality mental health services
3. Take an integrated, multi-sectoral approach to mental health
4. Prevent mental illness and promotes mental wellbeing
5. Have strong leadership and good governance
6. Be future-focused and innovative.

This tool will form the basis of benchmarking activities through the development of indicators to measure performance in each framework domain across OECD countries.

Mental health and work

Addressing the mental health of the working population is a key policy issue for OECD countries and there is a growing recognition of the impact that poor mental health has for other areas of social policy. The OECD acknowledges that policy planning in Australia is advanced in terms of recognising the impact of mental-ill health on society as a whole and the need for a more integrated, whole of government approach to health care.⁶⁴ However, the fragmented nature of policy initiatives in Australia means that while strategic planning is advanced, effective implementation is lagging. This

⁶⁰ World Health Organization, 2014, *Preventing suicide: a global imperative*, viewed July 2019, <https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf?sequence=1>.

⁶¹ World Health Organization, 2019, *National suicide prevention strategies: Progress, examples and indicators*, viewed July 2019, <<https://apps.who.int/iris/bitstream/handle/10665/279765/9789241515016-eng.pdf?ua=1>>.

⁶² Ibid.

⁶³ Organisation for Economic Co-operation and Development, 2014, *Mental Health and Work: Achieving Well-Integrated Policies and Service Delivery*, viewed July 2019, <<https://www.oecd-ilibrary.org/docserver/5jxsvvn6pq6g-en.pdf?expires=1562737667&id=id&accname=guest&checksum=DE6DAE3D4AC354498904A44B7A8C63AE>>.

⁶⁴ Ibid.

hinders the ability to improve employment and social outcomes of those who are suffering from a mental illness.

In its *Integrated Mental Health, Skills and Work Policy* report, the OECD calls for concerted action in addressing mental health across four policy areas including: youth policy, health policy, workplace policy, and social and employment policy.⁶⁵ Further details about the report and the development of integrated policy to support greater labour force participation is included in Appendix B.3.

Making Mental Health Count: The social and economic costs of neglecting mental health care

This report highlights the enormous social and economic costs of mental-ill health and argues that mental health policy remains an often-neglected area of health policy planning in many countries. The overarching trend across most OECD countries is deinstitutionalisation, referring to moving people out of mental hospitals and into community care.⁶⁶ The report highlights the associated costs of mental illness in other areas of society such as lost productivity and unemployment, and calls for:

- Better measurement of mental health systems to enhance treatment quality and service provision
- Scaling up evidence-based treatments, particularly for those suffering mild to moderate mental illnesses where treatments represent good value for money
- Strengthening primary care and promoting collaboration between primary care and specialist service providers to deliver better systems integration.

Understanding Effective Approaches to Promoting Mental Health and Preventing Mental Illness

This working paper⁶⁷ provides an overview of the approaches of mental health promotion and wellbeing, and the development of actions to prevent mental illness. It argues that there is a strong case for further investment in mental health programs and initiatives, with a particular focus on early intervention and prevention activities. The report highlights the uneven progress and investment in mental health care across OECD countries. It outlines some cost-effective initiatives that are proven to be effective that could potentially be implemented across different country contexts.

Such examples include:

- Targeted workplace initiatives to reduce the cost of lost productivity, for example, through legislation and labour laws promoting mental wellbeing of employees
- School-based initiatives such as anti-bullying and programs promoting emotional, physical and mental health. These initiatives are effective at improving classroom atmosphere and academic performance
- Reducing access to lethal means and increasing awareness raising programs and suicide prevention activities. These activities can help reduce suicide and suicide attempts and are usually packaged up into comprehensive suicide prevention strategies
- Investing in general wellbeing measures, which can promote healthy ageing for the general population.

⁶⁵ Organisation for Economic Co-operation and Development, 2018, *Integrated Mental Health, Skills and Work Policy*, viewed July 2019, <https://www.oecd.org/els/emp/Flyer_MHW%20Council%20Recommendation.pdf>.

⁶⁶ Organisation for Economic Co-operation and Development, 2014, *Making Mental Health Count: The social and economic costs of neglecting mental health care*, viewed July 2019, <<http://www.oecd.org/publications/making-mental-health-count-9789264208445-en.htm>>.

⁶⁷ Organisation for Economic Co-operation and Development, 2017, *Understanding effective approaches to promoting mental health and preventing mental illness*, viewed July 2019, <<https://www.oecd-ilibrary.org/docserver/bc364fb2-en.pdf?expires=1562739281&id=id&accname=guest&checksum=95D9014D4C56D2E26DEF38B72353A938>>.

Patient-Reported Indicators Survey

Patient surveys are increasingly being used as a key performance indicator to measure health outcomes and the effectiveness of health care. Much of the data currently collected to measure health system performance is quantitative and typically consists of metrics such as hospitalisation rates, GP visits and length of treatment. It is not until qualitative data is examined, such as patient experiences with the system, health worker interactions, satisfaction of treatment and quality of life, that important nuances in the outcomes of care begin to emerge.⁶⁸

With a mandate from the OECD Health Ministers, the Patient-Reported Indicators Surveys (PaRIS) was launched in 2017 to gather information about patient experiences in an effort to make health systems more people-centred. The initiative will enable the collection of standardised data to report on international patient experience indicators and health system performance, identify areas of improvement and address any service gaps through building a more patient-centric health system.⁶⁹

3.5 Towards future reform in Australia

As mentioned above, the *Fifth National Plan* is the guiding document for mental health reform and planning in Australia and the nine priority areas identified in the plan will continue to be progressed. During 2018-19, the NMHC has committed to the following areas for further work:⁷⁰

- Mental health expenditure
- Mental health workforce
- Reducing seclusion and restraint
- Supporting consumer and carer engagement
- Building participation in the national implementation of Equally Well,⁷¹ an initiative aimed at improving the quality of life and equal access to health care for those with a mental illness
- Continued monitoring and reporting efforts on housing and homelessness
- Progressing the Economics of Mental Health in Australia⁷² project, which aims to put mental health on the economic agenda.

In addition to the above focus areas, there are a number of other mental health initiatives currently underway including:

- **The Making Connections with your Mental Health and Wellbeing Report⁷³** - The NMHC launched the *Connections* project - a nation-wide conversation about mental health and suicide prevention in Australia. The purpose of the project is to connect with communities and understand user experiences of the mental health system, what has been effective and what might be a barrier to receiving help. The NMHC will be visiting 23 communities across Australia in 2019 to consult with people with lived experiences of mental illness, their carers, families and support organisations. The results will be used to shape a 2030 Vision for Australia's mental health and wellbeing. An online consultation survey is also being launched to engage those who may not be able to attend in person.

⁶⁸ Organisation for Economic Co-operation and Development, 2019, *Patient-Reported Indicators Surveys (PaRIS)*, viewed July 2019, <<http://www.oecd.org/health/paris.htm>>.

⁶⁹ Ibid.

⁷⁰ National Mental Health Commission, 2018, *Monitoring mental health and suicide prevention reform: National Report 2018*, viewed July 2019, <<http://www.mentalhealthcommission.gov.au/media/245211/Monitoring%20Mental%20Health%20and%20Suicide%20Prevention%20Reform%20National%20Report%202018.pdf>>.

⁷¹ National Mental Health Commission, 2016, *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*, viewed July 2019, <<https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf>>.

⁷² National Mental Health Commission, 2014, *Economics of Mental Health in Australia*, visited July 2019, <<https://www.mentalhealthcommission.gov.au/our-work/update-economics-of-mental-health-in-australia.aspx>>.

⁷³ National Mental Health Commission, 2019, *Making connections with your mental health and wellbeing*, visited July 2019, <<https://mentalhealthcommission.gov.au/our-work/connections>>.

- **Royal Commission into Victoria's Mental Health System** - The Royal Commission investigates how Victoria's mental health system can most effectively prevent mental illness and deliver treatment, care and support so Victorians can experience their best mental health now and into the future.⁷⁴ The Victorian Government has already committed to implementing every recommendation from the Royal Commission. Given the national media attention the Royal Commission has received, the results and recommendations may have implications at the national level.
- **Productivity Commission Inquiry into Mental Health** - This inquiry will examine the effect of mental health on people's ability to participate in and prosper in the community and workplace. The inquiry will also consider the broader effects of mental health on the economy.⁷⁵ It will examine how governments across Australia, employers, professional and community groups in healthcare, education, employment, social services, housing and justice can contribute to improving mental health for people of all ages and cultural backgrounds. A final report is expected to be provided to Government in May 2020.

Many of the problems that Australia faces in addressing mental health such as levels of treatment access, social disadvantage, combatting stigma and prevalence of suicide are universal across many countries. While the journey of policy reform is lengthy, government-initiated reviews and plans are at least positioning the system in the right direction. Research and thought leadership from peak bodies, NGOs and community health organisations are also contributing to a growing body of literature in Australia, providing a strong evidence-base and forum for discussion and consultation through which to plan for future reform.

It is encouraging that Australia has been recognised by the OECD as a global leader in mental health policy planning, particularly with its focus on integrated care, suicide prevention and early intervention activities. However, Australia should now focus efforts on the effective implementation of these initiatives, where it is currently lagging. Key objectives such as person-centric care and adopting a whole-of-government approach to addressing mental health issues were outlined in Australia's national plans two decades ago and are still central to mental health plans today, yet to be fully realised.

The following sections examine key developments across four broad areas of mental health reform in Australia: suicide prevention; integrated service planning and delivery; improving quality of care; and effective system performance and improvement. Recommendations for DVA to consider when refreshing their *Veteran Mental Health Strategy* are included at the end of each section.

⁷⁴ Engage Victoria, 2019, *Terms of Reference for the Royal Commission into Victoria's Mental Health System*, viewed July 2019, <<https://engage.vic.gov.au/royal-commission-mental-health-terms-of-reference>>.

⁷⁵ Australian Government Productivity Commission, 2019, *Mental Health*, viewed July 2019, <<https://www.pc.gov.au/inquiries/current/mental-health#draft>>.

4. Key reform 1: Suicide prevention planning

Suicide in Australia is a concerning, preventable public health and social challenge affecting individuals, families, communities and workplaces. This section highlights the issue of suicide in Australia and considers the major reforms focusing on suicide prevention and support.

4.1 Suicide in Australia: prevalence and need for reforms

4.1.1 Prevalence

According to the ABS 3,128 people died in Australia from intentional self-harm in 2017, a slight increase from 2,866 in 2016.⁷⁶ Although suicidality is not limited only to those with poor mental health, it is estimated that 94.2 per cent of those who attempted suicide in the past 12 months had experienced a mental illness in the past 12 months as well.⁷⁷ Concerningly, less than half of those who attempt suicide received medical attention. Reasons for not accessing mental health care services include being stigmatised, fear of hospitalisation, issues of trust and confidentiality and perceived loss of esteem.⁷⁸

The WHO estimates that there were an estimated 793,000 suicide deaths worldwide in 2016, indicating an annual global age-standardised suicide rate of 10.5 per 100,000 population. Australia sits higher than this age standardised suicide rate, with 17.4 suicides per 100,000 population.⁷⁹ Australia's suicide rates are higher than the United Kingdom (11.9 suicides per 100,000), although has comparable suicide rates to New Zealand (17.3 per 100,000) and is lower than the United States (21.1 suicides per 100,000).⁸⁰

4.1.2 Need for reform

While there have been ongoing suicide prevention efforts in Australia, there has not been a significant reduction in the suicide rate over the last decade. Current approaches to suicide prevention have been criticised as being piecemeal, with gaps in data on real-time suicide attempts and death and a lack of appropriate suicide prevention training for health professionals.⁸¹ In response, Australia has bolstered efforts to enhance suicide prevention planning.

4.1.3 Systems-based approach

There is a focus on a systems-based approach to suicide prevention across all levels of governments, which aims to breakdown the previously siloed approaches. The systems-based approach provides for coordination and integration of existing national and state-level services and activities. It is outcomes focused, aiming to implement proven actions and having a quick and positive impact on helping to reduce national suicide rates. These efforts are expected to minimise duplication and ensure a range of services available for those at risk of suicide.⁸²

⁷⁶ Australian Bureau of Statistics, 2017, *Causes of Death, Catalogue No: 3303.0, Australia*, viewed July 2019, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0>>.

⁷⁷ Department of Parliamentary Services, 2019, *Mental health in Australia: a quick guide*, viewed July 2019, <https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/6497249/upload_binary/6497249.pdf>.

⁷⁸ Mendoza, J. & Rosenberg, S., 2010, *Suicide and suicide prevention in Australia: breaking the silence*, viewed July 2019, <<https://www.lifeline.org.au/static/uploads/files/breaking-the-silence-secured-wfbcyutdeukg.pdf>>.

⁷⁹ World Health Organization, *Global Health Observatory (GHO) data*, viewed July 2019, <https://www.who.int/gho/mental_health/suicide_rates/en/>.

⁸⁰ Ibid.

⁸¹ National Mental Health Commission, 2018, *Monitoring mental health and suicide prevention reform: National Report 2018*, viewed July 2019, <<http://www.mentalhealthcommission.gov.au/media/245211/Monitoring%20Mental%20Health%20and%20Suicide%20Prevention%20Reform%20National%20Report%202018.pdf>>.

⁸² Fitzpatrick S. and Hooker C., 2017, *A 'systems' approach to suicide prevention: radical change or doing the same thing better?*, viewed July 2019 <<http://www.phrp.com.au/wp-content/uploads/2017/04/PHRP2721713.pdf>>.

The *Fifth National Plan* has committed to a systems-based approach, including 11 key elements to implement. The table below highlights these elements.

Table 2: *Fifth National Plan*, Suicide Prevention systems-based approach elements

Systems-based approach elements	
Surveillance	Increasing the quality and timeliness of data on suicide and suicide attempts
Means restriction	Reducing the availability, accessibility and attractiveness of the means to suicide
Media	Promoting the implementation of guidelines to support responsible media reporting of suicide in print, broadcasting and social media
Access to services	Promoting increased access to comprehensive services for those vulnerable to suicidal behaviours and removing barriers to care
Training and education	Maintaining comprehensive training programs for identified gatekeepers
Treatment	Improving the quality of clinical care and evidence-based clinical interventions, in particular, for those presenting to hospital after a suicide attempt
Crisis intervention	Ensuring communities have capacity to respond to crises with appropriate interventions in pace
Postvention	Improving responses to and caring for those affected by suicide and suicide attempts
Awareness	Establishing public information campaigns to support the understanding that suicides are preventable
Stigma reduction	Promoting the use of mental health services
Oversight and coordination	Utilising institutes or agencies to promote and coordinating research, training and service delivery in response to suicidal behaviours

National Suicide Prevention Adviser

In line with addressing suicide as a whole-of-government issue and more than simply a health issue, the Australian Government has appointed Christine Morgan as its first National Suicide Prevention Adviser to the Prime Minister.⁸³ The role of this adviser has four key tasks⁸⁴ which focus on whole-of-system coordination and are outlined below:

- Reporting on the effectiveness of the design, coordination and delivery of suicide prevention activities in Australia. There is a focus on at-risk populations, including young people and the Aboriginal Torres Strait Islander population.
- Developing options for whole-of-government coordination and delivery of suicide prevention activities to address complex issues contributing to Australia's suicide rate. There is a focus on community-led and person-centred solutions.
- Working across Government and departments to embed suicide prevention policy and culture across all relevant policy areas to ensure pathways to support are cleared. There is a focus on people who are at an increased risk of suicide and enabling them to access support.

⁸³ National Mental Health Commission, 2019, *Commission CEO appointed the National Suicide Prevention Adviser to the Prime Minister*, viewed July 2019, <<https://www.mentalhealthcommission.gov.au/media-centre/news/commission-ceo-appointed-the-national-suicide-prevention-adviser-to-the-prime-minister.aspx>>.

⁸⁴ Ibid.

- Drawing upon all current relevant work by the Government and the sector in addressing suicide, including the *Fifth National Plan* and *Fifth National Plan Implementation Plan*,⁸⁵ and the findings of the Productivity Commission and Royal Commission into Victoria's Mental Health System inquiries.

4.2 Suicide prevention strategies

4.2.1 *The National Suicide Prevention Strategy*

The National Suicide Prevention Strategy (NSPS) arose out of the NMHC national review of mental health programs and services in November 2015. The NMHC recommended a major overhaul of the mental health system to shift the focus of the system from crisis and acute care to community-based services, primary health care, prevention and early intervention. It also recommended to better focus on services supporting individuals and families.⁸⁶ In support of this refocused vision, the Government announced a renewed approach to suicide prevention by establishing the NSPS. The NSPS provides the platform for Australia's national mental health policy on suicide prevention with an emphasis on promotion, prevention and early intervention.

The strategy has four key components which are described in detail below:

1. National Suicide Prevention Leadership and Support Program
2. Living is for Everyone (LIFE) Framework
3. National Suicide Prevention Strategy Action Framework
4. Mechanisms to promote alignment with and enhance State and Territory suicide prevention activities.

The key components of the NSPS involve:

- PHNs who were tasked with commissioning regionally appropriate suicide prevention activities from 2016. PHNs will lead a systems-based regional approach to suicide prevention, working with LHNs and other local organisations to better target those most at risk of suicidal tendencies, including the Aboriginal and Torres Strait Islander communities
- National leadership and support for whole of population level suicide prevention activity, including crisis support services
- Refocussed efforts to prevent suicide in the Aboriginal and Torres Strait Islander communities, considering the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- Joint commitment by the Australian Government and States and Territories including in the context of the *Fifth National Plan*, to prevent suicide and ensure that people who have self-harmed and attempted suicide are given effective follow-up support.

4.2.2 *The National Suicide Prevention Leadership and Support Program*

The National Suicide Prevention Leadership and Support Program forms part of the Australian Government's NSPS. This program aims to deliver national suicide prevention activities, increase the capacity of individuals and communities to respond to suicide and support research on suicide.⁸⁷

⁸⁵ COAG Health Council, 2017, *The Fifth National Mental Health and Suicide Prevention Plan Implementation Plan*, viewed July 2019, <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan_Implementation%20Plan.pdf>.

