

## 2. Implementation Progress – Committee Activity

The forerunner to the MHSC, the National Mental Health Working Group (NMHWG), was established by the AHMAC in 1991 to oversee the implementation of the National Mental Health Strategy, to provide a forum for cross-jurisdictional information exchange, and to encourage a consistent approach to the implementation of the National Mental Health Strategy. The Group also provided advice to the Australian Government Minister for Health and Aged Care on expenditure of national mental health project funding. Following a review of subcommittees of AHMAC in 2006, the NMHWG was revised and restructured as a subcommittee of the Health Policy Priorities Principal Committee and redesignated the MHSC.

The MHSC reports to the AHMC through AHMAC and the Health Policy Priorities Principal Committee (HPPPC).

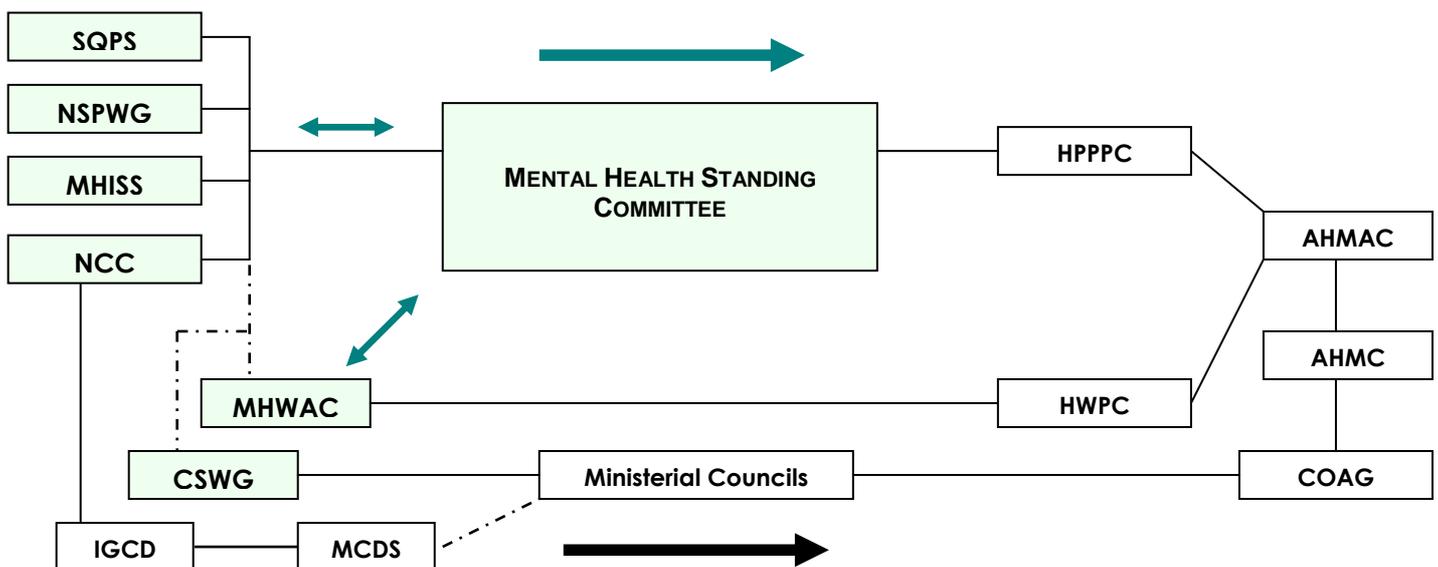
The MHSC has a broad role of oversight where significant work is undertaken through various subcommittees. The subcommittees include the:

- Mental Health Information Strategies Subcommittee (MHIS) which is predominantly responsible for expert technical advice on information management;
- Safety and Quality Partnership Subcommittee (SQPS) that focuses on mental health safety and quality issues, particularly in association with the Australian Commission on Safety and Quality in Health Care (ACSQHC) and Private Mental Health Alliance (PMHA); and
- National Suicide Prevention Working Group (NSPWG) that was formed specifically to progress Actions 12 and 13 of the Fourth Plan that relate to suicide prevention.

Other Committees that have strong linkages with the MHSC and share responsibility for various activities, but are not strictly subcommittees include the following:

- Fourth National Mental Health Plan Implementation – Cross Sectoral Working Group (CSWG) sits alongside the MHSC with shared oversight responsibilities as it is tasked with progressing the implementation of the non-health aspects of the Fourth Plan.
- National Comorbidity Collaboration (NCC) is also not a formal subcommittee of the MHSC but rather is a cooperative mechanism between the MHSC and the Intergovernmental Committee on Drugs to progress comorbidity initiatives.
- The Mental Health Workforce Advisory Council (MHWAC) reports to the Health Workforce Principal Committee (HWPC) but has strong links with the MHSC due to the overlap of activity related to the Fourth Plan, particularly the development of the Mental Health Workforce Strategy (Action 25).

