Appendix 1: Implementation Strategy

FOURTH NATIONAL MENTAL HEALTH PLAN IMPLEMENTATION STRATEGY

Introduction

The Mental Health Standing Committee (MHSC) on behalf of the Australian Health Ministers Conference (AHMC) is progressing the Fourth National Mental Health Plan (the Fourth Plan) implementation and monitoring process.

All jurisdictions have been involved in the development of this Implementation Strategy which details the process for implementation that will achieve the aims and objectives of the Fourth Plan.

This Implementation Strategy identifies how progress will be monitored, including whether quantitative and or qualitative measures are relevant to measuring the achievement of the principles, priority areas and actions of the Fourth Plan. In measuring how the Fourth Plan is impacting on mental health reform in Australia, the Implementation Strategy covers areas other than health as determinants of good mental health, recognising that determinants of mental health and mental illness are influenced by factors beyond the health system.

AHMC will report on progress against this Implementation Strategy every year to the Council of Australian Governments (COAG). Responsibility for monitoring and coordination of the implementation, evaluation and reporting effort vests with the MHSC.

The Fourth National Mental Health Plan Implementation Strategy was developed under the auspices of the Australian Health Ministers' Advisory Council (AHMAC) and in consultation with the Cross Sectoral National Mental Health Plan Implementation Working Group.

Since the Fourth Plan was developed, COAG (with the exception of Western Australia) has agreed:

a. that the Commonwealth will take responsibility for primary mental health care services which target the more common mild to moderate mental illnesses, such as anxiety and depression, including those currently provided by the states and territories; and

b. to undertake further work on the scope for additional mental health service reform for report back to COAG in 2011, including the potential for further improvements to the allocation of roles and responsibilities in the mental health sector.

This Implementation Strategy will be amended as necessary to reflect future COAG decisions as part of broader health reform.

Context

The *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014* was endorsed by the Australian Health Ministers' Conference on 4 September 2009 and launched on 13 November 2009. Endorsement of the Fourth Plan represents commitment by all governments to implementation of the following vision for mental health set out in the *National Mental Health Policy 2008*:

"*… a mental health system that enables recovery, that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.*"

The following principles underpin the Fourth Plan and are fundamental to realising the aims of the Plan:

- Respect for the rights and needs of consumers, carers and families;
- Services delivered with a commitment to a recovery approach;
- Social inclusion;
- Recognition of social, cultural and geographical diversity and experience;
- Recognition that the focus of care may be different across the life span;

- Services delivered to support continuity and coronation of care;
- Service equity across areas, communities and age groups; and
- Consideration of the spectrum of mental health, mental health problems and mental illness.

The Fourth Plan has five priority areas for government action in mental health:

1. Social inclusion and recovery;
2. Prevention and early intervention;
3. Service access, coordination and continuity of care;
4. Quality improvement and innovation; and
5. Accountability - measuring and reporting progress.

The Fourth Plan identifies 34 key actions that will make meaningful progress towards fulfilling the vision of the policy. While led by health ministers, the Plan takes a whole of government approach through involving sectors other than just health. The Fourth Plan will provide a basis for governments to advance mental health activities within the various portfolio areas in a more integrated way, recognising that many sectors can contribute to better outcomes for people living with mental illness.

The Fourth Plan adopts a population health framework approach to mental health and mental illness. This framework recognises the complex range of causes and outcomes of both mental health and mental illness and acknowledges the importance of mental health issues throughout the lifespan, and across the diverse population groups that exist in Australia.

When drafting the Fourth Plan the MHSC was aware of the increased risk of mental illness amongst a number of specific groups within the Australian community. However, it was not possible to adequately capture the needs of these groups in the Plan, when the inclusion of one group would result in the exclusion of another and would make the Plan a long list of vulnerability and risk factors as well as a document of special circumstances that needed to be considered at all times.

Implementation of the actions in the Plan will involve consultation with relevant stakeholders. These separate consultations will be as inclusive and as broad as possible to ensure appropriate consideration is given to the implementation issues for specific population groups.

Governments have developed the implementation strategy to provide a tool to guide implementation and provide for quantitative and qualitative measurement of the progress of implementation of the Fourth Plan. This will enable shorter to medium term measures of progress to be reported on and accommodates the different stages of mental health reform across the jurisdictions.

