

The Fifth National Mental Health and Suicide Prevention Plan Implementation Plan



Action	Action description	Roles	Milestone date	Coordination point
Governance				
i	Governments will establish a Mental Health Expert Advisory Group that will advise AHMAC, through MHDAPC, on the implementation of the Fifth Plan and analyse progress.	<ul style="list-style-type: none"> MHDAPC will lead the joint development of Terms of Reference and membership for the Expert Advisory Group and establish a meeting schedule. Governments will agree on cost-shared funding arrangements. 	December 2017 First meeting before June 2018	MHDAPC
ii	Governments will establish a Suicide Prevention Subcommittee that will report to MHDAPC on priorities for planning and investment.	<ul style="list-style-type: none"> MHDAPC will lead the joint development of Terms of Reference and membership for the Suicide Prevention Subcommittee and establish a meeting schedule. Governments will agree on cost-shared funding arrangements. Refer to Action 3 for further information on implementation approach. 	First meeting mid-2018	MHDAPC
iii	Governments will establish an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee that will report to MHDAPC on priorities for planning and investment.	<ul style="list-style-type: none"> MHDAPC will lead the joint development of Terms of Reference and membership for the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee and establish a meeting schedule. Governments will agree on cost-shared funding arrangements. The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee will include representatives from existing Aboriginal and Torres Strait Islander AHMAC subcommittees, as appropriate. Action 11 provides further information on the requirements for the Terms of Reference. 	First meeting mid-2018	MHDAPC
iv	Governments will renew the National Mental Health Policy. This review will begin in 2018 and be completed during the life of the Plan. It will be completed with sufficient time to inform development of any future National Mental Health and Suicide Prevention Plans under the Strategy.	<ul style="list-style-type: none"> MHDAPC will undertake a review of the Policy. Secretariat support provided by the Commonwealth. The Expert Advisory Group will provide advice to MHDAPC on renewal of the National Mental Health Policy. 	Commence January 2018 Completed December 2020	AHMAC

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Measuring and reporting on change				
v	Governments will request the National Mental Health Commission (NMHC) delivers an annual report, for presentation to Health Ministers, on the implementation progress of the Fifth Plan and performance against identified indicators once the baselines have been established. These indicators will be disaggregated by Aboriginal and Torres Strait Islander status where possible.	<ul style="list-style-type: none"> The Commonwealth will negotiate this activity with NMHC. The NMHC will consult with jurisdictions on agreed data and reporting processes. The Commonwealth will contribute Commonwealth data and information to the NMHC to facilitate the NMHC monitoring and reporting role. States and territories to participate in consultations with NMHC and agree to contribute data and information to the NMHC to fulfil the agreed monitoring and reporting role. MHISSC to work with NMHC to identify data sources and indicator specifications for agreed indicators, and to advise on processes for coordinating data submissions to the agreed reporting authority (NMHC) where data are available. 	Negotiations commence January 2018 and implementation will be ongoing	MHDAPC
vi	Governments will evaluate the Fifth Plan, commencing in the final year of the Plan, to inform future directions in mental health policy. This evaluation will be principally informed by annual reporting on the Fifth Plan and targeted stakeholder consultation with governments, consumers and carers and the mental health sector.	<ul style="list-style-type: none"> The Commonwealth will commission an independent evaluation of the Fifth Plan, including development of an evaluation plan that will be cleared through MHISSC. The Commonwealth contracted provider will be required to consult with MHISSC, SQPSC and NMHC and other key stakeholders on the development of an evaluation plan. Development of evaluation plan to precede commencement of evaluation in the final year of the Plan. 	Evaluation plan agreed December 2018 Evaluation completed June 2022	AHMAC
vii	Governments will develop a longer term strategy for information and indicator development. This strategy will be published as a Third Edition of the National Mental Health Information Development Priorities. It will include the identification of information development priorities and the development of additional national reform and system performance measures in consultation with consumers and carers and other key stakeholders.	<ul style="list-style-type: none"> Refer to Action 24 for implementation approach. 	Published by December 2018	MHISSC