The Committee Structure relevant to MHSC is depicted in the following diagram:



In addition to specialist work conducted by its subcommittee activities, the most significant work being currently undertaken by the MHSC is progressing the implementation of the Fourth Plan and other parallel mental health reform processes. The following sections outline the activity specifically relating to the implementation of the Fourth Plan.

## **2.1 Mental Health Standing Committee (MHSC)**

The MHSC is a decision making committee to progress national policy and reform and as such, State and Territory members are directors or equivalent of mental health services, Australian Government representatives are Branch Heads, and private sector member organisations are CEO or equivalent within their organisations.

The membership of the MHSC is currently Chaired by the Queensland Director of Mental Health and also consists of Directors of Mental Health or equivalent in each State and Territory and representatives from the Australian Government Departments of Health and Ageing (DoHA), Veterans' Affairs (DVA) and Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the private sector (currently the Private Mental Health Alliance), Mental Health Council of Australia (MHCA) and consumer and carer representatives drawn from the National Mental Health Consumer and Carer Forum (NMHCCF). Official observers include representatives from the Ministry of Health in New Zealand, the Private Mental Health Alliance, and the Mental Health Council of Australia.

### **Fourth National Mental Health Plan Implementation Activity**

Since endorsement of the Fourth Plan in 2009, the MHSC has focused on the development of an Implementation Strategy to guide the implementation of actions in the Fourth Plan. The Implementation Strategy articulates the way in which a detailed approach to implementation of each action will be developed and can be found at Appendix 1. The Implementation Strategy was endorsed by AHMC and publicly released in December 2010 at <http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/whatsnew-1>. The MHSC then established small working groups to develop detailed year-by-year implementation approaches for each action in the Fourth Plan to coordinate national activities relevant to each action.

The detailed implementation approaches were considered by the MHSC and CSWG over October and November 2010 and were endorsed with the exception of Actions 7 and 24, which require additional development. This work is continuing.

A summary of other Fourth Plan Implementation progress to the end of 2010 includes:

- Currently in draft form, the logistical aspects of implementation are being considered by MHSC, including an estimate of costs associated with implementation and models to govern the implementation process.
- MHSC members have supported the development of a Service Planning Framework (Action 16) using Commonwealth funding in 2010/2011. Discussions between the Commonwealth, Queensland and New South Wales have resulted in the drafting of an implementation proposal involving all jurisdictions for progressing the development of the Service Planning Framework. A 2.5 year implementation process is anticipated to complete this work and will be considered by MHSC in early 2011.

Subcommittee activity, to be discussed in more detail later in the following sections, has seen the progression of the following Fourth Plan actions:

- SQPS – Actions 4, 23 and 27
- MHISS – Actions 28, 31, 32, 33 and 34
- National Suicide Prevention Working Group – Actions 12 and 13
- National Comorbidity Collaboration – Action 20.

The MHSC has oversight of these processes and reviews implementation progress regularly.

## **2.2 Safety and Quality Partnership Subcommittee (SQPS)**

The Safety and Quality Partnership Subcommittee (SQPS) is a sub-group of the MHSC which is tasked with taking forward the mental health safety and quality agenda. A key role of the SQPS is the provision of expert technical advice and recommendations on the development of national policy

and strategic directions for safety and quality in mental health, taking into consideration the National Mental Health Strategy, National Mental Health Plan(s), and mainstream health initiatives.

The SQPS has a watching brief in relation to safety and quality in mental health and may respond, through the provision of advice to the MHSC, on emerging issues of concern and related quality and safety initiatives. The SQPS may also provide advice in relation to monitoring and implementation of the National Standards for Mental Health Services.

The membership of SQPS includes the Chair (appointed by the MHSC) and representatives from key stakeholder groups who are in a position to drive change in the area of safety and quality (State and Territory public mental health sector, Australian Government Department of Health and Ageing, Australian Commission on Safety and Quality in Health Care, Private Mental Health Alliance, Mental Health Council of Australia, Community Mental Health Alliance and New Zealand Ministry of Health as well as consumer and carer representatives from the National Mental Health Consumer and Carer Forum).

#### **Fourth National Mental Health Plan Implementation Activity**

SQPS has responsibility, or shared responsibility, for progressing the work associated with the implementation of Actions 4, 23 and 27 of the Fourth Plan. In the early part of 2010, SQPS revised its work plan for 2010-2011 to ensure alignment with the Fourth Plan objectives, including those actions where SQPS had a keen interest in contributing to, or a watching brief on, activity due to linkages and interactions with the SQPS agenda. In August 2010, SQPS representatives led workshop activities to develop the draft implementation approaches for Actions 4, 23, 27 and 28. Representatives from SQPS also participated as members in other subgroups developing implementation approaches for actions where SQPS had an identified interest.

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**Action 4** - *Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.*

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Recovery is a fundamental action of the Fourth Plan which is complicated due to the multifaceted aspects, interpretation and activities associated with recovery. A major focus of SQPS in 2010 was related to the further development of a recovery oriented framework of service provision, building on the recovery principles of the revised National Standards for Mental Health Services. The National Standards Implementation Steering Committee (NSISC), a subgroup of SQPS, is the overseeing body responsible for finalising the review and guiding the implementation of the National Standards.

