Note: This report has been prepared to inform NMHC consultations as part of the Vision 2030 project. This is not a published document and may not reflect the content of any final Vision 2030; Blueprint for Mental Health and Suicide Prevention products. **This version was produced March 2020.**

Vision 2030; Blueprint for Mental Health and Suicide Prevention

Australian Government
National Mental Health Commission

About this Report

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This version was produced in March 2020.

You can access the most recent version of this report from the NMHC website:

www.mentalhealthcommission.gov.au

Any questions or requests related to the use of this document should be directed to the NMHC:
enquiries@mentalhealthcommission.gov.au

Acknowledgement

The National Mental Health Commission (NMHC) gratefully acknowledges the time, effort and insight provided by everyone involved in sharing their experiences to inform Vision 2030.

As Vision 2030 seeks to find themes and commonality, some individuals may feel the details of their own experience are not specifically reflected in this document. We acknowledge that everyone's story is unique and that this has an impact on their needs, goals and strengths. Vision 2030 seeks to establish a person-centred system of mental wellbeing for Australia, which can acknowledge, value and respond to the experience of each individual in their community.

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Message from National Mental Health Commission

Chair of the NMHC Advisory Board and CEO of the NMHC

Our mental wellbeing is unique to each of us. Accessing mental health care is also a different individual experience. To more fully understand the experience of the Australian mental health system and how it can be improved in the long term, it is necessary to start locally; listening to individuals, families and service providers as experts in their own lives, communities and work.

It was important to the National Mental Health Commission (NMHC) to set the foundation for a vision for mental health and suicide prevention in 2030 within these experiences. The development of *Vision 2030* started with a national conversation across Australia through the *Connections Project* – connecting with over 3000 people to hear about their experiences of the current mental health system and their needs and expectations for an improved system.

People from across Australia and from a wide range of experiences and stages in life responded to the national conversation *Connections Project*. We were grateful to be able to to talk with communities, to hear at the local level what is happening, what is working, and what needs to change. While it was inspiring to see so many contributing their insights on mental health care, we were very concerned to hear the common negative experiences of stigma, lack of accessibility and lack of appropriate supports. The challenges for individuals, families and communities are greatly magnified by the difficulties many face in obtaining timely and appropriate treatment.

What is also clear is that these experiences are diverse and require tailored responses. It follows that our service system cannot be one size fits all.

Vision 2030 reflects what we heard from Australians with a lived or living experience of mental illness, suicidality and those who love and care for them. It proposes a person-led system, where our social and emotional wellbeing is front and centre of every decision, and where we, as consumers and carers, partner and have choice in the shaping and delivery of our care and support. Vision 2030 imagines an Australia where every person is supported to be mentally well and live a contributing life within a system that invests in prevention, early intervention and the addressing of social and emotional wellbeing as a whole.

We acknowledge that many of the findings and concepts in Vision 2030 are not new. The principles of person centred care delivered in community have been the focus of advocacy by many over a number of years. However, what we have been able to articulate in Vision 2030 are the systemic changes that are needed for these principles to be implemented. Vision 2030 highlights a national, consistent system comprising all elements of primary, tertiary and community based care to enable change towards these new approaches.

The next step for our work is taking Vision 2030 and identifying the roadmap to implementation. In other words, what are the policy, legislative, service design, outcome measurement and funding mechanism that will ensure the Vision 2030 system is embedded and that individuals in their communities are front and centre to service design and delivery of a new system that 'comes to' and 'shapes itself around' the person in their community.

The last few years have seen considerable reforms to mental health services which has led to new and exciting opportunities for doing things differently. Vision 2030 does not address any particular services or programs, rather it identifies the essential elements of care and supports the approach of Government and communities identifying those services that best suit their needs within those elements.

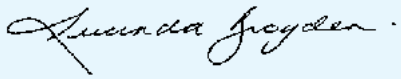
We are seeking to work together across all levels of Government to ensure a collaborative 'whole of government' and 'whole of governments' approach to mental health and suicide prevention that is person-centred, holistic and designed and delivered at a local level – national foundations for local solutions.

The breadth and depth of mental health reform required for positive change needs sustained multi-sector and multi-system approaches, and long term commitment to implementing such change across governments, sectors and systems. We highlight the role that individuals and communities have in addressing mental wellbeing and promoting positive mental health. Stigma was a word we heard repeatedly during the *Connections Project* and throughout our experiences with communities.

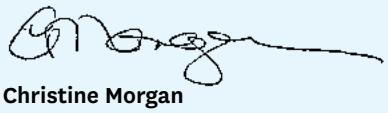
So many still experience shame, societal stereotyping, isolation and discrimination. We all have an active role to play in combating these attitudes and building a safe, inclusive and compassionate community when it comes to mental wellbeing.

Now is the time to define a new, unified system that can deliver better outcomes and impacts for all Australian's mental health and wellbeing, from a whole of government person-centred perspective. The NMHC is excited to be leading this work towards a human rights based mental health system that provides support for every Australian. A system that is inclusive of families and carers at the right time and in the right place.

Thank you to everyone who shared your experiences and insights to inform Vision 2030. Your commitment, honesty and bravery in doing so has been fundamental to this work and it is through you that we are able to vision a system for quality mental health care and suicide prevention in Australia.



Lucy Brogden AM
Chair of the NMHC Advisory Board



Christine Morgan
CEO of the NMHC

About us

The National Mental Health Commission (NMHC) was established in 2012 and provides insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention system and acts as a catalyst for change to achieve these improvements.

This includes increasing accountability and transparency in mental health and suicide prevention by providing independent reports and advice to the Australian Government and the community.

An Advisory Board of Commissioners helps set the NMHC's strategic directions and priorities.

The NMHC's current Commissioners are Mrs Lucinda Brogden AM, Professor Ngiare Brown, Professor Helen Milroy, Ms Kerry Hawkins, Rabbi Mendel Kastel OAM, Ms Christina McGuffie, Professor Maree Teesson AC, Dr Elizabeth-Ann Schroeder, Ms Niharika Hiremath, Mr Alan Woodward, and Ms Christine Morgan. Ms Christine Morgan is also the CEO of the NMHC.

Our vision is that all people in Australia are enabled to lead contributing lives in socially and economically thriving communities.

We strive to achieve our vision by:

- ensuring mental health and wellbeing is a national priority
- increasing accountability and transparency through credible and useful public
- reporting and advice informed by collaboration
- providing leadership and information that helps to empower consumers and carers
- working with others to influence decision-making, set goals and transform systems and supports to improve people's lives.
- Vision 2030 will be delivered in two phases. This report on the Vision for mental health and wellbeing in 2030 will be accompanied by a detailed implementation roadmap in 2020.

Summary

Vision 2030 casts a national direction for mental health and wellbeing in Australia. It is a long-term blueprint for a successful, connected, and well-functioning mental health and suicide prevention system meeting the needs of all Australians.

Access to care for people with mental health concerns and those impacted by suicide is the outcome of a complex system and a combination of processes working together. Optimisation of a complex system can only be achieved by optimisation of system elements as they are determined by and interact with each other. Improvement cannot be achieved by looking at any aspect in isolation. Vision 2030 takes a whole-of-system approach, considering each key stage from prevention to recovery, and each mechanism required for a well-functioning system and considering their interaction with other system components.

The Case for Change

To discover and define the barriers, opportunities and needs of Australians in relation to their mental wellbeing, the National Mental Health Commission conducted a consultation about the future of mental health care, suicide prevention and wellbeing in Australia.

From July – September 2019, the Commission held 26 Town Hall meetings and 17 service provider stakeholder meetings; connecting with over 1,300 individuals, including representatives from approximately 86 organisations. This was accompanied by an online consultation which received 2090 responses.

These conversations highlighted the diversity of experience, between communities and among individuals within communities.

All information was analysed to identify key themes and consensus about the barriers experienced, community needs and opportunities to improve the experience of mental health care.

Participants raised the following themes consistently across the consultations. These themes were used to inform the development of Vision 2030 Key Concepts.

These conversations highlighted a case for change in the way that Australia approaches mental health.

Everyone experiences mental wellbeing and mental ill-health is common. We know that over 4 million Australians in any one year experience mental ill health and need treatment, and a further 6 million could benefit from support for their mental wellbeing.

Mental ill-health has a significant economic impact. The impact of mental health conditions is measured to be approximately $10.9 billion per year [2].

Individual/Community

Mental health is not well understood and this results in shame, stigma and discrimination.

Individuals experience self-stigma (shame) that decreases their ability to identify concerns and seek care.

Individuals **experience stigma** and its consequences within their community.

Individuals experience structural stigma and its consequences in formal settings e.g. service providers, government, workplaces.

Service Delivery

There is significant variability in services' capacity to deliver appropriate, quality care across the country.

Services are not providing consistent, quality care.

Services are not providing care which is **culturally appropriate.**

Consumers do not consistently **have a voice** in their own care, or the development of service responses to need.

Individuals are not able to access available services.

Individuals have poor experiences that decrease trust.

System

Care is **not financially, geographically or practically accessible.**

Services are not available across the spectrum of care when/where people need them – gaps.

Workforce does not have capacity to deliver suitable quality services.

Services are not well coordinated or easily navigable.

Service system does not focus on community-wide prevention and identification.

Mental health is not treated with equality and parity with physical health.

There have been challenges to achieving effective mental health care. The split of responsibilities across governments and sectors does not adequately address community care resulting in programs and services that are disconnected, reactive and do no cover the essential components of care. Data and capacity to inform local planning and delivery of services have been lacking and challenging to develop.

Mental health is a priority for the federal government and state and territory governments. There is an opportunity to harness this commitment and ensure all components of the current system are working together towards a commonly held Vision for mental health and suicide prevention.

A Vision for mental health in 2030

This change will enable a more responsive, person-led and person-centred system.