⁸⁶ Australian Government Department of Health, 2014, *National suicide prevention strategy*, viewed July 2019 <<https://www.health.gov.au/internet/publications/publishing.nsf/Content/suicide-prevention-activities-evaluation~background~national-suicide-prevention-strategy>>.

⁸⁷ Australian Government, 2019, *Archived Grant Opportunity View - GO1770*, viewed July 2019 <<https://www.grants.gov.au/?event=public.GO.show&GOUUID=67F887D9-DCDB-B99A-8FDE7FD4B1D367D9>>.

The objectives of the National Suicide Prevention Leadership and Support Program are to:

- Facilitate leadership, strategic partnerships and collaboration in the suicide prevention sector
- Build the evidence-base to enable continued improvements in suicide prevention
- Reduce the prevalence of Aboriginal and Torres Strait Islander suicide rates and the impact on individuals, their families and communities
- Reduce the stigma around suicide and raise awareness of suicide prevention
- Provide support and care to individuals at heightened risk of suicide.

Under the program, up to \$44.5 million has been allocated to 16 projects from April 2017 to June 2019.⁸⁸ Funded projects include the National Leadership in Suicide Prevention Project led by the University of Melbourne, the Community Radio Suicide Prevention Project led by the Community Broadcasting Association of Australia and the MindOUT National LGBTI Mental Health and Suicide Prevention Project led by the National LGBTI Health Alliance. An example of seeing the National Suicide Prevention Leadership and Support Program in action is the MindOUT Program, detailed in the box below.

Example: MindOUT

MindOUT develops and delivers national suicide prevention initiatives aimed at building the capacity of the mental health and suicide prevention sectors to meet the support and wellbeing needs of LGBTI populations. Its main activities include:

- Developing a suite of professional resources for the mental health sector to implement
- Providing training and education for mental health professionals on LGBTI mental health
- Delivering mental health and suicide prevention awareness education for LGBTI people
- Establishing supportive partnerships with mental health and suicide prevention organisations
- Facilitating online professional development opportunities for the mental health and suicide prevention sector
- Working collaboratively with target populations within the LGBTI community, including:
 - Aboriginal and Torres Strait Islander people:
 - Young people
 - People with Intersex bodies
 - People with disabilities

4.2.3 The Living is for Everyone Framework

The Living is for Everyone (LIFE) Framework⁸⁹ sets an overarching evidence-based policy framework for suicide prevention in Australia. It provides a practical suite of resources and research findings on how to address the complex issues of suicide and suicide prevention.

Originally developed in 2000 and updated in 2007, the LIFE Framework provides the operational framework for the NSPS. It outlines the vision, purpose, principles, action areas and proposed outcomes for suicide prevention in Australia, and remains the current strategic framework guiding the NSPS. From September 2011, the LIFE Framework was adopted in all jurisdictions as Australia's overarching suicide prevention framework. Funding under the National Suicide Prevention Program is provided to support suicide prevention activities that will contribute to the outcomes specified in the LIFE Framework. The central goal of the LIFE Framework is to reduce suicide attempts, the loss of life through suicide and the impact of suicidal behaviour in Australia. The LIFE Framework reflects a vision that suicide prevention activities will reduce suicide attempts and the loss of life

⁸⁸ Australian Healthcare Associates, *National Suicide Prevention Leadership and Support Program - evaluation framework and data collection*, viewed July 2019, <<https://www.ahaconsulting.com.au/projects/nsplsp/>>.

⁸⁹ Australian Government Department of Health and Ageing, 2007, *LIFE, A framework for prevention of suicide in Australia*, viewed July 2019, <<https://www.lifeinmindaustralia.com.au/splash-page/docs/LIFE-framework-web.pdf>>.

through suicide by providing individuals, families and communities with access to support so that no-one in crisis sees suicide as their only option.

The LIFE Framework is based on the premise that to reduce suicide rates, activities should occur across eight overlapping domains of care and support, as outlined in Table 3.

Table 3: LIFE Framework: Domains of care and support⁹⁰

LIFE Framework: Domains of care and support	
Universal interventions: target whole populations, aimed at reducing risk factors and enhancing protective factors across the entire population.	Finding and accessing early care and support: the first point of professional contact that provides targeted and integrated care, support and monitoring.
Selective interventions: target subgroups whose members are not yet manifesting suicidal behaviours, but exhibit risk factors of suicidal behaviours.	Standard treatment: when specialised care is needed to manage suicidal behaviours and comprehensively treat and manage any underlying conditions, improve wellbeing and assist recovery.
Indicated Interventions: are designed for people who are identified through screening programs or by clinical presentation as already beginning to exhibit suicidal thoughts or behaviours.	Longer-term treatment and support: entails continuing integrated care to consolidate recovery, reduce the risk of adverse health effects and prepare for a positive future.
Symptom identification: involves knowing and being alert to signs of imminent risk, adverse circumstances and potential tipping points by providing support and care when vulnerability and exposure to risks are high.	Ongoing care and support: involving professionals, workplaces, community organisations, friends and family to support people to adapt, cope and build strength and resilience within an environment of self-help.

4.2.4 *The National Suicide Prevention Strategy Action Framework and mechanisms to promote alignment with and enhance State and Territory suicide prevention activities*

The NSPS Action Framework, which is reviewed periodically, provides targets and cross-Government departmental directives to implement suicide prevention activities. Mechanisms are used to promote alignment (and thereby promote synergies and reduce duplication) between the NSPS and State and Territory suicide prevention activities by progressing the relevant actions of related national frameworks.

4.3 National Suicide Prevention Trial

The Australian Government is supporting the implementation and evaluation of 12 suicide prevention trials across Australia as part of the National Suicide Prevention Trial.⁹¹ All the suicide prevention trial sites have the shared purpose of bringing together important stakeholders to implement evidence-based suicide prevention initiatives in a systematic and coordinated way, with the goal of reducing suicide in their community.

⁹⁰ Ibid.

⁹¹ Life in Mind, 2019, *National Suicide Prevention Trial*, viewed July 2019, <<https://www.lifeinmindaustralia.com.au/programs-resources/regional-approaches/phn>>.

There has been significant investment in the trials to date. The National Suicide Prevention Trial involves 11 PHNs covering 12 trial sites for an at-risk population group, with each site receiving approximately \$4 million over four years, until June 2020.⁹²

Each trial site will focus on suicide prevention towards a specific at-risk population and administer prevention strategies reflecting specific community needs. Each of these trial sites is required to identify priority populations for targeted service delivery and is responsible for selecting and implementing a systematic model of suicide prevention that meets local needs.⁹³ As the implementation of the initiatives is in its early stages, there is currently limited reporting on its outcomes. However, the ongoing monitoring of these trials will determine whether the initiatives are effective in reducing Australia's suicide rate.

The box below highlights one example of a suicide prevention trial aimed at supporting ex-members of the ADF.

Example of Suicide prevention trial "Operation Compass"

"Operation Compass" aims to help ex-members of the ADF (including their families) to transition and adapt to life in Townsville.

Issues faced by this group include difficulties in transitioning from service processes and expectation of life away from the ADF. Other challenges include transitioning to employment, access to and type of psychological/psychosocial interventions and community support. Given these challenges, Operation Compass will focus on initial identification, intervention and support for ex-ADF members. Some proposed tailored services for this population group include:

- The possible development of a Veterans Hub within the community which will support referral pathways and system navigation
- Enhancements to existing peer to peer services inclusive of education, development, support / supervision and increased resources and co-ordination through a third party
- Increased review and engagement for people transitioning from the ADF; focussing upon risk factor screening, transition support and system navigation and family interface.

4.4 Reducing stigma and discrimination

People with mental illness, and their family and friends, experience significant levels of stigma and discrimination. Government initiatives have been put in place to mitigate stigma of having mental illness and in using mental health services. Two examples of programs that reduce stigma and discrimination, the Better Off With You Campaign and the Way Back Support Services - these are described in further detail below.

4.4.1 The Better Off With You Campaign

The Government will fund SANE Australia, a mental health charity, to deliver this targeted suicide awareness campaign. The Better Off With You Campaign⁹⁴ uses personal stories of individuals who have survived suicide attempts to change the behaviour of people considering suicide. The aim of the campaign is to challenge the perceptions of people at risk of suicide that they are a burden on their family, friends and larger community. It will be piloted in three PHNs across Western Victoria, North Queensland and Sydney North. Campaign channels include social media, television and radio

⁹² National Mental Health Commission, 2018, *Monitoring mental health and suicide prevention reform: National Report 2018*, viewed July 2019, <<https://apo.org.au/sites/default/files/resource-files/2018/10/apo-nid195861-1205261.pdf>>.

⁹³ Ibid.

⁹⁴ Sane Australia, 2019, *Better Off With You*, Viewed July 2019 <<https://www.sane.org/adrc/current-adrc-projects/better-off-with-you>>.

as these are the most commonly accessed media channels by the target audience. The measure will cost \$1.2 million over 2018-19.⁹⁵

4.4.2 Way Back Support Service

Under this scheme, the Government will fund up to 25 PHNs to roll out beyondblue's Way Back Support Service⁹⁶ in their regions, providing outreach and practical help to those discharged from hospital following suicide attempts. The model provides support to people during the three months after their suicide attempt. The aim of the program is to reduce barriers and stigma in accessing follow up care and increase attendance to appointments to their health and social support services. The Australian Government will contribute \$37.6 million between 2018 and 2022, with an additional \$5 million contribution from beyondblue.⁹⁷

4.5 Suicide prevention research

4.5.1 Suicide prevention research fund

The Australian Government has committed \$12 million to suicide prevention research, assigning Suicide Prevention Australia as the lead agency responsible for the administration of the National Suicide Prevention Fund. This fund is designed to provide sustainable financial support for Australian suicide prevention research and to ensure outcomes have the greatest impact by addressing nationally agreed priorities.⁹⁸ Researchers seeking funding will be asked to submit applications that address the following priority areas, including a knowledge translation plan:

- **What works to prevent suicide and suicidal behaviour?** For whom? Why? Studies of indicated, selective and universal interventions will be considered, with particular emphasis being given to studies of indicated interventions.
- **What factors are protective against suicide?** What are the mechanisms by which these protective factors operate? How might these protective factors be bolstered for individuals in different communities and/or from different target groups and/or social and cultural backgrounds?

The new investment into research aims to enhance development of new and more effective programs for those at risk of suicide.

4.5.2 Million Minds Mental Health Research Mission

The Million Minds Mental Health Research Mission (the Mission) was announced in the former 2018-2019 Budget and complements support for the *Fifth National Plan*. The Mission aims to assist up to one million people affected by mental illness, through supporting mental health and suicide prevention research. The Government has provided \$125 million in funding over 10 years from the Medical Research Future Fund,⁹⁹ which is charged with investing growth or Australia's health and medical research. The Mission aims to support research into:

- The causes of mental illness
- Best interventions to prevent and treat mental illness
- Ensuring all Australians have access to the best possible mental health care.

⁹⁵ Australian Government Department of Health, 2018, *Prioritising Mental Health - suicide prevention campaign*, viewed July 2019, <<https://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet37.htm>>.

⁹⁶ Australian Government Department of Health, 2018, *Prioritising Mental Health - aftercare following a suicide attempt*, viewed July 2019, <[https://www.health.gov.au/internet/budget/publishing.nsf/Content/27416C03D136ABFDCA25826D00023889/\\$File/035_FINAL_FS_PMHPHS_MH_Beyondblue.pdf](https://www.health.gov.au/internet/budget/publishing.nsf/Content/27416C03D136ABFDCA25826D00023889/$File/035_FINAL_FS_PMHPHS_MH_Beyondblue.pdf)>.

⁹⁷ Ibid.

⁹⁸ Suicide Prevention Australia, 2018, *The Suicide Prevention Research Fund*, viewed July 2019, <<https://www.suicidepreventionaustralia.org/quality-innovation-research/research-grants/>>.

⁹⁹ Australian Government Department of Health, 2018, *Million Minds Mental Health Research Mission*, viewed July 2019, <<https://www.health.gov.au/initiatives-and-programs/million-minds-mental-health-research-mission>>.

Initial research priorities will include:

- Eating disorders
- Child and youth mental health
- Aboriginal and Torres Strait Islander mental health.

4.6 Tailored strategies for at-risk groups

The most effective suicide prevention strategies are those that are tailored for a specific population. Having discussed key at-risk groups above, the below section notes the key suicide prevention strategies that are tailored for specific at-risk groups.

4.6.1 Aboriginal and Torres Strait Islander people

Targeted health and mental health strategies for Australians First Nation People are crucial. A range of strategies have emerged that aim to promote Aboriginal and Torres Strait Islander health and wellbeing.

The *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013*¹⁰⁰ was the Australian Government's first Aboriginal and Torres Strait Islander strategy targeting suicide prevention. This strategy arose in response to the Senate Community Affairs Reference Committee recommending a separate suicide prevention strategy for indigenous communities. This strategy focuses on reflecting Aboriginal and Torres Strait Islander community needs and the priority that needs to be given to supporting community leadership and community action in suicide prevention.

The main actions arising out of this strategy include:

- Action 1: Building strengths and capacity in Aboriginal and Torres Strait Islander communities
- Action 2: Building strengths and resilience in individuals and families
- Action 3: Targeted suicide prevention services
- Action 4: Coordinating approaches to prevention, between Commonwealth and state or territory governments and between different government departments.

Since this strategy, the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023*¹⁰¹ has emerged as part of a critical plan of ongoing reform to the mental health system. The renewed framework is to guide and inform Aboriginal and Torres Strait Islander mental health and wellbeing reforms.

Its action areas are based on a stepped care model of primary mental health care service delivery and include:

- Action 1: Strengthening the foundations under Aboriginal and Torres Strait Islander leadership
- Action 2: Promoting wellness in the Aboriginal and Torres Strait Islander communities
- Action 3: Building capacity and resilience in people and groups at risk
- Action 4: Providing care for people who are mildly or moderately ill
- Action 5: Caring for people living with a severe mental illness.

¹⁰⁰ Australian Government Department of Health, 2013, *National Aboriginal and Torres Strait Islander suicide prevention strategy*, viewed July 2019 <<https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pub-atsi-suicide-prevention-strategy>>.

¹⁰¹ Australian Government, 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017 - 2023*, viewed July 2019, <https://www.pmc.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf>.

An underlying strategy is also the *National Aboriginal and Torres Strait Islander Health Plan 2012-2023*.¹⁰² This strategy seeks to realise health equality by 2031 and achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander and the non-Indigenous population.

4.6.2 The LGBTI community

Given the previously described average rates of mental illness among the LGBTI community, more tailored approaches to mental health care and suicide prevention are being developed. A turning point in increased recognition of LGBTI people and communities was the report, *The Hidden Toll: Suicide in Australia*,¹⁰³ which clearly recommended that LGBTI populations be recognised as a higher risk group in suicide prevention and required culturally appropriate care. In response, the Australian Government targeted intervention and policies to support the LGBTI population. The National LGBTI Health Alliance was tasked with developing *The National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health & Suicide Prevention Strategy*.¹⁰⁴ This strategy supports policy interventions that aim to reduce stigma and discrimination in the lives of the LGBTI population. The key strategic actions are:

- Inclusive and accessible care
- Evidence base, data collection and research base for the LGBTI population
- Diversity of LGBTI population be recognised and responded to
- Increase in intersectionality and social inclusion
- Skilled and knowledgeable workforce targeted for the LGBTI population
- Mental health promotion and prevention of mental illness.

4.6.3 Youth

Youth mental health was a priority emerging out of the recent 2019-20 Budget. The Australian Government has committed \$461 million for a national strategy to prevent suicide and promote the mental wellbeing of young and Indigenous Australians.¹⁰⁵ Three key areas have been recognised as immediate focus areas:

- Expansion of the headspace network: \$375 million will be reserved for this program including for new centres, reducing waiting times and improving the quality of services in the headspace program.
- Indigenous suicide prevention: \$15 million will be used for Indigenous leadership to create a culturally appropriate national plan for care, services that recognise community value and protective social factors, among other Indigenous focused needs.
- Childhood and parenting support: \$11.8 million will be granted for programs supporting children and parents including Smiling Minds, Raising Children Network, Batyr, Kids Helpline, among others.

¹⁰² Australian Government, 2013, *National Aboriginal and Torres Strait Islander Health Plan 2012 - 2023*, viewed July 2019 <[https://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](https://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)>.

¹⁰³ Community Affairs References Committee, 2010, *The Hidden Toll: Suicide in Australia*, viewed July 2019, <https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2008-10/suicide/report/index>.

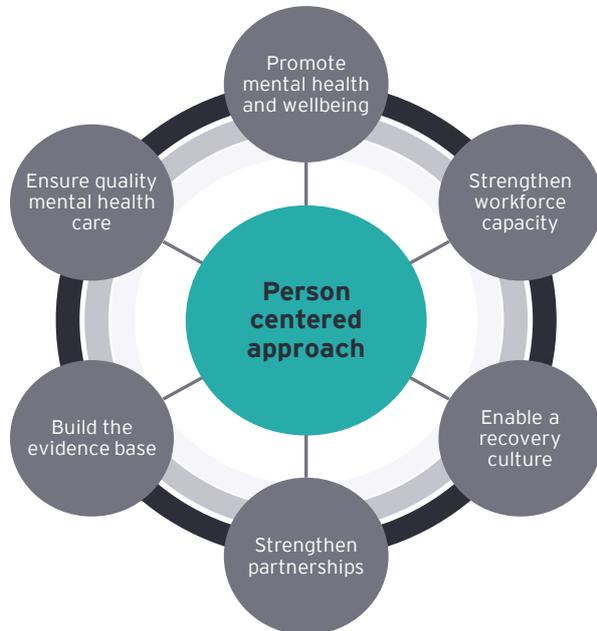
¹⁰⁴ National LGBTI Health Alliance, 2016, *The National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health & Suicide Prevention Strategy*, viewed July 2019, <http://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf>.

