

Attachment C: Strategic Plan Years 1 and 2 Immediate Priorities

National Review of Mental Health Programmes and Services

Implementation Strategic Plan – Years 1 to 2 Immediate Priorities

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
First Steps Establish Accountability and Governance				
Government accept and endorse recommendations	Government	March 2015	Other Government agencies	Agreed reform agenda
Produce a 2015–16 budget proposal with an indicative 10-year outlook	Health Department and agencies	May 2015	Treasury	Agreed budget proposal and 10-year financial indicative outlook
Agree plan, KPIs, monitoring and evaluation process	Government	April 2015	COAG	Agreed reform plan
Develop governance structures to include people with lived experience, their families and other support people, Aboriginal and Torres Strait Islander peoples, expert or area specialist advisers, mental health sector, professional associations/colleges, providers (NGO, private, not-for-profit) and government representatives (Commonwealth/states/territories). [Note: where governance committees are included under 'linkages' it is always to be the case that people with lived experience and their supporters form part of all committees]	Health Department with National Mental Health Commission	April 2015	Other government agencies Governance committees Consumer and carer organisations ATSIMHSPAG MH sector peaks National Mental Health Commission	Agreed governance structure Establish governance committees Establish community consultation process
Develop detailed implementation plan for 10- year horizon in consultation with project governance to test and verify recommended directions.	Government agencies with National Mental Health Commission	June 2015	Cross-government agencies and National Mental Health Commission	Agreed implementation plan

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
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1: Set clear roles and accountabilities to shape a person-centred mental health system

Recommendation 1

Agree the Commonwealth's role in mental health is through national leadership and regional integration, including integrated Primary and Mental Health Care.

The Commonwealth to confirm the principles which will guide its future policy and funding decisions regarding mental health.	Government	March 2015	COAG	Confirmed Commonwealth principles for mental health to guide future policy and funding decisions.
The Commonwealth to confirm its primary role in mental health as national leadership and enabling regional integration around the needs of people, their families and communities.	Government	March 2015	COAG	Confirmed Commonwealth role in national leadership of mental health and promotion of regional integration.

Recommendation 2

Develop, agree and implement a *National Mental Health and Suicide Prevention Plan* with states and territories, in collaboration with people with lived experience, their families and support people.

The Commonwealth, supported by the National Mental Health Commission, to lead development of the National Mental Health and Suicide Prevention Agreement, based on the directions identified in this report.	Government	December 2015	Commonwealth agencies National Mental Health Commission COAG Governance Committees	<p>The development of a National Plan with states and territories</p> <p>Agreement to a set of:</p> <ul style="list-style-type: none"> • overarching principles and objectives • clear reporting requirements and accountabilities • preconditions for hospital funding related to mental health supports <p>Agency programme agreements amended to incorporate these principles.</p> <p>National Framework on roles and responsibilities in promotion of mental health and wellbeing and prevention of mental ill-health to be developed as part of agreement to clarify roles and responsibilities.</p>
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
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Recommendation 3

Urgently clarify the eligibility criteria for access to NDIS for people with disability arising from mental illness and ensure the provision of funding allows for a significant Tier 2 system of community supports.

Establish a clear process and mechanism for the Government to determine NDIS response to: mental health programme versus personal funding transfer; clarity around Tier 2 supports and eligibility; undertake a mental health-specific NDIS trial and modelling exercise; incorporate mental health consumer and carer consultation in NDIS processes; include carer respite and supports in NDIS packages; reflect reforms flowing from the McClure review.	Department of Social Services	June 2015	Health Department National Mental Health Commission Governance committees	A defined and agreed approach for people with a mental health difficulty and their carers which clarifies the NDIS in regard to accommodating and supporting the needs of that group, as they move in and out of the NDIS system with supports following the person.
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2: Agree and implement national targets and local organisational performance measures

Recommendation 4

Adopt a small number of important, ambitious and achievable national targets to guide policy decisions and directions in mental health and suicide prevention

The Commonwealth and COAG to endorse eight mental health and suicide prevention targets in consultation with governance committees, including data and outcomes measurement experts.	National Mental Health Commission	June 2015	COAG Governance committees Data/outcomes measurement experts	The Commonwealth and COAG agree to a set of mental health targets and indicators to apply nationally.
The Australian Bureau of Statistics (ABS) should incorporate the endorsed indicators into the 2017 national survey of mental health and wellbeing to provide baseline and contextual information.	Government	June 2015	ABS survey development committees	Commonwealth agreement to undertaking the 2017 national survey
	ABS	December 2016	Governance committees	ABS to have an agreed framework for the inclusion of indicators in the 2017 survey.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
The Commonwealth to establish and maintain additional collection processes that support ongoing monitoring of progress against the targets at a national and programme level.	Health	December 2015	Commonwealth agencies National Mental Health Commission COAG MH Governance Committees	Established mechanisms for monitoring and reporting of progress under the National Plan. Established agreed processes for inclusion of formal evaluation mechanisms into all existing and future programmes. Established independent review process of targets after first 24 months of implementation.