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Priority Area 1: Achieving integrated regional planning and service delivery				
1	Governments will support integrated planning and service delivery at the regional level by:			
1.1	requiring development and public release of joint regional mental health and suicide prevention plans	<ul style="list-style-type: none"> The Commonwealth will direct PHNs to jointly develop regional plans with LHNs and direct to publicly release draft plans for public comment. States/territories will direct LHNs (or equivalent) to jointly develop regional plans with PHNs for public release. The NMHC will include information on the status of joint plans as part of its annual reporting on the Fifth Plan. 	Progressively from December 2017	MHDAPC
1.2	providing guidance for the development of joint regional mental health and suicide prevention plans	<ul style="list-style-type: none"> Governments will jointly develop and release guidance material for a single regional plan that will cover scope, timeframes, governance arrangements, consultation processes, and requirements for government endorsement. 	Completed mid-2018	MHDAPC
1.3	developing a plan for ongoing development, refinement and application of the National Mental Health Service Planning Framework (NMHSPF)	<ul style="list-style-type: none"> Governments will agree on the process for the ongoing refinement, application and resourcing of the NMHSPF. The Commonwealth will manage contractual arrangements with an expert provider for ongoing development of the NMHSPF. 	December 2017	NMHSPF Steering Committee
1.4	developing and releasing planning tools based on the NMHSPF and an evidence-based stepped care model	<ul style="list-style-type: none"> Governments will agree on licensing arrangements/ agreements. The Commonwealth will issue licences to authorised users of the NMHSPF. The Commonwealth will release the planning tools and support materials and lead the provision of training to be provided by the Commonwealth-contracted expert provider. 	Progressively to June 2018	NMHSPF Steering Committee
1.5	making available key national data to inform regional level understanding of service gaps, duplication and areas of highest need.	<ul style="list-style-type: none"> Governments will contribute relevant data for the development of regional data. The Commonwealth will use existing funding arrangements with the AIHW to facilitate this action. Steering and coordination of the development of regional data reporting will occur through MHISSC. 	Completed June 2018	MHISSC

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2	Governments will work with PHNs and LHNs to implement integrated planning and service delivery at the regional level. This will include:			
2.1	utilising existing agreements between the Commonwealth and individual state and territory governments for regional governance and planning arrangements	<ul style="list-style-type: none"> The Commonwealth will use existing agreements (such as bilateral agreements and other existing agreements, including National Partnership Agreements or MOUs) with state and territory governments to facilitate a coordinated approach to regional planning and service delivery. 	Commencing early 2018	AHMAC
2.2	engaging with the local community, including consumers and carers, community managed organisations, ACCHS, NDIS providers, the NDIA, private providers and social service agencies	<ul style="list-style-type: none"> PHNs and LHNs will work collaboratively to engage regional stakeholders in the regional planning and service delivery process. Governments will strengthen existing partnerships with stakeholders to engage with the local community. The Expert Advisory Group will provide advice to governments on strategies to maximise engagement. 	Commencing early 2018	AHMAC
2.3	undertaking joint regional mental health needs assessment to identify gaps, duplication and inefficiencies to make better use of existing resources and improve sustainability	<ul style="list-style-type: none"> PHNs and LHNs will work towards data sharing to map regional service provision and identify areas of duplication, inefficiency and service gaps. PHNs and LHNs will utilise the NHMSPF and other planning tools to facilitate regional needs assessment and planning. 	Progressively from June 2018	MHDAPC
2.4	examining innovative funding models, such as joint commissioning of services and fund pooling for packages of care and support, to create the right incentives to focus on prevention, early intervention and recovery	<ul style="list-style-type: none"> PHNs and LHNs will explore opportunities for resource sharing and other innovative use of available funds to improve efficiencies, remove duplication and improve outcomes. 	Commencing mid-2020	MHDAPC
2.5	developing joint, single regional mental health and suicide prevention plans and commissioning services according to those plans	<ul style="list-style-type: none"> PHNs and LHNs will jointly develop comprehensive regional mental health and suicide prevention plans. These plans should cover the lifespan from children through young adults to older people. PHNs and LHNs will use these plans to progressively guide service development and commissioning. 	Commencing late 2017 Completed mid-2020	MHDAPC
2.6	identifying and harnessing opportunities for digital mental health to improve integration	<ul style="list-style-type: none"> Regional plans developed by PHNs and LHNs will make best use of existing and emerging technology and digital mental health services within an integrated, stepped care approach. Refer to Action 32 for information on implementation of a National Digital Mental Health Framework. 	Commencing 2017 Completed mid-2020	MHDAPC