The review of the National Standards involved an extensive consultation process which saw the inclusion of a Recovery Standard and the development of a set of National Principles of Recovery Oriented Mental Health Practice to ensure that mental health services are delivered in a way that supports the recovery of mental health consumers inclusive of:

- Uniqueness of the individual;
- Real choices;
- Attitudes and rights;
- Dignity and respect;
- Partnership and communication; and
- Evaluating recovery.

To accompany the revised National Standards, the NSISC developed three Implementation Guidelines for the following service sectors:

- Non government sector;
- Private office based mental health practices; and
- Private hospitals and public mental health services.

The National Standards for Mental Health Services 2010 were endorsed by Health Ministers on 15 September 2010 and officially launched by Her Excellency, Professor Marie Bashir AC, Governor of New South Wales, on 16 September 2010 at The Mental Health Services Conference (TheMHS). The National Standards and the three Implementation Guidelines are available electronically on the MHSC website under the SQPS publications area at

<http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/publications-1> and can be ordered in hard copy from National Mailing & Marketing at [www.nationalmailing.com.au](http://www.nationalmailing.com.au) (Tel: (02) 6269 1000).

More recently, the NSISC developed an overarching National Implementation Strategy for the National Standards with key objectives outlined under the three areas of Implementation, Monitoring and Accreditation.

The NSISC and jurisdictions are now concentrating on the Implementation phase (in line with the National Implementation Strategy) including promotion and awareness raising activities as well as monitoring and reporting issues and the implications for accreditation. As part of the national awareness and promotion activities, a poster and video competition aimed at building awareness in the community was held and competition winners were announced at the Summer TheMHS Forum in February 2011.

In August 2010, MHSC jurisdictional members also contributed to a brief audit process to summarise recovery tools and frameworks currently being utilised or developed across jurisdictions. This information will be expanded to determine baseline activity and utilised by SQPS as it progresses further activity in 2011 in collaboration with the Mental Health Information Strategy Subcommittee and the Mental Health Workforce Advisory Committee.

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***Action 23 - Review the Mental Health Statements of Rights and Responsibilities.***

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In acknowledging the strengths of the current Mental Health Statements of Rights and Responsibilities (the Statements), the implementation approach for Action 23 identified that a review project would aim to amend and update the Statements in relation to human rights legislation, modern mental health care concepts and contemporary language rather than undertake a major rewrite of the document.

While SQPS would have oversight/governance of the review project and develop clear guidelines on the expected consultation process and timeframes, the review project activity could potentially be undertaken by an external agency. At its meeting in November 2010, SQPS agreed on the formation of a group to further scope and develop terms of reference and a work plan to progress this review.

Following the scoping activity and MHSC endorsement of the work plan, the intention is to progress the review project activity in the first half of 2011, with the aim of completing the review of the Statements by the end of 2011 prior to seeking Health Ministers' endorsement in 2012.

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***Action 27 - Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.***

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In line with the National Implementation Strategy for the National Standards for Mental Health Services 2010, all jurisdictions are now focusing on transitional processes to incorporate the National Standards into accreditation processes, promotional activities and working collaboratively to identify monitoring and reporting issues and options.

Two informal workshops were held (in July and September 2010) with various accreditation bodies to discuss the implementation and accreditation issues relating to the National Standards for the different sectors and agencies.

A larger national forum, held on 1 December 2010, brought together accreditation surveyors and providers to further discuss issues associated with implementing and integrating the National Standards 2010 into the current mental health service accreditation, monitoring and reporting processes.

The key objectives of the December forum were to;

- Identify the top 5 key challenges/opportunities related to implementing the National Standards into accreditation processes, and to the monitoring and reporting against the National Standards; and
- Identify the key strategies that will facilitate the National Standards being incorporated into accreditation processes, and assist service providers to individually monitor and report against the National Standards to ensure quality improvement. The summation paper from this forum is currently being drafted and will inform the way forward.

As a parallel process, the National Safety and Quality Healthcare Standards being developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) are also being finalised. Further activity in relation to this process will also be informed by the National Standards.

### **Other Fourth National Mental Health Plan Related SQPS Activities**

A major focus of SQPS relates to progressing the priority areas from the *National Safety Priorities in Mental health: A National Plan for Reducing Harm*, the outcomes of which relate to improving services and consumer outcomes. These four priority areas identified are in accordance with the objectives of the Fourth Plan in relation to quality improvement and innovation, and accountability and activity under each priority area is summarised as follows:

#### Reduce, and where possible, eliminate the use of seclusion and restraint in mental health services

- Following the successful completion of the National Mental Health Seclusion and Restraint Project, SQPS has had a continued role in maintaining a watching brief on the wider progress of the implementation of seclusion and restraint reduction initiatives across Australia. SQPS members agreed to the hosting of annual forums, with jurisdictional support, on seclusion and restraint. New South Wales hosted a two day forum in Sydney in November 2010 and South Australia is currently in the initial stages of planning the 2011 forum in Adelaide.