Governance and accountability

The following roles and responsibilities in relation to governance of the Fourth Plan are proposed on the basis that the Fourth Plan is a Health Minister's Plan[1] in the context of a whole of government approach.

Council of Australian Governments (COAG)

The Council of Australian Governments will be informed of progress in implementation of the Plan by the Australian Health Ministers' Conference (AHMC). As agreed by AHMC on 4 September 2009, COAG will receive annual reports on progress in implementation of the Fourth Plan via the National Mental Health Report.

Australian Health Ministers' Conference (AHMC)

At the AHMC meeting of 22 July 2008, health ministers noted the draft revised National Mental Health Policy as a basis for informing the development of a fourth, whole of government, National Mental Health Plan. At their 5 December 2008 meeting, AHMC noted the progress update from AHMAC

[1] In some jurisdictions, implementation might be the responsibility of other Ministers or equivalent.

which indicated that the Plan would be a health ministers' Plan in the context of a whole of government approach.

AHMC provides strategic direction to the Australian Health Ministers' Advisory Council (AHMAC) on mental health reform. It will lead implementation of the Plan and members will report on implementation of the Fourth Plan within their jurisdiction to AHMC. Partnerships with relevant Ministerial Councils and other stakeholders will also be established to progress cross portfolio aspects of the Fourth Plan and to promote further consideration of mental health reform by sectors other than health.

Australian Health Ministers' Advisory Council (AHMAC)

AHMAC will provide strategic advice to AHMC on progress and directions for mental health reform under the Fourth Plan. It also provides strategic direction to the Health Policy Priorities Principal Committee (HPPPC) on mental health reform.

AHMAC members will oversee implementation of the Fourth Plan within their jurisdiction.

Health Policy Priorities Principal Committee (HPPPC)

HPPPC will formalise partnerships with relevant Ministerial Advisory Councils through chairing the Cross Sectoral Mental Health Working Group which will progress cross portfolio aspects of the Plan and promote further adoption of mental health by other Ministerial Advisory Councils.

HPPPC is responsible for the provision of strategic advice to AHMAC on mental health reform under the Plan and also provides strategic direction to the MHSC.

HPPPC will monitor annual progress of implementation on the Fourth Plan including review of the strategy as required. HPPPC members will also provide strategic advice on implementation of the Fourth Plan within their jurisdiction

Mental Health Standing Committee

The MHSC has developed this Implementation Strategy, which includes health priorities for cross portfolio engagement and will progress health led actions under the Strategy. The MHSC will also develop an annual National Mental Health Report through the Mental Health Information Strategy Sub-Committee (MHISS) which will be considered by HPPPC, AHMAC, AHMC and COAG.

MHSC will support the HPPPC Chair in the establishment and ongoing work program of the new Cross Sectoral Mental Health Working Group to progress mental health reform with these sectors including the relevant priorities identified in the Implementation Strategy.

MHSC members will also be responsible for progression of the implementation of the Fourth Plan within their jurisdiction.

Cross Sectoral National Mental Health Plan Implementation Working Group

As agreed by the Australian Health Ministers' Conference on 4 September 2009, a Cross Sectoral National Mental Health Plan Implementation Working Group has been established to progress the whole of government elements of the Fourth National Mental Health Plan.

The Terms of Reference for the Cross Sectoral Working Group are to:

- Provide advice to the Australian Health Ministers' Conference (AHMC), other relevant Ministerial Councils and stakeholders represented in the membership of this Working Group, including the National Mental Health Consumer and Carer Forum, on strategies to achieve a whole of government approach to mental health.
- Provide advice (to the AHMC, other relevant Ministerial Councils and stakeholders represented in the membership of this Working Group) on and oversee implementation of the actions within the Fourth Plan that have cross portfolio implications.
- Develop a framework for Ministerial and Ministerial Council responsibility for implementation of Fourth Plan actions which provides clear accountability structures for all relevant Ministerial Councils including mechanisms for developing workplans, performance indicators and reporting mechanisms to Health Ministers
- Progress a specific focus on mental health directions and priorities within other Ministerial Council strategies and initiatives.
- Contribute to identification and development of data and indicators for the Fourth Plan.
- Contribute to annual reporting on implementation of the Fourth Plan.

