



# Brisbane

30 October 2017

*19 participants*

## Monitoring and Reporting Framework Mental Health and Suicide Prevention

**ABOUT** - The National Mental Health Commission is developing a strategic Framework to guide our national monitoring and reporting on mental health and suicide prevention with input from consumers, carers, families and support people, service providers, policy and decision makers across Australia. This summary is from the workshop discussion held in Brisbane.

**KEY THEMES** – at the Brisbane workshop, the following issues were highlighted:

- The importance of emphasising measurements of outcomes.
- The need to increase the focus on suicide and suicide attempts, including better quality data to capture and differentiate suicide prevention from mental ill health.
- Query around the lack of focus on aged care, and drug and alcohol issues.
- Interest in the implications for policy and funding intended to come from the Framework and how it will interact with the system to highlight when people fall through the gaps.
- Incorporating State and Territory mental health plans where feasible.

**DOMAINS** – What are they key priorities and missing domains?

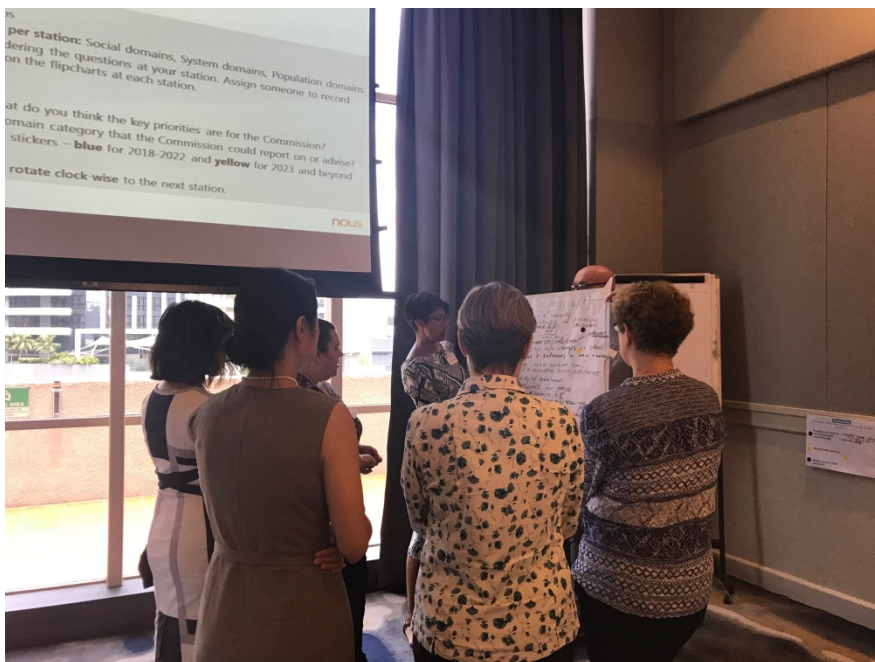
- Encouraging a stronger focus on prevention.
- Suicide prevention and mental ill health are related but are not the same and require separate consideration.
- System coverage extending beyond clinical to include services outside mental health (e.g. disability, housing and homelessness, child protection).
- Inclusion of strengths based population measures (e.g. mental health literacy, resilience, wellbeing).
- Stigma and discrimination outside of mental health requires consideration.
- Inclusion of trauma experienced across the developmental age span.
- Driving change through driving consistency, linkage, and effectiveness within the system.



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## PRIORITY GROUPS – Which groups are a priority and who has been missed?

- Participants acknowledged people's diverse identities and experiences beyond these broad groups and acknowledged that subgroups are not homogenous.
- Additional groups identified included: perinatal mental health, middle aged men, people experiencing homelessness, people living with severe and complex mental illness, frontline responders, carers, and youth in out of home care.
- Participants suggested that priority groups should be restructured to sit across the domains and reform areas
- Acknowledged difficulties in getting data for some groups, for example LGBTQ.



## DATA AND ANALYSIS – Where can we add value and what are the challenges

- There is a danger in measuring what we can, and missing opportunities to measure new things.
- Data gaps exist for early childhood mental health, stigma, and carers' mental health.
- Standardised national data and interlinked data give meaning and context.
- Emphasising data linkage.
- Considering social determinants of health and utilising data from peak bodies.

## REPORTING FORMATS – What reporting formats should be considered?

- Support for use of mixed media, and varied formats including visuals and plain language.
- Presentation should be dependent on the purpose of the data and focus on its utility.
- Promoting new data as it becomes available.
- Maintaining a clear purpose behind monitoring and reporting.

# Thank you

*The Commission is grateful for the time and invaluable insights workshop participants provided. The feedback gathered through the consultation will help us shape a national monitoring and reporting Framework that will provide information to support change in mental health and suicide prevention.*



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