#### Promote the safe transportation of people experiencing mental illness/disorders

- SQPS has formed a subgroup to undertake a project on the safe transportation of people with mental illness by air, consistent with the National Safe Transport Principles. The project aims to review existing guidelines for air transportation of mental health consumers and to conduct a survey of the current usage of air transportation of mental health consumers across all jurisdictions. The project is in its initial stages and work will progress in 2011.

#### Reduce the adverse medication events in mental health services

- The Reducing Adverse Medication Events in Mental Health Working Party (RAMEMHWP), a subgroup of SQPS, has recently completed a project which involved:
  - The development of Mental Health Medicine Information Leaflets for consumers and carers to accompany the Consumer Medication Information on medications used in mental health care;
  - Taking stock of activity in this area from a national perspective; and
  - Progressing work on the framework for consumers and carers in the prescribing, dispensing and administering of medications.
- In recognising the complexity of reducing adverse medication events, the final project report has a number of broad recommendations which includes further work for the Working Party and SQPS and external agencies. Work will continue in 2011 seeking external agency interest in progressing some of the recommendations which are beyond the scope of SQPS.

#### Reduce suicide for those in contact with mental health services

- SQPS continues to work with the Australian Government on the requirements of Action 13 of the Fourth Plan to align state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework.

### **Collaborative work with the Australian Commission on Safety and Quality in Health Care**

Over the last year SQPS has also been keen to build on its relationship with the Australian Commission on Safety and Quality in Health Care (ACSQHC). This recognises the benefits in ensuring that the work of SQPS is aligned with the Commission particularly as the Commission aims to build mental health into its existing work programs. ACSQHC program areas of particular interest to SQPS include:

- Australian Safety and Quality Framework for Health Care – relates to the proposed development of a National Quality Framework for Mental Health.
- National Safety and Quality Health Service Standards – relates to the recently revised National Standards for Mental Health Services and accreditation processes.
- Health Care Rights – relates to the review of the Mental Health Statements of Rights and Responsibilities.

- Clinical Handover – relates to transition of care across services and settings.
- Recognising and Responding to Clinical Deterioration as it applies to mental health and psychiatric deterioration – relates to the seclusion and restraint reduction initiatives and the broader area of physical health.
- Medication Safety – relates to the work and recommendations of the Reducing Adverse Medication Events in Mental Health Working Party..
- Australian Quality and Safety Framework for Health Care – relates to the proposed development of a Quality Framework for Mental Health which may contribute to the complex area of recovery.

Further discussion on collaborative work with the ACSQHC and a specific strategy to take this forward will occur in 2011.

## 2.3 Mental Health Information Strategy Subcommittee (MHISS)

The Mental Health Information Strategy Subcommittee (MHISS) is a subgroup of the MHSC and was established under the earlier governance of the MHSC predecessor, the NMHWG. The original focus was to provide a national collaborative approach in developing and implementing initiatives related to mental health information, and to provide expert technical advice and recommendations for subsequent decision on initiatives to address the information requirements of the National Mental Health Strategy.

The primary focus of the MHISS, is to provide expert technical advice and, where required, recommend policy for consideration by the MHSC rather than define policy, which remains the province of the MHSC.

Membership includes representatives from States and Territories, the Australian Government (DoHA and FaHCSIA), the private sector (nominated by the Private Mental Health Alliance) and NGO sector (represented by Community Mental Health Australia), consumers and carers, the Mental Health Council of Australia, the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW) and the Review of Government Services Provision (ROGSP). Official observers represent the New Zealand Ministry of Health, Australian Mental Health Outcomes and Classification Network (AMHOCN) and consultants to the Department of Health and Ageing.

### Fourth National Mental Health Plan Implementation Activity

MHISS was tasked with developing and implementing approaches for the Fourth Plan actions related to the development of mental health information including performance and benchmarking information, national reporting on the progress of mental health reform, public reporting of the performance of mental health services, and an evaluation of the Fourth Plan.

Additionally, MHISS has a key role in contributing to the implementation approaches for actions 4 and 27, because these are heavily information-dependent.

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**Action 4** - *Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.*

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Elements of this approach include targeted workforce development, establishment of an effective peer support workforce, and expansion of opportunities for meaningful involvement of consumers and carers.

Whilst MHWAC, SQPS and MHISS all have lead roles for this action item, MHISS is specifically involved with the meaningful involvement of consumers and carers, in the development of a consumer experiences' of care measure and a consumer self-report measure that focuses on the social-inclusion aspects of recovery. The following items summarise activity relevant to Action 4.

#### Measuring consumer experiences of care

In August 2010, MHISS members endorsed in-principle, a project to develop a consumers' experiences of care measure, involving the development of a new national instrument that aims to fulfil the commitment under the Fourth Plan.