Fourth National Mental Health Plan for Jurisdictional Mental Health Groups

In July 2006, the Council of Australian Governments (COAG) endorsed a *National Action Plan on Mental Health (2006 – 2011)*. To ensure Commonwealth and state and territory government initiatives being progressed under the COAG Plan are coordinated and delivered in a seamless way, the Premier or Chief Minister's department in each state and territory convened a COAG Mental Health Group.

These groups provided a useful forum for oversight and collaboration and involve Commonwealth and state and territory representatives. Engagement with non-government organisations, the private sector and consumer and carer representatives also occurs.

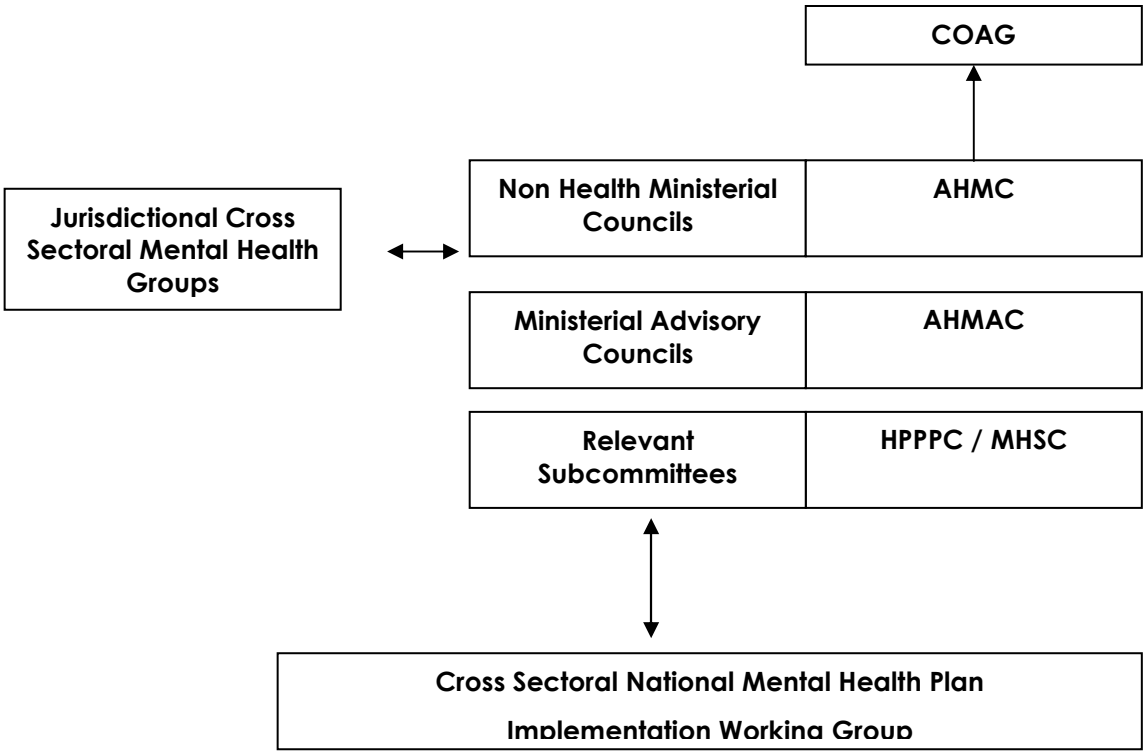
In addition to the continued work on specific mental health issues, these groups will also focus on the implementation of the Fourth National Mental Health Plan.

It is envisaged that these groups, in relation to the Fourth Plan, will:

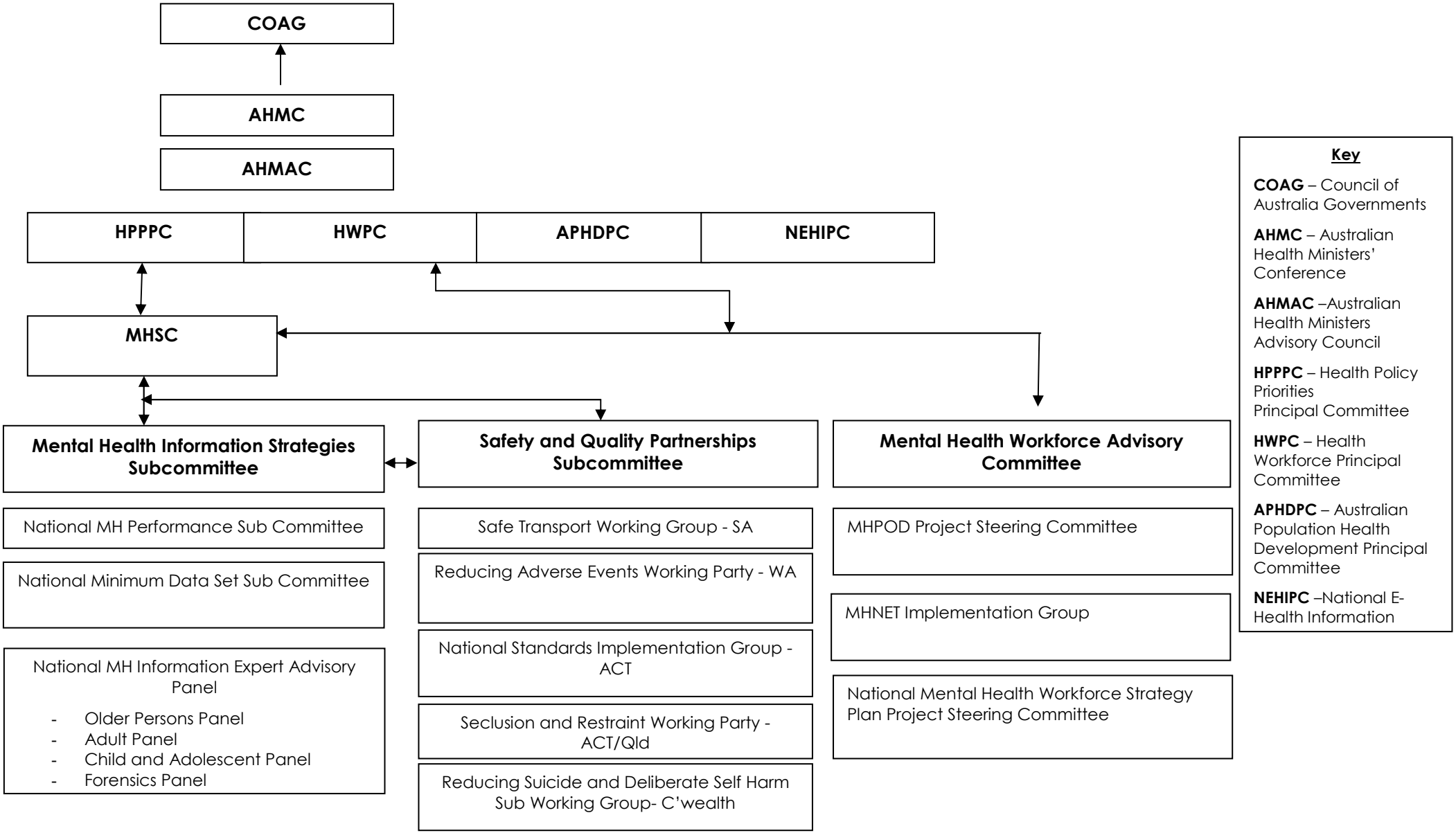
- Provide advice on strategies to achieve a whole of government approach to mental health within the jurisdiction.
- Provide advice on and oversee implementation of the actions within the Fourth Plan that have cross portfolio implications.
- Progress a specific focus on mental health directions and priorities within other portfolio strategies and initiatives.
- Contribute to identification and development of jurisdictional data and indicators for the Fourth Plan.
- Contribute to jurisdictional input to annual reporting on implementation of the Fourth Plan.

A map of the proposed governance structure is provided below.

Overarching Governance Structure – Implementation of the Fourth National Mental Health Plan (proposed)



AHMC Governance Structure – Implementation of the Fourth National Mental Health Plan (Current)



Actions

The Fourth National Mental Health Plan contains 34 actions. The MHSC will now commence activities to ensure that these actions are achieved. Some of the actions require commitments of time and effort rather than financial investment and others require new or re-focused funding. Several actions may require new funding and it will be up to individual jurisdictions to source funding as appropriate.

Some actions in the Plan are fundamental and their implementation will impact on the implementation of other actions in the Plan.