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2.7	developing region-wide multi-agency agreements, shared care pathways, triage protocols and information-sharing protocols to improve integration and assist consumers and carers to navigate the system	<ul style="list-style-type: none"> PHNs and LHNs will work towards integrating existing bilateral agreements (such as COAG agreements and new Health Reform Agreements) and broadening these to be regional in coverage. The new agreements will be developed to ensure engagement of all relevant service providers. The Expert Advisory Group will provide advice to MHDAPC on mechanisms to improve integration, including best practice approaches to shared care, triage and information sharing. 	Mid-2021	MHDAPC
2.8	developing shared clinical governance mechanisms to allow for agreed care pathways, referral mechanisms, quality processes and review of adverse events.	<ul style="list-style-type: none"> PHNs and LHNs will jointly develop shared clinical governance mechanisms to ensure service pathways established and services commissioned across the system are clinically appropriate. 	Mid-2021	MHDAPC
Priority Area 2: Suicide prevention				
3	Governments will establish a new Suicide Prevention Subcommittee of MHDAPC, as identified in the Governance Section of this Plan, to set future directions for planning and investment.	<ul style="list-style-type: none"> MHDAPC will establish the Suicide Prevention Subcommittee to lead the joint development of Terms of Reference and membership, followed by the development of a Project Plan. The Terms of Reference will include, but will not be limited to: defining scope, establishing timeframes, outlining governance arrangements and developing a consultation strategy. 	December 2017 First meeting early 2018	MHDAPC
4	<p>Governments will, through the Suicide Prevention Subcommittee of MHDAPC, develop a National Suicide Prevention Implementation Strategy that operationalises the 11 elements above taking into account existing strategies, plans and activities with a priority focus on:</p> <ul style="list-style-type: none"> the consistent and timely provision of follow-up care for people who have attempted suicide or are at risk of suicide, including agreeing on clear roles and responsibilities for providers across the service system timely follow up support available to people affected by suicide improving cultural safety across all service settings improving relationships between providers, including emergency services improved data collections and combined evaluation efforts in order to build the evidence-base on 'what works' in relation to preventing suicide and suicide attempts. 	<ul style="list-style-type: none"> MHDAPC, through the Suicide Prevention Subcommittee, will lead the development of the National Suicide Prevention Implementation Strategy. The Strategy will include a focus on Aboriginal and Torres Strait Islander suicide prevention and will include releasing a version for public consultation to ensure stakeholder input. 	Commence 2018 Release of strategy for public consultation by mid-2019 Release of final strategy by 2020	MHDAPC

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5	<p>Governments will support PHNs and LHNs to develop integrated, whole-of-community approaches to suicide prevention.</p> <ul style="list-style-type: none"> This will include engaging with local communities to develop suicide prevention actions as part of a joint regional mental health and suicide prevention plan. These regional plans will be consistent with the 11 elements above and informed by the National Suicide Prevention Implementation Strategy as it is developed. At a regional level, PHNs and LHNs will work together to map providers across the service system, develop stronger referral pathways and build community knowledge of the range of available services and how to access them. 	<ul style="list-style-type: none"> The Commonwealth will direct PHNs and states/territories will direct LHNs to jointly develop suicide prevention approaches as a discrete component of Actions 1.1 and Action 10. Governments will jointly develop and provide guidance to PHNs and LHNs on regional approaches to suicide prevention, informed by the systems-based approach outlined in the WHO's Preventing suicide: A global imperative. 	Commence 2019 and ongoing	MHDAPC
<h3>Priority Area 3: Coordinating treatment and supports for people with severe and complex mental illness</h3>				
6	<p>Governments will negotiate agreements that prioritise coordinated treatment and supports for people with severe and complex mental illness. This will include planning for the community mental health support needs of people who do not qualify to receive supports under the NDIS, including fulfilment of agreed continuity of support provisions and ensuring any mainstream capacity is not lost for the broader population as a result of transition to the NDIS.</p>	<ul style="list-style-type: none"> The Commonwealth negotiation of agreement/s with states and territories for psychosocial support services. States and territories will negotiate agreement with Commonwealth for psychosocial support services. 	Commence in 2017 Finalised by the end of 2018	
7	<p>Governments will require PHNs and LHNs to prioritise coordinated treatment and supports for people with severe and complex mental illness at the regional level and reflect this in regional planning and service delivery.</p>	<ul style="list-style-type: none"> The Commonwealth will direct PHNs to plan and commission services for people with severe and complex mental illness through PHN funding agreements. Governments will use joint guidance material on regional plans (Refer to Action 1.2) to outline their expectations of PHNs and LHNs for coordinated treatment and supports for people with severe and complex mental illness. This will include specific consideration of the requirements of children and adolescents with or at risk of severe mental illnesses. 	Completed mid-2018	
8	<p>Governments will establish a time-limited Mental Health Expert Advisory Group, as identified in the Governance Section of this Plan, that will:</p> <ul style="list-style-type: none"> advise on the implementation of the Fifth Plan and analyse progress where requested by AHMAC, provide advice on broader mental health policy issues, which may include cross-portfolio consideration of issues that may arise from the implementation of mental health reforms and the NDIS for people with severe and complex mental illness and opportunities to harmonise data collection strategies. 	<ul style="list-style-type: none"> Refer to Action 1 in Governance section for implementation roles. The Expert Advisory Group will be reviewed by MHDAPC prior to expiration of the Fifth Plan. 	2019 Commence late 2021	