Vision 2030 imagines an Australia in which:

- Mental wellbeing across the lifespan is promoted and addressed from pre-pregnancy to old age.
- Everyone is supported to be mentally well.
- Mental health is addressed in its full social context.
- Mental health is well understood and acknowledged as part of everyone's experience.
- When people experience a mental health issue, they are respected and can expect to live a contributing life, without stigma or discrimination.
- People with mental ill health have positive life experiences and reach their own potential.
- People suffer less avoidable harm as a result of mental health concerns.
- Communities are at the centre of identifying their needs, designing responses and delivering care.
- Anyone at risk of or living with a mental health issue has access to affordable, evidence-based care in their own community.
- Anyone at risk of suicide is connected to support, care and if necessary, intervention, as a matter of priority.
- Services are delivered in a well-functioning, integrated system with consistent, appropriate quality care available across all steps in the spectrum to every individual.
- People play a central role in their care, and in the choice, design and delivery of services that support them.
- Mental health is prioritised by all levels and sectors of government and receives parity and respect within the broader health and welfare systems.
- Service and system successes are measured based on outcomes, with a focus on continuous real time monitoring and quality improvements.

New approaches to mental health

These goals require new approaches to the way we deliver mental healthcare and suicide prevention in Australia:

- A social and emotional wellbeing approach emphasises the social, emotional, spiritual and cultural, physical, economic and mental wellbeing of an individual.
- This approach recognises the equitable impact of housing, economic, employment, environment and social trends alongside clinical approaches to mental ill-health.
- There needs to be functional integration of services which address mental health, physical health and social needs.
- A proactive approach to the general wellbeing of all Australians is key to reducing mental illness and preventing suicide. Long term approaches to promoting wellness will make lasting improvements to the health and quality of life for everyone.

A balanced, community-based care approach

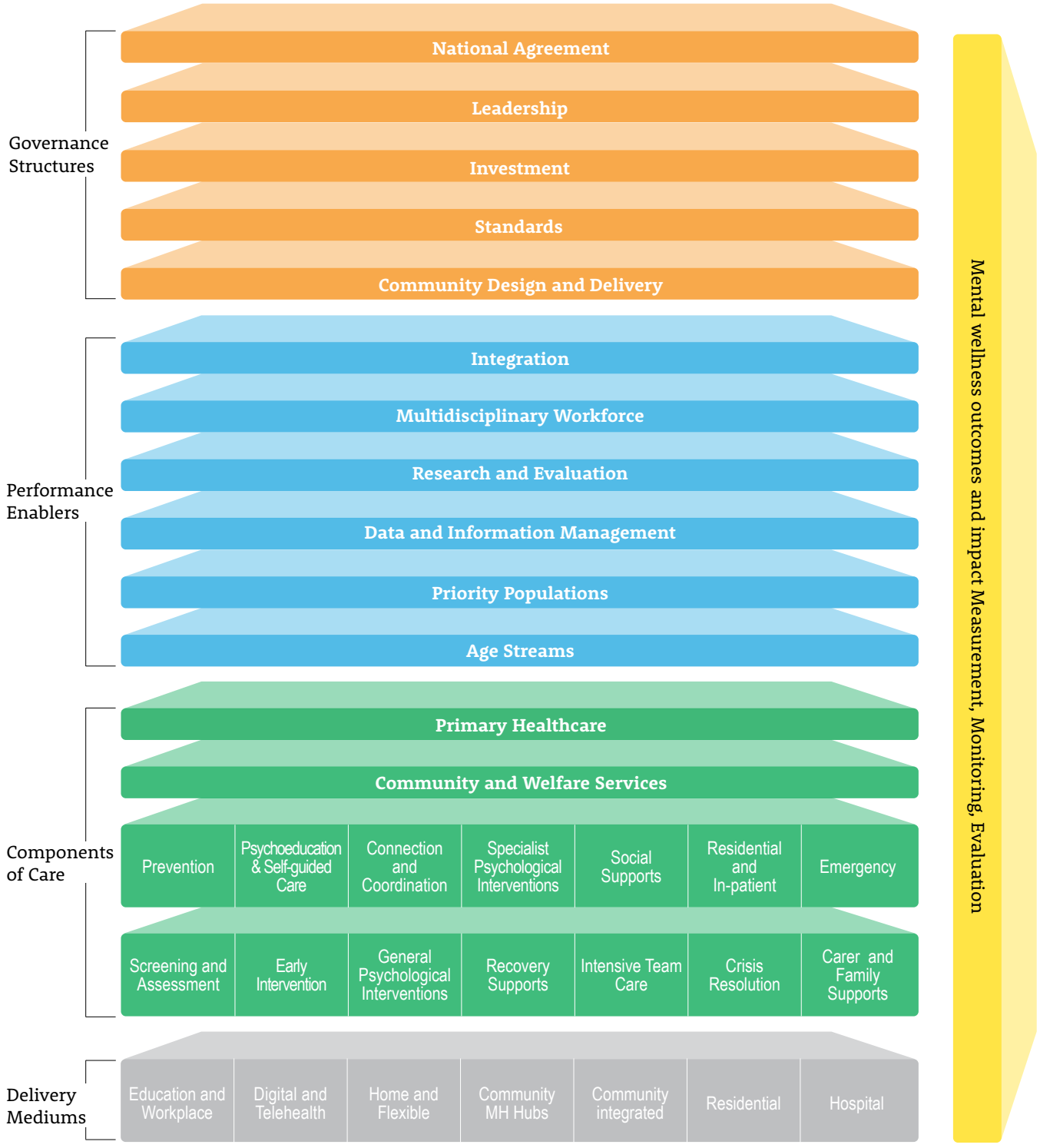
- A way of delivering all aspects of prevention, assessment, treatment and recovery at all levels of need which acknowledges the different context and needs of Australia's diverse communities and meets these in a cohesive, local way.
- Balanced community-based care means that everyone has access to care in their community in the least restrictive environment possible. This enables safe recovery while supporting a person's connections to family, culture, social supports, work, education and community.
  It puts the person at the centre of the process.

A system to deliver the care that is needed

To achieve these goals and implement these new approaches, Vision 2030 proposes a multifaceted, multi-layered system to enable effective care:

- Governance structures that facilitate a national framework for the delivery of diverse local solutions in a way that is transparent, consistent and measurable (e.g., agreements, legislation and standards).
- Whole-of-system performance enablers that empower community-based care to be delivered in line with best-practice standards, such as a multidisciplinary workforce, research strategy and funding models.
- Essential components of care which articulate all the distinct kinds of intervention required across the spectrum to deliver the 'right care, at the right time' to all Australians.
- Mediums for delivery, conveying how services can best reach the people who need them, when they need them.

National Foundations for Local Solutions: A System Overview



The case for change

Everyone's mental wellbeing is important yet mental illness is common. We know that over 4 million Australians in any one year experience mental ill health and need treatment, and a further 6 million could benefit from support for their mental wellbeing.

59%

Identified fear of being judged/ worried about what people may think as a barrier to accessing care

The latest data available from the Australian Bureau of Statistics show that Australia's suicide rate is at 12.7 deaths per 100,000 people – an average of six men and two women a day. The suicide rate of Aboriginal and Torres Strait Islander people is twice that of non-Indigenous Australians [1].

Mental ill-health has a significant economic impact. The impact of mental health conditions is measured as the total cost of absenteeism, presenteeism and compensation claims estimated in one year across all industries; this is estimated to be approximately $10.9 billion per year [2]. A 2016 report by the RANZCP [3] estimated that the flow-on effect of mental ill-health, at a macro-economic level, costs the economy almost $60 billion a year in 2014.

"Mental health and illness is just the same as talking about physical health and illness. It is ok to talk about. It is ok to experience. Medications are ok. It is great to get support. It is great to get better."

There have been challenges to achieving effective mental health care. Despite ongoing investment and attempts to reform the mental health and suicide prevention service systems, the current state of care is fragmented, uneven, costly and not leading to significant changes in national health outcomes. The clear vision for the closure of psychiatric institutions and mainstreaming of acute psychiatric care was not accompanied by a coherent definition of what a community-based mental health system involved or how it would operate.

The delivery of health services across a nation as geographically large and as culturally diverse as Australia is extremely complex. Added to that complexity are the differing health responsibilities of the three levels of government in Australia, combined with the reality that in many rural locations, service provision crosses state and territory jurisdictional boundaries.

55%

Identified feeling shame and embarrassment as a barrier to accessing care.

The split of responsibilities across governments and sectors does not adequately address community care resulting in programs and services that are disconnected, reactive and do no cover the essential components of care, or preventing evidence-based services growing to scale. Often moderate intensity care is accessible only through own financial means, private insurance or disability programs. Many people with complex or chronic mental health problems do not receive the full scope of care they need and end up cycling through the acute care system.

Mental health is a priority for the federal state and territory governments. Reforms to the system have been significant over the past few decades. There is an opportunity to harness this commitment and ensure all components of the current system are working together towards a commonly held Vision for mental health and suicide prevention. Greater investment and system change in mental health care, from promotion to treatment, will not be accomplished over the course of one sitting government but will require a long term and sustained commitment from our governments.

Connections – A National Conversation about Mental Health Care.

From July – September 2019 the National Mental Health Commission conducted a consultation about the future of mental health care, suicide prevention and wellbeing in Australia.

The Commission held 26 Town Hall meetings and 17 service provider stakeholder meetings; connecting with over 1,300 individuals including representatives from approximately 86 organisations. This was accompanied by an online consultation which received 2090 responses.

These conversations highlighted the diversity of experience, between communities and among individuals within communities.

All information was analysed to identify key themes and consensus about the barriers experienced, community needs and opportunities to improve the experience of mental health care.

> "Terrorised by the thought of having to tell my story to yet another worker. Adds trauma, adds to feeling that no one cares and makes me feel foolish."

The following themes were consistently raised across the consultations. These themes were used to inform the development of Vision 2030 Key Concepts.