Recommendation 5

Make Aboriginal and Torres Strait Islander mental health a national priority and agree an additional COAG Closing the Gap target specifically for mental health

Government agrees that Aboriginal and Torres Strait Islander mental health and closing the mental health gap is a national priority within the Closing the Gap Framework.	Government	June 2015	COAG	Formal agreement and Closing the Gap priority is extended to include mental health. A mental health specific target for Closing the Gap is developed and agreed. The mental health gap forms an underpinning element of the <i>Indigenous Advancement Strategy</i> .
	Government	June 2016	COAG	A national Aboriginal and Torres Strait Islander mental health plan is completed; developed through a coordinated and consultative process.
Establish a credible Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, suicide prevention, and alcohol and other drug use prevention leadership and stakeholder partnership mechanism (the basis of this should be the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group)	Government	June 2015	COAG Health ATSIMHSPAG	Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, suicide prevention, and alcohol and other drug use prevention leadership and partnership mechanism (e.g. committee) established. The role of this group is to lead, oversee and participate in the development of Government targets, strategies and plans for Aboriginal and Torres Strait Islander mental health, and the implementation of recommendations of this Review.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Undertake financial modelling on closing the mental health gap (i.e. from lower imprisonment rates, better physical health, increasing employment and reducing unnecessary hospitalisation for mental health conditions) to identify opportunities for medium and long-term savings, so as to inform the development of and reinvestment to be made a reinvestment-based funding strategy for closing the mental health gap over the next decade.	Government	June 2016	Proposed Aboriginal and Torres Strait Islander leadership and partnership mechanism Government agencies COAG	Agreed reinvestment plan and 10-year financial outlook.

Recommendation 6

Tie receipt of ongoing Commonwealth funding for government, NGO and privately provided services to demonstrated performance, and use of a single care plan and e-health record for those with complex needs.

Design and agree elements and specifications of a single care plan.	Government Health Department	June 2015	Health Department Department of Social Services Governance committees Sector mental health providers	Agreement by people with lived experience and their families and supporters to the design of use of a single care plan (based upon an opt-out approach). Agreed strategy, developed through consultation, to implement a single care plan.
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Introduce into contracts from 1 July 2015 a requirement for service providers to move to a single care plan during 2015–16 for those with complex needs. The plan would need to be agreed to by the person, inclusive of the family, and signed up to by the care team.	Government Health Department	June 2015	Health Department Department of Social Services Governance committees Sector mental health providers	Revised Commonwealth contracts available for 2015–16 year, including : performance reporting on an indicator of progress in moving to a single care plan throughout 2015–16 data/information sharing requirements for service providers to enable optimal care of the person, irrespective of whether that involves workers from a state-funded service, an NGO or a housing provider; with privacy and confidentiality aspects clarified and agreed to by the person. supported by information technology (a confidential central portal) for interagency sharing to support the single care plan

Recommendation 7

Reallocate a minimum of \$1 billion in Commonwealth acute hospital funding in the forward estimates over the five years from 2017–18 into more community-based psychosocial, primary and community mental health services.

Develop Government 10-year funding strategy for mental health reform.	Government Health Department	December 2016	Health Department Treasury COAG	Agreed Government strategy to inform the forward budget cycle, based upon consultation and negotiation process.
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Introduce new national funding agreement.	Government Health Department	July 2017	Health Department	Agreed Commonwealth mental health budget strategy approved by Government, and to include:
			Treasury	<ul style="list-style-type: none">• Incentives to move investment away from acute services, to reflect a more balanced approach in line with the directions of this Review• Principles for person centred systems and pathways.
			COAG	10-year financial plan, agreed to under a new National Plan, to:
				<ul style="list-style-type: none">• introduce pooled funding arrangements between the Commonwealth and states and territories for people with severe and complex needs• confirm efficiency targets for reinvestment• redirect and reinvest \$100 million in 2017–18—and increased by \$50 million a year over each of the following four years to \$300 million by 2021–22—to expand hospital avoidance services and build the financial capacity of Primary and Mental Health Networks to plan and purchase evidence based packages of care. This means:
				2017–18 \$100m
				2018–19 \$150m
				2019–20 \$200m
				2020–21 \$250m
				2021–22 \$300m
				Total \$1000m
Develop monitoring and performance mechanisms for implementation for the new 10-year financial plan.	Government Health Department	July 2017	Health Department	Monitoring, performance and evaluation mechanisms established for the 10-year financial plan, to include:
			Treasury COAG	<ul style="list-style-type: none">• Placing future hospital funding agreement at risk dependent on state demonstration of achievement of a number of requirements