Action	Action description	Roles	Milestone date	Coordination point
9	<p>Governments will develop, implement and monitor national guidelines to improve coordination of treatment and supports for people with severe and complex mental illness.</p> <p>These guidelines will:</p> <ul style="list-style-type: none"> clarify roles and responsibilities across the health and community support service sectors be consistent with the COAG Mainstream Interface Principles (which determine the responsibilities of the NDIS and other service providers) specify criteria to guide targeting service delivery to consumers, including identifying pathways for culturally competent services promote the roles of multi-agency care plans, care pathways and information sharing protocols identify opportunities for the use of digital mental health and electronic health records in coordinating care highlight the role of data in supporting these activities. 	<ul style="list-style-type: none"> The Commonwealth will lead the joint development of national guidelines to be endorsed by AHMAC. This will include consultation with the social services sector. The Commonwealth to undertake a targeted consultation process will be undertaken to inform the development of the guidelines. 	<p>Commence in 2018</p> <p>Release in 2020</p>	
<h3>Priority Area 4: Improving Aboriginal and Torres Strait Islander mental health and suicide prevention</h3>				
10	<p>Governments will work with PHNs and LHNs to implement integrated planning and service delivery for Aboriginal and Torres Strait Islander peoples at the regional level.</p> <p>This will include:</p> <ul style="list-style-type: none"> engaging Aboriginal and Torres Strait Islander communities in the co-design of all aspects of regional planning and service delivery collaborating with service providers regionally to improve referral pathways between GPs, ACCHS, social and emotional wellbeing services, alcohol and other drug services, and mental health services, including improving opportunities for screening of mental and physical wellbeing at all points; connect culturally informed suicide prevention and postvention services locally and identify programs and services that support survivors of the Stolen Generation developing mechanisms and agreements that enable shared patient information, with informed consent, as a key enabler of care coordination and service integration clarifying roles and responsibilities across the health and community support service sectors ensuring that there is strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures. 	<ul style="list-style-type: none"> Guidance developed by governments for PHNs and LHNs on joint regional plans (Refer Action 1.2) will outline expectations regarding integrated planning and service delivery for Aboriginal and Torres Strait Islander peoples, including: <ul style="list-style-type: none"> expectations for involvement of ACCHS and Aboriginal and Torres Strait Islander communities; engagement of Aboriginal and Torres Strait Islander helpers and peer workers; operationalising the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 within regional mental health service systems; and governance structures and mechanisms being inclusive of Aboriginal and Torres Strait Islander perspective. 	<p>Commence mid-2018</p>	MHDAPC

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11	<p>Governments will establish an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee of MHDAPC, as identified in the Governance Section of this Plan, that will set future directions for planning and investment and:</p> <ul style="list-style-type: none"> provide advice to support the development of a nationally agreed approach to suicide prevention for Aboriginal and Torres Strait Islander peoples for inclusion in the National Suicide Prevention Implementation Strategy; provide advice on models for co-located or flexible service arrangements that promote social and emotional wellbeing incorporating factors including a person's connection to country, spirituality, ancestry, kinship, and community identify innovative strategies, such as the use of care navigators and single care plans, to improve service integration, support continuity of care across health service settings and connect Aboriginal and Torres Strait Islander peoples with community based social support (non-health) services provide advice on suitable governance for services and the most appropriate distribution of roles and responsibilities, recognising that the right of Aboriginal and Torres Strait Islander communities to self-determination lies at the heart of community control in the provision of health services overseeing the development, dissemination and promotion in community, hospital and custodial settings of resources that articulate a model of culturally competent Aboriginal and Torres Strait Islander mental health care across the healthcare continuum and brings together (a) the holistic concept of social and emotional wellbeing and (b) mainstream notions of stepped care, trauma-informed care and recovery-oriented practice provide advice on workforce development initiatives that can grow and support an Aboriginal and Torres Strait Islander mental health workforce, incorporates Aboriginal and Torres Strait Islander staff into multidisciplinary teams, and improves access to cultural healers provide advice on models of service delivery that embed cultural capability into all aspects of clinical care and implements the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 in mental health services provide advice on culturally appropriate digital service delivery, and strategies to assist Aboriginal and Torres Strait Islander peoples to register for My Health Record and understand the benefits of shared data. 	<ul style="list-style-type: none"> Refer to Action iii in Governance section for information on the implementation approach. 	Refer to Action III	MHDAPC
12	<p>Governments will improve Aboriginal and Torres Strait Islander access to, and experience with, mental health and wellbeing services in collaboration with ACCHS and other service providers by:</p>			
12.1	<p>developing and distributing a compendium of resources that includes (a) best practice examples of effective Aboriginal and Torres Strait Islander mental health care, (b) culturally safe and appropriate education materials and resources to support self-management of mental illness and enhance mental health literacy and (c) culturally appropriate clinical tools and resources to facilitate effective assessment and to improve service experiences and outcomes</p>	<ul style="list-style-type: none"> The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee will develop and distribute sector resources. The subcommittee will be required to consult widely on the development and distribution of this compendium to ensure strong sector engagement. This role for the Subcommittee will be articulated in its Terms of Reference (Refer to Action iii). 	Commence 2018 Completed 2020	MHDAPC