Barriers to accessing care

A range of barriers were identified, from practical considerations such as the absence of affordable services or health professionals in the area and service gaps to more subtle issues with attitudes towards mental health, social determinants of wellbeing and trust in the services available. While the following themes were raised consistently across the Town Hall meetings, the importance or frequency varied between communities.

Mental health is not well understood and this results in shame, stigma and discrimination.

Individuals experience self-stigma (shame) that decreases their ability to identify concerns and seek care. Ten percent of participants specifically referenced self-stigma, manifesting in comments through words such as pride, shame, embarrassment, failure, shame and guilt, and a sense that *"I should be able to handle this myself."*

Individuals experience social and structural stigma and its consequences within their communities in both informal and formal settings such as service providers and workplaces. This stigma could be perceived or expected, or feared due to previous experiences of discrimination and inappropriate care.

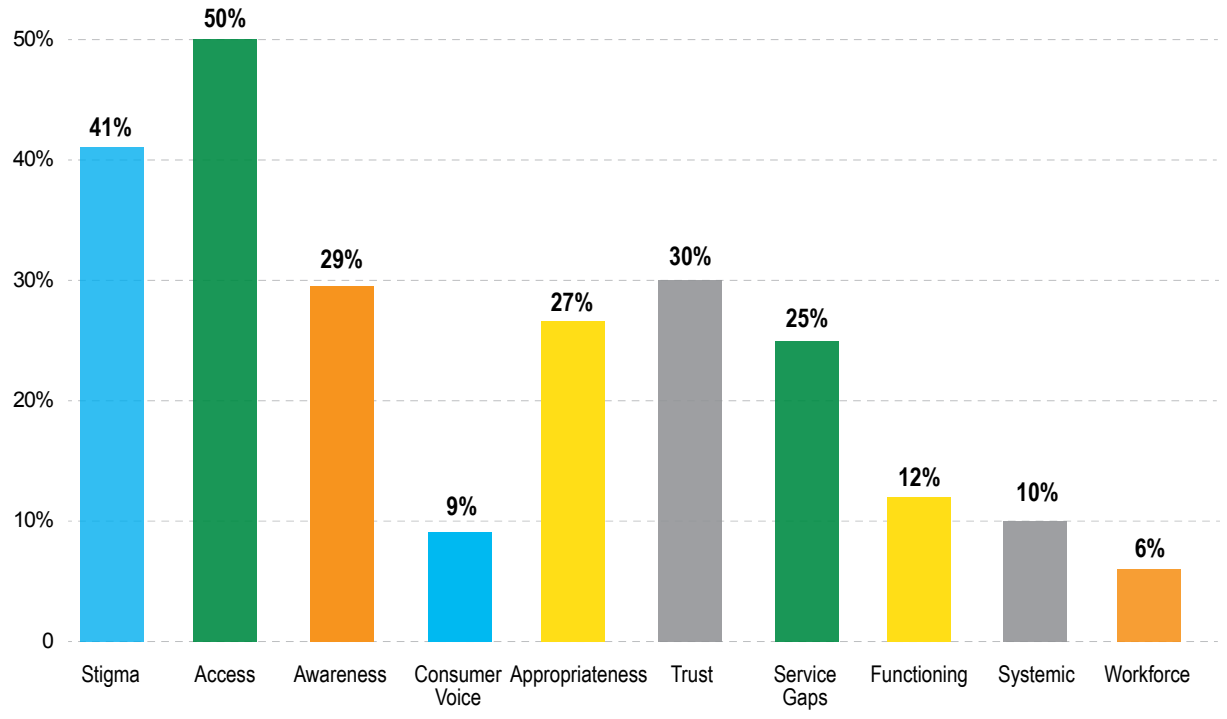
This stigma could be perceived or expected, or feared due to previous experience of discrimination and inappropriate care.

In the online survey:

- 63% identified fear of what may happen after seeking help as a barrier to accessing care
- 59% identified fear of being judged/worried about what people may think as a barrier to accessing care
- 55% identified feeling shame and embarrassment as a barrier to accessing care.

Identified barriers to seeking help

As % of Town Hall participants at all locations



"...there is no communication to my current treating team...I end up with a completely different diagnosis from the public doctors who only see me when I'm unwell, as opposed to the correct diagnosis by my current team who I have been seeing on a regular basis for the last five years."

There is significant variability in services' capacity to deliver appropriate, quality care across the country.

Services are not providing consistent, quality care. This may related broadly to the quality of interventions, but also often means that services are not culturally appropriate or offered in a safe way for a person's circumstances. Services were reported as often note inclusive of the experience of consumers in their care or the development of service responses to need. People described not being believed, taken seriously or respected and a loss of rights, voice and choice, particularly in involuntary care.

"Mental health and illness are just the same as talking about physical health and illness. It is ok to talk about. It is ok to experience. Medications are ok. It is great to get support. It is great to get better."

Often Individuals have poor experiences that decrease trust and increase barriers to accessing care. Participants described a sense of fear, futility, and lack of faith/trust in the system, in (the competency of) clinicians and in the effectiveness of services. This includes fear of the unknown, which may relate to a lack of awareness in terms of mental health literacy or complexity of the system.

There were perceptions of services having poor respect for or systems to address confidentiality and privacy. This was particularly true for smaller towns.

In the online survey:

- 34% indicated that they don't trust services or providers of help
- 45% indicated previous help had not had any impact or created improvement
- 61% indicated that negative experiences of seeking help in the past were a barrier to accessing care.

61%

Indicated that negative experiences of seeking help in the past were a barrier to accessing care.

"Money. I cannot find a bulk billed psychologist in my city. Worrying about finances contributes to my mental health issues, so paying an $80 gap every time I seek help can sometimes exacerbate my worries. I often talk myself out of getting help because of the cost"

The system creates barriers to identifying need and providing quality care that is accessible to all.

Care is not financially, geographically or practically accessible for many Australians and individuals are often not able to access the services that are available.

"The most difficult challenge I've faced in the mental health system is accessing appropriate therapy."

The most common accessibility concern raised was financial. Services being unaffordable was raised by 20% of all Town Hall attendees and was considered an important barrier to care by 70% of survey respondents.

The expense of treatment more broadly was also raised with individuals noting that even if they were able to access psychological interventions, the costs of medications, travel, loss of work hours, and so on, were also detrimental to their wellbeing.

"Access to affordable sessions, don't add to my issues by loading on financial stress"

Services had limited availability to meet the needs of their community. This included long waitlists, not being available after hours, or not practically accessible with the means of transport available. In addition to accessibility of individual services, the accessibility of the system was also raised, noting that services are not easily navigable or coordinated, making it difficult to enter care at the level required.

"Very limited availability of community-based outreach services that operate outside of office hours Monday-Friday"

"I live in rural Australia, and there are 6 month + waitlists to see psychologists, psychiatrists etc."

There is no consistency to the services available across the spectrum of care with different gaps experienced in different locations. People commonly described falling between public services provided in hospitals or the community.

"[not] 'sick' enough to access help. Or being 'too sick' to access community service but not sick enough to access hospital inpatient care."

The workforce cannot deliver suitable quality services and does not offer the breadth of services needed. This was attributed to a wide range of systemic issues including the training available for frontline workers, insufficient staffing levels, retention of trained workers and the support for diversity in professional roles.

System change also included the need for a shift in the way mental health care is viewed in the broader sector, with a need to focus on community-wide prevention and early identification, with equality and parity with physical health.

"We should be taking a prevention approach rather than treatment similar to the way we engage with all other avenues of our health."

Raised services being unaffordable as a barrier to care.

Needs and opportunities for change

Townhall data showed the uniqueness of community experiences and needs outside of geographic commonalities (for example, 'rural' or 'metro'). Communities are best placed to understand their needs. A 'whole of community' approach ensures that we view communities collectively and place them at the centre of wellbeing.

Notably, a considerable proportion of all responses were either unique or generically described (43% of all responses sub-classified as 'Other') and did not neatly fall into more specific catergories.

The breadth of particular ideas for improvement may reflect the diversity of needs across individuals and communities and points to a need for service and policy responses to be locally and individually tailored.

The largest single category of ideas comprised systemic solutions, that is, how services are designed and delivered.

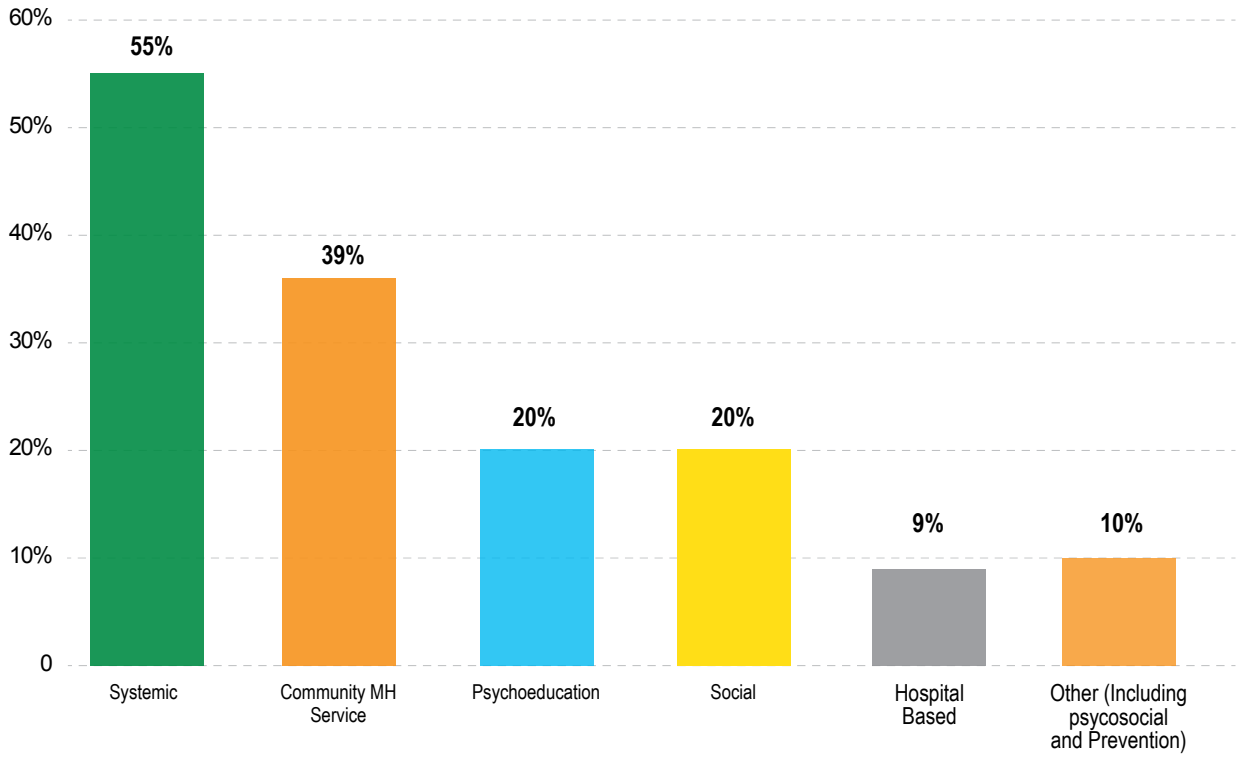
"If you are willing to admit you need help, why shouldn't we just be able to get it?"