Following their November 2010 meeting, MHISS also endorsed the establishment of a working group consisting of jurisdictional representatives to develop a fully costed project plan to be submitted to the Commonwealth (DoHA). The Commonwealth is currently working with the Victorian Department of Health to further refine the work plan and costings for the project. The project is expected to be completed by December 2012.

#### Development of a consumer self report measure that focuses on the social-inclusion aspects of recovery

In parallel with the consumer experiences of care project, the Australian Mental Health Outcomes and Classifications Network (AMHOCN) will progress work on a consumer recovery measure. MHISS has agreed for AMHOCN to raise this at the next National Mental Health Information Development Expert Advisory Panel (NMHIDEAP) meeting with a view to presenting an options paper, focussing on the process for achieving this complementary piece of work to MHISS in 2011.

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**Action 27** - *Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.*

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Traditionally the National Standards were used in accreditation, but primarily in relation to public sector specialist mental health services. The focus of the revised Standards has expanded to include the non-government sector and private services and accreditation processes in these sectors do not currently incorporate the National Standards in their review tools.

SQPS have the lead on this action item however MHISS has an interest due to the data development required to underpin the work. Implementation activity to date includes:

- A National Standards Implementation Strategy and Plan was developed in 2010 and will provide guidance for jurisdictional implementation;
- SQPS is working with MHISS on strategies for monitoring and reporting against the Standards; and
- An accreditation workshop was held in December 2010 to begin scoping some of the issues associated with monitoring reporting against the Standards.

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**Action 28:** *Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework*

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#### Key Performance Indicators for Australian Mental Health Services: Technical Specification Review

A mental health performance framework for evaluating public sector mental health services, developed by the Australian and state and territory Governments, was released in 2005 in the Key Performance Indicators for Australian Public Mental Health Services Report.

The National Mental Health Performance Subcommittee (NMHPSC) is presently reviewing the technical specifications of the current National Key Performance Indicator (KPI) set which will enable a second edition of the document to be published in 2011. A database of current Key Performance Indicators for Mental Health Services, with data specifications and sources is now available on the Mental Health Standing Committee website at [www.health.gov.au/mhsc](http://www.health.gov.au/mhsc).

The NMHPSC has also conducted three jurisdictional surveys on the status of implementing the National Mental Health Performance Framework and National KPIs into public mental health services. The third survey was completed in 2010. The purpose of the surveys was to inform the NMHPSC of the jurisdictional progress, including barriers and solutions and utility of the KPI set to inform future development. The MHSC requested a web based publication summarising implementation activity be prepared for release in the first half of 2011.

#### Indicators and targets for the Fourth Plan

MHISS requested the NMHPSC prepare a measurement strategy document that describes the arrangements for delivering on all 25 indicators in the Fourth Plan. The NMHPSC submitted the draft document to the MHSC October 2010 meeting for noting on progress. A further draft was submitted through MHISS to the MHSC 11 February 2011 meeting and is being progressed out of session for final endorsement.

### National Mental Health Benchmarking Project

All jurisdictions in Australia have recognised the need to facilitate benchmarking practices within the mental health sector, and have committed to the expansion of the National Mental Health Performance Framework to support quality improvement within public mental health services.

An evaluation of the project was overseen by the NMHPSC. The National Mental Health Benchmarking Project Evaluation Report was finalised late 2009 and endorsed by MHISS in November 2009. The report is currently being printed for distribution.

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**Action 31:** *Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholder needs*

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### National Mental Health Report (NMHR)

The National Mental Health Report (NMHR) 2010 was launched by the Minister for Mental Health and Ageing on 6 December 2010. The Report focuses on progress of the National Mental Health Strategy across the period 1993 to 2008, covered by the First, Second and Third National Mental Health Plans.

Stakeholders have argued strongly for more independent and transparent reporting on mental health reform, and called for a greater role by the Commonwealth in this area. In response to this demand, the Fourth Plan foreshadowed a newly designed NMHR from 2011 that will monitor progress against the Plan's new outcome oriented set of indicators and include independent commentaries from stakeholders.

A proposal covering the design and content of the new NMHR is currently being prepared within the relevant AHMAC committees and is expected to be submitted for endorsement by the AHMC early in 2011. The NMHR 2011 is to be prepared by the Australian Government, but will be auspiced as an AHMC publication, prepared collaboratively with the States and Territories.

### Mental Health Services in Australia (MHSIA) Report

The MHSIA 2007-08 Report was released on 12 August 2010. The report provides detail on expenditure on State and Territory mental health services along with analyses of services provided, workforce numbers and Medicare usage – both medical and pharmaceutical.

In 2011, the MHSIA will become an online report supported by a 30-40 page hard copy summary document from the 2008-09 edition. The MHSIA hard copy summary document will follow a similar format to the recently released Australia's hospitals 2008-09 at a glance publication.

Presently, MHSIA is on track for an end of May 2011 release of the summary document, with successive uploading of material as it becomes available via State and Territory data set submission.