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 8				
Extend the scope of Primary Health Networks (renamed Primary and Mental Health Networks) as the key regional architecture for equitable planning and purchasing of mental health programmes, services and integrated care pathways.				
Reconsider scope and name of PHNs.	Government Health Department	March 2015	COAG	Renamed Primary and Mental Health Networks
Establish operating principles and remit of the Primary and Mental Health Networks (PMHN).	Health Department	June 2015	COAG Governance committees National Mental Health Commission	Established PMHN roles and responsibilities agreement: <ul style="list-style-type: none"> • as core system and service integrators of both physical and mental health services • as facilitators and purchasers of mental health and suicide prevention services and programmes • with requirements for formal consultation and advisory arrangements for PMHNs to be established: <ul style="list-style-type: none"> - through Clinical Councils and Community Advisory Committees involving representation from people with lived experience of mental health difficulties, families and carers - with service providers, including nongovernment organisations, private sector, not-for-profit etc.
Develop and implement new funding models for Primary and Mental Health Networks	Health Department	July 2016	PMHNs	Established financial and funding model that provides for: <ul style="list-style-type: none"> • existing programmes to be rolled over in 2015–16 • establishing locally appropriate funding options for programmes and flexible funding, to support integrated care pathways and a smaller number of broader, more flexible programmes • exploring opportunities for flexible mental health funding through existing Multipurpose Services (MPSs) and ensuring that mental health is built in as an essential priority for future MPSs.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 9				
Bundle programmes and boost the role and capacity of NGOs and other service providers to provide more comprehensive, integrated and higher-level mental health services and support for people, their families and supporters.				
<p>Develop a comprehensive and coordinated service and funding strategy to assist PMHNs to identify opportunities for delivering person-centred mental health supports and programmes, through a more flexible nongovernment sector.</p> <p>This process to include a transparent consultation mechanism with the sector and people with lived experience, their families and carers, together with a clear communication strategy for all stakeholders on the new funding strategy and its implications and implementation timeframe.</p>	Health Department	June 2016	Department of Social Service Governance committees PMHNs	Agreed programme reform parameters for regional management by Primary and Mental Health Networks: <ul style="list-style-type: none"> • establish a smaller number of larger regional programmes • on a staged basis, move to contestability for these fewer but larger programmes • extend contract periods to up to five years, subject to risk rating and demonstration of performance • establish planning and management of new programme structures and related existing contracts at the regional level • provide for opportunities for industry assistance funding to improve business performance and potential merging/joint ventures of NGOs, via a business case process.
Recommendation 10				
Improve service equity for rural and remote communities through place-based models of care				
Establish a process to consider rural and remote needs in PMHN funding agreements.	Health Department	June 2015	Cross-government agencies Governance committees COAG	National funding agreements with PMHNs to specify the development of integrated mental health plans

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
As an urgent priority, develop a regional mental health and suicide prevention strategy, based on the mapping of local services and application of the National Mental Health Services Planning Framework	Health Department	December 2015	PMHNS LHDs Governance committees Aboriginal and Torres Strait Islander mental health group COAG	Established national planning parameters, with specific provision for the circumstances of regional, rural and remote areas: <ul style="list-style-type: none"> map the provision of services/ identify gaps establish community consultation processes include services that are mental health-specific, delivered through health and other non-health portfolios, e-mental health and other phone and online services, including physical health address programmes delivered through governments and local governments, private and not-for-profit sectors, and the range of programmes across government, not just health and mental health local responsibility to apply the national planning parameters into local processes, with consultation and needs based planning identify local responsibility to coordinate activities and develop local initiatives for supporting integrated, multidisciplinary approaches in a rural, regional or remote context, identifying the needs specific to the local population consider opportunities to build upon the Multipurpose Service Programme.

4 :Empower and support self-care and implement a new model of stepped care across Australia

Recommendation 11

Promote easy access to self-help options to help people, their families and communities to support themselves and each other, and improve ease of navigation for stepping through the mental health system.

Define and agree the components and necessary supports to deliver a system of stepped and integrated care as a fundamental building block for the mental health system.	Health Department	December 2015	PMHNS LHDs Governance committees Aboriginal and Torres Strait Islander groups	Agreement to a system of stepped and integrated care as the national policy platform for the mental health system.
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Establish and promote self-help supports with people with lived experience and their families and supporters	Health Department	December 2015	PMHNS LHDs Governance committees Aboriginal and Torres Strait Islander groups	Establish cooperative projects at both the national and local level to: <ul style="list-style-type: none"> • promote self-help and building resilience as a first-line response to achieving wellbeing and reducing mental distress • develop, disseminate and promote a suite of resources and supports for self-help and online services, and evidence of effectiveness of these supports • Build on existing opportunities and events such as Mental Health Week and R U OK? Day to promote mental wellbeing, resilience and reduced stigma and discrimination.
Task the Mentally Healthy Workplace Alliance with mental health safety and wellbeing, self-help, and to reduce stigma and discrimination in the workplace.	National Mental Health Commission	December 2015	National Mental Health Commission Mentally Healthy Workplace Alliance Governance committees	Establish cooperative projects at both the national and local level to: <ul style="list-style-type: none"> • promote mental health first aid training and other evidence-based programmes for workers who are likely to come frequently into contact with people with mental illness • promote mental health wellbeing in the workplace • promote understanding and reduce discrimination at work by employers, managers and co-workers • work with workplaces and employee groups where mental health issues often arise, such as human services agencies (including Centrelink and employment services agencies), justice, health, education systems, and human resources, as well as in early childhood and across education systems.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 12				
Strengthen the central role of GPs in mental health care through incentives for use of evidence-based practice guidelines, changes to the Medicare Benefits Schedule, and staged implementation of a Medical Home for Mental Health				
Strengthen the central role of GPs in mental health care through incentives for use of evidence-based practice guidelines, changes to the Medicare Benefits Schedule, and staged implementation of a Medical Home for Mental Health	Health Department	June 2016	Governance committees GP associations, college and representatives	Development of an agreed coordinated incentive package through consultation and negotiation, to include: <ul style="list-style-type: none"> • The promotion of the use of evidence-based guidelines which support a stepped care approach • Changes to the Practice Incentives Programme (PIP) to promote quality mental health services in general practice • Inclusion of a mental health assessment in Medicare Benefits Schedule (MBS) Health Assessment Items • Establishment of a trial of a Medical Home for Mental Health