"...[mental health care plans] it's just another hoop to jump through and creates more barriers and delays."

The remaining ideas related to particular services/initiatives – the majority of which would be provided in the community.

Identified ideas for improvement - Town hall attendees

As % of Town Hall participants at all locations



"Local one-stop-shop for support that has psych, leisure, healthy lifestyle & social activities as mainstream provision to avoid stigmatising people as mentally ill".

The idea of a hub/centre was often identified (by 9% of attendees) as a possible development. However, there was much diversity in what this kind of service response looked like in individual communities: "wellbeing centres", "drop in", "holistic therapies", "focus on recovery", "crisis support", "a safe place", "café", "skills-based support", "employment support", "allied health", "referral centre", "help with finances", "leisure, healthy lifestyle and social activities", "coordinated care teams" "one-stop shop".

There were similar levels of support for initiatives focussing on the workforce (11%) and raising general levels of education and awareness around mental health (10%).

Identified services being unaffordable as a barrier to care

Relative to town hall participants, there was a low number of ideas identified by stakeholders (1,585 compared with 149), making clear themes more challenging to identify. Stakeholders identified a range of specific services, initiatives and service models, systemic/structural solutions (especially concerning funding) and ideas around better supporting and making use of the mental health workforce, including more Indigenous and peer workers.

What Australia will be like in 2030

It is impossible to accurately predict a picture of Australia in 2030, meaning that services must be able to adapt and change in response to future need. However, based on certain assumptions, there is some idea of what Australia might look like ten years from now.

"... connections to others; reading material, coffee drop-in spot; skills-based support; employment support; training/ education supports/ options; allied health support; referral service to necessary clinical mental health & physical health providers who are mental health 'friendly'; help with finances and if dealing with Centrelink"

Australia's population is likely to grow and change:

- Australia's population is projected to reach approximately 30 million people between 2029 and 2033 [4].
- The population will continue to age. Between 2000 and 2030, the number of people aged 65 years and over is projected to increase by 139% and will comprise more than one in five of the total population, or 5.7 million people [5]. Coastal regions are estimated to experience growth of 210% in the number of seniors between now and 2045. Australia's inland regions are also expected to experience significant growth (estimated at 179.7%) in the number of seniors.
- Australia's average annual population growth rate will be 1.6% over the decade to 2027 under current projections, compared to 0.5% without continued migration [6].
- Australia has a diverse culture and each community is unique. Australia is currently experiencing a strong rate of growth from migration. While it is difficult to develop strong predictions on the composition of the population into the future, we know that this diversity requires flexible and appropriate mental health responses.

The way people work and live may continue to change:

- New technologies will have created new industries and new jobs, with flexible, agile, networked and connected workplaces spanning all sectors [7].
- Jobs requiring complex human interactions and judgements (for example, managers, nurses) will account for 60% of the workforce by 2030 [8].
- Family households are projected to remain the most common household type in Australia, representing 69% to 71% of all household in 2041 [9]. Couples without children are projected to be the second most common family type, representing 38% - 39% of households in 2041, while single-male-parent families are projected to increase the fastest of any family type, rising from 44% - 65% by 2041.
- Between 3.0 and 3.5 million Australians are projected to be living alone by 2041.

Our environment may continue to change:

- Research has shown that most of the changes observed over recent decades will continue resulting in increasing extreme weather events [10]. For Australia this might mean more frequent extremes in temperature and rainfall, rises in sea levels, and changes in ocean acidity.
- The increasing frequency and intensity of other extreme weather events pose risks to the economy, human health and disruption to services.

Depression is expected to become the largest single healthcare burden by 2030.

Significant health burdens will change, and mental health will grow as a health concern.

- Depression is expected to become the largest single healthcare burden by 2030.
- Fifty million people worldwide are living with dementia, and this figure is predicted to double over the next 20 years. Dementia was the second leading cause of death in 2017 and is expected to affect up to 550,000 by 2030 [11]. However, emerging biomarker and imaging technologies that identify early indicators of these diseases, and allow for early intervention, have the potential to curb growth beyond the next 15 years[12].
- Overweight and obesity are expected to increase [13] along with diabetes [14].
- Australia contributes to several global initiatives for the prevention and management of chronic conditions. The Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013–2020 provides countries with a selection of policy options and related goals to work towards in achieving nine voluntary global targets relating to non-communicable diseases. These targets include a 25% reduction in premature mortality from cardiovascular disease, cancer, diabetes and chronic respiratory conditions by 2025 [15].
- The United Nations' Sustainable Development Goals include those to ensure good health and wellbeing by reducing premature mortality from non-communicable disease by one-third by 2030 [16].

Between 2000 and 2030, the number of people aged 65 years and over is projected to increase by 139%

A vision for mental health and well-being in 2030

This vision will be delivered through a unified system that takes a whole-of-community, whole-of-life, and person-led approach to mental health; providing easily navigated, coordinated, and balanced community-based services that meet each individual's needs.

Vision 2030 imagines an Australia in which:

- Mental wellbeing across the lifespan is promoted and addressed from pre-pregnancy to old age.
- Everyone is supported to be mentally well.
- Mental health is addressed in its full social context.
- Mental health is well understood and acknowledged as part of everyone's experience.
- When we experience a mental health issue, we are respected and can expect to live a contributing life, without stigma or discrimination.
- People with mental ill-health have positive life experiences and reach their potential.
- People suffer less avoidable harm as a result of mental health concerns.
- Communities are at the centre of identifying their needs, designing responses, and delivering care.
- Anyone at risk of or living with a mental health issue has access to affordable, evidence-based care in their community.
- Anyone at risk of suicide is connected to support, care and if necessary, intervention, as a matter of priority.
- Services are delivered in a well-functioning, integrated system with consistent, appropriate quality care available across all steps in the spectrum to every individual.
- People play a central role in their care, and in the choice, design and delivery of services that support them.
- Mental Health is prioritised by all levels and sectors of government and receives parity and respect within the broader health and welfare systems.
- Service and system successes are measured based on outcomes, with a focus on continuous real-time monitoring and quality improvements.

Taking an integrated wellbeing approach

An integrated wellbeing approach accommodates a more sophisticated understanding of health which emphasises the connected social, emotional, spiritual and cultural, physical, nutritional, economic and mental wellbeing of individuals and of communities.

More broadly still, social and emotional wellbeing recognises that mental health is conceptualised differently across cultural groups and that these meanings and knowledge systems are important in understanding and responding to mental health for these communities.

For indigenous communities particularly, the embedding of social and emotional wellbeing understandings and their link to spiritual and cultural approaches are critical to delivering effective therapeutic programs for supporting mental wellness and recovery.

It is essential to have a system which:

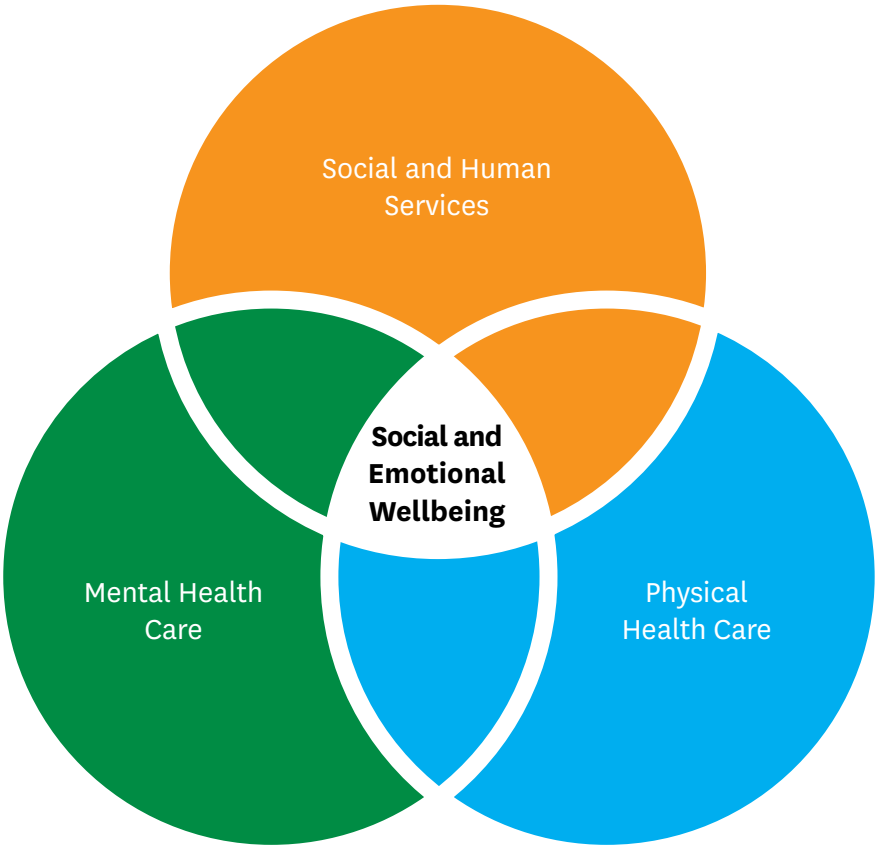
emphasises wellness; promoting good health, addressing the issues that contribute to poor mental health and maximising protective factors for everyone. Supporting individuals in developing coping capabilities, problem-solving skills and resilience can promote more positive life experiences and capacity to self-manage challenges.