### COAG National Action Plan on Mental Health 2006-2011 Progress Reports

The 2nd Annual COAG Progress report 2007-2008 is available publically at <http://www.coag.gov.au/reports>

The 3rd Annual COAG Progress report 2008-2009 has been completed and endorsed by HPPPC and is presently awaiting AHMAC endorsement. Work is now commencing on the 4th Annual COAG Progress report.

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**Action 32:** *Build an accountable service delivery system that monitors its performance on service quality indicators and makes this information available to consumers and other stakeholders*

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The Fourth Plan outlines that accountability at the service delivery level will be strengthened by the introduction of systems of public reporting by service organisations on key performance measures. This will be progressed as part of broader initiatives to establish a culture of continuous quality improvement within service delivery systems that revolve around benchmarking and consumer and carer involvement.

The second part to the 27 July 2010 election commitment on *Taking Action to Tackle Suicide* concerned a commitment to introduce nationally consistent local reporting on the performance of mental health services by Medicare Locals and Local Hospital Networks. This is aimed at providing the Australian public with more timely, easy to comprehend information about the type, quality, safety and availability of mental health services on a local and national level.

A public reporting working group, sitting under MHISS, developed a draft implementation strategy for introducing public reporting on performance indicators by State and Territory mental health services. Together with the new National Mental Health Report, the future reporting arrangements offer opportunities to strengthen accountability and transparency.

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**Action 33:** *Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting*

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The Fourth Plan states that the solid information foundation developed over the past decade requires continuing collaborative effort between governments to keep data sources up to date, as well as fill gaps in current national collections.

#### National Mental Health Information Priorities 3<sup>rd</sup> Edition

The Fourth Plan commits to the development of the National Mental Health Information Priorities 3<sup>rd</sup> Edition. To advance the work, the Commonwealth (DoHA) is drafting the 3<sup>rd</sup> edition document that will be used as the basis to initiate consultation with stakeholders.

The drafting group met face-to-face on 15 March 2010 to discuss a work plan and systematically reviewed Part 4 of the 2<sup>nd</sup> Edition – National Priorities for Mental Health Information Development and decided what needed to be removed, altered or added to the current 42 priorities.

The Commonwealth anticipates that the revision process will be completed for discussion and endorsement at the MHISS and MHSC meetings in mid 2011.

#### Mental Health Non Government Organisation (NGO) National Minimum Data Set (NMDS) Project

The Mental Health NGO NMDS Project Proposal outlines the process for the development and implementation of the proposed mental health NGO NMDS and how it might proceed in a timely manner whilst minimising the potential resource burden on the mental health NGO sector and other stakeholders involved.

At the August MHISS meeting, members discussed the project and draft scoping report provided by the Australian Institute for Health and Welfare (AIHW). MHISS provided feedback and requested that AIHW develop a more detailed project proposal relating to the collection and reporting of 'input' and 'output' data about the activities of mental health NGOs at a national level for consideration at the November MHISS meeting.

The AIHW provided a project concept brief to MHISS in November 2010 which was endorsed in principle. The AIHW is scheduled to commence drafting the Data Set Specifications and form a Cross-Sectoral Working Group in March 2011, with the aim of finalising the NGO NMDS in late 2012 and progressing data collection in 2013-14.

#### Mental Health Intervention Classification (MHIC) 09 Pilot Study

The development of a Mental Health Intervention Classification (MHIC) 09 is based on a reappraisal study of the MHIC 06, which reflected the need for a standardised approach to the collection of national information on mental health interventions. The AIHW was commissioned to conduct the reappraisal to identify the way forward for the national collection of mental health interventions data which was designed to be provider neutral; be logical; and provide a pragmatic system for routine data collection.

A MHIC 09 proof of concept study was conducted at a pilot site in early 2010, and findings from the study were presented to MHISS in August 2010. AIHW were then asked to develop a project proposal for a wider MHIC pilot study, conducted across jurisdictions and mental health settings. The project proposal was presented to MHISS at its November 2010 meeting and endorsed in principle. The AIHW is scheduled to commence the pilot studies in June 2011 with a final report due in January 2012.

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**Action 34:** *Conduct a rigorous evaluation of the Fourth National Mental Health Plan*

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The foundations for the evaluation of the Fourth Plan will be laid in the development of indicators and data collections and through the annual National Mental Health Report series. It will also draw on a number of additional sources, including the experiences of care, families and carers, and the broader community.

To progress this work DoHA has engaged a consultant and an evaluation framework is expected to be delivered by July 2011.

## 2.4 Mental Health Workforce Advisory Committee (MHWAC)

MHWAC was established in 2005, as a subcommittee of the then National Mental Health Working Group (NMHWG) under AHMAC to address the national problem of shortages in the mental health workforce and difficulties with the geographic distribution of workers. Ensuring the workforce is suitably trained and competent was also a shared concern.