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 13				
Enhance access to the Better Access programme for those who need it most through changed eligibility and payment arrangements and a more equitable geographical distribution of psychological services.				
Develop an enhanced Better Access programme through consultation and negotiation. Note this is not proposing an increase in the number of sessions and the overall budget for Better Access but rather a broadening of the mix of professionals able to provide Focused Psychological Strategies within the available sessions.	Health Department	June 2016	Governance committees GP associations Allied Health	An approved enhanced Better Access package, using MBS and MHNIP payments to: <ul style="list-style-type: none"> • Realign the access to mental health allied health specialists and actively support GPs to extend access to evidence-based interventions, especially for people with more severe or complex mental health needs. Based upon considerations recommended in this Review. • From January 2016, limit access to Better Access for newly registered psychologists who are not endorsed to communities outside the Major Cities classification as identified under the Modified Monash Model, as recently adopted by the Commonwealth Government. • From January 2017, examine the introduction of provisions requiring access to benefits payments under Better Access being dependent on all new allied health professionals providing a significant proportion of their services (i.e. 50 per cent in the first five years) to people who reside in rural and remote areas. • Use future indexation of Better Access benefits to introduce a Better Access rural loading.
Recommendation 14				
Introduce incentives to include pharmacists as key members of the mental health care team				
Introduce incentives to include pharmacists as key members of the mental health care team	Health Department	June 2015	Governance committees Pharmacist associations	Agreed incentive programme for pharmacists, including: <ul style="list-style-type: none"> • a substantial percentage of the new Sixth Community Pharmacy Agreement as reward payments to pharmacists who work as partners in the primary mental health team • Include pharmacists under the existing Practice Nurse Incentive Payment arrangements.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
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5: Promote the wellbeing and mental health of the Australian community, beginning with a healthy start to life

Recommendation 15

Build resilience and targeted interventions for families with children, both collectively and with those with emerging behavioural issues, distress and mental health difficulties.

Identify as a national priority for Primary and Mental Health Networks the mental health and wellbeing of children, adolescents and young adults.	Health Department	June 2015	Governance committees PMHNS	PMHNS funding agreements to include in roles and responsibilities, the wellbeing of children, adolescents and young adults.
Establish principles, mechanisms and systems to support the priority to build resilience and target interventions for this group, developed through a national consultative process involving key and expert stakeholders.	Health Department	December 2015	Governance committees PMHNS	<p>A child, adolescent and young adult wellbeing framework developed, including:</p> <ul style="list-style-type: none"> • funding mechanisms for regionally provided services to be provided as flexible funds to regional entities as proposed in this Review, but to be earmarked as a programme of expenditure on children, adolescents and young adults • programme redesign and prioritisation recast as appropriate to reflect regional integration and evaluation within this new model • ensuring links with maternal and child health are fundamental to an integrated approach • including a coordinated response to eating disorders as a priority within the existing <i>headspace</i> model.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Undertake a consultation and development process to enable regional level co-design and co-creation of a system-wide framework for child and adolescent mental health, with integrated models of care and care pathways. These should be developed with PMHNs, Local Health Networks (LHNs) or their equivalent, local councils, NGOs, the private sector, early childhood services, schools, workplaces, clubs and community organisations.	Health Department	December 2015	Governance committees PMHNs PMHNs local consultation councils States and territories	Local PMHNs frameworks developed, including aims to: <ul style="list-style-type: none"> providing information locally and through online services on evidence-based programmes such as <i>Positive Parenting Partnership</i> (Triple P) and <i>Every Parent</i> working with local communities and potential private supporters on scoping development of local “Childspaces”, or Children’s Wellbeing Centres, for vulnerable children, not as separate services but to be integrated with early childhood and other services, funded by programmes such as Better Access and potentially with local community funding support preventing or delaying the onset of mental ill-health through school based programmes supporting the roll-out of KidsMatter and Mindmatters through primary and secondary schools as part of a broader mental fitness and wellbeing agenda within schools.
Establish national measures and evaluation processes to monitor performance.	Health Department	December 2015	Governance committees Cross-government agencies PMHNs States and territories	A child, adolescent and young adult wellbeing evolution framework established, comprising: <ul style="list-style-type: none"> conduct a national study into the scaling up of Triple P, including workforce implications and the potential to role the programme out by using the workforces of other organisations under contract to PMHNs the measurement of child development vulnerability with the Australian Early Childhood Development Index establishing a pathway for broad introduction of the Middle Development Index for students in Years 4 to 9 as the next stage in measuring, identifying and responding to child development issues