A proactive approach to the general wellbeing of all Australians is key to reducing mental illness and preventing suicide. Long term approaches to promoting wellness will make lasting improvements to the health and quality of life for all.

Experiences of mental ill-health and suicide are intimately linked to experiences of disadvantage, social exclusion and marginalisation. There are a large number of determinants of health[17]:

- Societal (for example; culture, media, political structure)
- Environment (for example; remoteness, natural environment, build environment)
- Socioeconomic (for example, education, wealth, housing, migration status, food security)
- Health and biological factors (for example; trauma, heredity, nutrition)

An integrated wellbeing approach



Observed differences in social determinants are thought to develop from the unequal distribution of resources [18], and can be reduced through targeted social and economic policies and programs [19]. A recent World Health Organisation Review [20] found that poor and disadvantaged populations are most affected by mental illness and that cumulative stress and physical health serve as mechanisms through which the impacts of social determinants multiply across the lifespan. Disadvantage starts before birth and accumulates throughout life and across generations [21].

Interventions should impact on social determinants of health, notably housing, education, employment, poverty, discrimination, family violence and adverse childhood events. This includes a particular focus on building protective factors and mitigating risk factors.

With social determinants impacting so strongly on risk, access to services and outcomes, it is essential that mental health is integrated with both physical health and social and human service systems. A significant body of work emphasises the need for a life course approach to understanding and tackling mental and physical health inequalities.

An integrated approach to wellbeing prioritises primary prevention and early intervention, optimising wellbeing from the start of life, for everyone.

Reducing the incidence and prevalence of mental ill-health requires targeted, joined-up efforts in cross-sector collaboration and coordination to build commitment and resources behind initiatives that address social and therefore, health inequality.

This joined-up approach requires policy and program frameworks that enable and incentivise integration, collaboration and cooperation between the mental health sector and other sectors. Doing so would ensure more holistic care and support to reduce the risk of people missing out on services or receiving contradictory therapeutic approaches in care.

These frameworks will consider:

- Roles and responsibilities in the mental health of a wide range of sectors including physical health and nutrition, disability, housing and homelessness, justice and corrections, child protection, education and employment.
- Mechanisms for information and communication to shift social norms and raise public awareness.
- Inclusion of cross-sector responsibilities in mental health system mechanisms like agreements and leadership.
- Specific for the sharing of information and services required for high risk and vulnerable populations including children and young people at risk.
- Decreasing complexity and required cognitive load in programs and systems accessed jointly by those with or at risk of mental health concerns
- Conducting impact assessment to determine risk to mental health of policy and decision making across all government sectors
- Cross-portfolio approaches to social determinants and other risk factors of mental ill-health including trauma and abuse, poverty, social isolation, family and domestic violence, addictions, physical health and nutrition, disability, migration experiences, and crisis events including extreme weather.
- Reforms and program improvements within related portfolios of employment, housing and human services to reduce demand for health services for those with mental ill-health.
- Increasing social spending to ensure that our most vulnerable citizens have access to supports that will improve their well-being and will allow them to contribute to their communities.

Taking a balanced community-based approach

Central to Vision 2030 is a reconsideration of the mental health and suicide prevention system in Australia, with an emphasis on creating a cohesive, community-based approach that acknowledges the varied contexts and needs of Australia's diverse communities.

There is a growing international expert consensus that mental health services should be placed in the centre of their communities, closely linked or collocated where possible with primary health care, and functionally integrated with hospital-based services.

This definition of balanced community-based care goes beyond the current conceptualisation of community mental health care as specific services models such as outpatient or day clinic programs [22]. Balanced community-based care is not about one type of care or service, but about the way that we deliver all aspects of prevention, assessment, treatment and recovery.

Balanced community-based care means that everyone has access to care in their community in the least restrictive environment possible. This enables safe recovery while supporting a person's connections to family, culture, social supports, work, education and community. It puts the person at the centre of the process [23,24] and promotes autonomy and choice.

The balanced community-based care approach recognises that the wellbeing of communities is a determinant of the wellbeing of individuals in that community. Taking this holistic view also values the critical role that communities, families and individuals all have in addressing mental health and suicide alongside governments and health providers. Institutions within a community are often an intrinsic part of the identity of a community and the way that individuals interact with each other. Association with community organisations, including sporting, cultural and religious institutions, has the potential to have positive effects on wellbeing for individuals as well as provide meaningful places for the sharing of information, identifying concerns and providing personally meaningful engagement and social support services [25,26].

A continuum of care provided through community mental health services can meet the needs of as many people as possible by including early intervention and prevention, enhanced local treatment for those who need it, and longer-term care for those with severe and persistent illness.

Whole of System Approach to Community-based Care

Community-led approaches are at the centre of the mental health system and are facilitated to meet local needs.

The design of mental health and wellbeing services starts with local communities to ensure that they are shaped around local need and meet the measure of 'the right care in the right place at the right time'. Community accessibility is a consideration of service planning at all levels of care, from prevention to tertiary clinical care. This needs to be informed by best practice and international knowledge.

Communities must be fully resourced to enable them to meet the needs of their populations as locally as possible. This includes prevention and social supports through to the delivery of hospital-based care. Communities are provided with resources to enable capacity building and infrastructure to deliver a full suite of essential components of care.

Mental health needs to be acknowledged as a community issue. This involves supporting community organisations to take an active role in the prevention and identification of mental health concerns and the provision of information and support to those who need it.

Each person is acknowledged and supported in their context.

Services are delivered following the principles of best practice, person-centred care. This includes:

- Recognition that recovery and healing is inclusive of a person's relationships and communities.
- Incorporation of consumer and carer participation at all levels of policy and service development and delivery
- Acknowledging each person's autonomy in determining their strengths and goals and in choosing, planning and controlling their own care.
- Taking a recovery-oriented and trauma-informed approach.
- Including parents, families, carers and connected kin in care planning and delivery as equal and important team members as appropriate.
- Enhancing a person's connection to their family, kin, social and community networks.
- Ensuring continuity of care within a person's community.
- Providing culturally appropriate care.

Individualised care planned and delivered through community-based services across the spectrum.

Each person will have the opportunity to have their needs met in the community in which they live [27] with a focus on person-led care that promotes choice and control.

Whole of system approach to community-based care

System	Practice Principles	Delivery of Care	Integration
Community-led approaches facilitated to meet local needs.	Person acknowledged and supported in their own context.	Individualised care planned and delivered through community-based services across the spectrum.	All aspects of system working together seamlessly within and across communities.
• Local Control • Co-design and participation • Accessibility • Equity • Resource distribution • Service Accountability • Capacity building • Infrastructure	• Autonomy • Family and Carers • Connection • Continuity • Strengths and goals • Recovery • Culturally appropriate • Person-centred	• Prevention and early identification • Care Planning and Coordination • Community and home based across all levels of intervention (f2f and digital) • Community Mental Health Centres • Continuity of care across services • Enhanced community treatment teams for moderate to high intensity	• Interoperability of systems • Data and information sharing • Navigation, referral and pathways • Collaborative approach • Balanced approach with tertiary clinical care.

Services will be provided that facilitate:

- in-community treatment options across the spectrum from prevention to crisis and lifesaving supports
- people with mental illnesses to live contributing lives in their homes or home-like environments within their local community.

This translates to an investment in the provision of community hubs and home-based care, including enhanced community treatment teams for moderate to high-intensity needs [28], digital delivery of specialist treatment, and consultations and integration of services within local community settings for example schools and LGA community services.

Hospitals play an important role in delivering balanced care. Mental health services will be provided in settings close to the population served, with hospital stays as brief as possible, arranged promptly and employed only when necessary.

Care planning and coordination services will be provided locally, ensuring continuity of care both within the community and in integrating any services accessed outside of the community.

A collaborative integration ensures that all aspects of the system are working together seamlessly within and across communities.

The balanced community-based care approach prioritises care that is comprehensive, closely linked to, and functionally integrated with, primary and hospital care alongside a spectrum of allied health and social services [29].

This integration requires:

- Mechanisms for information sharing in real-time that include interoperability of information systems within and across sectors.
- Navigation and referral pathways.
- A commitment to a collaborative approach to care within and across communities.
- A single, nationally and locally recognised process for care planning coordination in mental health. Capacity building within connected allied and physical health systems to enable effective collaboration and multidisciplinary approaches.

A system to enable effective mental health care

A person-led and person-centred system with national to deliver community co-designed and based services that are sufficiently resourced and adequately integrated.

This ecosystem of care will encourage and support diversity, specialisation and integration, and will create journeys that are personalised and without gaps. Support will move towards the person, in their preferred medium, when it is needed. This will be a continuously learning system, prioritising outcomes and the cost-benefit impact of allocating available resources.

Governance Structures for a National System

National Agreement(s) and Policy

The system will be clearly defined and implementable through formal agreement(s) between federal and state and territory governments that outline:

- Agreed outcomes and performance indicators for mental health and wellbeing.
- Roles and responsibilities in identifying needs, delivery of services across the spectrum from prevention to tertiary care and achievement of agreed outcomes.
- Joint administrative, planning and funding arrangements.
- Mechanisms for outcome reporting and oversight.
- Data collection and information sharing.
- Connection within and between sectors concerning mental health including primary care and social services

The system includes national and state-based legislation and policy to ensure that mental health is addressed consistently across the country in:

- Provision of voluntary and non-voluntary care
- Workplace health and safety
- Stigma and discrimination reduction
- Support of vulnerable populations.