¹⁰⁵ Australian Government Department of Health, 2019, *Prioritising Mental Health - Youth Mental health and Suicide Prevention Plan*, viewed July 2019, <[https://www.health.gov.au/internet/budget/publishing.nsf/Content/B1C0B916EC3C0B44CA2583CA00115DAE/\\$File/Prioritising%20Mental%20Health%20%E2%80%93%20Youth%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf](https://www.health.gov.au/internet/budget/publishing.nsf/Content/B1C0B916EC3C0B44CA2583CA00115DAE/$File/Prioritising%20Mental%20Health%20%E2%80%93%20Youth%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf)>.

4.6.4 The veterans' population

The DVA released their *Veteran Mental Health Strategy* in 2013 which sets out a ten-year framework to support the mental health and wellbeing of the veteran and ex-service community.¹⁰⁶ At the centre of the strategy is a person-centred approach to mental health care, supported by six strategic objectives as shown in Figure 10 below.

Figure 10: Person centred approach to mental health care¹⁰⁷



The strategic objectives are underpinned by three principles:¹⁰⁸

1. **Prevention** - aims to reduce the onset and prevalence of mental health conditions. This activity is focused not just on early intervention, but also treatment and services to prevent or minimise negative impacts of a mental health condition
2. **Recovery** - goes beyond the traditional notion of "cure", and creates opportunities to live personally fulfilling and meaningful lives, even with the presence of symptoms
3. **Optimisation** - maximises individual mental health and quality of life, including physical health and wellbeing.

The Department of Veterans' Affairs subsequently released the *Social Health Strategy for the Veteran and Ex-Service Community 2015-2023* which aims to improve quality of life through a focus on prevention and early intervention activities, promoting social connectedness and enhancing overall health and wellbeing.¹⁰⁹ This strategy recognises the interdependencies between social, cultural and economic factors and the impact they have on an individual's health.

The strategies are complemented by a comprehensive suite of support services and programs provided by the DVA for veterans and their families including health, social support, employment, housing, education and income/financial payments.

¹⁰⁶ Department of Veterans' Affairs, 2013, *Veteran Mental Health Strategy 2013 - 2023*, viewed July 2019, <<https://www.dva.gov.au/sites/default/files/files/publications/health/Veteran%20Mental%20Health%20Strategy.pdf>>.

¹⁰⁷ Ibid - adapted from *Veteran Mental Health Strategy 2013 - 2023*.

¹⁰⁸ Ibid.

¹⁰⁹ Department of Veterans' Affairs 2015, *Social Health Strategy for the Veteran and Ex-Service Community 2015 - 2023*, viewed July 2019, <https://www.dva.gov.au/sites/default/files/files/publications/health/social_health_strategy.pdf>.

4.7 Implications for DVA - Key reform 1: Suicide prevention planning

In light of the above findings, this section will focus on the implications for the DVA in relation to suicide prevention planning and highlight some areas for future consideration.

4.7.1 Recent developments

DVA's *Veteran Mental Health Strategy* acknowledges the urgent need to reduce the risk and incidence of suicide among the veteran community. It details some of the suicide prevention and reduction measures that are currently in place including Operation Life, At Ease and counselling support services offered through Open Arms.

A number of positive measures have been initiated since the release of the *Veteran Mental Health Strategy*, including:

- Partnering with the Australian Institute of Health and Welfare (AIHW) to produce a report determining the prevalence of suicide among former ADF populations compared to the general community
- Veteran Suicide Prevention Pilot, delivered in partnership with beyondblue, to provide support to former ADF members who have experienced a suicidal crisis and required hospitalisation
- Coordinated Veterans' Care Mental Health Pilot, to support veterans with chronic but stable mental health conditions and chronic physical comorbidities as a result of their service.

4.7.2 Implications for future Planning for DVA

1. Suicide prevention as a key focus area

Context

A major review conducted by the NMHC, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and their Families (Review into Suicide and Self-Harm Prevention Services for ADF Members)*, highlighted the high prevalence of suicide amongst veterans.¹¹⁰ In the *Australian Government's response to the Review into Suicide and Self-Harm Prevention Services for ADF Members*,¹¹¹ improving suicide prevention and mental health support to current and ex-serving ADF members formed one of four priority areas to be addressed. All mental health strategies in Australia should have a specific focus on suicide prevention, to enable concerted effort and commitment to reducing Australia's suicide rates.

Implications

Include suicide prevention and reduction as a strategic objective in an updated Veteran Mental Health Strategy.

Suicide prevention should form a key focus area in an update to the current *Veteran Mental Health Strategy*. Broader reforms in the Australian mental health system have cemented suicide prevention as a priority action and this is reflected in regional planning through PHNs. Placing a stronger focus on suicide prevention initiatives would align DVA with advancements occurring in the broader Australian health system and would signify the Government's commitment to reducing incidences of suicide amongst the ex-service community. The objective should be accompanied with

¹¹⁰ National Mental Health Commission, 2017, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and their Families*, viewed July 2019, <https://www.dva.gov.au/sites/default/files/files/publications/health/Final_Report.pdf>.

¹¹¹ Australian Government, 2017, *Australian Government Response to the National Mental Health Commission Review into the Suicide and Self-Harm Prevention Service available to Current and Former Serving ADF Members and their Families*, viewed July 2019 <<https://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/mental/govtresponse.pdf>>.

priority actions that will detail how DVA intends to enhance suicide prevention and support services to its clients and their families, and ideally, should include performance indicators to enable monitoring and reporting of progress over time.

2. Managing risk of transition in relation to suicide prevention planning

Context

Within the ADF population, ADF members transitioning from military service represent a group that are particularly at risk of suicide and other mental illness. The Mental Health and Wellbeing Transition Study,¹¹² examined the impact of military service on the mental, physical and social health of ex-ADF members. The study highlighted a number of key facts to demonstrate the increased mental health and suicide risk of this group transitioning into civilian life:

- An estimated one in five of the transitioned ADF personnel reported some form of suicidal ideation, plans or attempts in the last 12 months. More than a quarter reported they felt their life was not worth living and one in five reported they felt so low that they thought about death by suicide
- Transitioning ADF, who are Ex-Serving, had high rates of anxiety disorders, affective disorders, alcohol disorders compared to both Inactive and Active Reservists
- Transitioning ADF members were also most likely to report posttraumatic stress symptoms and psychological distress compared to Inactive and Active Reservists.

While a number of these mental illnesses increase with years since transition, the highest reported rates of mental health disorders and suicide occur over the first three to five years post transition. The study further found that those who transitioned three to five years ago also reported significantly higher levels of post-traumatic stress symptoms, with the greatest increase in symptoms observed at three years post transition. Moreover, suicidality increased with the years since transition, peaking at three years post transition.

There are further subgroups within the transitioning ADF population that are also at high risk of mental health disorders. These subgroups include:

- Early service leavers, generally defined as those who leave before completing their minimum three to four and a half years of service
- Those who leave at short notice with little time to plan the transition to civilian life (those whose military career was cut short by redundancy or medical or disciplinary discharge)
- Transitioned ADF who have been deployed compared to those who had not
- Those who are unemployed, have contact with the justice system or experience unstable housing.

Implications

Develop tailored strategies for at-risk subgroups of the ADF to enhance transition into civilian life, taking into account holistic health needs.

In light of the above findings, DVA should consider ways to enhance support activities to assist ADF members transitioning into civilian life, paying particular attention to at-risk groups and providing a stronger level of support in the first five years of transition. Focusing support at a high-risk time, alongside more targeted services and regular communication between the DVA, veterans and their

¹¹² Australian Government Department of Veterans' Affairs, 2018, *Transition and Wellbeing Research Programme, Mental Health and Wellbeing Transition Study*, viewed July 2019, <http://www.defence.gov.au/Health/DMH/Docs/180502_Mental_Health_Prevalence_Technical_Report-Final.pdf>.

families, may help to reduce the onset of potential mental illness among at-risk populations and promotes early intervention.

Moreover, given that the most commonly reported reasons for leaving the ADF relate to family and lifestyle, effect on health, and to improve career prospects in the civilian domain,¹¹³ consideration should be given to promoting holistic transitioning services that can facilitate a smoother transition process into civilian life, for example, employment services for transitioning veterans and mental health care support for families.

Close attention should be paid to learnings from the suicide prevention trial “Operation Compass” that was discussed in Section 4.3, given its comprehensive nature of services. Acknowledging that Townsville has a uniquely large population of Veterans,¹¹⁴ learnings from the trial could be adapted and rolled out to other Australian sites as appropriate.

3. Leverage community networks

Context

The *Veteran Mental Health Strategy* refers to strengthening partnerships to help improve mental health and wellbeing, including with Ex-Service Organisations (ESOs) and the community. There are a number of ESOs that veterans can access in order to support their transition into civilian life. Examples of ESOs include Defence Families Australia, Mates4Mates, Partners of Veterans Association of Australia, among others. Being closely linked to ESOs, and having more support during transition, can help reduce the risk of veteran suicide.

Implications

Leverage available support networks as much as possible to provide a concerted and coordinated service offering for veterans.

Given the potential for the veteran population to be better connected to support services compared to the general Australian population, DVA should leverage ESO networks as much as possible to provide a concerted and coordinated service offering for veterans.

While ESOs remain an integral part of these support services to Veterans, particularly older Veterans, DVA should be cognizant that younger veterans are less frequently becoming ESO members.¹¹⁵ To reach this younger veteran group, more creative ways of engaging and supporting these veterans should be considered. Young veterans tend to associate more with activity-based organisations such as Soldier On. Moreover, younger veterans are more likely to be engaged through online measures compared to older veterans. Improving networks with like-minded people who understand military culture and experience can help to overcome stigma, promote open, honest conversations and encourage veterans to seek help if they are in need.

¹¹³ Ibid.

¹¹⁴ PHN Northern Queensland, 2016, *Townsville veteran suicide role appointed*, viewed July 2019, <<https://www.nqphn.com.au/townsville-veteran-suicide-role-appointed/>>.

¹¹⁵ Australian Government Department of Veterans' Affairs, 2009, *Independent Study into Suicide in the Ex-Service Community*, viewed July 2019, <<https://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/healthstudies/Dunt%20Suicide%20Study%20Jan%202009.pdf>>.

5. Key reform 2: Integrated service planning and delivery

5.1 The need for integration

Achieving integrated service planning and delivery is a key goal of the *National Mental Health Strategy* and has been incorporated into all national mental health plans. The NMHC's *Contributing Lives, Thriving Communities Review* highlighted the fragmented and complex nature of the Australian mental health system and presented a strong case for reform to redesign the system to focus on the needs of users and respond to whole-of-life needs. It suggested that both levels of government too often make decisions about programs and services without appropriate consultation, planning and co-design, and fail to address the critical issue of system design. In its response, the Australian Government acknowledged that previous attempts at integration have focused at the national or state level and have not readily translated into local service contexts. Their renewed efforts are now focused on a regional approach to integrated service delivery and planning, driven by PHNs.

Given that 54 per cent of people with mental illness do not access any treatment,¹¹⁶ there is only so much the health system can do to help those in need. The reliance on non-health supports such as education, housing, employment and social welfare, therefore, becomes increasingly more important. An integrated health system would facilitate greater linkages between health and broader social policy and provide a more holistic approach to total health and wellbeing.

Under the *Fifth National Plan*, integration represents the “flagship of actions” agreed by Governments. This section explores some of the recent initiatives to progress this objective, focusing on the role of PHNs in driving regional planning and system integration, the roll out of the NDIS, and the social determinants of health.

5.2 PHNs and integrating regional service planning and delivery

The NMHC's *Contributing Lives, Thriving Communities Review* considered a person-centred approach to health care to be the fundamental guiding principle for its recommendations. It advocates that a person-centred care approach puts the patient at the centre of the system, and services are planned around their needs through a stepped care model. In response to the *Contributing Lives, Thriving Communities Review*, the Australian Government committed to providing locally planned and commissioned mental health services through PHNs to offer more tailored health care and better meet the needs of local communities.

Since July 2016, PHNs have been driving reform through a more regional, integrated approach to mental health service planning and delivery, in partnership with State and Territory Governments, non-government and community organisations. A flexible funding pool has been established which allows PHNs to commission services designed around local needs. It is important to note that PHNs do not directly provide health care services, but rather, they plan and commission services through partnerships with government, NGOs, community organisations and in collaboration with LHNs.

5.2.1 Joint regional mental health and suicide prevention plans

Commonwealth, State and Territory Governments require LHNs and PHNs to jointly develop and publicly release joint regional mental health and suicide prevention plans by mid-2020.¹¹⁷ Western Queensland PHN is the only PHN to have released a regional plan for mental health, suicide

¹¹⁶ Black Dog Institute, 2018, *Facts and figures about mental health*, viewed July 2019, <https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=10>.

¹¹⁷ Australian Government Department of Health, 2018, *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs)*, viewed July 2019, <[https://www1.health.gov.au/internet/main/publishing.nsf/Content/68EF6317847840E3CA25832E007FD5E2/\\$File/Regional%20Planning%20Guide%20-%20master%20at%202023%20October.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/68EF6317847840E3CA25832E007FD5E2/$File/Regional%20Planning%20Guide%20-%20master%20at%202023%20October.pdf)>.

prevention, alcohol and other drug services to date. Of the PHNs surveyed in the NMHC's 2018 Progress Report, Murrumbidgee PHN reported their progress as "ahead of schedule", 17 PHNs reported their progress as "on track" while eight reported their progress as "behind schedule".

The purpose of the regional plan is to:

1. Embed integration of mental health and suicide prevention services and pathways for people suffering from or are at risk of mental illness through a whole of system approach
2. Drive and inform evidence-based service development to address identified gaps and deliver on regional priorities.

Key areas of focus for joint regional and suicide prevention plans include better coordination of services for people with severe and complex mental illness, a systems-based approach to suicide prevention, improving Aboriginal and Torres Strait Islander mental health and suicide prevention, and improving the physical health of people living with mental illness.

The plans are also expected to link with broader Commonwealth-State agreements, such as the *National Psychosocial Support Measure* and the *National Disability Agreement*. To assist in planning, the Australian Government Department of Health has funded the development of the *National Mental Health Service Planning Framework*, a population-based planning tool designed to identify service demand to help coordinate and resource mental health services across regions.¹¹⁸ The framework includes an excel-based planning tool that allows users to estimate need, expected demand and level for mental health services necessary for a given population, along with a detailed taxonomy and definition of service types and nationally consistent language for mental health services.

5.3 The National Disability Insurance Scheme

The NDIS is one of the largest social reforms in recent history in Australia that has transformed the way in which disability support services are accessed. The scheme was recommended off the back of a Productivity Commission Report, the *Disability Care and Support Inquiry Report*,¹¹⁹ which found the disability support system at the time was fragmented, underfunded and gave people little choice in how they accessed appropriate supports. The Report proposed a new national scheme based on insurance principles which highlight the need to invest in health early, taking a lifetime approach and promoting effective support design and delivery. The main function of such a scheme, it posited, would be to support people with a disability to increase their independence and help them participate in community and working life.

The Australian Government subsequently began working with states and territories to establish the foundations of the NDIS.¹²⁰ The NDIS was established under the *National Disability Insurance Scheme Act 2013* (NDIS Act) and a trial phase was launched from July 2013.

¹¹⁸ Australian Government Department of Health, 2019, *Introduction to the NMHSPF*, viewed July 2019, <https://nmhspf.org.au/wp-content/uploads/2019/01/Introduction-to-the-National-Mental-Health-Service-Planning-Framework_2019.pdf>.

¹¹⁹ Australian Government Productivity Commission, 2011, *Disability Care and Support*, viewed July 2019, <<https://www.pc.gov.au/inquiries/completed/disability-support/report>>.

¹²⁰ Parliament of Australia, 2016, *The National Disability Insurance Scheme: a quick guide*, viewed July 2019, <https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1617/Quick_Guides/DisabilityInsuranceScheme>.

5.3.1 Accessing the NDIS by individuals

The NDIA estimates that at full rollout, 460,000 people will be participants in the NDIS, with 64,000 people having a psychosocial disability and requiring support.¹²¹ Individuals wishing to access the scheme must provide evidence that:

- Their mental health condition has caused difficulties in their everyday life
- The difficulties they experience as a result of their mental health condition mean they will likely always require NDIS support
- The difficulties they experience as a result of their mental health condition have substantially reduced their ability to complete everyday activities.

Additionally, NDIS participants must:

- Be an Australian citizen, or have a permanent or Special Category Visa
- Be under 65 years old when applying to join
- Live in an area where the NDIS is available.

5.3.2 Level of support provided by the NDIS

The level of support provided is based on the extent to which the mental health condition impairs an individual's daily life. There are two main types of support available through the NDIS to those living with a psychosocial disability:¹²²

1. Non-clinical support services such as those targeted at enabling people with a mental illness or psychiatric condition to participate in community, social and economic activities in their daily life
2. Linking those with a disability to other government services and community-based support through local area coordination, allowing people to maximise the choice and control of what services they use.

The National Psychosocial Support measure provides psychosocial support services to assist people with severe mental illness and reduced psychosocial capacity who are not appropriately funded through the NDIS.¹²³

The NDIS was not designed to replace community health services or treatments provided through the health system; rather, it is designed to fund support services that assist participants in their day-to-day lives and can also provide support to access community services.