A range of activity is being undertaken against some of the actions in the Plan, whereas others represent new territory for government collaboration.

The table below outlines the process for the further development of activities to progress actions. The lead agency for each action will be responsible for developing a detailed year by year approach to implementation as well as providing secretariat support for the subgroup that will provide input to this year by year approach.

Priority Area 1 - Social inclusion and recovery

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority Area 1 – Social inclusion and recovery	1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.	Nationally coordinated and cross sectoral	Lead: Commonwealth Subgroup: QLD, TAS and WA Then to Cross Sectoral Working Group (CSWG) for agreement	Qualitative	All Govts	3, 5, 11
	2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.	Nationally coordinated and cross sectoral	Lead: VIC Subgroup: Commonwealth, QLD and WA Then to CSWG for agreement	Qualitative	All Govts	1, 2
	3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision. *	Nationally Coordinated	Lead: QLD Subgroup: VIC and NT, Commonwealth	Qualitative	All Govts	

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
	4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.	Jurisdictional and cross sectoral	Chairs of Safety and Quality Partnership Subcommittee (SQPS), Mental Health Information Strategies Subcommittee (MHISS) and Mental Health Workforce Advisory Committee (MHWAC) to progress this action Then to CSWG for agreement	Qualitative	All Govts	22
	5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.	Jurisdictional and cross sectoral	Lead: VIC Subgroup: Commonwealth and SA Then to CSWG for agreement	Qualitative	States	4
	6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.	Jurisdictional and cross sectoral	Lead: VIC Subgroup: Commonwealth and SA Then to CSWG for agreement	Qualitative	All Govts	4, 19
	7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Strait Islander Social and Emotional Well Being Framework.	Nationally Coordinated	Lead: Commonwealth Subgroup: QLD, WA and NT MHSC to work collaboratively with the National Indigenous Health Equalities Council	Qualitative	Cwlth	

Priority Area 2 - Prevention and early intervention

	Action	Responsibility	Implementation Approach	Type of implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority Area 2 – Prevention and early intervention	8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.	Jurisdictional and Cross Sectoral	Lead: Commonwealth Subgroup: QLD, NSW and ACT Then to CSWG for agreement	Quantitative	All Govts	6
	9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.	Jurisdictional and Cross Sectoral	Lead: QLD Subgroup: WA, SA and Commonwealth Then to CSWG for agreement	Qualitative	All Govts	
	10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.	Nationally Coordinated and cross sectoral	Lead: Commonwealth Subgroup: SA and VIC Then to CSWG for agreement	Quantitative	All Govts	7
	11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.	States/ Territories	Lead: NSW Subgroup: VIC, QLD , WA and Commonwealth	Quantitative	States	
	12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.	Jurisdictional with National coordination and cross sectoral	Lead: Commonwealth Subgroup: Suicide Prevention Framework Alignment Working Group to consult with SQPS. Then to CSWG for agreement	Quantitative	All Govts	10
	13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.	Nationally Coordinated and cross sectoral	Commonwealth to lead Subgroup: Suicide Prevention Framework Alignment Working Group to consult with SQPS. Then to CSWG for agreement	Qualitative	All Govts	

	Action	Responsibility	Implementation Approach	Type of implementation Progress Measure	Who needs to report	Relevant Indicator Number **
	14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.	Jurisdictional and Cross Sectoral	Lead: QLD Subgroup: TAS, NSW and Commonwealth Then to CSWG for agreement	Qualitative	All Govts	
	15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.	Jurisdictional and Cross Sectoral	Lead: NSW Subgroup: NT, ACT and Commonwealth Then to CSWG for agreement	Qualitative	All Govts	

Priority Area 3 - Service access, coordination and continuity of care

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority area 3 – Service access, coordination and continuity of care	16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.*	Nationally Coordinated	Lead: Commonwealth Subgroup: all States and Territories	Qualitative	Cwlth	13
	17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.*	States/Territories	Lead: VIC Subgroup: WA, SA and Commonwealth	Quantitative	States	
	18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.*	Jurisdictional	Lead: QLD Subgroup: TAS and NSW	Qualitative	All Govts	17
	19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.	States/Territories and Cross Sectoral	Lead: NSW Subgroup: SA, QLD and SQPS Then to CSWG for agreement	Qualitative	States	
	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.*	Jurisdictional	Lead: Commonwealth Subgroup: NSW ,TAS and National Comorbidity Collaboration (NCC)	Qualitative	All Govts	
	21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.*	Jurisdictional	Lead: NSW Subgroup: ACT and NT	Qualitative	All Govts	
	22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.*	Jurisdictional	Lead: Commonwealth Subgroup: QLD, TAS, NT and NSW	Qualitative	All Govts	