Leadership

National coordination and oversight are required that enables consistency across diverse regional and community responses. This includes:

- Management and review of standards and specifications for service delivery.
- Support in identifying appropriate best practice to meet identified needs.
- Monitoring of implementation and achievement of agreed outcomes.
- Reporting on activity, outputs and outcomes.
- Advice on mental health and models of mental health care within and between government and non-government sectors.

Investment

The system must have sufficient resources, targeted effectively, to enable sustainability and development to meet future needs. Funding is at a level commensurate with prevalence and cost of mental ill-health and recognises the value of prevention and early intervention.

Funding must be at a level commensurate with prevalence and cost of mental ill-health, and must take the value of prevention and early intervention in account. Funding will be focused toward communities, promoting access, and affordability across the spectrum of care.

Investment should include social spending to address social determinants and other risk factors including economic, housing, employment, trauma and crisis events, marginalization, poor physical health and nutrition, adverse childhood events and vulnerable communities, lessening the burden of illness nationally.

Investment will require continuous consideration of service gaps and community disparities to enable the targeting of higher scales of funding or changing funding mechanisms and models.

National standards and specifications

The system will be underpinned by enforceable standards and specifications that provide clear benchmarks for the delivery of consistent, quality care nationally.
These will identify:

- Key elements of best practice from community co-design to delivery of individual care
- Practice requirements for key professionals within the mental health workforce
- Evidence-based models for essential components of care.

Tools will accompany standards and specifications for measurement and reporting. Demonstration of standards and evidence-based models of care will be linked to the achievement of agreed performance outcomes and funding. There will be processes in place to address non-performance against standards which improve outcomes for individuals and communities.

Community design and delivery

Care will be community-led. The system will be co-designed with a collaborative approach across communities incorporating both lived and professional experience. Services will be co-designed and delivered at a community level. The system will include capacity building and tools for modelling, need analysis, co-design, implementation and evaluation.

Performance Enablers for Effective Service Delivery

Data and information management

The system will include national collection and sharing of mental health and social determinants data, at all points in time and longitudinally, to inform current and future decision-making.

A system-wide technology strategy will embrace digital approaches and convey requirements for data collection, information management and information sharing at national, community and individual levels. Strategies will include both system-generated and managed, and self-generated and managed, information.

Data and information management strategies will include both system administration and consumer self-management of mental health information. With consent, data will flow ahead of individuals as they journey through the system, enabling proactive follow-up between services or levels of care and decreasing the trauma of repeating their story.

Integration

The system will function as an integrated ecosystem in which the individual and their parents, carers, family or kin group are at the centre.

Integration refers to bringing together people and organisations that represent different services to align relevant practices and policies and to improve access and quality of health care. Shared responsibilities, connected information and interoperability of systems across services and sectors to provide consistent care and enable the sharing of information in real-time.

Integration involves consistency across policies and legislation development of cross-sectoral partnerships, collaborations and agreements and joint administrative arrangements. It includes protocols for sharing information, ensuring service is provided to those who require it and safeguarding the physical and social needs of those with mental health issues.

Integration considers the capacity building needs across sectors, particularly in primary care and allied health, to enable joined-up approaches to mental health.

Funding

Resources will be delivered through innovative and responsive funding and remuneration models which are digitally supported, transparent and auditable in real-time. Funding models and mechanisms will consider a balanced, mixed model approach which appropriately uses program, activity and person-centred funding packages to ensure services are capable of meeting need while maximising flexibility and choice for consumers.

Funding models and mechanisms will:

- Ensure that all services are affordable and available to everyone in an evidence-based manner.
- Support mental resilience within a whole of government system.
- Enable long term funding cycles to facilitate consistency, sustainability and quality improvement.
- Relate to data on community need, population distribution and local gaps in service accessibility.
- Link funding to the demonstration of standards and achievement of outcomes.
- Work in coordination across sectors to ensure funding is targeted and not unnecessarily duplicated.

Multidisciplinary workforce

A well-educated and resourced multidisciplinary workforce is essential to the delivery of quality, accessible care. A multidisciplinary workforce extends beyond the clinical disciplines to appreciate the contributions a wide range of professionals can make across all types of care in the stepped care model, from frontline prevention and identification through a range of treatments, to recovery support and research

Care will be delivered by a diverse workforce that includes but is not limited to:

- Psychological clinicians (psychiatrists, psychologists) and allied psychological professionals (counsellors, therapists).
- Primary healthcare clinicians and allied health professionals (general practitioners, occupational therapists, dietitians, social workers, speech therapists, pharmacists)
- Peer workers.
- Community support professionals.

The skill mix necessary to provide essential components of care and meet the needs of presenting clients may vary between individual professionals, services and communities.

The system will include a practical definition of, and support for, critical roles across the spectrum of care, including:

- Peer workers.[30–32]
- Mental health nurses.[33]
- Psychiatrists, particularly in areas of speciality such as paediatrics and aged care.
- Primary healthcare professionals including general practitioners and allied health.[34]
- General psychological support professions, including counsellors and therapists.

A multi-disciplinary, front-line, designated education and connections role will be designed in order to:

- Empower individuals to self-manage their mental health through information, motivation and support.
- Identify concerns and conduct or oversee entry assessment and screening.
- Support individuals through the use of self-guided interventions and ongoing self-management applications.
- Conduct case planning and develop mental health plans as required.
- Deliver coordination of care including referral and linkage between other services or professionals.
- Connect individuals to other social supports and services to address broader social and emotional wellbeing.
- Advocate for individual's needs within the broader health and human service systems and provide advice on an individual's mental health needs to connected services.

Those working in physical health, allied health, education, and health promotion will have adequate levels of mental health training incorporated in their qualification and recognition of their important role in maintaining mental well-being

Those working in other areas of health and human service are considered part of the broader mental health workforce and provided with training and support appropriate to their role. This workforce should include consideration of those working within communities more broadly, for example, those who work in sporting, cultural and religious organisations.

Team approaches are essential, spanning not only the skill-mix required within a single service team but also opportunities for co-location, virtual teams and tertiary consultation supports. The workforce will be actively recruited, appropriately trained, retained and incentivised to take up regional and rural work.

Research and evaluation:

Research forges a path forward in mental health care; establishing experience, revealing new ideas, testing emerging approaches, and evaluating implementation and program outcomes.

Research and evaluation have a central role in quality improvement of services and care models. There is an emphasis on continuous knowledge development and translation to practice improvements. Interventions and services are evidence-based, effective and replicable where appropriate. Research is translated to practice in a timely way.

There is a systematic approach to research within mental health that includes:

- Clinical governance and coordination structures.
- Collaborative approaches to cross-discipline and translational research.
- Designated funding to support research in key mental health and social determinant areas.
- Incorporation of evaluation in funding models for all essential components of care and the trialling of new models and specifications.
- Support for innovative research in new and emerging areas of evidence-based practice.
- Mechanisms for making national datasets available for study.

Priority populations

The needs of vulnerable people will be met in ways that are safe and meaningful to them, with consideration to the significant health inequities they face. While in some circumstances, this may mean designated services, ensuring equity for these populations does not mean the services provided to them must be segregated or limit the individual's choice and autonomy.

Priority populations may change over time, and ongoing monitoring of social and emotional wellbeing and social determinants of mental health will be crucial to addressing these changing needs as they occur.

The system will consider the need for specific definitions, processes, and care pathways unique to each group or community's needs, and promotes self-determination.

Aboriginal and Torres Strait Islander people

The disparity in health outcomes for Indigenous people compared to the general Australian population is well established. Aboriginal and Torres Strait Islander leadership in the planning, delivery, evaluation and measurement of programs is critical in fostering greater trust, connectivity,

culturally appropriate care and effective outcomes. Aboriginal and Torres Strait Islander people's presence and leadership are required across all parts of the mental health care system for the achievement of the highest attainable standard of mental health and suicide prevention outcomes. Aboriginal and Torres Strait Islander leadership and partnership in the planning, delivery, evaluation and measurement of services and programs is critical in fostering greater trust, connectivity, culturally appropriate care and effective outcomes.

Their involvement in the planning, delivery, evaluation and measurement of services and programs is critical in fostering greater trust, connectivity, culturally appropriate care and effective outcomes.

The individual, intergenerational, and community trauma experienced by Aboriginal and Torres Strait Islander people, as well as the impact of this trauma on mental health, should be considered in all aspects of care. Issues such as cultural safety, workforce and systemic racism all compromise the system's ability to meet the mental health needs of Aboriginal and Torres Strait Islander people.

Aboriginal Controlled Community Health Services will be empowered to fulfil the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander people.

LGBTI+ and other sexuality, gender and bodily diverse people.

LGBTI+ individuals experience discrimination, stigma, peer and sexual victimisation, intimate partner violence and violence generally, and high rates of depression, drug and alcohol use, and suicide [35-39]. All of these factors are associated with adverse mental health outcomes and suicidality. Services are needed which ensure safety for those who identify as LGBTI+, which provide supported outreach within this population and enable appropriate care regardless of the service accessed. Early interventions must aim to reduce known psychosocial risk factors for this population while enhancing protective and resilience factors.

Culturally and linguistically diverse communities

People from culturally and linguistically diverse backgrounds in Australia experience significantly lower access to mental healthcare and support than the wider community [40]. Different cultures will have different conceptual and explanatory models of mental illness that health practitioners must be open to hearing and responding to appropriately.

Services are needed which are not only broadly accessible by those from culturally and linguistically diverse communities but which provide culturally sensitive and appropriate care. Services must recognise and respond to individual community needs within priority populations, including consideration of language, culture, nationality, and experience. Individual preferences for a particular gender, language, medium or venue should be taken into account, as well as the importance of building rapport and trust with individuals and wider community contacts.