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12.2	increasing knowledge of social and emotional wellbeing concepts, improving the cultural competence and capability of mainstream providers, and promoting the use of culturally appropriate assessment and care planning tools and guidelines	<ul style="list-style-type: none"> The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee will develop joint guidance for mental health providers to increase knowledge and improve cultural competence. This guidance will articulate government expectations for funded service providers and provide practical advice based on existing agreed policy documents, including the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023, the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 and the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and relevant state/territory strategies. 	Commence 2018 and ongoing	MHDAPC
12.3	recognising and promoting the importance of Aboriginal and Torres Strait Islander leadership and supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration	<ul style="list-style-type: none"> The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee will provide advice to MHDAPC on practical strategies to improve Aboriginal and Torres Strait Islander leadership. This role for the Subcommittee will be articulated in its Terms of Reference (Refer to Action iii). 	Commence 2018 and ongoing	MHDAPC
12.4	training all staff delivering mental health services to Aboriginal and Torres Strait Islander peoples, particularly those in forensic settings, in trauma-informed care that incorporates historical, cultural and contemporary experiences of trauma.	<ul style="list-style-type: none"> Informed by advice from the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee, all governments will ensure training in trauma-informed care is provided to all staff in their mental health services. All governments will put in place strategies for delivering training in trauma-informed care to providers of mental health services to Aboriginal and Torres Strait Islander peoples. 	Commence 2018 and ongoing	MHDAPC
13	Governments will strengthen the evidence base needed to improve mental health services and outcomes for Aboriginal and Torres Strait Islander peoples through:			
13.1	establishing a clearinghouse of resources, tools and program evaluations for all settings to support the development of culturally safe models of service delivery, including the use of cultural healing and trauma-informed care	<ul style="list-style-type: none"> Utilising AIHW's Close the Gap Clearinghouse, the Commonwealth will commission the establishment of a clearinghouse of resources, tools and program evaluations. MHDAPC will request the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee to advise on implementation of this action. This role for the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee will be articulated in its Terms of Reference (Refer to Action iii). 	Commence 2018 and ongoing	MHDAPC

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13.2	ensuring that all mental health services work to improve the quality of identification of Indigenous people in their information systems through the use of appropriate standards and business processes	<ul style="list-style-type: none"> MHISSC will develop strategies for ongoing testing and reporting on the accuracy of identification of Aboriginal and Torres Strait Islander people within key national mental health data collections. 	Commence 2018 Completed 2021	MHISSC
13.3	ensuring future investments are properly evaluated to inform what works	<ul style="list-style-type: none"> All governments commit to embedding appropriate evaluation of their respective investments in mental health initiatives for Aboriginal and Torres Strait Islander peoples and report annually on achievement of this requirement through MHDAPC. The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee will provide advice on how to best embed evaluation of government investment into program design. 	From 2017 and ongoing	MHDAPC
13.4	reviewing existing datasets across all settings for improved data collection on the mental health and wellbeing of, and the prevalence of mental illness in, Aboriginal and Torres Strait Islander peoples	<ul style="list-style-type: none"> MHISSC will work with stakeholders to ensure that the development and construction of mental health performance indicators include the capacity to disaggregate by Indigenous status where ever possible. 	Commencing 2018 and ongoing	MHISSC
13.5	utilising available health services data and enhancing those collections to improve services for Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> MHISSC will work with stakeholders to create opportunities for collating and reporting data on provision of mental health services to Aboriginal and Torres Strait Islander peoples. The Commonwealth will facilitate this through existing funding arrangements with the AIHW and will ask AIHW and MHISSC to scope the development of mental health indicator/s in the KPIs for Aboriginal and Torres Strait Islander primary healthcare. 	Commence 2018 Completed 2021	MHISSC
Priority Area 5: Improving the physical health of people living with mental illness and reducing early mortality				
14	Governments commit to the elements of Equally Well - The National Consensus Statement for improving the physical health of people living with mental illness in Australia.	<ul style="list-style-type: none"> All governments and mental health commissions will embed the elements of Equally Well and take action in their areas of influence to make changes towards improving the physical health of people with mental illness. The NMHC will monitor and report on implementation of the National Consensus Statement across jurisdictions. 	From 2017 following release of Equally Well	All jurisdictions and mental health commissions