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 16				
Identify, develop and implement a national framework to support families and communities in the prevention of trauma from maltreatment during infancy and early childhood, and to support those impacted by childhood trauma.				
Establish a national commitment to the prevention of trauma from maltreatment during infancy and early childhood, and to support those impacted by childhood trauma.	Health Department	December 2015	COAG	National commitment defined and agreed, with: <ul style="list-style-type: none"> establishment of collaborative structures to design and develop the framework agreement on responsibilities at federal, state and regional levels.
Develop the evidence base; apply this to education curricula; raise public awareness and measure change over time.	Health Department	December 2015	Cross-government (Departments of Social Services, Education, Immigration)	National project on research, practical implementation and use in communities, to: <ul style="list-style-type: none"> develop options for a study into the cost to society of childhood trauma and of best investments to reduce the impact of childhood trauma implement an evidence-based approach on why respecting children matters, the lifelong impact of abuse, and actions to be done increase community awareness of current research about what occurs to children before they are born and how their early years can affect their health, mental health and wellbeing and opportunities later in life. introduce collection of prevalence data available in Australia on adults who are diagnosed with a mental health condition who have been victims of child maltreatment adopt in the proposed National Research Strategy (see relevant recommendation) a long-range national infant and child wellbeing agenda for ongoing research to build evidence about what works and why, and to assist communities in linking research to practice.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 17				
Use evidence, evaluation and incentives to reduce stigma, build capacity and respond to the diversity of needs of different population groups.				
Develop a framework for recognising the needs of people with lived experience of mental health difficulties, their families and support people, from Culturally and Linguistically Diverse (CALD) backgrounds, at the national level for local application.	Health Department	December 2015	Governance committees PMHNs LHNs	National framework developed, and available for local use, identifying the need to: <ul style="list-style-type: none"> • adopt clear and explicit equity orientated targets for people from CALD backgrounds from multicultural communities to include in government funding agreements • require PMHNs to partner with state-wide Transcultural Mental Health Services in New South Wales, Queensland, Victoria and Western Australia in planning and developing responses to local community needs, and with PMHNs in other states and territories to identify (or assist to develop) alternative mechanisms.
Develop a framework for the local response to population specific issues, to ensure integrated care pathways, recognition of the inadequacy of existing pathways and a person-centred response.	Health Department	December 2015	Governance committees PMHNs and LHNs	National agreements with PMHNs and LHNs to reinforce their responsibility to: <ul style="list-style-type: none"> • work together to identify local clinicians to champion a multidisciplinary team approach to coexisting intellectual disability and mental health • develop clear integrated care pathways for people with mental illness and a substance use disorder to bring together the too often uncoordinated approach between mental health and substance use and physical health services.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Undertake a series of individual strategic projects, each to identify the issues, best evidence, current service and policy responses and formulate a strategic plan for service improvement and outcomes for people, in line with the optics within each strategy, to be agreed nationally and implemented locally.	Health Department	December 2016	COAG Governance committees Cross-government departments Area experts (academic, legal, medical)	<p>A suite of strategic plans for:</p> <ul style="list-style-type: none"> the reduction of stigma and discrimination through evidence-based approaches, and low cost options on how to permeate those approaches throughout the community, including engagement with employers, schools, community organisations and workplaces improving cultural responsiveness of services, programmes and providers through supporting the widespread adoption of <i>the Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery</i> the needs and options for transgender and intersex people, developed through tasking an organisation to facilitate a process with the professional colleges for obstetricians, paediatricians, psychiatrists and GPs, and the Australian Psychological Society, and other stakeholders, on education and communication with health professionals the safety and efficacy of the use of medications as a means of restraining the behaviour of elderly people in their homes, including in residential aged care facilities, based upon a review undertaken by an independent group of experts tasked with the project.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
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6: Expand dedicated mental health and social and emotional wellbeing teams for Aboriginal and Torres Strait Islander peoples

Recommendation 18

Within the context provided by the implementation of Recommendation 5: the establishment of Aboriginal and Torres Strait Islander mental health as a national priority, the establishment of a credible leadership body and dedicated, national planning to improve Aboriginal and Torres Strait Islander mental health outcomes and close the mental health gap.