Veterans and their families

Veterans experience significantly higher rates of mental health issues, including anxiety, post-traumatic stress and affective disorders[41]. There are unique barriers which may make veterans less likely to seek help [42] and unique experiences which result in individual requirements from health services [43].

Defence force welfare planning must consider mental health care and provide for active duty officers and veterans. Communities with significant veteran and defence family populations should consider their needs within their local service design.

Rural and remote communities

People in rural and remote areas face a range of stressors unique to living outside major cities [44]. Rural and remote communities in Australia have an overall lower rate of service provision (lower number of mental health service encounters) [45], as well as more limited access to specialist psychological care [44].

The implementation of balanced community-based care within rural and remote locations will need to consider ways to provide reliable, regular, and local services that have relationships and trust within the community. They must address the low rates of access to services, workforce shortage, high rate of suicide, cultural realities, language barriers, and the social determinants of mental health.

Victims of environmental events

All environmental crises (for example; fire, storm, drought, violence or conflict, illness outbreaks) have the potential to impact a range of social determinants of mental health including employment, income, housing and physical health. Events such as drought have been linked to decreased mental health, particularly for those most socioeconomically and geographically vulnerable [46].

Community services should have the capacity to provide rapid response, targeted early and crisis support at a higher intensity than general population support to those who have experienced extreme environmental events.

Age Streams

Services are provided as early as possible in a developmentally appropriate way and are streamed separately to focus on the needs of children, young people, general adult populations and older Australians. This requires streaming of dedicated age-related services which are provided by specialised workforces. Services should consider appropriate mechanisms for delivery of care which engage with their service users where they are including education settings from preschool to tertiary, workplaces and residential aged care facilities.

Services for both children and older Australians should open the door to early access to expert care, minimising delays and reducing the need for multiple referrals to enable complex care. They should actively engage family and other carer or social connections. There is significant evidence that both children and older adults are vulnerable in their mental health and have unique needs that require specialised care approaches.

Services should be flexible around periods of development and transition between streams to enable delivery of services to individuals with regard to their circumstances and development.

Focusing on Outcomes

Services should be underpinned by research evidence and committed to cycles of continuous quality improvement and integration of emerging evidence. They should demonstrate outcomes for individuals, families and communities alongside the more commonly reported outputs and activities.

This focus means that:

- National or comparable datasets are collected on mental health attitudes, treatment and outcomes as well as related health and wellbeing outcomes in physical health, housing, employment, education, child protection and justice.
- Methods for demonstrating achievement of standards and agreed outcomes and reporting on these.
- Monitoring frameworks review the implementation of agreements, community-led approaches and service outcomes and include reporting back to government.
- Implementation and monitoring framework which includes regular reporting to government
- Program and policy evaluation are an appropriately resourced requirement.
- Research is focused on innovation and emerging evidence as well as translation and real-world effectiveness.

Delivery of mental health care

Stepped care is a system of identifying need and delivering treatment so that the least intensive effective treatment is provided to an individual at the time that it is needed, with the ability to move seamlessly into other levels of intensity of care [47].

Stepped care spectrum; a person-centred approach

Care can be viewed as occurring along a spectrum of intensity. In a person-led and person-centred approach, individuals' needs may be fluid, moving both up and down in intensity, with ongoing needs for support to lead a healthy life socially and emotionally (including recovery support) throughout their journey. This spectrum of care focuses on a person's whole journey and moves beyond treatment at specific acute periods of care.

Steps address individuals' needs for:

- Support to lead a healthy life socially and emotionally.
- Support to help care for someone with mental health concerns.
- Mild mental health support or love intensity care.
- Moderate intensity care.
- High-intensity care.
- Life-saving and crisis support.

The goal is to effectively treat and support at the current level of need, prevent illness progression and promote recovery into lowering steps of intensity as appropriate.

Stepped care requires continuous monitoring, assessment, and feedback of the effectiveness of interventions to make decisions on and plan for future interventions.

Essential components of care

Essential components of care identify the key supports and clinical interventions required to ensure that every individual can access highly personalised and effective treatment in a timely and coordinated way.

All essential components of care should meet best practice standards, incorporate evidence-based treatment models, and be delivered by appropriately skilled and trained staff.

This includes specific consideration of providing trauma-informed, culturally appropriate, person-led care.

Essential components of care across the stepped spectrum.

The table below shows how these essential components relate to the stepped model of care.

Dark green components identify services required across all levels of intensity or need.

Green components identify the core services of this level of need; many people with this kind of need will require some of this kind of intervention.

Light green components identify services that often span multiple levels of need; some people may benefit from these services at this level of intensity, and the ability to access these components early may reduce the risk of intensifying need.

Essential components of care across the stepped care spectrum

Support to lead a healthy life socially and emotionally	Mild mental health support or low intensity care	Moderate intensity care	High Intensity Care	Life Saving and Crisis Supports	Support to help care for someone with mental health concerns
Primary Healthcare					
Social and Recovery Support					
Screening and Assessment					
Psychosocial Engagement and Support					
Psychoeducation and information					
Connection and Navigation					
Prevention	Prevention	Care Planning and Coordination	Care Planning and Coordination	Care Planning and Coordination	Self-guided intervention
Self-guided intervention	Self-guided intervention	General Psychological Interventions	Specialist Psychological Interventions	Crisis Resolution	Carer Supports
General Psychological Interventions	General Psychological Interventions	Specialist Psychological Interventions	Occupational Rehabilitation and Recovery	Emergency	General Psychological Interventions
	Early Intervention	Occupational Rehabilitation and Recovery	Recovery Support	Specialist Psychological Interventions	Care Planning and Coordination
	Care Planning and Coordination	Recovery Support	Intensive Team Care	Occupational Rehabilitation and Recovery	
	Recovery Support	Early Intervention	In-patient and Residential	In-patient and Residential	
		Self-guided intervention	Crisis Resolution		
		Intensive Team Care	Emergency		

Community and welfare

Providing access to a range of human and social supports which address social determinants and at-risk populations, and promote social and emotional wellbeing for those with mental health concerns.
This includes:

- Providing access to affordable and stable accommodation.
- Fulfilling employment opportunities and other training and vocational activities.
- Child protection and support services for adverse childhood events.
- Supports for parents and children experiencing vulnerability.
- Income support and benefits.
- Disability supports.

Primary health care

Providing skilled first points of contact and ongoing healthcare for everyone regardless of their mental health status.

Primary care includes general practitioners, nurses, allied health professionals, midwives, pharmacists, dentists, dietitians, and Aboriginal health workers. They provide mental health education, prevention, screening and assessment, monitoring, coordination, recovery support and rehabilitation as well as a range of physical health and social services within their areas of expertise.

Primary healthcare may also be a vehicle for the delivery of other essential components of care dependent on the individual professional's skills and local community need.

Prevention

Prevention in mental health aims to reduce the incidence, prevalence, and recurrence of mental health disorders and their associated disability [48]. Preventive interventions are based on modifying risk exposure and strengthening the coping mechanisms of the individual [49].

Prevention equips and supports individuals throughout life stages and transitions, enabling them to navigate events without a detrimental impact on their mental health. Prevention invests in each individual to improve their general health, mental health knowledge, self-management skills and resilience resources to manage their wellbeing.

Prevention can broadly be classified into;

Primary; aimed at reducing the prevalence of ill-health

- Universal programs that promote mental wellness and addressing social determinants and risk factors, undertaken in communal environments such as early childhood, education and workplace settings and community organisations scaled across the whole population.
- Investment in early child development across psychological, physical health and activity, nutrition, family/relational and educational domains.
- Communication strategies that address stigma, public awareness and mental health literacy to decrease distress and promote acceptance and early help-seeking.
- Targeted prevention programs for 'at risk' groups including priority populations, those suffering adverse childhood events, those with physical health concerns and those at risk of suicide.
- Secondary; aimed at reducing the prevalence of relapse, negative impacts, or escalating intensity of need. Secondary prevention programs are closely linked to recovery supports.
- Tertiary; aimed at preventing chronicity and psychosocial disability Tertiary programs are closely linked to recovery supports, social supports and integrated treatment approaches.

Screening and assessment

Screening and assessment are used proactively to identify opportunities for targeted prevention, early intervention and treatment.

Screening for physical health or social intervention incorporates mental health measures and referred services as appropriate.

Key touchpoints with the broader population are used to deliver universal screening across the lifespan, for example:

- Pregnancy.
- Early childhood and parenting.
- Commencing primary and secondary school.
- Retirement.
- Transitioning to to residential aged care facilities.
- Applying for income benefits.
- Engaging with the family court.
- Seeking allied healthcare.

Screening and assessment may be self-conducted or conducted by a professional. Screenings, where concerns are noted or diagnosis made, are streamlined to receive information, further assessment, navigation and connection based on the level of identified need in a coordinated process which enables mental health services to conduct outreach proactively.

Psychoeducation/information and self-guided care

Easily accessible and well-advertised low-intensity packages of information and self-guided interventions are used to address mild concerns and enable self-awareness, early help-seeking and entry to other treatments as needed.

Access is embedded digitally and through key community points of engagement including perinatal and parenting classes and groups, childcare, education settings, workplaces, social clubs, religious institutions, aged care facilities, out of home care services and prisons.

Self-guided care programs are an integrated part of the mental health care system, enabling users to engage in assessment, navigation and connection as appropriate to connect with other essential components of care.

Early Intervention;

Early intervention refers to coordinated multidisciplinary care programs provided early in the onset or early in the episode of mental health concerns. These may be general or diagnosis-specific.

In particular, early interventions focus on:

- Early identification and therapeutic intervention for children and young people that maximises immediate and long-term health outcomes.
- The early first episode of psychosis, to minimise the duration of untreated psychosis.
- Services that can be mobilised quickly for those entering an episode of acute illness.
- Access to financially accessible, low intensity general psychological interventions as a front line primary mental health care service without the need for referral.