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15	<p>Governments will develop or update guidelines and other resources for use by health services and health professionals to improve the physical health of people living with mental illness. Implementation of the guidelines and resources will be monitored and reported.</p> <p>These guidelines and resources will:</p> <ul style="list-style-type: none"> provide advice on how to ensure physical health checks are part of the routine care of individuals with mental illness provide advice on screening, detection, treatment and early medical intervention for people known to be at high risk of physical ill health define the roles of GPs, other primary care providers and specialist health providers in supporting integrated physical and mental health care. 	<ul style="list-style-type: none"> The Commonwealth and states and territories will review existing guidelines and resources and determine whether these require updating or whether additional guidelines and resources are required. 	<p>Commence mid-2018</p> <p>Completed late 2019</p> <p>Annually from 2020</p>	MHDAPC
16	<p>Governments will work with PHNs and LHNs to build into local treatment planning and clinical governance the treatment of physical illness in people living with mental illness by:</p>			
16.1	including it as part of joint service planning activity between PHNs and LHNs	<ul style="list-style-type: none"> Governments will use joint guidance material on regional plans (Refer to Action 1.2) to outline their expectations of PHNs and LHNs for the inclusion of mechanisms to support the physical health of people living with mental illness in joint service planning activity. PHNs and LHNs will jointly release regional plans that include mechanisms to support the physical health needs of people living with mental illness. 	<p>June 2018</p> <p>By mid-2020</p>	MHDAPC
16.2	including it as part of joint clinical governance activity	<ul style="list-style-type: none"> Governments will use joint guidance material on regional plans to outline their expectation of PHNs and LHNs that joint clinical governance activity should include mechanisms for supporting the physical health of people with mental illness. Refer to Action 1.2 for information on joint guidance. 	<p>June 2018</p>	MHDAPC
16.3	requiring roles and responsibilities to be documented as part of local service agreements.	<ul style="list-style-type: none"> The Commonwealth will direct PHNs to document roles and responsibilities for supporting the physical health of people living with mental illness in local service agreements. States and territories will direct LHNs to document roles and responsibilities for supporting the physical health of people living with mental illness in local service agreements. 	<p>From mid-2020</p>	MHDAPC

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17	<p>Governments will commence regular national reporting on the physical health of people living with mental illness.</p> <p>This will include:</p> <ul style="list-style-type: none"> building on existing datasets and reporting mechanisms identifying and addressing data gaps seeking opportunities to share data across traditional boundaries. 	<ul style="list-style-type: none"> MHISSC will: <ul style="list-style-type: none"> identify mechanisms for reporting on the physical health of Australians with mental illness. develop one or more nationally-consistent performance indicators on the physical health of Australians with mental illness. identify strategies for ongoing analysis and reporting of the mortality gap for Australians with mental illness. 	<p>Commence October 2017</p> <p>Completed 2022</p>	MHISSC
<h3>Priority Area 6: Reducing stigma and discrimination</h3>				
18	<p>Governments will take action to reduce the stigma and discrimination experienced by people with mental illness that is poorly understood in the community.</p> <p>This will:</p> <ul style="list-style-type: none"> involve consumers and carers, community groups and other key organisations build on existing initiatives, including the evidence base of what works in relation to reducing stigma and discrimination account for the specific experience of groups already at high risk of stigma including Aboriginal and Torres Strait Islander peoples and people who identify as LGBTI. 	<ul style="list-style-type: none"> The Commonwealth will engage an expert provider to undertake a review of existing initiatives and evidence to inform the approach to implementation of this action. MHDAPC and the Commonwealth will lead targeted consultations on options for a nationally coordinated approach to stigma and discrimination reduction with a focus on that experienced by people with mental illness that is poorly understood in the community. MHDAPC to propose direction to AHMAC for collaborative future government action. 	<p>Completed mid-2018</p> <p>Completed late 2018</p> <p>Completed early 2019</p>	MHDAPC
19	<p>Governments will reduce stigma and discrimination in the health workforce by:</p>			
19.1	<p>developing and implementing training programs that build awareness and knowledge about the impact of stigma and discrimination</p>	<ul style="list-style-type: none"> MHDAPC will seek advice from the Expert Advisory Group about an approach for developing and implementing training programs for the health workforce that build awareness and knowledge about the impact of stigma and discrimination. MHDAPC will engage with consumers and carers, professional bodies, workforce accreditation bodies, mental health commissions, service providers and other key stakeholders on the development and implementation of training programs. MHDAPC will engage with other AHMAC Principal Committees on the approach to implementing training programs for the health workforce. 	<p>Completed by mid-2021</p>	AHMAC
19.2	<p>responding proactively and providing leadership when stigma or discrimination is seen</p>	<ul style="list-style-type: none"> MHDAPC will seek advice from the Expert Advisory Group about where national responses and leadership are needed to support stigma and discrimination reduction in the health workforce. 	<p>Completed by mid-2018</p>	MHDAPC