Priority Area 4 - Quality improvement and innovation

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority Area 4 – Quality improvement and innovation	23. Review the Mental Health Statement of Rights and Responsibilities.	Nationally Coordinated	SQPS	Qualitative	SQPS	
	24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.	Nationally Coordinated and Cross Sectoral	Lead: WA Subgroup: all state and territories Then to CSWG for agreement	Qualitative	States	
	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.	Nationally Coordinated	MHWAC to progress this action.	Qualitative	MHWAC	
	26. Increase consumer and carer employment in clinical and community support settings	Jurisdictional	Lead: QLD Subgroup: TAS, ACT and Commonwealth	Quantitative	All Govts	21
	27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.	Nationally Coordinated	SQPS to progress this action	Quantitative	States	22
	28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework.	Nationally Coordinated	MHISS and SQPS to progress this action	Qualitative	All Govts	25
	29. Develop a national mental health research strategy to drive collaboration and inform the research agenda	Nationally Coordinated	Commonwealth Subgroup: QLD and NSW	Qualitative	Cwlth	
	30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.*	Jurisdictional	Lead: NSW Subgroup: QLD, WA, SA and Commonwealth	Qualitative	All Govts	

Priority Area 5 - Accountability – measuring and reporting progress

	Action	Responsibility	Implementation Approach	Type of Implementation Progress Measure	Who needs to report	Relevant Indicator Number **
Priority area 5 – Accountability – measuring and reporting progress	31. Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholder needs.	Nationally coordinated and cross sectoral	MHISS to progress this action Then to CSWG for agreement	Qualitative	All Govts	
	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.	All jurisdictions	MHISS to progress this action	Quantitative	All Govts	25
	33. Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting.	Nationally coordinated	MHISS to progress this action	Qualitative	MHISS	
	34. Conduct a rigorous evaluation of the Fourth National Mental Health Plan.	Nationally coordinated and cross sectoral	MHISS to progress this action Then to CSWG for agreement	Qualitative	MHSC	

* Note: these actions to be progressed alongside each other to ensure that the national service planning framework is linked into the development of these models.

**Note: indicators of direct relevance to each action are listed, noting that not all 25 indicators can be directly correlated with an action in the Plan. Refer to Attachment A for a full list of indicators.

Summary of reporting responsibility

	Who needs to report?				
Type of implementation Progress Measure	**Cwlth**	**States**	**All Govts**	**Committee**	**GRAND TOTAL**
Qualitative	3	3	16	4	26
Quantitative		3	5		8
Total	3	6	21	4	34

List of Fourth Plan indicators

Indicator Number	Action
1	Participation rates by people with mental illness of working age in employment
2	Participation rates by young people aged 16-30 with mental illness in education and employment
3	Rates of stigmatising attitudes within the community
4	Percentage of mental health consumers living in stable housing
5	Rates of community participation by people with mental illness
6	Proportion of primary and secondary schools with mental health literacy component included in curriculum
7	Rates of contact with primary mental health care by children and young people
8	Rates of use of licit and illicit drugs that contribute to mental illness in young people
9	Rates of suicide in the community
10	Proportion of front-line workers within given sectors who have been exposed to relevant education and training
11	Rates of understanding of mental health problems and mental illness in the community
12	Prevalence of mental illness
13	Percentage of population receiving mental health care
14	Readmission to hospital within 28-days of discharge
15	Rates of pre-admission community care
16	Rates of post-discharge community care
17	Proportion of specialist mental health sector consumers with nominated GP
18	Average waiting times for consumers with mental health problems presenting to emergency departments
19	Prevalence of mental illness among homeless populations
20	Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities
21	Proportion of total mental health workforce accounted for by consumer and carer workers
22	Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards
23	Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system
24	Proportion of consumers and carers with positive experiences of service delivery
25	Proportion of mental health service organisations publicly reporting performance data