The roll out of the scheme has been complex due to the late inclusion of mental health in the design of the scheme, as well as unclear responsibilities between health systems and across government.¹²⁴ Until recently, the mental health and disability sectors were not well integrated, with different funding measures, governance structures and delivery methods in operation.¹²⁵ The NDIS acts to bring the two sectors closer together. If individuals are deemed ineligible to access the NDIS, the NDIS can still offer assistance to link individuals to other support services, acting as a key

¹²¹ Ibid.

¹²² Australian Government Department of Human Services, 2019, *NDIS mental health access*, viewed July 2019 <<https://www.ndis.gov.au/understanding/ndis-and-other-government-services/mental-health>>.

¹²³ Australian Government Department of Health, 2019, *The National Psychosocial Support Measure*, viewed September 2019 <<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-n-national-psychosocial-support-measure>>.

¹²⁴ National Mental Health Commission, 2018, *Monitoring mental health and suicide prevention reform: National Report 2018*, viewed July 2019,

<<http://www.mentalhealthcommission.gov.au/media/245211/Monitoring%20Mental%20Health%20and%20Suicide%20Prevention%20Reform%20National%20Report%202018.pdf>>.

¹²⁵ Ibid.

conduit for people to navigate the health system and ensuring smoother patient interactions between service providers.

5.4 Whole of system integration and the social determinants of health

*“Some of the most powerful root causes of health inequalities are the social conditions in which people are born, grow, work, live and age, as well as the systems that shape the conditions of daily life”.*¹²⁶

These elements are collectively known as the social determinants of health. Such an approach to health care recognises the interdependencies between health and social policy and the need for greater systems integration. This symbiotic relationship between mental health and other social welfare, economic and environmental factors means that investments in health policy reform can come from outside of the health system and vice versa. For example, a mental illness may require a range of different interventions across an individual’s lifetime. Mental illness may also be associated with a higher prevalence of alcohol and drug use, homelessness, domestic violence, disrupted education, social exclusion and unemployment, reinforcing the need for broad based interventions and systems thinking.¹²⁷ Strategies that increase the community’s social cohesion and take into account a more holistic view of mental health and wellbeing have proven to be effective in contributing to a consumer’s recovery and their ability to lead a healthy and fulfilling life.¹²⁸

5.4.1 Moving towards a whole-of-system integrated approach to mental health care

Moving towards greater systems integration is a key goal of the *National Mental Health Strategy* and has been incorporated into all previous National Mental Health Plans. Under the *Fifth National Plan*, PHNs have been tasked with leading much of this integration effort. This approach marks a significant shift from the previous “top-down” style of delivery, with the focus now being on fostering an enabling environment for PHNs to advance joint regional planning and initiatives, as discussed above.

Under the National Health Reform Agreement, LHNs and PHNs are expected to work together under all nine Australian State and Territory Governments in terms of sharing data, analysing joint needs and identifying duplication, inefficiency and gaps. The Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services guide was produced to support PHNs and LHNs foundation plans. The foundation plans focus on working together to identify service gaps, shared priorities and to make better use of available resources to meet regional needs in the short term. The foundation plans will be expected to be publicly released by mid-2020.¹²⁹

The NMHC’s 2018 Progress Report of the *Fifth National Plan* highlights a number of initiatives being commissioned at the local level to foster greater linkages between the health sector and broader social policy and improve the physical health of people living with a mental illness including:

- Smoking cessation program for people living with a mental illness
- Collaborative Care Plans for patients engaged with multiple service providers, increasing capacity of mental health service providers and strengthening collaboration between health and social support services

¹²⁶ Ibid.

¹²⁷ Australian Government Department of Health, 2019, *Reform and System Transformation - A five-year horizon for PHNs*, viewed July 2019, <[https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/\\$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf)>.

¹²⁸ Ibid.

¹²⁹ Australian Government Department of Health, 2018, *The Joint Regional Planning for Integrated Mental Health and Suicide- Prevention Services*, viewed September 2019, <[https://www1.health.gov.au/internet/main/publishing.nsf/Content/68EF6317847840E3CA25832E007FD5E2/\\$File/Regional%20Planning%20Guide%20-%20master%20at%202023%20October.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/68EF6317847840E3CA25832E007FD5E2/$File/Regional%20Planning%20Guide%20-%20master%20at%202023%20October.pdf)>.

- Education and training initiatives for GPs about the management of physical health issues for those living with a mental illness
- Peer-led healthy living initiatives aimed at improving the physical health of people living with a mental illness.

Some of the broader initiatives aimed at promoting mental health and wellbeing and fostering greater linkages between the health sector and social policy include:

- **Integrating Australia's housing and mental health support systems**¹³⁰ - Examines the issues and policy levers required to provide better housing and services for people with experience of mental illness and highlights the strong correlation between mental health and housing. It recommends better policy integration between social housing and the health system.
- **The social and economic benefits of improving mental health**¹³¹ - The Productivity Commission's issues paper examines the social and economic impact of mental health to the Australian economy. In 2014-2015, four million Australians experienced a mental health disorder, affecting their living standards, social engagement and economic participation. The final report is expected to be delivered to Government in May 2020.
- **Economics of Mental Health in Australia**¹³² - A project by the NMHC that seeks to elevate mental health on the economic agenda. It aims to build on the evidence-base of early intervention and prevention activities to demonstrate how investing early on can save the health system down the track and also reap social and economic benefits from increased productivity.
- **National Contributing Life Survey Project**¹³³ - The NMHC created the "Contributing Life Framework" using the social determinants of health to inform a holistic, whole-of-life, approach to mental health care. A "contributing life" is defined as "a life enriched with close connections to family and friends; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose - whether it be a job, supporting others or volunteering; and a home to live in and being free from financial stress and uncertainty."
- **Equally Well Consensus Statement**¹³⁴ - The *Fifth National Plan* has seen all Governments commit to the Equally Well Consensus Statement, which advocates for a holistic, person-centred approach to physical and mental health and well-being. The statement outlines the associated impacts of mental ill-health such as homelessness, exposure to violence and abuse, unemployment, lack of education and social exclusion. Fostering a more integrated health system where social, physical and mental health services interact, can help reduce hospital admissions and relieves pressure from the health system as a whole.
- **Mentally Healthy Workplace Alliance**¹³⁵ - A national approach to promoting mental health and wellbeing in the workplace and fostering healthy working environments. The initiative recognises that mental health is not just important at an individual level but also good for business and productivity.
- **My Health Record**¹³⁶ - An online summary of key health information specific to an individual, accessible through a secure online portal. The centralisation of personal health data helps

¹³⁰ Australian Housing and Urban Research Institute, 2018, *Housing, homelessness and mental health: towards systems change*, viewed July 2019, <https://www.ahuri.edu.au/__data/assets/pdf_file/0030/29739/PES-Integrating-Australia-housing-and-mental-health-support-systems.pdf>.

¹³¹ Australian Government Productivity Commission, 2019, *The Social and Economic Benefits of Improving Mental Health*, viewed July 2019, <<https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>>.

¹³² National Mental Health Commission, 2018, *Economics of Mental Health in Australia*, viewed July 2019, <www.mentalhealthcommission.gov.au/our-work/update-economics-of-mental-health-in-australia.aspx>.

¹³³ National Mental Health Commission, 2014, *National Contributing Life Survey Project*, viewed July 2019, <<http://www.mentalhealthcommission.gov.au/our-work/national-contributing-life-survey-project.aspx>>.

¹³⁴ National Mental Health Commission, 2016, *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*, viewed July 2019, <<https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf>>.

¹³⁵ National Mental Health Commission, 2018, *Mentally Healthy Workplace Alliance*, viewed July 2019, <www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance.aspx>.

¹³⁶ Australian Government Australian Digital Health Agency, 2019, *My Health Record*, viewed July 2019, <<https://www.myhealthrecord.gov.au/>>.

create a more holistic picture of an individual's health circumstances, making the links between physical and mental health much clearer to both consumers, carers and health professionals.

- **Other e-health initiatives** - Including: the Department of Health's e-Mental Health Strategy¹³⁷, which sets out a long term vision for developing an accessible and high quality e-mental health care system; online training modules for health care professionals such as e-mental health in practice (eMHPPrac)¹³⁸; and mental health record improvements made by State and Territory Governments.

While there are a number of positive initiatives being implemented, these programs are very localised and a whole of system integrated approach to mental health care appears some way away from being fully realised.

5.5 The stepped care model

The stepped care model is central to the Australian Government's mental health reform agenda and forms a key element of service redesign. Stepped care is a staged system of interventions, ranging from low intensity to high levels of care, that are matched to an individual's needs, allowing for a more tailored approach to providing support services.¹³⁹ In a stepped care approach, a person presenting to the mental health system does not need to enter at the lowest level to then progress to the next "step"; rather they enter the system and have the service delivery aligned to their needs.

A stepped care approach to mental health care involves four key elements:

1. Stratification of the population into different "needs groups", ranging from whole of population needs for mental health promotion and prevention, through to those with severe, persistent and complex conditions
2. Setting appropriate interventions for each group
3. Defining a comprehensive "menu" of evidence-based services required to respond to the spectrum of need
4. Matching service types to the treatment targets for each needs group and commissioning/delivering services accordingly.

Figure 11 demonstrates the stepped levels of care, highlighting the services that are relevant, the actions that are necessary, and the typical workforce requirements for each 'step' of the model. Figure 11 has been adopted from the *Fifth National Plan* and the PHN Primary Mental Health Care flexible Funding Pool Implementation Guidance report.¹⁴⁰

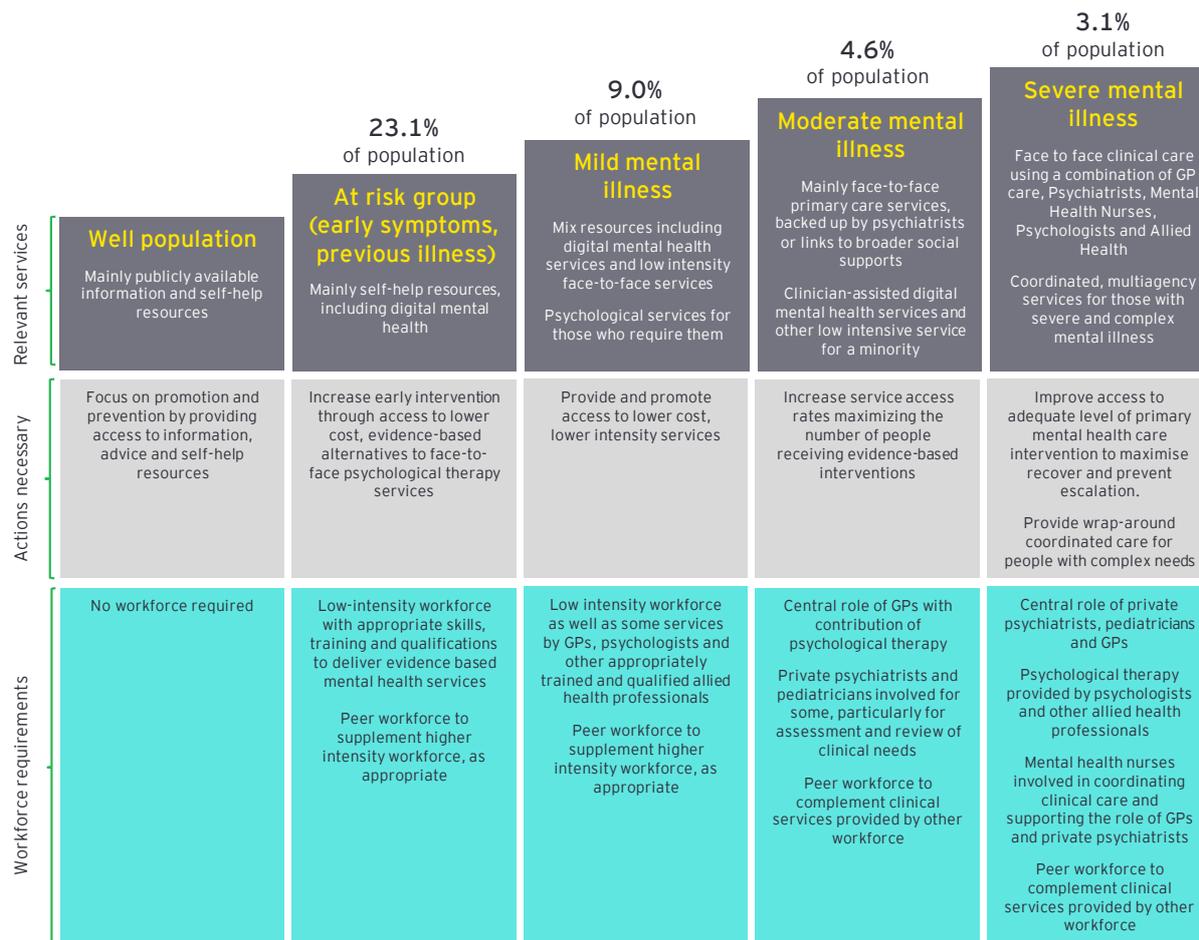
¹³⁷ Australian Government Department of Health and Ageing, 2012, *E-Mental Health Strategy for Australia*, viewed August 2019, <[https://www1.health.gov.au/internet/main/publishing.nsf/Content/7C7B0BFEB985D0EBCA257BF0001BB0A6/\\$File/emstrat.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/7C7B0BFEB985D0EBCA257BF0001BB0A6/$File/emstrat.pdf)>.

¹³⁸ E-Mental Health in Practice, 2019, *About*, viewed August 2019, <<http://www.emhprac.org.au/about/>>.

¹³⁹ Australian Government Department of Health, 2016, *PHN Primary mental health care flexible funding pool implementation guidance*, viewed July 2019, <[https://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/1PHN%20Guidance%20-%20Stepped%20Care.PDF](https://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/1PHN%20Guidance%20-%20Stepped%20Care.PDF)>.

¹⁴⁰ Australian Government Department of Health, 2019, *PHN Primary Mental Health Care Flexible Pool Implementation Guidance*, viewed September 2019, <[https://www1.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/\\$File/1PHN%20Guidance%20-%20Stepped%20Care.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/$File/1PHN%20Guidance%20-%20Stepped%20Care.pdf)>.

Figure 11: Stepped care model¹⁴¹



The stepped care model was adopted by the Australian Government in its response to the NMHC's *Contributing Lives, Thriving Communities Review*, acknowledging that a “one size fits all” approach at the time was resulting in consumers not receiving the level of support they needed. The stepped care approach is a core element of the government’s commitment to deliver a more person-centric health system by designing services around people’s need and matching them to the right level of support. It also promotes early intervention to reduce the impact of mental illness over an individual’s lifespan.

5.6 Implications for DVA - Key reform 2: Integrated service planning and delivery

This section will consider implications for the DVA in relation to better integration of service delivery and planning.

¹⁴¹ Adapted from COAG Health Council, 2017, *The Fifth National Mental Health and Suicide Prevention Plan*, viewed July 2019, <<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>>.

5.6.1 Recent developments

DVA has recognised the importance of integrated service delivery in its *Veteran Mental Health Strategy* and this is embedded in the principles underpinning their six strategic objectives.

The *Mental and Social Health Action Plan*¹⁴² sits within the strategic framework of the mental health strategy and the social health strategy. It includes objectives from both strategies, recognising that social determinants of health play an integral role in overall health and wellbeing. Some of the initiatives DVA have implemented in 2015 and 2016 include:

- Expanding access to the Veterans and Veterans Families Counselling Service (now Open Arms)
- Increasing access to non-liability mental health care
- Implementing a new physical and mental health assessment for ex-serving personnel from their GP
- Funding a grant to support children of current and former serving members of the ADF with a mental health condition.

5.6.2 Implications for future planning for DVA

1. Enhance transition arrangements

Context

One of the most striking findings of the NMHC's *Review into Suicide and Self-Harm Prevention Services for ADF Members* was the need for DVA and Defence to work collaboratively together to ensure seamless transition arrangements from current serving to former serving members. The NMHC's Review detailed feedback around the effectiveness of services and supports for people transitioning out of the ADF. The Review found many former serving members feel disengaged from the ADF community following discharge, which increases the risk of isolation, mental health problems and potentially even suicidal thoughts. The Review recommended that transition supports could better engage with former members and their holistic needs to improve their access to the appropriate services.

Implications

Foster greater collaboration between ADF and DVA to ensure a smoother process for personnel transitioning into civilian life.

The *Australian Government's response to the Review into Suicide and Self-Harm Prevention Services for ADF Members* lists seamless transition as a key focus area for future planning. To build on this commitment, the DVA should include enhancing transition arrangements as a strategic objective in an updated *Veteran Mental Health Strategy*.

Such an objective should consider how ADF and DVA could work more collaboratively together to develop a unified system that breaks down the siloed approach currently experienced by current and former serving members and their families. The *Pathways to Care*¹⁴³ study recommended transition planning arrangements should begin during service with consideration of how to prepare current serving members for civilian life in advance of their separation, as well as commissioning

¹⁴² Australian Government Department of Veterans' Affairs, 2015, *Mental and Social Health Action Plan 2015 and 2016*, viewed July 2019, <https://www.dva.gov.au/sites/default/files/files/publications/health/mental-social_health_action_plan.pdf>.

¹⁴³ Australian Government Department of Veterans' Affairs, 2018, *Transition and Wellbeing Research Programme: Pathways to Care*, viewed July 2019, <https://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/research_dev/socialresearch/twrp_pathways.pdf>.

services across ADF and DVA to ensure continuity of care for those transitioning from ADF-funded services to DVA-funded services.

2. Promote total wellbeing

Context

The *Veteran Mental Health Strategy* acknowledges the broader social contexts of health and wellbeing and how broader physiological and environmental factors may interplay with mental health. Since the publication of the *Veteran Mental Health Strategy* in 2013, the department has shifted their focus from veteran “illness” to their “wellbeing” - a holistic approach that recognises the social determinants of health. The veteran wellbeing model sees veteran wellbeing at the centre of service delivery and includes seven domains of veteran wellbeing - health, education and skills, housing, social support, employment, income and finance and recognition and respect. This model aligns with the commitments made under the *Fifth National Plan* to provide a more holistic system of supports to promote total wellbeing.