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19.3	empowering consumers and carers to speak about the impacts of stigma and discrimination	<ul style="list-style-type: none"> MHDAPC will seek advice from the Expert Advisory Group about approaches for reducing stigma and discrimination in the health workforce by empowering consumers and carers to speak about the impacts of stigma and discrimination. 	Completed by mid-2018	MHDAPC
20	<p>Governments will ensure that the Peer Workforce Development Guidelines to be developed in Priority Area 8:</p> <ul style="list-style-type: none"> create role delineations for peer workers that provide opportunities for meaningful contact with consumers and carers and grassroots based advocacy identify effective anti-stigma interventions with the health workforce. 	<ul style="list-style-type: none"> Refer to Action 29 for implementation approach. 	Refer to Action 29	MHDAPC
<h3>Priority Area 7: Making safety and quality central to mental health service delivery</h3>				
21	<p>Governments will develop a National Mental Health Safety and Quality Framework to guide delivery of the full range of health and support services required by people living with mental illness. The Framework will describe the national agenda and work program for safety and quality over the next five years, and will include:</p>			
21.1	identifying new and emerging national safety and quality priorities, and updating the 2005 statement of National Safety Priorities in Mental Health	<ul style="list-style-type: none"> SQPSC will work with the Australian Commission for Safety and Quality in Health Care (ACSQHC) to update the National Safety Priorities in Mental Health. 	Commence 2018 Completed 2021	SQPSC
21.2	a revised national mental health performance framework to support reporting on performance and quality across all mental health service sectors	<ul style="list-style-type: none"> MHISSC will revise the National Mental Health Performance Framework in line with: <ul style="list-style-type: none"> development of the National Mental Health Safety and Quality Framework. amalgamation of the National Health Performance Framework and Performance and Accountability Framework being undertaken by AHMAC. the updated National Standards for Mental Health Services being developed by the Australian Commission on Safety and Quality in Health Care. 	Commence 2019 Completed 2020	MHISSC
21.3	a guide for consumers and carers that outlines how they can participate in all aspects of what is undertaken within a mental health service so that their role in ongoing safety and quality initiatives is strengthened	<ul style="list-style-type: none"> The NMHC will progress the development of a consumer and carer guide. The NMHC will consult with the NMHCCF and SQPSC on the development of the guide. 	Commence 2018 Completed 2020	SQPSC

Action	Action description	Roles	Milestone date	Coordination point
21.4	a process for revising the National Standards for Mental Health Services that accounts for interfaces with other relevant standards such as the National Disability Standards	<ul style="list-style-type: none"> SQPSC will work with ACSQHC to develop a suitable process for revising the National Standards for Mental Health Services. 	Commence 2019 Completed 2021	SQPSC
21.5	coverage of all relevant service delivery sectors.	<ul style="list-style-type: none"> SQPSC will develop an approach to ensuring all relevant service delivery sectors are covered by the Framework. 	Commence 2018 Completed 2020	SQPSC
22	<p>Governments will develop a mental health supplement to the NSQHS Standards (2nd ed.) which will align the NSQHS Standards and the NSMHS.</p> <ul style="list-style-type: none"> The NSQHS Standards (2nd ed.) and its mental health supplement will guide implementation of the Standards for all mental health services in public and private hospitals and community services provided by local health networks to ensure a single set of standards for these services. The NSMHS will be maintained as the authoritative reference point on quality mental health care for continuing use by those organisations not subject to the NSQHS Standards. 	<ul style="list-style-type: none"> SQPSC to work with the ACSQHC to develop a mental health supplement to the NSQHS Standards (2nd ed.). 	Commence 2019 Completed 2021	SQPSC
23	<p>Governments will implement monitoring of consumer and carer experiences of care, including the Your Experience of Service survey tool, across the specialised and primary care mental health service sectors. Efforts should be made to ensure groups that are historically poorly represented in these surveys such as Aboriginal and Torres Strait Islander peoples are properly represented and that survey tools are appropriately adapted to allow for this.</p>	<ul style="list-style-type: none"> MHISSC will lead work with the AIHW to pool consumer and carer experiences of care data nationally, to develop performance indicators of consumer and carer experience, and to report these indicators annually at the lowest level of geography possible. MHISSC will lead the work required to develop a primary care version of the YES survey tool. 	Commence 2018 Completed 2021	MHISSC
24	<p>Governments will develop an updated statement on National Mental Health Information Priorities for information developments over the next ten years.</p>	<ul style="list-style-type: none"> MHISSC will develop a 3rd edition of the National Mental Health Information Priorities, in consultation with consumers and carers, service providers, the NMHC, relevant professional organisations, governments, PHN's and other relevant bodies. 	Published by Dec 2018	MHISSC
25	<p>Governments will ensure service delivery systems monitor the safety and quality of their services and make information on service quality performance publicly available.</p>	<ul style="list-style-type: none"> Commonwealth-funded services will have safety and quality monitoring and public reporting mechanisms. State and territory-funded services have safety and quality monitoring and public reporting. 	Completed end 2021	SQPSC
26	<p>Governments will improve consistency across jurisdictions in mental health legislation. This will be based on an understanding of their impacts on consumer and carers and consistent with the 1 July 2016 United Nations Human Rights Council Resolution on Mental Health and Human Rights and the 2006 Convention on the Rights of Persons with Disabilities.</p>	<ul style="list-style-type: none"> All governments, through SQPSC, will continue to work together to develop effective working relations within existing legislative provisions. 	Commence 2017 and ongoing	MHDAPC