Under the review of AHMAC committee structures in 2006, the Health Workforce Principal Committee (HWPC) was established. As MHWAC was originally constituted for the life of the third National Mental Health Plan (2003-2008), HWPC has approved the continued operation of MHWAC for a further two, two-year periods to July 2012. MHWAC reports primarily to HWPC, but also maintains a reporting line to Mental Health Standing Committee (MHSC).

The HWPC has two major roles:

- To provide a forum for reaching agreement on key national level health workforce issues which require government collaborative action; and
- To provide advice on health workforce issues to AHMAC.

Membership of MHWAC consists of representatives from jurisdictions, consumers, carers, Private Mental Health Alliance, Australian Private Hospital Association and the non-government sector.

### Fourth National Mental Health Plan Implementation Activity

**Action 25:** *Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas*

#### National Mental Health Workforce Strategy

In 2009, a Project Steering Committee with broad representation was formed to guide development of the Strategy and Plan. Consultations also took place in each capital city and in rural and remote sites at the end of 2009. Discussions have occurred with Health Workforce Australia regarding the documents and also regarding workforce competencies.

A National Mental Health Workforce Strategy and Plan were developed and have been endorsed by MHWAC and Mental Health Standing Committee (November 2010).

The National Mental Health Workforce Strategy and Plan will now be dispatched to HWPC, AHMAC and AHMC for endorsement in early to mid 2011. A detailed implementation plan will be developed following this endorsement.

#### Review of the National Practice Standards for the Mental Health Workforce

Prior to looking at workforce competencies, it was agreed that a contained review and updating of the National Practice Standards for the Mental Health Workforce is also required, particularly in relation to including recovery care. It was further noted that a lengthy process would be a barrier to the timely development of workforce competencies.

A project brief regarding a contained review of the National Practice Standards has been considered by MHWAC and SQPS and it is expected that work on the project will commence in mid to late 2011.

#### Mental Health Professional Online Development Pilot

In 2010, the Mental Health Professional Online Development (MHPOD) Pilot was conducted across all States and Territories except the ACT. Health professionals across many disciplines participated in the pilot and undertook up to ten of the forty-five topics that comprise the MHPOD.

An evaluation of the MHPOD pilot was carried out by the University of Melbourne. The evaluation found that this new resource for mental health workers had a positive impact on knowledge, skills and confidence.

In November 2010, Directors of Mental Health endorsed a two-year extension to the contract for development of a further twenty hours of topics with project support.

## 2.5 Fourth Plan Implementation Cross Sectoral Working Group (CSWG)

IN September 2009, AHMC agreed to establish the Fourth National Mental Health Plan Implementation Cross Sectoral Working Group (hereafter the Cross Sectoral Working Group – CSWG) to progress the whole of government elements of the Fourth Plan. The CSWG provides advice to the AHMC via the MHSC on issues relating to the Fourth Plan implementation.

The Cross Sectoral Working Group is currently chaired by an AHMAC member with Co-Chair by the MHSC Chairperson. Other representatives include three MHSC jurisdictional members, and one representative from the Commonwealth Departments of Prime Minister and Cabinet, Defence, Health and Aged Care and Families, Housing, Community Services and Indigenous Affairs, the Mental Health Council of Australia, Consumer and Carer representatives and officers representing various Ministerial Councils. In addition, other Ministerial Councils and agencies are consulted on an 'as needed' basis.

In alignment with the whole of government perspective of the Fourth Plan, the CSWG is tasked with both providing advice and facilitating Fourth Plan implementation activity relevant to sectors outside of health.

During the two CSWG meetings of 2010, CSWG members agreed for 17 Actions to be referred to the CSWG for their advice and/or facilitated activity. This included Actions 1, 2, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 19, 24, 31, & 34. CSWG members further agreed to keep watch of the following 8 Actions, including 16, 17, 20, 21, 26, 30, 32 & 33.

CSWG also reviewed the Fourth Plan Implementation Strategy and considered the detailed year-by-year implementation approaches relevant to the core business of the CSWG. All approaches were endorsed with minor amendments with the exception of Actions 14 and 24, which the MHSC advised was under continued development.

The CSWG have not yet established a work plan for 2011 – 2012 as this will largely be informed by the following concurrent processes affecting mental health reform:

- COAG review of Ministerial Councils (may impact CSWG membership);
- Outcomes of the HRIG reform process and subsequent COAG discussion;
- Resolution of the implementation process for the Fourth Plan.

In the interim, CSWG members have agreed to consult with their jurisdictional contacts to identify the existing and potential structures, processes, people, and policies that could be used to support implementation of the Fourth Plan in non health sectors. In doing this, they are also identifying specific actions relevant to their sector and raising awareness of their role in its implementation. This information will be used to inform the implementation process and will promote effective communication across sectors.

## 2.6 National Comorbidity Collaboration (NCC)

The National Comorbidity Collaboration (NCC) was established in September 2008 as a time limited group (with operation approved until July 2011) to provide advice to the AHMC and the Ministerial Council on Drug Strategy (MCDS), through their relevant sub-committees, on options for improved linkages between the National Mental Health Strategy and the National Drug Strategy.