Implications

Champion the total wellbeing model to promote a holistic, person-centred system of supports and services.

The wellbeing model should be the platform for which DVA builds on future reform and improvements in service delivery, connecting veterans and their families with a holistic system of supports and services. The DVA should include specific reference to this model in an updated strategy, with accompanying actions to highlight how policy levers may interplay across each of the seven domains of veteran wellbeing. Such a model would promote better service integration and align with existing coordination of care initiatives.

DVA is in a strong position to champion this integrated service model going forward, compared with the broader health system, due to the cohesive suite of services it provides to a targeted population.

3. Align mental health and social health strategies

Context

There is considerable literature that supports the need for broad based interventions across the social and health systems to promote holistic wellbeing, as outlined above. DVA recognises this importance through its wellbeing model and the creation of a separate social health strategy.

Implications

Merge objectives from both the mental health and social health strategies into a combined Veteran Mental Health and Wellbeing Strategy.

Given the shift of focus from illness treatment to promoting holistic wellbeing through early intervention and prevention, it is recommended an updated strategy should combine the mental health and social health strategies into a single document.

Synergies already exist between the strategies, as well as some duplication. A combined strategy would allow for greater alignment of objectives and a more holistic approach to advance veteran mental health, wellbeing and suicide prevention activities, whilst recognising the social determinants of health and promoting a more integrated service delivery model.

4. Strengthen stepped care approach to mental health

Context

As mentioned above, the stepped care model is a key reform stemming from the NMHC's Review into mental health programmes and services. While there is reference to a stepped care model in the *Veteran Mental Health Strategy*, the *Review into Suicide and Self-Harm Prevention Services for ADF Members* highlighted the absence of a stepped care approach resulted in service gaps, suggesting there may be a disconnect between strategy and implementation. The Review recommended greater diversity of services in early intervention was needed to better match the service response to former ADF personnel needs.

Implications

Strengthen the stepped care model of service delivery, with a focus on early intervention and prevention.

DVA should consider emphasising the stepped care model of delivery in future iterations of a *Veteran Mental Health Strategy* to align service delivery with enhancements in the broader Australian health system. Such an approach would assist in providing an appropriate level of care matched to an individual's need at the right time. This should be accompanied by priority actions to strengthen the effectiveness of implementation to ensure strategic objectives translate into improved on-the-ground service delivery.

The stepped care approach should also consider how to leverage integration across sectors including public and private health services, community-based health care, as well as non-clinical services such as employment and education. DVA could consider the stepped care model in relation to its existing case management and care coordination systems to determine how services may be better targeted and aligned with individual need.

5. Case Management

Context

While integrated care coordination is acknowledged in the *Veteran Mental Health Strategy* in relation to promoting a recovery culture, navigating the mental health system for veterans and their families still remains a challenging task. There are limited support services for veterans to navigate the mental health system upon leaving the ADF, which creates added pressure for those already facing mental health issues.

Implications

Strengthen case management to provide better coordination of care.

DVA should consider developing a centralised case management program, or make enhancements to existing coordination of care arrangements in its strategy, to promote continuity of care and integrated service delivery. While noting case management is offered through the DVA's Open Arms service, a service gap exists in providing centralised case management services. The case management services offered through the ADF could serve as a model for DVA to enhance their coordination of care, promoting ease of transition for servicemen and women to navigate the health system. Such a service would offer a central liaison point to connect clients to a broader system of supports, including those outside of the health system such as social support services.

6. Key reform 3: Improving quality of care

6.1 The need for reform in quality of care

Making safety and quality central to mental health service delivery is a key priority of the *Fifth National Plan*. It is essential that safety and quality are embedded in the health system to ensure patients are provided with effective care which in turn improves health outcomes.

The NMHC's *Contributing Lives, Thriving Communities Review* considered a person-centred approach to health care to be the fundamental principle guiding its recommendations. The Review outlined four principles of a person-centred system:

- Focus on early intervention at any age or stage of life
- Address social and economic determinants of mental health
- Ensure a stepped care service model
- Ensure continuing connection with family of choice, social network, job or education.

This section explores some of the key initiatives that have been introduced to improve safety and quality in the Australian mental health system. It first outlines the role of the Australian Commission on Safety and Quality in Health Care (ACSQHC) and discusses key developments in national frameworks and safety standards. It then describes the stepped care model and its role in delivering a person-centred system better tailored to consumer needs. The section also highlights the shift away from intensive treatments to focus service delivery on early intervention and prevention activities, coordinating treatment for those with severe and complex mental illness and summarises some of the key developments in mental health workforce reform activities.

6.2 Safety and quality at the centre of mental health service delivery

The ACSQHC was established by COAG in 2006 to lead and coordinate national improvement in safety and quality in health care to deliver better health outcomes, improve value and sustainability of the health system and enhance patient experiences.¹⁴⁴ The ACSQHC has a strong commitment to promoting safety and quality in mental health services, and in 2011, established the Mental Health Team to encourage a more integrated focus across existing programs and initiatives. Some of the key initiatives of the ACSQHC include:

- **National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state**¹⁴⁵ - Provides guidance to health care providers to ensure they can effectively recognise and respond to a deterioration in an individual's mental health state. The ACSQHC intends to build on this work by partnering with key stakeholders to develop resources to support the implementation of principles outlined in the Consensus Statement.
- **Mental Health Advisory Group**¹⁴⁶ - In 2015, the ACSQHC established a Mental Health Advisory Group to provide advice, expertise and support to the ACSQHC's work, particularly in the areas of safety and quality in the delivery of health services.

¹⁴⁴ Australian Commission on Safety and Quality in Health Care, 2019, *About us*, viewed July 2019, <<https://www.safetyandquality.gov.au/about-us>>.

¹⁴⁵ Australian Commission on Safety and Quality in Health Care, 2017, *National consensus statement: essential elements for recognising and responding to acute physiological deterioration second edition*, viewed July 2019, <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Consensus-Statement-clinical-deterioration_2017.pdf>.

¹⁴⁶ Australian Commission on Safety and Quality in Health Care, 2015, *Mental health advisory group*, viewed July 2019, <<https://www.safetyandquality.gov.au/our-work/mental-health/mental-health-advisory-group>>.

- **Australian Health Service Safety and Quality Accreditation Scheme (AHSSQA)¹⁴⁷** – The AHSSQA Scheme provides for the national coordination of accreditation processes. Improvement across the health care system can be achieved through assessment feedback and be used to update the National Safety and Quality Health Service Standards to identify areas where health services may require additional support or tools.
- **Medication Safety in Mental Health¹⁴⁸** – The ACSQHC commissioned a study into medication safety issues in mental health settings. The report found that existing medication safety practices may not be widespread in Australia and identified areas where further improvements can be made, particularly in the process of prn (pro re nata or “as required”) medications and the monitoring of long-term side effects of medication.

6.2.1 National Standards and the National Safety and Quality Framework

Australia has two sets of national standards that apply to mental health service provision:¹⁴⁹

- **National Standards for Mental Health Services** – First released in 1996 and subsequently updated in 2010, the National Standards for Mental Health Services provide a robust framework to uphold high standards of safety and quality in the provision of mental health services across government, non-government and private sectors in Australia.
- **National Safety and Quality Health Service Standards** – Developed by the ACSQHC in collaboration with the Commonwealth, States and Territories, the standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations, aim to protect the public from harm and improve the quality of health service provision. The standards provide a quality assurance mechanism that tests whether relevant processes and systems are in place to ensure the expected standards of safety and quality in health care are met.

Health care providers reported that being accredited by both standards was “unduly burdensome”, highlighted significant duplication and said that neither standard alone was enough to guarantee safety and quality in mental health services.¹⁵⁰ The ACSQHC worked with stakeholders to update the National Safety and Quality Health Service Standards NSQHS Standards (second edition) to address these safety gaps. They have subsequently developed a document (*Map of the National Safety and Quality Health Service Standards (second edition) with the National Standards for Mental Health Services*) to demonstrate the alignment between the two standards.¹⁵¹

Complementing the national standards is the *Australian Safety and Quality Framework for Health Care*, which was endorsed by Health Ministers in 2010. The Framework defines three core principles for safe and high-quality care: that care is consumer centred, driven by information and organised for safety.¹⁵² The framework covers provision for all health care services and is particularly relevant to consider in the context of safety and quality in mental health care, as the

¹⁴⁷ Australian Commission on Safety and Quality in Health Care, 2019, *Australian Health Service Safety and Quality Accreditation Scheme*, viewed July 2019, <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/australian-health-service-safety-and-quality-accreditation-scheme>>.

¹⁴⁸ Australian Commission on Safety and Quality in Health Care, 2017, *Medication safety in mental health*, viewed July 2019, <<https://www.safetyandquality.gov.au/sites/default/files/migrated/Medication-Safety-in-Mental-Health-final-report-2017.pdf>>.

¹⁴⁹ COAG Health Council, 2017, *The Fifth National Mental Health and Suicide Prevention Plan Implementation Plan*, viewed July 2019, <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan_Implementation%20Plan.pdf>.

¹⁵⁰ Australian Commission on Safety and Quality in Health Care, 2018, *Map of the National Safety and Quality Health Service Standards (second edition)*, viewed July 2019, <<https://www.safetyandquality.gov.au/sites/default/files/migrated/Map-of-the-second-edition-of-the-National-Safety-and-Quality-Health-Service-Standards-with-the-National-Standards-for-Mental-Health-Services.pdf>>.

¹⁵¹ Ibid.

¹⁵² Australian Commission on Safety and Quality in Health Care, 2019, *Australian Safety and Quality Framework for Health Care*, viewed July 2019, <<https://safety.testingarea.com.au/national-priorities/australian-safety-and-quality-framework-for-health-care/>>.

framework can be used by health care providers as a basis for strategic and operational safety and quality plans.

Building on the framework, in 2012, Australian Health Ministers agreed to the first set of *Australian Safety and Quality Goals for Health Care* to support a vision for a safe and high-quality health system:

- **Safety of care** - consumers receive health care without experiencing preventable harm
- **Appropriateness of care** - consumers receive appropriate, evidence-based care
- **Partnering with consumers** - Ensuring there are effective partnerships between consumers, health care providers and organisations across health care provision, planning and evaluation.

The goals are embedded in health reform and are accompanied by an action guide that describes some of the outcomes that could be achieved and activities to be undertaken to support improvements against each of the goals.¹⁵³ The *Fifth National Plan* highlights the need for future work in enhancing safety and quality in the mental health sector to align with the work of the ACSQHC, whilst also acknowledging the need for greater consistency in mental health legislation between states and territories. Information about health system performance indicators is discussed in Section 7.

6.2.2 PHN Program Performance and Quality Framework

The Australian Government Department of Health implemented the *PHN Program Performance and Quality Framework* from July 2018. The Framework provides a structure for monitoring and assessing PHNs' individual performance and progress towards achieving outcomes. The Framework has three purposes:¹⁵⁴

1. Providing opportunities to identify areas for improvement for individual PHNs and the PHN Program
2. Supporting individual PHNs in measuring their performance and quality against tangible outcomes
3. Measuring the PHN Program's progress towards achieving its objectives of improving efficiency and effectiveness of medical services for patients and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

Specific indicators for mental health care are matched against four outcomes:

- **Improving access:** People in PHN region access mental health services appropriate to their individual needs
- **Coordinated care:** Health care providers in PHN region have an integrated approach to mental health care and suicide prevention
- **Quality care:** PHN commissioned mental health services improve outcomes for patients
- **Longer term outcome:** People in PHN region enjoy better mental health and social and emotional wellbeing.

There is a suite of 54 indicators under the framework that the Department of Health will use to monitor and assess progress to measure the performance of the PHN Program in meeting its objectives. The Department of Health also intends to establish PHN performance peer groups to compare results against different indicators between PHNs, allowing for the sharing of successes and challenges which could be used to help drive future improvements.

¹⁵³ Australian Commission on Safety and Quality in Health Care, 2019, *Australian Safety and Quality Goals for Health Care*, viewed July 2019, <<https://safety.testingarea.com.au/national-priorities/goals/>>.

¹⁵⁴ Australian Government Department of Health, 2018, *PHN Program Performance and Quality Framework*, viewed July 2019, <https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Performance_Framework>.

6.3 Early intervention and prevention

In its *Contributing Lives, Thriving Communities Review*, the NMHC asserts that one of the fundamental elements of the stepped care approach is prioritising delivery through general practice and the primary health care sector. The Review found that the greatest inefficiencies in the system were coming from providing acute and crisis response services when early intervention could have prevented the need for such costly services later on, whilst supporting people to maintain participation in civic life. It further recommended to “shift the pendulum in Commonwealth expenditure away from acute illness and crisis towards primary prevention, early intervention and a continuous pathway to recovery.”

Redistributing funding towards “upstream” services enables a stronger emphasis on early intervention and prevention activities through prioritising community-based and primary health care service delivery. Early intervention also includes services such as tele-health and e-health initiatives which empower consumers to seek help and resources and support themselves where appropriate. According to headspace, more than 75 per cent of mental health issues develop before a person turns 25.¹⁵⁵ Consequently, there has been a strong focus on youth mental health initiatives given the potential lifelong health and economic implications of early action.

Some of the key initiatives to support early intervention activities are outlined below:

- **Head to Health**¹⁵⁶ - A digital gateway that connects people to mental health services. The portal was launched by the Australian Government Department of Health in 2017 in response to the NMHC's *Contributing Lives, Thriving Communities Review*. It is designed to be the first point of information for people who may be suffering mild mental health issues or would like to learn about the different types of mental health support services available. Further information on the website is highlighted in Section 7.1.2.
- **Youth Mental Health and Suicide Prevention Plan**¹⁵⁷ - Announced in April 2019, the \$461 million *Youth Mental Health and Suicide Prevention Plan* is a new suicide prevention strategy which aims to reduce suicide, promote health and wellbeing and ensure better coordination of activities. The plan has three focus areas:
 - Strengthening the headspace network
 - Indigenous suicide prevention
 - Early childhood and parenting support.
- **Headspace**¹⁵⁸ - Established in 2006 to address a service gap of youth-specific mental health services, Headspace is an organisation focusing on early intervention to support young people at a crucial time of their lives and to promote wellbeing later in life. There are six types of support provided by Headspace:
 - Centres - Over 100 centres across Australia provide a space for young people to access youth-friendly health services, including mental health, physical and sexual health, alcohol and drug support and work and study advice.
 - eheadspace - A national online and phone support service, staffed by experienced youth mental health professionals that provides 12 - 25-year olds, their family and friends a safe, anonymous and flexible way to talk to a trained operator at a time and place convenient to them.
 - Headspace in schools - A workforce that partners with education and health sectors around the country to deliver programs and resources to promote mental health and wellbeing.

¹⁵⁵ Headspace, 2019, *Who we are*, viewed July 2019, <<https://headspace.org.au/about-us/who-we-are/>>.

¹⁵⁶ Australian Government Department of Health, 2019, *Head to Health*, viewed July 2019 <<https://headtohealth.gov.au/>>.

¹⁵⁷ Australian Government Department of Health, 2019, *Prioritising Mental Health - Youth Mental health and Suicide Prevention Plan*, viewed July 2019, <[https://www.health.gov.au/internet/budget/publishing.nsf/Content/B1C0B916EC3C0B44CA2583CA00115DAE/\\$File/Prioritising%20Mental%20Health%20%E2%80%93%20Youth%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf](https://www.health.gov.au/internet/budget/publishing.nsf/Content/B1C0B916EC3C0B44CA2583CA00115DAE/$File/Prioritising%20Mental%20Health%20%E2%80%93%20Youth%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf)>.

¹⁵⁸ Headspace, 2019, *Who we are*, viewed July 2019, <<https://headspace.org.au/about-us/who-we-are/>>.

- Work and study programs - Support to young people to plan a career, find employment or work towards further education, particularly for those who have been affected by mental health and may need an additional level of support not offered through traditional employment services.
 - National telehealth service - Provides young people in regional and rural areas access to psychologists via video consultations.
 - Headspace early psychosis - Supports young people experiencing or at risk of developing psychosis.
- **Community-based organisations** - The community-based sector is largely comprised of not-for-profit organisations providing prevention, early intervention, rehabilitation, psychosocial support and counselling services to help keep people well in the community. Some of the key organisations operating in this space are Beyond Blue,¹⁵⁹ Lifeline¹⁶⁰ and Black Dog Institute.¹⁶¹

6.4 Coordinating support for people with severe and complex mental illness

Recognising the varying needs of people suffering mental-ill health is essential in co-ordinating treatment: some people may experience episodic illness, while others may be more persistent. Therefore, a person-centred health system that can address the holistic needs of a patient and provide the appropriate level of care at the right time is essential in coordinating support for people with severe and complex mental illness and promoting a high-quality health system.

The Australian Government has tasked PHNs and LHNs to prioritise coordinated treatment for those living with severe and complex mental health conditions, and this is reflected in regional planning and service delivery (as discussed in Section 4). National guidelines are to be developed under the *Fifth National Plan* which will guide coordinated treatment to those living with severe and complex mental illness (reported as “on track” in the 2018 Progress Report). Joint regional plans are expected to enable opportunities for collaboration between PHNs and LHNs to develop joint services and pathways which support greater integration of service delivery and early intervention. Some of the achievements that have been reported to ensure coordinated support is provided to those with complex needs include:¹⁶²

- The National Psychosocial Support Measure which enables state and territory government health departments to provide non-clinical support for people with severe mental illness who may not be eligible for, or be appropriately supported by, the NDIS.
- Eleven PHNs have commissioned, or are in the process of commissioning, a review and redesign of mental health nursing services in their regions. The redesign will increase service access and improve flexibility in delivering mental nursing services to those living with severe or complex mental illness.
- Commissioning services for young people suffering from, or are at risk of, severe or complex mental illness.