Action	Action description	Roles	Milestone date	Coordination point
27	Governments will make accessible the WHO QualityRights guidance and training tools to build awareness amongst consumers and carers, community managed organisations and other health services of consumer rights under the Convention on the Rights of People with Disabilities.	<ul style="list-style-type: none"> All governments will take steps to ensure the WHO QualityRights guidance and training tools pertaining to mental health are accessible to promote awareness of consumer rights. The Commonwealth and states/territories will request their funded organisations utilise the guidance and training tools. 	Commence 2018 and ongoing	SQPSC
Priority Area 8: Ensuring that the enablers of effective system performance and system improvement are in place				
28	Governments will request the National Mental Health Commission to work in collaboration with the National Health and Medical Research Council, consumers and carers, states and territories, research funding bodies and prominent researchers to develop a research strategy to drive better treatment outcomes across the mental health sector.	<ul style="list-style-type: none"> The NMHC will lead the development of a research strategy in collaboration with the NHMRC, consumers and carers, states and territories, research funding bodies and prominent researchers. 	Commence mid-2018 Completed 2021	MHDAPC
29	Governments will develop Peer Workforce Development Guidelines consistent with the recommendation made by the National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services, and the commitment made at Action 20.	<ul style="list-style-type: none"> The NMHC will lead the development of Peer Workforce Development Guidelines. The NMHC will consult with all governments, mental health commissions, consumers and carers and the mental health sector on development of the guidelines. 	Commence mid-2018 Completed 2021	MHDAPC
30	Governments will monitor the growth of the national peer workforce through the development of national mental health peer workforce data including data collection and public reporting.	<ul style="list-style-type: none"> MHISSC will continue development of data sources to monitor the growth of the national peer workforce in public sector mental health services. MHISSC will also identify opportunities for reporting of employment of peer workers in the non-government sector, including PHNs. 	Commence mid-2018 and ongoing	MHISSC
31	Governments will use the outputs from the NMHSPF, and other relevant data, to develop a Workforce Development Program that will guide strategies to address future workforce supply requirements and drive recruitment and retention of skilled staff.	<ul style="list-style-type: none"> The Commonwealth will manage contractual arrangements with an expert provider to obtain outputs from the NMHSPF to inform the development of this activity. MHDAPC will agree on the scope of the Workforce Development Program and will consult with relevant AHMAC committees on the approach to ensure alignment with broader health workforce policy arrangements. 	Commence early-2018 Completed 2022	AHMAC

Action	Action description	Roles	Milestone date	Coordination point
32	<p>Governments will develop a National Digital Mental Health Framework in collaboration with the National Digital Health Agency that will include:</p> <ul style="list-style-type: none"> • 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 help services • recommendations on the development of new digital service delivery platforms • actions for addressing access to new digital service delivery platforms for people from CALD 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 • workforce development priorities to improve use and uptake of digital mental health services. 	<ul style="list-style-type: none"> • MHDAPC will agree the approach to development of the Framework. • The Commonwealth, in collaboration with the National Digital Health Agency, will engage a suitably qualified provider to scope the requirements of a national digital mental health framework through a comprehensive consultation process, including with the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee. • States and territories to contribute to Commonwealth consultation and development of the framework. 	Commence mid-2018 Framework completed 2020	AHMAC

Acronyms

Acronym	Description
ACCHS	Aboriginal Community Controlled Health Services
ACSQHC	Australian Commission on Safety and Quality in Health Care
AHMAC	Australian Health Ministers Advisory Council
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
LGBTI	Lesbian, gay, bisexual, trans, and/or intersex
LHNs	Local Hospital Networks
MHDAPC	Mental Health Drug and Alcohol Principal Committee
MHISSC	Mental Health Information Strategy Standing Committee
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NMHC	National Mental Health Commission
NMHCCF	National Mental Health Consumer and Carer Forum
NMHSPF	National Mental Health Service Planning Framework
NSQHS Standards	National Safety and Quality Health Service Standards (2nd ed.)
MOU	Memorandum of Understanding
PHNs	Primary Health Networks
SQPSC	Safety and Quality Partnership Standing Committee
WHO	World Health Organisation
YES	Your Experience of Service

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