Establish Mental Health and Social and Emotional Wellbeing Teams in Indigenous Primary Health Care Organisations (including Aboriginal Community Controlled Services)

Set up a process to develop an agreed approach and framework for rolling out of Mental Health and Social and Emotional Wellbeing Teams in Indigenous Primary Health Care Organisations	Health Department	December 2015	<p>Governance committees</p> <p>ATSIMHSPAG</p> <p>New Aboriginal and Torres Strait Islander mental health leadership group on mental health</p>	<p>A national model for Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, where:</p> <ul style="list-style-type: none"> • Mental health services should be fully integrated within IPHCOs and ACCHS as a part of their existing comprehensive primary health care service package • Each IPHCO/ACCHO to have an integrated Mental Health and SEWB team providing links to: community mental health; alcohol and other drugs; primary health care; access to a psychiatrist; and links to mainstream services • The integrated teams would implement models of care / clinical pathways for: community mental health—screening, treatment, support; alcohol and other drugs; chronic illness support; and SEWB promotion / community strengthening • The workforce requirements for the team models should be informed by planning work undertaken by the Aboriginal Medical Services Alliance Northern Territory (AMSANT).
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Develop a consistent best practice national approach for Aboriginal and Torres Strait Islander people when using specialist mental health services.	Department of Health	December 2015	<p>Governance Committees ATSIMHSPAG</p> <p>New Aboriginal and Torres Strait Islander mental health leadership group on mental health</p> <p>States and territories</p>	<p>Finalised national service guidelines for meeting the needs of Aboriginal and Torres Strait islander people when they access specialist mental health services, that recognise the variance between jurisdictions in their mental health services systems, and to include:</p> <ul style="list-style-type: none"> • Service supports to be put in place to facilitate the transition of Aboriginal and Torres Strait Islander people into and through the specialist mental health service system, and in particular from primary mental health care settings into mainstream specialist mental health services and programmes • A set of care standards, including: <ul style="list-style-type: none"> - ensuring each referred/admitted patient is linked from IPHCOs/ACCHS to the mainstream service and back again on discharge - cultural support during admission - access to traditional healers and healing services - maintain link to family - facilitation of patient access to community support on return to community - An inclusive approach where all Aboriginal and Torres Strait Islander people admitted to a specialist (mainstream) mental health service are to be considered as within the target group for this service and have services that adhere to the above standards - General population mental health services are accountable for better Aboriginal and Torres Strait Islander mental health outcomes

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Establish mechanisms and infrastructure to support the implementation, monitoring and capability of the model.	Department of Health	December 2015	Governance committees ATSIMHSPAG New Aboriginal and Torres Strait Islander mental health leadership group on mental health States and territories	An operational framework to support the roll-out of the new team model, that: <ul style="list-style-type: none"> ensures professional development programmes are delivered to support mainstream staff develop cultural competencies includes a commitment from all levels of government (Commonwealth, states/territories and local) to publish annual information on the proportion of resources they allocate to supporting Aboriginal and Torres Strait Islander people's mental health needs. The report card should encompass both specialist and mainstream services and include funding and activity data train and employ the Aboriginal and Torres Strait Islander workforce needed to close the Aboriginal and Torres Strait Islander mental health gap

7: Reduce suicides and suicide attempts by 50 per cent over the next decade

Recommendation 19

Establish 12 regions across Australia as the first wave for nationwide introduction of comprehensive, whole-of-community approaches to suicide prevention.

Establish 12 regions across Australia as the first wave for nationwide introduction of comprehensive, whole-of-community approaches to suicide prevention.	Health Department	June 2015	Governance committees COAG Cross-government agencies	A Suicide Prevention Framework developed through consultation with state and territory governments and other key groups which is based on Australian and international evidence, to guide implementation of the new model
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Develop a costed strategy to support the initial roll-out of the first 12 regional <i>preventing suicides in communities</i>	Health Department	December 2015	Governance committees COAG Cross-government agencies	An approved <i>preventing suicides in communities</i> strategy, with the following components: <ul style="list-style-type: none"> • A programme budget, funded from within the National Suicide Prevention Programme the Taking Action to Tackle Suicide (TaTs) programme for starting up the 12 regional initiatives • A business case application process for proposals that are consistent with the Framework from regional partnerships on co-created models of suicide prevention. • A prioritisation and assessment schema for models to demonstrate buy-in from local communities through inclusion of contributions (either in dollars or in kind) from partners, including local business, clubs and community organisations
Establish implementation prerequisites.	Health Department	December 2015	Governance committees COAG Cross-government agencies	Formulate, through consultation, a set of monitoring and evaluation mechanisms, including: <ul style="list-style-type: none"> • nationally consistent routine data collections for suicides and suicide attempts and related support service use • a national protocol for when hospitals discharge a patient from an inpatient service or after a suicide attempt • a parallel programme for mandatory training on suicide identification and prevention for all frontline staff likely to come into contact with potentially suicidal people – for example, in health, welfare, police, ambulance, justice and education

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
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8: Build workforce and research capacity to support systems change

Recommendation 20

Improve research capacity and impact by doubling the share of research funding for mental health over the next five years, with a priority on supporting strategic research that responds to policy directions and community needs.