State and Territory Governments have reported their strong partnerships with PHNs and LHNs are significant enablers to providing coordinated support to those living with severe and complex mental illness. Stepped care guidelines and the move towards a more patient-centric health system have also been a significant enabler to improving the quality of care in mental health services.

¹⁵⁹ Beyond Blue, 2019, *Beyond Blue*, viewed July 2019, <<https://www.beyondblue.org.au/>>.

¹⁶⁰ Lifeline, 2016, *Lifeline*, viewed July 2019, <<https://www.lifeline.org.au/>>.

¹⁶¹ Black Dog Institute, 2018, *About us*, viewed July 2019, <<https://www.blackdoginstitute.org.au/about-us/who-we-are>>.

¹⁶² National Mental Health Commission, 2018, *Fifth National Mental Health and Suicide Prevention Plan 2018 Progress Report*, viewed July 2019, <<http://www.mentalhealthcommission.gov.au/media/250552/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan%202018%20Progress%20r....pdf>>.

6.5 Mental health workforce development

Developing the mental health workforce is a priority for Australia. While there have been some increases in the size of the mental health workforce over recent years, there are still shortages in workforce supply across public, private and NGO mental health services.¹⁶³ There are unique challenges for different mental health specialities. There is a national shortage of nurses providing mental health care, as a result of the higher than average age of workers in the profession and difficulties in retaining staff. Psychiatrists and psychologists are also skewed towards major cities, exacerbating the issue of access to mental health care in regional areas.¹⁶⁴

Several key reform documents note workforce development as an area of focus. The *Fifth National Plan* lists workforce development as an action point, aiming to develop a workforce development program that will guide strategies to address future workforce supply requirements and drive the recruitment and retention of skilled staff. The *Contributing Lives, Thriving Communities Review* highlights the need to increase quality of care and workforce capacity for mental health programs and services, specifically in relation to early intervention planning.

Some State and Territory Governments have also recognised the need for mental health worker reform and have developed their own mental health workforce strategies. These strategies highlight the need for building the capacity of mental health workforce through training and education, and in improving availability, distribution and sustainability of the workforce to meet the demand for mental health services. Examples of such strategies are highlighted in the below box:

State and Territory mental health strategies:

- *Implementation Plan for the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022*
- *Victoria's 10 Year Mental Health Plan Mental Health Workforce Strategy, 2016*
- *Queensland Mental Health Alcohol and Other Drugs Workforce Development Framework 2016 - 2021*

Importantly, as highlighted above, there have been recent efforts in creating national standards for mental health services, which impact on workforce development. The National Safety and Quality Health Service Standards by the ACSQHC provide a nationally consistent statement about the level of care consumers can expect from health services including:

- Clinical governance standards
- Medication safety standards
- Comprehensive care standards.

These standards ensure adequate development of the mental health workforce in Australia, with accreditation being determined by state and territory regulators. The COAG Health Council agreed in 2017 to a process to revise the National Standards for Mental Health Services under the *Fifth National Mental Health and Suicide Prevention Plan* which will be its next stage of planning.

6.6 Implications for DVA - key reform 3: Improving quality of care

This section will consider implications relating to quality of care in mental health services for the DVA, in light of the above developments in the broader Australian health system.

¹⁶³ Victorian Government Department of Health, 2011, *National Mental Health Workforce Strategy*, viewed July 2019 <<https://www.aihw.gov.au/getmedia/f7a2eaf1-1e9e-43f8-8f03-b705ce38f272/National-mental-health-workforce-strategy-2011.pdf.aspx>>.

¹⁶⁴ Ibid.

6.6.1 Recent developments

Ensuring quality mental health care and strengthening workforce capacity are key strategic objectives of the *Veteran Mental Health Strategy*. The strategy aims to put patients at the centre of the health system and provide services that are evidence-based, efficient, equitable and timely.

Since the release of the strategy in 2013, there have been a number of positive initiatives aimed at improving quality of care. These include:¹⁶⁵

- Development of a road map which adopts a stepped care model for veteran mental health and wellbeing. This will align with the developments occurring in the Australian mental health system more broadly and aims to provide a more tailored approach to health care
- Veteran Centric Reform which aims to provide the veteran community with a greater standard of service, through reform of business processes and culture, and targeted ICT redevelopment
- An improved purchasing framework model for hospital outpatient programs, ensuring eligible personnel have access to a comprehensive range of quality and evidence-based outpatient services
- On base advisors assisting ADF members transitioning to civilian life, and providing information on services and support accessible through DVA and Open Arms
- Over 4,000 letters sent from the Secretary of DVA in 2015 and 2016 to recently separated ADF personnel, providing information about the services and support available from DVA and Open Arms
- Accreditation of Open Arms against the National Standards for Mental Health Services
- Expanding scope of client service delivery to increase the number of delivery sites and satellite centres.

These initiatives build on the already strong foundational work outlined in the *Veteran Mental Health Strategy* to improve quality of care. Through each of these initiatives, there is an opportunity to rationalise and align the activities at a strategic level across the department and consider potential linkages with developments in the broader Australian health system.

6.6.2 Implications for future planning for DVA

1. Improve access to mental health services and quality self-help initiatives

Context

In Australia, only one in 10 ADF members who recently transitioned out of the ADF chose to (or were able to) access veteran healthcare services.¹⁶⁶ There are a number of barriers impeding veteran access to quality care including stigma, lack of awareness of services available, difficult in locating a medical provider who will accept the scheduled DVA fee, and high demand and waiting times.

Moreover, the complexity, duplication and fragmentation of the transition process across Defence, DVA and Commonwealth Superannuation Corporation makes it difficult to navigate across systems. Access to services and entitlements can require members to complete complex paperwork and

¹⁶⁵ Australian Government Department of Veterans' Affairs, 2016, *Report on implementation of the Mental and Health Action Plan 2015 - 2016*, viewed July 2019, <<https://www.dva.gov.au/sites/default/files/files/publications/health/implementationmentalsocial.pdf>>.

¹⁶⁶ Australian Government Department of Veterans' Affairs, 2018, *Transition and Wellbeing Research Programme, Mental Health and Wellbeing Transition Study*, viewed July 2019, <http://www.defence.gov.au/Health/DMH/Docs/180502_Mental_Health_Prevalence_Technical_Report-Final.pdf>.

evidence gathering for multiple government agencies, which can be particularly hard to manage for members who are wounded, ill or injured.¹⁶⁷

Some members further experience delays in accessing entitlements and support services as a result of organisational timeframes and processes. This can impact wellness management and may result in members independently sourcing and/or paying for services that they are entitled to access free of charge.

Implications

Address barriers to access and boost self-help initiatives.

Future iterations of the *Veteran Mental Health Strategy* should include priority action items that aim to improve access and address potential barriers to mental health care for veterans and their families, particularly in relation to pricing. Pricing of services needs to be comparable to MBS, private health insurance and Defence Health's pricing, and should align with DVA's policy of no co-payment.

Additionally, service delivery timeframes should meet veterans' immediate mental health needs so veterans can access psychological and mental health care in a timely manner. Should veterans experience delays in healthcare access, alternative arrangements should be in place such as providing telehealth or video consultation services as an interim measure. The *Pathways to Care* study found that large percentages of transitioned military personnel do not seek help because they prefer to manage their problems on their own. The promotion of self-help guides and online resources as part of coordinated communication initiatives can serve as a valuable tool for veterans wishing to seek help independently, anonymously, and at a time and place convenient to them, and should be considered as an enabling initiative to improve health care access and promote early intervention.

2. Expand outreach activities and health promotion

Context

The NMHC's *Review into Suicide and Self-Harm Prevention Services for ADF Members* identified some of the problems relating to service access stemmed from a lack of awareness of the supports and services available to veterans, suggesting that more effective communication and outreach initiatives could help encourage veterans to access services.

Implications

Expand outreach activities and consider greater alignment between health promotion initiatives, outreach messaging and engagement with veterans' families.

Noting that DVA already has strong health promotion initiatives in place, a lack of awareness and difficulty in navigating a complex health system is consistently listed as a reason for why some veterans do not seek help. Improving the effectiveness of targeted communication activities may help improve awareness of services available and encourage greater access. Such enhancements could also help address early intervention and the risk of self-harm.

Additionally, the *Pathways to Care* study found that family and friends were a significant influencer for those who decided to seek help for a mental health condition. Effective outreach and

¹⁶⁷ Australian Government Department of Veterans' Affairs, 2018, *Transition Taskforce, Improving the Transition Experiences*, viewed July 2019, <<https://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/Transition-Taskforce--Improving-the-Transition-Experience.pdf>>.

communication activities should engage with veterans' families to assist in identifying and responding to health challenges, encourage active conversations, overcome stigma and promote health and wellbeing.

Consideration should also be given to bolstering the capacity of Open Arms to deliver outreach services to encourage those in need to seek help and aligning this activity with health promotion initiatives.

3. Performance measurement of mental health service providers

Context

Veterans may be dissatisfied if they receive a general level of mental health care without the appropriate cultural recognition of their military experiences. While the *Veteran Mental Health Strategy* recognises the need to strengthen workforce capacity with the right understanding of military and ex-military experiences, efforts should also be focused on improving the quality of mental health care and measuring performance against clinical standards.

Implications

Accredit mental health services for veterans against clinical standards and develop clinical peer review networks to enhance quality of care.

DVA should develop measures to promote quality health services and ensure an appropriate level of culturally competent care is provided to the veteran population. This could be done in two ways:

1. Mental health services specifically for the veteran population could be accredited by services against national standards, such as the National Safety and Quality Health Services Standards as well as standards specifically developed to support the development of veteran-specific services. These veteran-specific service standards should emphasise the need for the mental health provider to understand military service culture.
2. Mental health professionals could be reviewed through a clinical peer review network. The peer review network would review the performance of individual clinicians and measure their performance against other mental health providers for the veteran population. This can help promote a community of best practice and knowledge sharing with the benefit of improved health care for veterans.

7. Key reform 4: Effective system performance and improvement

7.1 The need for reforms in system performance and improvement

Ensuring the enablers of effective system performance and improvement are in place is a key priority under the *Fifth National Plan*. Enabling factors such as investment in research, workforce development, technological developments and improved data systems are all identified as significant areas to focus attention to bolster effective system performance. Building on these foundations will enable a more responsive service system that is attuned to the needs of consumers and carers.

This section considers two key areas that are necessary for effective system performance and improvement: (1) the use of digitalisation in mental health; and (2) assessing strategies in data collection and outcome measurement.

7.2 Digital mental health reforms

7.2.1 Drivers for reforms

Digital health technologies and services are significant contributors to the transformation of health care delivery. In the context of mental health, digital mental health services encompass a range of services including assessment, treatment and peer support initiatives. Whether using video-based telepsychiatry, mental health apps, telephone counselling or peer chat rooms, there is growing potential for the use of digitalisation in mental health.

Yet, recent digital health initiatives have developed fast, without being guided by an overarching framework. Multiple providers and access points can make phone, web and other technology services difficult for consumers to navigate. Considering this fragmentation of services, there is a need for more cohesive and user-friendly approaches to digital mental health services, particularly with reducing inconsistency in data systems and providing more user-friendly technology services.

7.2.2 Head to Health digital mental health gateway

In response to the above health system challenges, the Australian Government developed a new digital mental health gateway called Head to Health - an online portal that connects people to online and phone mental health services appropriate for their individual needs. The gateway brings together a range of digital information resources to enhance access, choice and convenience in using digital mental health services.

The phone and online services featured on Head to Health include:

- Information and education
- Counselling
- Therapist-assisted or self-directed treatment programs
- Online peer support.

These services will particularly benefit people who face barriers in accessing face-to-face support services. Online chat forums moderated by beyond blue will provide support on topics such as depression and anxiety, suicidal thoughts and self-harm as well as PTSD and trauma.

7.2.3 Project Synergy research trials

The Australian Government has allocated \$30 million towards Project Synergy for three years (between 2016 to 2019) for a range of population groups, including young people, veterans, and those at risk of suicide. Project Synergy is a series of research trials that are designed to measure

the effectiveness of mental health technologies. As such, Project Synergy is not a mental health service in itself; rather it works within a service to support improved engagement with individuals accessing a health provider's service beyond traditional clinical methods and outside of business hours. It acts as a digital portal to link users with resources and can feed data about the user to create broader treatment plan activities.¹⁶⁸

For example, an individual could enter information into the platform about their sleeping habits. In turn, this would prompt conversations with their clinicians to include sleep management as part of their overall treatment plan. Within the platform, users can access useful resources, including apps, to assist with healthy sleeping behaviour.

7.2.4 Development of a National Digital Mental Health Framework

An action point arising out of the *Fifth National Plan* is for Governments to develop a National Digital Mental Health Framework, in collaboration with the National Digital Health Agency, that will include:

- An analysis of available research on new technology-driven platforms that are already operational
- An analysis of interoperability considerations relevant to future data developments
- Cohesive guidance on the structure of digital mental health services
- Recommendations on the development of new digital service delivery platforms
- Actions for addressing access to new digital service delivery platforms for people from culturally and linguistically diverse communities and others who have limited engagement with these platforms
- Guidance on clinical governance for digital mental health services where appropriate safety and quality mechanisms are built into service delivery and links into traditional face-to-face services are provided
- Workforce development priorities to improve use and uptake of digital mental health services.

The Australian Government Department of Health reported its progress as “on track” in the NMHC’s 2018 progress report.

7.2.5 Certification framework and national standards for digital mental health services

The ACSQHC has commenced a project to scope the development of a certification framework and national standards for digital mental health services.¹⁶⁹ The ACSQHC conducted a broad stakeholder consultation process during March and April 2019. The consultation process explored options for certification and national standards to ensure safety and quality assurance for digital mental health services. Based on the results of the consultation process, the ACSQHC has reported to the Department in June 2019, recommending options for the design and development of a certification framework and national standards for digital mental health services.¹⁷⁰ The certification framework aims to support ongoing safety and quality assurance for digital mental health services, including for those listed on Head to Health. Certification of services also aids in building user confidence, increasing adoption rates and increasing consumer choice in the digital mental health service system.

¹⁶⁸ Project Synergy, 2018, *Project Synergy*, viewed July 2019, <<https://synergy.innowell.org/about>>.

¹⁶⁹ Australian Commission on Safety and Quality in Health Care, *Project Fact Sheet: Certification framework and national standards for digital mental health services*, viewed July 2019, <<https://www.safetyandquality.gov.au/sites/default/files/2019-05/d18-24027-project-fact-sheet-certification-framework-for-digital-mental-health-services-oct-2018.pdf>>.

¹⁷⁰ Australian Commission on Safety and Quality in Health Care, 2019, *Certification framework for digital mental health services*, viewed July 2019 <<https://www.safetyandquality.gov.au/our-work/e-health-safety/certification-framework-digital-mental-health-services>>.

Other potential benefits include:¹⁷¹

- Increased service quality and usability
- Improved visibility of services for consumers, carers, health professionals and other users
- Provision of clear governance structures to support safety and quality
- Greater inclusion of user feedback and experience in program development.

The NMHC will review relevant existing standards, including the National Safety and Quality Health Service Standards and the National Standards for Mental Health Services, which could be built upon to develop national standards for digital mental health services. Further input from consumers, carers, health professionals, service providers and other stakeholders will be vital to inform the development of the framework and standards.

7.3 Data collection and outcome measure reform

7.3.1 Drivers for reform

Outcome measures assess whether the care that a patient receives improves his or her symptoms. These measures can also assist providers in planning, monitoring and adjusting treatment options for patients. To address the complexity of mental illnesses, mental health outcome measures should not only focus on symptoms and functional ability, but also on issues such as quality of life. Yet, efforts to create standardised mental health outcome measurements are only slowly evolving as mental health care quality measurement are weakly embedded in health care systems. This is due to a myriad of factors including limitations in policy and technology, lack of provider training, and limited scientific evidence for mental health quality measures. Progress has been made in recent efforts to create new and innovative tools, some of which are highlighted below.

7.3.2 Investing in a national information service

In the recent 2019-20 Federal Budget, the Australian Government committed to greater investment in suicide prevention, mental health, and improved collection of mental health data. The AIHW will receive \$15 million over the next three years to enhance the collection of data on self-harm and suicide.¹⁷² The Government will establish this system with the AIHW, NMHC and the Australian Government Department of Health working to link existing data. The collection of data will be focused on collecting regional and demographic-specific information on the incidence of suicide and suicide ideality, with the aim of delivering the right type of services for at risk population groups.

7.3.3 Patient experience tools

There has been a strong interest in Australia to develop standardised, national measures of consumer experiences of health care. Such measures could support quality improvement, service evaluation and benchmarking between services.¹⁷³

In 2010, the Australian Government Department of Health funded the National Consumer Experiences of Care project to develop a survey for use in public mental health services. This project resulted in the development of the Your Experience of Service (YES) survey instrument, made available to the sector in 2015.¹⁷⁴ The YES survey is designed to gather information from consumers about their experiences of care including how they were treated as a patient by their

¹⁷¹ Australian Commission on Safety and Quality in Health Care, 2019, *Certifying Digital Mental Health Services*, viewed July 2018, <<https://www.safetyandquality.gov.au/sites/default/files/migrated/Discussion-Paper-Certifying-digital-mental-health-services-March-2019.pdf>>.

¹⁷² Australian Government Department of Health, *Portfolio Budget Statements 2019-20, Budget Related Paper No. 1.9*, viewed July 2019, <[https://www1.health.gov.au/internet/budget/publishing.nsf/Content/2019-2020_Health_PBS_sup1/\\$File/2019-20-Health-Portfolio-Budget-Statements-v-2.pdf](https://www1.health.gov.au/internet/budget/publishing.nsf/Content/2019-2020_Health_PBS_sup1/$File/2019-20-Health-Portfolio-Budget-Statements-v-2.pdf)>.

