



Darwin

13 November 2017

22 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 Darwin.

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

- The unique cultural and service environment in the Northern Territory needs to be acknowledged in the Framework, with emphasis on service provision in the rural and remote context.
- The inclusion of stigma and discrimination.
- The use of the Framework to highlight services gaps in the Northern Territory.
- The Framework needs a person-centred focus in all aspects and drive meaningful change across the system.
- Youth justice and out of home care need to be addressed.
- The inclusion of grass roots community groups in conversations about the sector.

DOMAINS – What are they key priorities and missing domains?

- Emphasising reporting on gaps in services in the Northern Territory. Participants emphasised the lack of mental health services, far fewer than other jurisdictions.
- Ensuring Aboriginal and Torres Strait Islander people are reflected, as well as broader cultural and linguistic diversity.
- Promoting a standardised approach to reporting with reduced burden on services.
- Recognising the importance of workforce recruitment, training and retention along with the geographic allocation of resources.
- Emphasis on quality of life, social and emotional well being as outcome measures.
- Inclusion of psycho-geriatric services and youth justice.



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

- The Framework should make it clear that everyone is important (while acknowledging there are also priority groups).
- Re-thinking the approach to priority groups to ensure a person-centred approach.
- The methodology behind the development of priority groups was questioned, as it appears inconsistent with a person-centred approach.
- Intersectionality is very important, given people do not fit into narrow categories.
- Additional groups identified as missing included: people in contact with the justice system, men, perinatal mental health, fly-in-fly-out workers, youth in out of home care, people who have experienced trauma and people experiencing homelessness.



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

- Maintain the use of quantitative data through a person-centred lens that creates space for individual's stories.
- Noting that challenges exist in the large data gaps across the Northern Territory population, in particular for Aboriginal and Torres Strait Islander people.
- Inclusion of jurisdictional and sub-jurisdictional analysis given Northern Territories idiosyncrasies.

REPORTING FORMATS – What reporting formats should be considered?

- A number of barriers in reporting were identified, specific to the Northern Territory including: lack of access to internet in rural areas, low literacy levels, culturally and linguistically diverse communities.
- Participants supported the use of info graphics, videos, cartoons, and ads.
- Information that is relevant to the consumer.
- Use of Qualitative data and data from NGO and grass roots community services.

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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