From 2015–16, tie research funding to a National Mental Health Research Strategy to be facilitated by the Commission in consultation with stakeholders, and with research linked to strategic priorities in mental health, rather than being largely investigator-driven.	National Mental Health Commission	June 2015	Health Department Governance committees Mental health research centres ARC NHMRC Business and philanthropic sector	<p>An agreed National Mental Health Research Strategy, which:</p> <ul style="list-style-type: none"> requires the participation of people with lived experience of mental health difficulties and their families and carers in all Commonwealth-funded mental health research planning, design and action includes applied research in the area of Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing to better understand what interventions work as a research priority canvasses both experimental and applied research that has the potential to generate innovative interventions and service models that are both efficient and cost-effective develops evidence about what works in areas which have the potential to realise the greatest public value includes consideration of interventions across the domains of: <ul style="list-style-type: none"> Promotion Prevention and Early Intervention Crisis Intervention and Suicide Prevention Treatment Recovery and Support
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Consider and develop a funding and grant allocation strategy to resource the new research directions.	Health Department	June 2015	National Mental Health Commission	<p>A strategy for identifying priorities and funding of mental health research to consider:</p> <ul style="list-style-type: none"> • a mechanism for developing annual mental health research priorities • establishing a new specific Mental Health Research Committee, or establish one from existing structures • a funding plan for a staged and planned national mental health research agenda, including options such as: <ul style="list-style-type: none"> - redirecting a proportion of NHMRC funding into a pool which is distributed on the advice of the proposed Mental Health Research Committee - the National Mental Health Commission convening an annual forum to both catalogue outcomes, and then establish immediate and longer term priorities for research - using the Medical Research Fund to target translational research in mental health that is strategically aligned with the directions specified under this reform package
Drawing on existing and developing frameworks and classifications in mental health, conduct a scoping study to investigate data linkage platforms for complex, cross sectoral aspects of delivery and design of services and supports for people with mental illness	National Mental Health Commission	December 2015	Health Department Governance committees Mental health research centres ARC NHMRC Business and philanthropic sector	<p>A scoping study report identifying:</p> <ul style="list-style-type: none"> • options for data linkage platforms for complex, cross sectoral aspects of delivery and design of services and supports for people with mental illness

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 21				
Improve supply, productivity and access for mental health nurses and the mental health peer workforce.				
Develop a revised strategy for Commonwealth programmes including, Better Access, MHNIP for better workforces and workforce approaches and capacity	Health Department	June 2015	Department of Social Services Nursing workforce associations/ groups Governance committees LHNs GPs	Finalised programme redesign, to: <ul style="list-style-type: none"> • Examine the cost effectiveness of including extension of <i>Better Access</i> to nurses with postgraduate qualifications in mental health • Pay a proportion of the Mental Health Nurse Incentive Programme (MHNIP) funding as a loading on top of the Practice Nurse Incentive Programme (PNIP) to attract more Mental Health Nurses into General Practice • Remove the requirement for GPs to write a mental health care plan for referral to Mental Health Nurses under MHNIP • Extend MHNIP eligibility to include residential aged care facilities and Multipurpose Services • End the freeze on the MHNIP as an identified priority for more equitable access to mental health services • Commit to at least maintaining the existing level of funding for the programme: when funding permits, it should grow from its current allocation of \$40 million to \$72 million a year to enable an equitable distribution of funds for the target population

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Develop a practical training and workforce development strategy	Health Department	December 2015	Nursing workforce associations/ groups Governance committees LHNs GPs	<p>Establish a refreshed national workforce training approach specific to supporting new models of care and workforce supply</p> <ul style="list-style-type: none"> • Retrain registered general Nurses as mental health nurses • Train practice nurses to develop their mental health skills and provide scholarships which enable them to train to become mental health nurses • Develop the mental health competence of GPs and collaborative teams to better meet the mental health needs of their patients • Include a mandated amount of mental health curricula content and assessed mental health competencies for undergraduate nurse preparation • Develop a more generalist workforce to provide services in areas of greatest need, <ul style="list-style-type: none"> - Continue promotion, implementation and evaluation of recruitment, retention and incentive mechanisms, in both generalist and specialist mental health career pathways. - Expand rural health education initiatives • Promote National Mental Health Peer Workforce Development Guidelines • Develop a national mental health peer workforce dataset, to measure progress and support evaluation.
Develop and initiate payment incentive strategies, to encourage integrated primary care models	Health Department	December 2016	Governance committees Workforce groups/ associations	<p>Agreed incentive strategy to:</p> <ul style="list-style-type: none"> • Enable PMHNS to contract directly with mental health nurses instead of through an “eligible organisation” to provide greater flexibility across multiple settings • Encourage PMHNS and LHNs to work together to create a primary health care mental health consultancy team in each LHN to support general practices, provide second opinions, support assessment practice and provide opportunistic training of GPs and practice nurses.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 22				
Improve education and training of the mental health and associated workforce to deploy evidence based treatment.				
Audit existing education and training curricula, to assess where teaching materials and approaches require updating with contemporary evidence-based treatment	Department of Education	December 2016	Standing Councils (COAG) Department of Education Governance committees	Completed training and curricula audit and update to : <ul style="list-style-type: none"> • Include in core curricula education for those who will come into contact with people with a mental health problem education on how to better identify and understand mental health and trauma informed care; adopt person and family-inclusive practice and manage all the person's health needs • improve the capacity and competency of the broader health and social services workforce, justice, corrections and police, and workplace health and safety workforces • Improve knowledge and capability of the primary health sector in identification, management and referral of people with mental illness