¹⁷³ Kilbourne, A., et al., 2018, *Measuring and improving the quality of mental health care: a global perspective*, viewed July 2019, <<https://onlinelibrary.wiley.com/doi/pdf/10.1002/wps.20482>>.

¹⁷⁴ Australian Mental Health Outcomes and Classification Network, 2019, *Your experience of service surveys*, viewed July 2019, <<https://www.amhocn.org/your-experience-service-surveys>>.

service provider. By helping to identify specific areas where quality improvements can be made, the YES can support collaboration between mental health services and consumers to build better services.

7.3.4 World Health Organization tools and instruments

For international organisations such as the WHO, information is indispensable for achieving better outcomes in mental health services, programs and policies. International innovations in quality measurement include the WHO's Assessment Instrument for Mental Health Systems and the WHO Atlas.

WHO Assessment Instrument for Mental Health Systems

The WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) is a tool for collecting essential information on the mental health system of a country or region. WHO-AIMS was developed to assess key components of a mental health system and thereby provide essential information to strengthen mental health systems. WHO-AIMS is based on the WHO strategy to provide information-based mental health assistance to countries within the WHO Mental Health Global Action Plan,¹⁷⁵ as endorsed by WHO's governing bodies. Through WHO-AIMS it is possible to identify major weaknesses in mental health systems in order to have essential information to inform relevant public mental health action.

There are six domains where information is collected:

- Domain 1: Policy and legislative framework
- Domain 2: Mental health services
- Domain 3: Mental health in primary health care
- Domain 4: Human resources
- Domain 5: Public education and Links with other sectors
- Domain 6: Monitoring and research.

WHO Mental Health Atlas

The *WHO Mental Health Atlas*¹⁷⁶ is a comprehensive global tool that collects data on mental health systems around the world, including policies, human resources and financing. It compiles this information into a reporting tool to assist in the planning of mental health services across regions. The data collection provides much of the data used to report on the progress of the Mental Health Action Plan. In 2017, 177 out of 194 of the WHO's member states reported on the progress of implementation of the *Mental Health Action Plan*. The table below highlights some key statistics from the *Mental Health Atlas 2017*.¹⁷⁷

¹⁷⁵ Mental Health Innovation Network, 2008, *Mental Health Gap Action Programme*, viewed July 2019, <<https://www.mhinnovation.net/resources/mental-health-gap-action-programme-mhgap>>.

¹⁷⁶ World Health Organization, 2019, *Project Atlas*, viewed July 2019, <https://www.who.int/mental_health/evidence/atlas/mnh/en/>.

¹⁷⁷ World Health Organization, 2018, *Mental Health Atlas*, viewed July 2019, <<https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>>.

Key Statistics from the *WHO Mental Health Atlas*:

- 72 per cent of Member States have a stand-alone policy or plan for mental health.
- There are scarce human and financial resources available to adequately meet the mental health needs of the population.
- Only 20 per cent of member states reported that indicators are available and used to monitor implementation of most of the components of their action plans. Australia was not able to provide much of the information necessary for “Mental Health Service Availability and Uptake” for the WHO's data collection.
- Out of almost 350 mental health programs across member states, 40 per cent were aimed at improving mental health literacy or combating stigma; just 12 per cent were aimed at suicide prevention.

7.3.5 Routine outcome monitoring assessments in the Netherlands

In the Netherlands, routine outcome monitoring has been incorporated into health insurance reimbursement mechanisms. This evaluates three aspects of quality - effectiveness of treatment, safety and client satisfaction - through ten measures that are repeated at the start and end of the treatment. The initiative stipulates that the indicators are collected centrally and published transparently to stimulate continuous quality improvement.

The aim of routine outcome monitoring is to facilitate:

- Shared decision making in treatment on the level of clients and professionals
- Professional reflection on the level of teams, departments and/or providers
- Scientific research on regional and national levels
- Transparency on relevance and effectiveness of service providers and mental health organisations at a national level.

The Dutch mental health care system embarked on the nationwide implementation of routine outcome monitoring which comprised of the following elements: ¹⁷⁸

- Expert groups developed a national standard for outcome questionnaires.
- Mental health care organisations performed standardised outcome measurements at the start, during and at the end of the treatment and at the support and/or rehabilitation stage.
- Mental health professionals used these questionnaires to adjust treatment and the support they provide. Professionals and clients could clearly view the course of complaints and treatment, enabling a well-founded base for shared decision-making. The measurements became part of the client's records.
- The Mental Healthcare Benchmark Foundation collected the individually measured and anonymised outcome measurements and presented the findings to mutual learning processes and as scientific research by professionals, institutions and client organisations.
- Collecting outcome measurements and client experiences at a national level would give mental health organisations and the organisations responsible for funding mental health care the best possible insight on the effectiveness and quality of care.

Routine Outcome Monitoring enables a single data source - the outcome measure - to be used as a tool at:

- The micro-level (shared decision-making)
- Meso-level (purchasing mental healthcare, peer review)
- Macro-level (insight into the relevance and effectiveness of mental health care, scientific research).

¹⁷⁸ GGZNederland, *Performance indicators mental health care in the Netherlands*, viewed July 2019, <<https://www.ggz nederland.nl/uploads/assets/Performance%20Indicator%20System%20Dutch%20Mental%20Health%20Care.pdf>>.

7.3.6 The National Health Service Benchmarking Network in the UK

The National Health Service Benchmarking Network¹⁷⁹ is a collaboration between all mental health providers which supply data to benchmark their own practice against others in the UK. The Benchmarking Network was developed because of the perceived inadequacy of the national data collection system and the lack of feedback on the large amount of data collected. Project topics cover four key health sectors: commissioning, acute, mental health and community services. Every National Health Service provider of mental health service in England and Wales were included in the project, including submissions from Northern Ireland, Scotland and the State of Jersey. The high levels of participation across the UK means the findings are compelling. Participants of the project receive bespoke reports using registered and weighted populations to benchmark the data findings and a desktop toolkit including over 10,000 metrics for comparison.

As an example, some key metrics specifically for the Child and Adolescent Mental Health Services include:

- Service models - service provision, provisions for on call arrangements and transition services.
- Access - referral sources, acceptance rates and waiting times
- Activity - levels of contacts and rates of discharge
- Workforce - skill mix, training, absence and sickness rates
- Finance - costs.

7.4 Implications for DVA - Key reform 3: Effective system performance and improvement

This section considers implications for DVA in relation to system performance and outcome measures.

7.4.1 Recent developments

Building an evidence base is a strategic objective of the *Veteran Mental Health Strategy*. DVA have committed to building workforce capacity, promoting knowledge sharing through increased collaboration with peak bodies and centres of excellence, and evaluating programs and policies to continuously improve mental health outcomes. Some of the initiatives progressed by DVA since the *Veteran Mental Health strategy* was released include:

- Data collection, analysis and reporting for the Transition and Wellbeing Research Programme
- Commissioning research reports, including *Suicidal behaviour and ideation among military personnel: Australian and international trends and Veteran mental health workforce capacity analysis*
- Redevelopment of the Evidence Compass to allow for broader topics to be considered in literature reviews relating to veteran health and wellbeing
- Contracting Swinburne University to examine whether online video counselling is as effective as face-to-face counselling.

¹⁷⁹ NHS, 2017, *Work Programme Report*, viewed July 2019, <<https://static1.squarespace.com/static/58d8d0ffe4fcb5ad94cde63e/t/5adf371a562fa708194de923/1524654390649/NHS+Benchmarking+Network+Work+Programme+201718+lo-res+23+Apr.pdf>>.

7.4.2 Implications for future planning for DVA

1. Measurement of outcomes and system performance

Context

While there have been attempts in Australia to capture data at the individual level in mental health service user experiences, there are still challenges in collecting outcome measures and in assessing mental health system performance. Outcome measurements, particularly with suicide deaths, suicide attempts, as well as efficiency measures with mental health services is limited. Without such metrics, it is difficult to effectively assess, and tailor mental health service needs to the mental health needs of the population.

Implications

Develop a central data collection hub for measuring suicide and self-harm rates to measure impact of suicide prevention and self-harm programs.

DVA should consider ways to improve data collection to measure the mental health outcomes of veterans, such as through establishing a central data collection hub. Such a hub should measure self-harm and suicide rates, access points and timeliness of care, which can be used to evaluate the impact of suicide prevention and self-harm programs.

Having a centralised data pool for the veteran population would enable DVA and other stakeholders to predict and address risk of suicide and other mental illness in its early stages. Potential sources of data could include national surveys, hospitalisation rates, usage of the Better Access scheme from the Veteran population, Emergency Department data collection, among others. While acknowledging that obtaining useful data may take considerable time, it will assist in achieving the long-term goal of reducing veteran suicide rates and lowering mental health prevalence in this population.

2. Clinical governance structure

Context

The DVA *Veteran Mental Health Strategy* commits to developing a clinical governance framework to guide and manage the purchasing of services from the mental health sector. The strategy notes that clinical governance for mental health should include comprehensive assessment by credentialed practitioners, evidence based and approved therapeutics services, outcome data and quality assurance.

Implications

Establish a clinical governance structure to enhance quality of service and support outcome data measurement.

DVA should build on their clinical governance efforts by establishing a clinical governance structure that primarily oversees the measurement process of outcomes and system performance. Having such a framework in place provides a system where healthcare professionals and relevant stakeholders are accountable for patient safety and quality of care. A multidisciplinary clinical team would be most effective, involving psychiatrists, psychologists, mental health workers along with community workers that are committed to improving veteran mental health. The clinical governance structure would build on the efforts DVA have already outlined in their existing *Veteran Mental Health Strategy* and aim to continually improve the quality of mental health services provided to veterans and their families.

3. Measurement of veteran wellbeing

Context

While the DVA *Veteran Mental Health Strategy* acknowledges the need to promote mental health and wellbeing within the veteran population, given the complexity of mental health issues that affect the veteran population, there is a need for a measurement tool that assesses the overall wellbeing and functionality for veterans. Understanding the holistic health and social needs of veterans would allow health services to provide more tailored programs to meet veteran mental health needs.

Implications

Develop measurement tools for veteran health and wellbeing.

DVA should consider making health and wellbeing tools available to veterans. Some examples of tools include the anxiety and depression checklist (K10)¹⁸⁰, The Health of the Nation Outcome Scales (HoNOS)¹⁸¹ and PTSD symptom measurement tools:

- **Anxiety and depression checklist (K10)** - is a checklist to measure whether someone has been affected by depression and anxiety during the last four weeks
- **HoNOS** - The Health of the Nation Outcome Scales (HoNOS), is a clinician rated instrument comprising of 12 simple scales measuring behaviour, impairment, symptoms and social functioning for those in the 18 to 64 year-old age group
- **PTSD symptom measurement tools** - such as the Primary Care PTSD Screen for DSM-5, which is a 5-item screen that was designed for use in primary care settings.¹⁸²

These tools should be adapted and tailored for the veteran population, such as including trauma history and broader quality of life indicators like marital or family situation, among others. Moreover, DVA could consider ways to measure general functionality in a more holistic way, such as through a veteran specific life skills profile assessment. The Life Skills Profile (LSP-16) was developed by an Australian clinical research group to assess a patient's basic life skills.¹⁸³ The LSP-16 focuses on patients' general functioning and disability rather than their clinical symptoms, including measuring levels of their behavioural, employment and housing conditions. These examples could be tailored to the veteran context to measure general wellbeing, beyond that of just mental health, and links closely with the veteran wellbeing model.

4. Mental health user measurements

Context

Current reporting on health system performance uses largely quantitative data and does not consider user experiences or patient outcomes. It is not until health outcomes are measured, such as satisfaction of treatment, improved quality of life and interactions with health care workers that nuances in system performance begin to emerge.

The DVA commissions an annual survey to gather feedback on the services it provides to clients. While this survey provides a solid snapshot of overall levels of client satisfaction, it does not include

¹⁸⁰ Beyond Blue, 2019, *Anxiety and depression checklist (K10)*, viewed July 2019 <<https://www.beyondblue.org.au/the-facts/anxiety-and-depression-checklist-k10>>.

¹⁸¹ Australian Mental Health Outcomes and Classification Network, 2016, *Health of the Nation Outcome Scales (HoNOS)* <<https://www.amhocn.org/publications/health-nation-outcome-scales-honos>>.

¹⁸² Phoenix Australia, 2015, *Screening for PTSD*, viewed July 2019 <<https://www.phoenixaustralia.org/wp-content/uploads/2015/03/Phoenix-Primary-Care-Screen-for-PTSD.pdf>>.

¹⁸³ Australian Mental Health Outcomes and Classification Network, 2016, *Life Skills Profile (LSP-16)*, viewed July 2019, <<https://www.amhocn.org/publications/life-skills-profile-lsp-16>>.

details of user experiences for specific services such as health care. Having a standardised measure of veterans' experiences of using mental health services would be valuable to assist in evaluating current system performance and could be used to improve health service design and planning for the veteran population.

Implications

Develop a veteran specific mental health user experience survey.

Consideration should be given to develop a veteran mental health user experience survey to measure client satisfaction and veterans' experiences of mental health services. Potential measures to consider for inclusion are how effective the used mental health services were to address the needs of the veteran, was there an improvement in quality of life since receiving treatment, rating staff interactions and ease of booking an appointment, among others. The survey should include options for both quantitative and qualitative data input to provide a more robust measure of health system performance and quality of service.

DVA could refer to the YES survey which is being implemented in varying stages by states and territories as a guide for what a veteran mental health experience survey could look like.

5. Developing a key set of performance indicators

Context

Key performance indicators are an important element in the strategic planning process as they help to measure progress against planned objectives. The *Fifth National Plan*, for example, lists 24 performance indicators and has established annual reporting processes to monitor progress of implementation. Regular reporting processes assists in the sharing of data, can help to promote greater collaboration and serves as a useful evaluation tool to assess effectiveness of current initiatives.

Implication

Include performance indicators and establish reporting and monitoring frameworks to measure and evaluate progress against strategic objectives.

The achievements that are reported against current objectives in the implementation report on *the Mental and Social Health Action Plan 2015 and 2016* could be further enhanced by establishing regular monitoring mechanisms to consistently report on progress. State and Territory health departments have established governance structures to publicly report on progress of their mental health plans in annual reporting which could serve as a guide for DVA.

Without appropriate frameworks in place, there is the potential that strategic objectives may not translate into improved outcomes, resulting in a disconnect between DVA's vision and reality. Having processes in place to monitor progress and evaluate efficacy would be useful to determine what is working well, what is not, and can be used to promote a culture of continuous improvement and inform future iterations of the *Veteran Mental Health Strategy*.

Appendices

Appendix A Budget documents 2013 to 2019

The following tables provides an overview of Federal Budget Measures relating to mental health expenditure from 2013 to 2019.

Table 4

Federal Budget Measures Relating to Mental Health 2013 - 2019			
Year	Measure	Description	Amount
2013 - 14	Mental Health Nurse Incentive Program	Maintains existing service levels for the Mental Health Nurse Incentive Program which provides coordinated support for people with severe and persistent mental illness.	\$23.8m
2013 - 14	Mental health services - expansion	Expands access to mental health services for current and former members of the Australian Defence Force (ADF) and their families.	\$26.4m over four years
2013 - 14	Tasmanian Forests Agreement	Provides an additional \$94.5 million over five years to support the implementation of the Tasmanian Forests Agreement and help provide certainty for Tasmania's forestry industry, support local jobs and communities, and protect the state's forests.	\$1.0m over two years for the continuation of existing mental health and wellbeing counselling services for affected forestry workers in Tasmania, currently being delivered through the Tasmanian Government Rural Alive and Well program.
2013 - 14	Residential aged care – improving access	Amends the 2012-13 Budget <i>measure Living Longer. Living Better – older Australians from diverse backgrounds</i> , to improve access to residential aged care services for veterans with mental health conditions.	Not specified
2014 - 15	Support to Drought Affected Farmers	Provides a package of measures over four years to support farmers affected by drought.	\$10.7m over two years, specifically to enhance access to social and mental health services in communities affected by drought.
2014 - 15	Headspace Programme - additional funding	Provides funding to establish ten new headspace sites and conduct a two-year evaluation of the <i>headspace programme</i> .	\$14.9m over four years
2014 - 15	Mental Health Nurse Incentive Program - continuation	Maintains existing service levels for <i>the Mental Health Nurse Incentive Programme</i> which provides coordinated support for people with severe and persistent mental illness.	\$23.4m
2014 - 15	National Centre of Excellent in Youth Mental Health - establishment	Provides funding to the Orygen Youth Health Research Centre to establish and operate a National Centre for Excellence in Youth Mental Health. The measure aims to improve the options for treatment and support available to young people affected by mental illness and their carers.	\$18.0m over four years
2015 - 16	Support to Drought Affected Communities - Immediate Assistance	Provides \$271.8m over four years to extend current drought initiatives.	\$20.0m in 2015-16 to extend the access to social and mental health services in drought-affected communities, extension from 2014-15 budget measure.
2015 - 16	Carer support services – national gateway	Establishing a national gateway to improve access to information and	\$33.7m over four years