The NCC consists of senior Commonwealth and State and Territory alcohol and other drugs (AOD) and mental health officials; representation from the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA); the Private Mental Health Alliance; and law enforcement.

### Fourth National Mental Health Plan Implementation Activity

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**Action 20:** *Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.*

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The NCC is currently undertaking work in relation to Action 20 from Priority Area 3 of the Fourth National Mental Health Plan. The NCC has incorporated tasks towards meeting this Action in its work plan. The NCC has focused work in three areas:

- Workforce development and training;
- Taxonomy for use in AOD and mental health contexts; and
- Comorbidity data.

#### Workforce Development

The Terms of Reference of the NCC included establishing workforce development and training as an immediate priority. In particular, to enhance workforce development and training approaches, with priority given to the development of nationally recognised competencies, for the various types of workforces employed in the management and treatment of comorbidity.

The NCC has scoped existing comorbidity training (including competency based training) and skill development opportunities in Australia producing a workforce development, capacity building and leadership background paper for consideration.

The paper presented the findings of a jurisdictional survey of workforce development and training and the information on comorbidity training assembled by National Centre for Education and Training on Addiction (NCETA) in 2007. It also outlines the workforce development issues highlighted by this information and a number of recommendations for the NCC to consider.

On the basis of the findings and discussion presented in the paper the NCC agreed to consider the recommendations, as follows:

- A National comorbidity workforce strategy be developed that builds on the work of NCETA in the AOD sector and includes training as a key component; and
- National comorbidity guidelines for the mental health sector be developed to complement the AOD sector comorbidity guidelines and provide a basis for national training and curriculum development.

A workforce subgroup of the NCC is considering these recommendations and it is recognised that any work in this area needs to link to the National Mental Health Workforce Strategy and the National Drug Strategy.

#### Taxonomy

The NCC agreed that there is a need to develop a clear taxonomy relating to comorbidity for use in the AOD and mental health sectors. In order to develop a taxonomy, the following needed to be taken into account:

- Definitions in existing data sets (e.g. the National Minimum Data Set);
- Definitions in key strategies (e.g. the National Drug Strategy and the Fourth National Mental Health Plan); and
- Existing classification models (e.g. the Diagnostic and Statistical Manual of Mental Disorders).

A scoping paper with a preliminary list of key words and definitions developed in consultation with NCC members and jurisdictions is currently being developed. This scoping paper, once finalised will help inform the NCC decision to commission any further work.

#### Data

On behalf of the NCC, the Australian Government Department of Health and Ageing undertook initial scoping of existing Comorbidity data sources.

At the 29 July 2010 NCC meeting, members agreed that there was no minimum data set for comorbidity data, and that a statistical linkage key (SLK) would be more beneficial to identify comorbid conditions rather than presentations. The Intergovernmental Committee on Drugs is currently developing an SLK, therefore a similar activity has been fed into Action 20.

## **2.7 National Suicide Prevention Working Group (NSPWG)**

At the 23 November 2009 MHSC meeting, members agreed to the establishment of a working group comprised of jurisdictional members of the MHSC or their representatives to progress Action Items 12

and 13 of the Fourth Plan related to suicide prevention. This group convened for the first time on 5 February 2010 in Canberra. The group is jointly Chaired by the MHSC Chair, and the Assistant Secretary, Mental Health and Suicide Prevention Programs Branch, Department of Health and Ageing. This Working Group has met on four occasions – 5 February 2010, 7 May 2010, 4 August 2010 and 22 December 2010.

At its December 2010 meeting, the NSPWG agreed to revise its terms of reference in order to better share best practice information and improve consistency and coordination taking into account health reform and mental health and suicide prevention initiatives.

#### **Fourth National Mental Health Plan Implementation Activity**

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**Action 12:** *Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.*

**Action 13:** *Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework.*

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Activity to date of the NSPWG has focused on the progression of Actions 12 & 13 of the Fourth Plan. In November 2010, MHSC members endorsed the establishment of the Living is For Everyone (LIFE) Framework as the national framework for suicide prevention to promote consistency of suicide prevention activity across jurisdictions. This decision will progress through to AHMAC for endorsement in early 2011.

The Australian Government has also announced the \$274 million *Mental Health: Taking action to tackle suicide package* which includes:

- \$115 m to boost frontline services and provide more services to those at greatest risk of suicide, including psychology and psychiatry services and non-clinical support to assist people with severe mental illness and carers with day-to-day needs;
- \$74.5 m in direct suicide prevention and crisis intervention, including counselling services, training for frontline community workers in suicide awareness, securing suicide 'hotspots', and supporting communities, including school communities, affected by suicide;
- \$23.2 m to provide more services and support to men who are at greatest risk of suicide, including through *beyondblue* to assist up to 30,000 additional men each year; and
- \$61.3 m to promote good mental health and resilience in young people to prevent suicide later in life.

Initiatives supported through this investment will be determined in 2011 with the majority of the program funding effective from July 2011.