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 23				
Require evidence-based approaches on mental health and wellbeing to be adopted in early childhood worker and teacher training and continuing professional development.				
Require evidence-based approaches on mental health and wellbeing to be adopted in early childhood worker and teacher training and continuing professional development.	Department of Education	June 2016	Standing Councils (COAG) Governance committees Departments - Social Services and Education.	<p>Completed update of training and curricula for teaching and education professionals, including a focus on evidence based approaches for resilience building and interventions, including:</p> <ul style="list-style-type: none"> Measures for mental fitness in early childhood services, primary and secondary schools and education institutions, and to support healthy development and wellbeing of children and resilient and mental health-literate adults A family and parent engagement strategy for how to engage with new parents, preschools and primary schools to fill the service gap for young children (aged birth-12 years) with mental health difficulties (social, emotional and behavioural) and ensure parents are supported to maximise their child's development and wellbeing A school community engagement strategy to Integrate and coordinate existing programmes with school communities to better target school aged children and families on a regional basis, and to get better outcomes from existing programme investments (such as KidsMatter and MindMatters) across communities.

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
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9: Improve access to services and support through innovative technologies

Recommendation 24

Improve emergency access to the right telephone and internet-based forms of crisis support and link crisis support services to ongoing online and offline forms of information/education, monitoring and clinical intervention.

Develop and cost a 10-year mental health technology and information support strategy.	Health Department	December 2015	Governance committees Existing service providers	<p>Completed 10-year mental health technology and support strategy, including –</p> <ul style="list-style-type: none"> • maintaining support for traditional person-to-person community-based telephony services • substantially increasing capacity for crisis support through uptakes of new online and voice-activated technologies • requiring all telephony and new online services to link people directly to effective interventions (including self-help, community or professionally-based) and local service systems • transferring declining investments in out-moded models of traditional clinical practice to online environments • within existing funds, directing government co-investment in the substantial national community-based and government-supported online initiatives to operate according to nationally agreed standards, so that people experience a seamless transition from crisis to ongoing care • tasking the Project Synergy team with working with stakeholders to develop a model of integrated and shared approaches to enable seamless access for consumers to a system which prioritises crisis support, and links with self-help, information/education and treatment services.
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Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Recommendation 25				
Implement cost-effective second and third generation e-mental health solutions that build sustained self-help, link to biometric monitoring and provide direct clinical support strategies or enhance the effectiveness of local services.				
Develop a coordinated approach to investment in e-mental health across the Federal Government.	Health Department	June 2015	Governance committees	<p>Completed investment strategy, including:</p> <ul style="list-style-type: none"> • using new technologies to markedly extend access to services, particularly in those populations which prefer to use technologies, do not wish to use face-to-face services or are limited by geography or socio-demographic constraints from accessing assessment, emergency or other ongoing services • building on the current Commonwealth Government investment in Project Synergy, to develop common standards and linkage platforms for all major Government-supported e-mental health delivery systems • decreasing investments in first generation e-mental health type systems – essentially where traditional professional or counseling-type practices have been transferred online without leveraging the real benefits of co-investments or new technologies (e.g. eheadspace) • Investing in policy and evidence development by relevant community, industry, academic and service providers through establishment of a relevant national policy development and technical solutions advisory body group (which can form part of the reform governance committee structure).

Action	Responsibility	Estimated Completion Date	Linkages	Goal ✓
Establish a new contract base for future e-mental health programme investment	Health Department	June 2015	Governance committees e-mental health sector Existing contract holders	<p>New contractual framework in place, to allow new e-mental health contracts to be competitively tendered, with clear service delivery requirements included:</p> <ul style="list-style-type: none"> new e-mental health contracts from June 2015 should be competitively tendered with focus on provision of large scale services by those community-based organisations with established technical capacity, external business links, substantial capacity to co-invest in development and service delivery and clear evidence of penetration in key population groups (e.g. child and family groups, young people, older persons, people with disabilities, perinatal groups, Aboriginal and Torres Strait Islander people, people in rural and remote areas) or with key illness targets (e.g. early intervention in young people, comorbid alcohol and drug misuse, common anxiety and depressive disorders, perinatal disorders, eating disorders, childhood attention and learning difficulties). new contracts should be based on fostering intrasectoral co-operation, with leadership of each domain having the capacity to set up a working relationship with and shared data with the relevant NGOs or health providers to provide integrated care so that any person entering the e-mental health domain has the opportunity to receive integrated care via relevant face-to-face health or NGO providers, or to other e-mental health providers as appropriate. new contracts to require the use of shared health records, responsiveness (online case management to guide people through the system and keep them online across systems, not just part of an internal programme), and commitment to systematic and intrinsic research and development, with particular emphasis on monitoring functional outcomes. new contracts to specify linking arrangements between <i>National</i> e-mental health services and <i>local</i> face-to-face mental health services, including primary health care, emergency departments, NGOs, headspace centres, and Multipurpose Services (MPSS) to provide continuity of care.