Federal Budget Measures Relating to Mental Health 2013 - 2019			
Year	Measure	Description	Amount
		services for carers to access information, support and referral to carer specific supports and services, including across aged care, community mental health and disability.	
2015 - 16	Growing Jobs and Small Business – Youth Employment Strategy – intensive support for vulnerable job seekers	Provides \$105.7 million over five years to improve employment, educational and social outcomes for parents and young people who are unemployed, have a mental health condition, are refugees or are vulnerable migrants.	\$19.4m over four years, for two employment support trials to help improve employment outcomes for young people up to the age of 25 with mental illness, who are at risk of disengaging from education and/or at risk of long term welfare dependency.
2016 - 17	Mental Health Treatment for Current and Former Members of the Australian Defence Force – improved access	Extends access to certain mental health services on a non-liability basis to all current and former permanent Australian Defence Force (ADF) members irrespective of their date, duration or type of service.	\$37.9m over four years
2016 - 17	Support Services for Children of Veterans	Provides funding to the Australian Kookaburra Kids Foundation to provide services to the children of current and former Australian Defence Force members who have been affected by mental illness.	\$2.1m over two years
2016 - 17	Veteran Suicide Awareness and Prevention Programs – continuation of Operation Life	Continues the Operation Life suicide awareness and prevention workshops for the veteran community to increase awareness of suicide risk and the importance of early intervention to help prevent suicide amongst veterans.	\$1.0m over four years
2017 - 18	Prioritising Mental Health – improving telehealth for psychological services in regional, rural and remote Australia	Improves access to psychological services through telehealth in regional, rural and remote Australia.	\$9.1m over four years
2017 - 18	Prioritising Mental Health – Psychosocial Support Services – funding	Provides funding for psychosocial support services for people with mental illness who do not qualify for the National Disability Insurance Scheme (NDIS).	\$80.0m over four years
2017 - 18	Prioritising Mental Health – research	Supports research into mental health, including contributing to the National Centre for Excellence in Youth Mental Health (Orygen) for research infrastructure, and the Black Dog and Thompson Institutes for further work on prevention and early intervention.	\$15.0m over two years
2017 - 18	Prioritising Mental Health – suicide prevention support programs	Funds infrastructure projects and support activities to help prevent suicide at high risk locations and provide additional support.	\$11.1m over three years
2017 - 18	Increasing Veterans' Workforce Participation	Provides funding for initiatives to enable more veterans to participate in the workforce, including improving access to incapacity payments and rehabilitation assistance to veterans with episodic mental health conditions.	\$9.1m over four years
2017 - 18	Mental Health Treatment for Current and Former Members of the Australian Defence Force – expanded access	Expands the range of mental health conditions current and former Australian Defence Force members can seek treatment for on a non-liability basis.	\$33.5m over four years

Federal Budget Measures Relating to Mental Health 2013 - 2019			
Year	Measure	Description	Amount
2017 - 18	Suicide Prevention Pilots	Funds pilot programs to improve mental health services for veterans and support suicide prevention efforts.	\$9.8m over three years
2018 - 19	Personal Income Tax – income tax exemption for certain Veteran Payments	Exempts Veteran Payments from income tax, designed to provide immediate short-term financial assistance to vulnerable people who may be experiencing financial difficulty while their claims for a mental health condition are being assessed.	Not listed.
2018 - 19	Investing in Health and Medical Research - Medical Research Future Fun	Invest \$275.4 million into the Medical Research Future Fund (MRFF).	\$125.0m over 10 years for a <i>Million Minds</i> Mental Health Research Mission to support priorities under the <i>Fifth National Plan</i> .
2018 - 19	More Choices for a Longer Life - healthy ageing and high quality care	The Government will implement new policies to support people to stay at home longer, remain healthy and independent for longer, and to improve access to high quality, safe aged care.	\$82.5m over four years for mental health services for people in residential aged care facilities. \$20.0m over four years for a pilot of services led by mental health nurses to target older Australians in the community, particularly those at risk from isolation.
2018 - 19	Prioritising Mental Health - aftercare following a suicide attempt	Provides funding to improve follow-up care for people discharged from hospital following a suicide attempt – the highest at-risk group in Australia. Funding includes \$10.5m for beyondblue to provide national support and oversee the implementation of the Way Back Support Service (WBSS) and \$27.1m for PHNs to commission services to be accessed by WBSS clients.	\$37.6m over four years.
2018 - 19	Prioritising Mental Health - funding for The Junction Clubhouse	Provides funding to The Junction Clubhouse Cairns to continue to support people with long-term mental health issues in a structured environment and to provide access and support for mentoring and life skills development.	\$0.5m over two years
2018 - 19	Prioritising Mental Health - Head to Health	Provides funding for <i>Head to Health</i> which will provide users with access to evidence-based information and advice on mental health services through an improved telephone service and enhanced web portal.	\$4.7m over two years
2018 - 19	Prioritising Mental Health - Lifeline Australia - enhanced telephone crisis services	Provides funding to Lifeline Australia to enhance its telephone crisis services to meet increasing demand, provide more responsive and consistent services and improve connectivity to other services in order to better support people in need.	\$33.8m for over four years
2018 - 19	Prioritising Mental Health - strengthening the NMHC	Additional funding will support the Commission to better review and report on the performance of the mental health system in Australia and increase its capacity to provide national leadership in advising on mental health reforms, including expanding its role under the <i>Fifth National Plan</i> .	\$12.4m over four years

Federal Budget Measures Relating to Mental Health 2013 - 2019			
Year	Measure	Description	Amount
2018 - 19	Prioritising Mental Health - suicide prevention campaign	Provides funding to SANE Australia to deliver a targeted suicide awareness campaign, <i>Better Off With You</i> . The campaign will utilise personal stories of individuals who have survived suicide attempts to change the attitudes and behaviours of people contemplating suicide.	\$1.2m
2018 - 19	Mental Health Treatment for Australian Defence Force Reservists with Disaster Relief and Certain Other Service	Extends access to mental health services provided to current and former Australian Defence Force (ADF) members on a non-liability basis to include ADF reservists with part-time disaster relief and border protection service, or who have been involved in a serious training accident.	\$2.2m over four years
2019 - 20	Prioritising Mental Health - caring for our community	Funding for initiatives to improve mental health services within the community by strengthening social networks and peer groups, supporting social inclusion and increasing treatment options.	\$229.9m over seven years
2019 - 20	Prioritising Mental Health – Early Psychosis Youth Services	Extends the <i>Early Psychosis Youth Services</i> program for an additional two years to continue support for young people to access specialist mental health services.	\$109.7m (already provided)
2019 - 20	Prioritising Mental Health – national headspace network	Funding to improve access to youth mental health services across the national <i>headspace</i> network.	\$263.3m over seven years
2019 - 20	Prioritising Mental Health – natural disaster assistance	Funds additional mental health services and support for communities impacted by natural disasters in Victoria, Queensland and Tasmania. Includes \$1.3 million for the Centre for Post-traumatic Mental Health to develop and implement online training tools to assist health practitioners to better support communities affected by disasters.	\$5.5 million over four years
2019 - 20	Indigenous Suicide Prevention Initiatives	Implementation of Indigenous suicide prevention initiatives. These will be led by local youth Indigenous leaders to ensure that support is culturally appropriate and tailored to meet the specific needs of affected communities.	\$5.0m over four years

The below table provides an overview of Mid-Year Economic and Fiscal Outlook (MYEFO) Measures relating to mental health expenditure from 2013 - 2019.

Table 5

MYEFO Measures Relating to Mental Health 2013 - 2019			
Year	Measure	Description	Amount
2013-14	Cairns Mental Health Carers Support Hub	Funding for the Mental Illness Fellowship of North Queensland as a contribution to the Cairns Mental Health Carers Support Hub which provides mental health services in the Cairns region.	\$230,000 (existing resources)
2013-14	Youth e-mental health platform	Funding for the Young and Well Cooperative Research Centre to establish a new e-mental health platform aimed at making it easier for young people to get the help they need and to manage their treatment.	\$5.0m over three years
2016-17	Digital Mental Health Gateway – development of a second pass business case	Second pass business case to continue the development of a Digital Mental Health Gateway to improve community access to mental health services.	\$2.5m
2016-17	Strengthening Mental Health Care in Australia	Funds a range of initiatives to strengthen mental health care in Australia, including suicide prevention trials and new headspace centres.	\$194.5m over four years
2016-17	Support for Veterans and Their Families	Funding support for current and future veterans and their families, including establishing the Centenary of ANZAC Centre to work with ex-service organisations and practitioners on veterans' mental health issues; funding for projects to assist younger veterans and extending access to the <i>Veterans and Veterans' Families Counselling Service</i> .	\$14.1m over four years
2017-18	Support for Veterans' Mental Health – additional funding	Funds a range of initiatives to support veterans' mental health in response to the recommendations of the Senate Inquiry Report, <i>The Constant Battle: Suicide by Veterans</i> .	\$31.0m over four years
2018 - 19	Community Health and Hospitals Program	Funding for the <i>Community Health and Hospitals Program</i> to support patient care while reducing pressure on community and hospital services. Funding has been allocated for nationwide initiative across four priority areas, including mental health.	\$1.3bn over seven years
2018-19	Guaranteeing Medicare – strengthening primary care	Investment in primary care, including new models of care and enhancing services provided through Medicare and mental health support.	\$26.9m over four years for mental health and well-being support for farmers in hardship including by telehealth in drought-affected communities; \$1.0m over two years to develop a National Mental Health Workforce Strategy.
2018-19	Prioritising Mental Health – headspace satellite sites in regional Australia – additional funding	Funding to establish headspace satellite sites in Mount Barker and Victor Harbor in South Australia, and Margaret River in Western Australia.	\$6.1m over five years
2018-19	Prioritising Mental Health – headspace sustainability	Funding for PHNs to commission increased youth mental health services from the headspace network and for headspace National to continue to administer eheadspace.	\$51.8m over four years (partially met with existing resources from Department of Health)

MYEFO Measures Relating to Mental Health 2013 - 2019

Year	Measure	Description	Amount
2018-19	Small Business Package – making it easier for business	to address issues that can increase the cost of doing business for small business owners, including initiatives to encourage small business owners to access early interventions that can reduce the onset and impact of mental-ill health.	\$13.9m over four years (total package of measures)
2018-19	Australian Veterans' Wellbeing Package	Provides \$25.6 million over four years to support the health and wellbeing of Australian veterans and their families.	\$7.7 million over four years from 2018-19 to the Australian Kookaburra Kids Foundation to support the children of current and former Australian Defence Force members who have been affected by mental illness.

Appendix B Mental health policies from international bodies

B.1 WHO Mental Health Action Plan 2013 - 2020

The *WHO Mental Health Action Plan 2013 - 2020* is one of the key international planning documents that aims to promote collective actions to address mental illness globally. The action plan sets out the following objectives and targets over an eight-year horizon:

Table 6

Objectives	Targets
1. To strengthen effective leadership and governance for mental health	1a. 80 per cent of countries will have developed or updated their policies/plans for mental health in line with international and regional human rights instruments (by the year 2020). 1b. 50 per cent of countries will have developed or updated their laws for mental health in line with international and regional human rights instruments (by the year 2020).
2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings	2a. Service coverage for severe mental illnesses will have increased by 20 per cent (by the year 2020).
3. To implement strategies for promotion and prevention in mental health	3a. 80 per cent of countries will have at least two functioning national, multisectoral promotion and prevention programs in mental health (by the year 2020). 3b. The rate of suicide in countries will be reduced by 10 per cent (by the year 2020).
4. To strengthen information systems, evidence and research for mental health.	4a. 80 per cent of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems (by the year 2020).

Global targets have been set for each objective, accompanied with proposed actions for member states, international and national partners, and the Secretariat, alongside indicators for measuring progress, which provides the basis for collective action and measurable targets.

The action plan is necessarily broad in scope but is designed to provide guidance to national plans and strategies. The WHO acknowledges that the plan will need to be adapted at a regional level to address specific country needs and emphasises that more ambitious national targets and domestic policy development relevant to the local context should take priority.

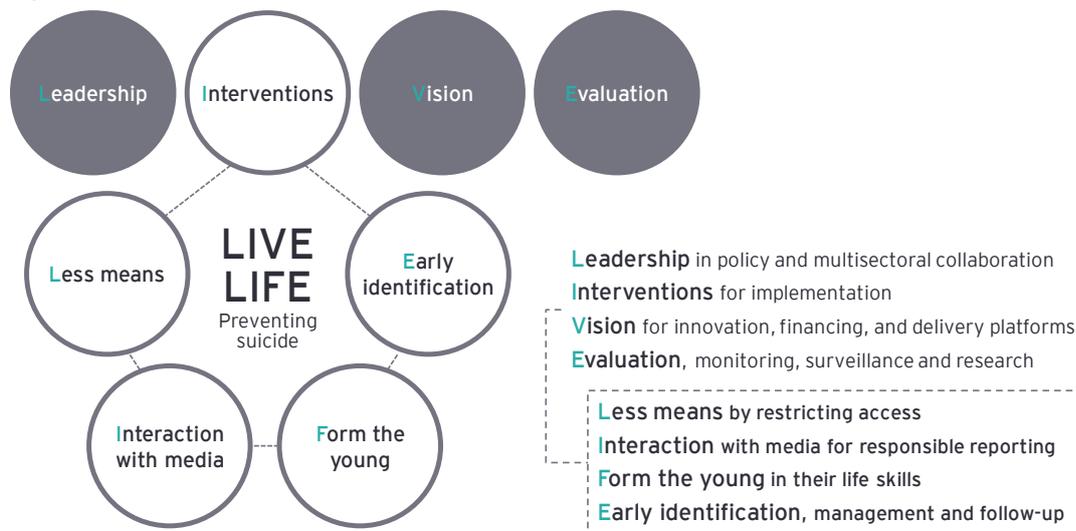
B.2 National Suicide Prevention Strategies

Building on the work of the *Preventing Suicide* report, the WHO subsequently released the *National suicide prevention strategies: Progress, examples and indicators* report in 2019.¹⁸⁴ The report highlights the work that is being done nationally to inspire and catalyse world governments to establish their own suicide prevention strategies and elevate suicide prevention efforts on the political agenda. Such strategies are important as they signify a national commitment to addressing suicide, provides a framework for collective action and brings together stakeholders who may not otherwise collaborate. Moreover, it can help provide context for research and policy development and allows for more robust monitoring and reporting mechanisms to measure progress and impact.

¹⁸⁴ World Health Organization, 2019, *National suicide prevention strategies: Progress, examples and indicators*, viewed July 2019, <<https://apps.who.int/iris/bitstream/handle/10665/279765/9789241515016-eng.pdf?ua=1>>.

The WHO have developed their LIVE LIFE Framework to guide a strategic approach to suicide prevention, which establishes the key elements on which the formulation of a national suicide prevention strategy should be based.

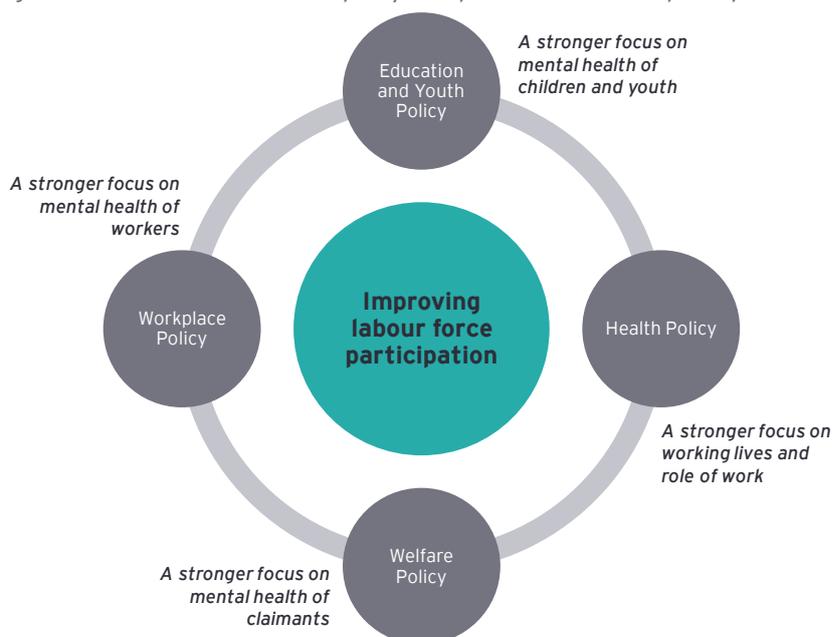
Figure 12: LIVE LIFE Framework¹⁸⁵



B.3 Mental Health and Work

The *Integrated Mental Health, Skills and Work Policy* report calls for concerted action in addressing mental health across four policy areas including: youth policy, health policy, workplace policy, social and employment policy. Figure 13 highlights the interdependencies between these four domains and encourages greater policy linkages to improve employment outcomes for those living with a mental illness.

Figure 13: Coherent mental health policy to improve labour market participation¹⁸⁶



¹⁸⁵ Ibid, adapted from *National suicide prevention strategies: Progress, examples and indicators*

¹⁸⁶ Adapted from Organisation for Economic Co-operation and Development, 2018, *Integrated Mental Health, Skills and Work Policy*, viewed July 2019, <[https://www.oecd.org/els/emp/Flyer_MHW %20Council%20Recommendation.pdf](https://www.oecd.org/els/emp/Flyer_MHW%20Council%20Recommendation.pdf)>.

The report highlights that policies across health, education and employment are delivered in isolation of one another and their outcomes are generally only considered within discreet areas of responsibility. It argues that integrated service provision delivers significantly better and faster outcomes, not just in terms of health benefits to patients but also broader social and economic impacts. The OECD calls for coordinated policy action to work towards a common goal of total health and wellbeing across:

- Health policy to promote timely and effective treatment which recognises the value of work in the process of recovery from mental health conditions
- Youth policy to promote good education outcomes and strong transitions into the labour market for young people living with mental health conditions
- Workplace policy to promote performance, job retention and return-to-work of workers living with mental health conditions
- Social policy to promote adequate and affordable integrated support to jobseekers living with mental health conditions.

Appendix C List of documents, data and literature reviewed

Table 7

Legislation / Parliamentary materials / Budget
Australian Government Department of Health, <i>Portfolio Budget Statements 2019-20, Budget Related Paper No. 1.9</i> , viewed July 2019 < https://www1.health.gov.au/internet/budget/publishing.nsf/Content/2019-2020_Health_PBS_sup1/\$File/2019-20-Health-Portfolio-Budget-Statements-v-2.pdf >.
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Reports
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