Connection and coordination

Connection and coordination services are a method for delivering care, rather than a clinical intervention in their own right. These are in community services which provide a sliding scale of support based on need including:

- Universal navigation and episodic support to provide motivation and connection to services as needed by everyone.
- Community-specific connection services deliver a local and recognisable entry point for help and access care locally for those with mild to moderate needs.
- Care planning to promote personalised, recovery-oriented care for those with moderate to high needs or who present with other psychosocial issues that create a complexity of need.
- Case coordination and support for those with complex needs to ensure individual needs are met and care is provided in an integrated and continuous manner, acknowledging the episodic nature of mental ill-health.

General psychological interventions

A range of evidence-based therapies provided or supported by suitably qualified practitioners to meet mild to moderate needs. These could be delivered through an individual practitioner or care team, digitally or face to face-to-face.

Specialist psychological interventions

A range of evidence-based therapies provided by suitably qualified clinicians to meet moderate to high needs generally or in diagnosis-specific dosage. These could be delivered through an individual practitioner or care team, digitally or face to face.

Recovery supports

Services which provide support to enable recovery and independence with a focus on individual goals strengths to live a contributing life including:

- Occupational therapy.
- Engagement in vocational activity and employment support.
- Social and emotional learning and self-management.
- Life skills and independent living skills.
- Recreational activities.
- Peer support.
- Nutritional education and intervention.
- Recovery maintenance, self-management and self-assessment.

Social supports

Services which engage individuals and connect them with peers and community in ways that are meaningful to them, providing positive life experiences, encouraging social connection, improving social skills and reducing isolation.

Intensive team care

Assertive community treatment teams provide coordinated multidisciplinary care and outreach to those with complex or high-intensity needs. Teams may provide a specific therapeutic intervention or a combination of other essential components of care. The skill mix required will depend on the nature of the service, community and the needs of those accessing the program.

In-patient and residential

Intensive care provided 24/7 delivered in a community home-like or hospital setting. Sufficient availability of in-patient and residential care to enable immediate access. This care could be for a specific period of time or treatment, or as a long term support that addresses independent living and housing in combination with mental health care needs.

Crisis resolution

Crisis resolution services are those provided to respond to a mental health emergency, which could be; acute psychosis or illness episode, risk of or actual physical harm and risk or attempt of suicide within a friendly, supportive and comfortable community setting [50].

This includes:

- Immediate stabilisation and medical response as required.
- Risk assessment to ensure immediate safety and psychosocial evaluation to determine follow-up and ongoing care needs.
- Brief contact interventions.
- Consultation and support to first responders including police, ambulance and rescue services.
- Coordination of referral and aftercare flow.
- Provision of assertive aftercare programs and treatment.
- Connection with parents, family, carers and kinship networks as appropriate.
- Safe locations within community to attend when in crisis or at risk of suicide and receive support, supervision, and brief accommodation.
- Facilitating and encouraging connection between individuals and between individuals and their communities to reduce isolation in a crisis.

Emergency

Mental health presentations to hospital emergency departments receive timely assessment and response in a separate, suitable environment, cared for by staff with expertisein mental health.

Carer supports

Services provide dedicated psychological and psychosocial supports and respite specific to the needs of carers, families and kinship groups. This is separate to a carer's active engagement in the treatment of the person in their care.

Delivery Mediums

There are many ways these essential components of care can be delivered to meet each community's capacities, needs and strengths. The choice of delivery method may relate to the appropriateness, suitability, geography, availability, intensity, cost and consistency. Using a multimethod approach at each level of care can ensure the lowest restrictive setting possible.

School and workplace

Schools and workplaces can be the first point of contact for people who may not have any interaction with the mental healthcare system. Equipping these environments with knowledge of early warning signs, appropriate referral pathways and the support required to enable recovery is critical to support the early identification and intervention of mental ill-health.

Early learning services and schools play a significant role in supporting children and young people with emotional and behavioural problems, and these environments are often where symptoms of mental health issues are first identified. Within schools, there is the opportunity to provide:

- Curriculum integrated prevention programs focused on positive mental wellbeing, resilience and building throughout their childhood using the whole of school approaches.
- Distribution of psychoeducation and mental health information to children, young people and parents or carers.
- Connection and navigation support.
- Parent and carer information and support services.
- Early intervention and general psychological interventions.
- Psychosocial and occupational therapy supports.
- Integrated care to families.

There is growing evidence to support the success of workplace programs in preventing the incidence of depression and post-traumatic stress disorder, as well as reducing the work-related risk factors facing individuals that include job stress. Workplace supports must also consider the changing nature of the workforce. Programs should be provided through mental health services for those working in self-employment and sessional employment that address isolation as well as mentally healthy self-directed work.

Digital and telehealth

Technology should be well utilised across all levels of care. This could include:

- Provision of information.
- Assessment and screening.
- Online provision of self-guided programs and clinician supported interventions.
- Virtual general and specialist psychological interventions
- Connection and navigation of services.
- Crisis supports.
- Integration of self-directed interventions with clinician led treatment approaches.
- Provision of virtual tertiary consultation and coordination of virtual team care.

To make effective use of technology, program development needs to consider:

- The accessibility to internet and telecommunications of communities, in particular, those in regional and remote locations.
- How programs integrate with face-to-face service delivery.
- Information management including self-management by people with mental health concerns

User experience, in terms of the usability of the program and the experience of utilising digital healthcare on mental health outcomes, general well-being and welfare.

Community hubs

Coordinated delivery of mental health care in single service centres as an efficient, easily accessible way of organising provision of assessment, treatment and recovery support to local populations. Hubs may also include a range of social and primary care supports.

Community integrated

Services delivered using organisations, services and spaces that are already operating in a community, for example, local government community spaces, local physical healthcare services, religious institutions, aged care facilities and community clubs.

Services delivered using organisations, services and spaces that are already operating in a community, for example, local government community spaces, local physical healthcare services, religious institutions, aged care residential and day facilities and community clubs.

Community integrated delivery could also include the provision of services to support access, such as transport.

Community-integrated delivery also includes services provided by individual professionals in private and public practices including primary care or general practice, psychological services and allied health centres.

Home and flexible

Care delivered in the home or other flexible locations, including active outreach.

Home visits are an important means of providing connected care, particularly for people who are isolated in the community.

Home and flexible services should be provided across the spectrum of stepped care, from screening as part of other home visiting processes to home-based crisis resolution services and hospital-at-home alternatives to inpatient care.

Residential

Community home-like environments that provide 24/7 care and support on short or long term basis. Programs within residential settings could be generalist or diagnosis-specific.

Services may provide essential in-house components of care or may coordinate delivery of care with other external services.

Hospital

Emergency, general medical and mental health in-patient care. Programs may be generalist or diagnosis-specific. Beds should be available as locally as possible with well-provisioned local hospitals as well as major centres.

Toward 2030; putting vision into action

This document seeks to articulate the goals and key concepts of a well-functioning mental health care system.

Vision 2030 is a long-term strategy to guide investment and coordination in the mental health and suicide prevention systems.

During 2020, the Vision 2030 project will develop an accompanying roadmap which addresses the specific policies, programs, investments and requirements to enable implementation of incremental change, moving from the current state to the system proposed.

Glossary

For the purposes of the 2030 Vision, the key terms below have the following meanings.

Carer:
A person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member, friend, neighbour or member of a broader community.

Co-design:
An approach to design that includes all stakeholders (for example, consumers, carers, researchers, health workers, clinicians, funders, policy makers). [51]

Consumer:
A person living with mental illness who uses, has used or may use a mental health service.

Early intervention:
The early identification of risk factors and provision of timely treatment, care or support for people experiencing early signs and symptoms of mental illness. It aims to prevent the incidence, severity and impact of mental illness.

Lived experience (mental illness):
People with lived experience are people who identify either as someone who is living with (or has lived with) mental illness or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness. People with lived experience are sometimes referred to as consumers and carers.

Mental wellbeing:
A state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Mental illness or ill health:
A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia.

Peer worker:
Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities.

Person centred:
Treatment, care and support that places the person at the centre and in control of the design and delivery of their own care and considers the needs of the person's carers and family. Also referred to as person-led care.

Primary care:
Primary health care is the entry level to the health system and, as such, is usually a person's first encounter with the health system. It includes a broad range of activities and services, from health promotion and prevention, to treatment and management of acute and chronic conditions [28].

Recovery:
Recovery is different for everyone. For the purposes of this report, recovery is defined as being able to create and live a meaningful and contributing life, with or without the presence of mental illness. It incorporates social, personal, clinical and functional domains.

Glossary

Respite care:
temporary professional care for a sick, elderly, or disabled person which provides relief for the usual caregiver (often a family member).[52]

Severe mental illness:
Characterised by a severe level of clinical symptoms and often some degree of disruption to social, personal, family and occupational functioning. Severe mental illness is often described as comprising three subcategories:

- Severe and episodic mental illness—refers to people who have discrete episodes of illness interspersed with periods of minimal symptoms and disability or even remission. This group comprises about two-thirds of all adults who have a severe mental illness.

- Severe and persistent mental illness—refers to people with a severe mental illness where symptoms and/or associated disability continue at moderate to high levels without remission over long periods (years rather than months). This group represents about one-third of all adults who have a severe mental illness.

- Severe and persistent illness with complex multi-agency needs—refers to people with severe and persistent illness whose symptoms are the most severe and who are the most disabled. The most intensive clinical care (assertive clinical treatment in the community often supplemented by hospitalisation), along with regular non-clinical support from multiple agencies, is required to assist the person in managing their day-to-day roles in life (for example, personal and housing support). This group is relatively small (approx. 0.4% of adult population, or 60 000 people)

Severe and complex mental illness:
Refers to mental illness that is not directly aligned to any one of the above subcategories of severe mental illness. Rather, it is broader and may include episodic or chronic (persistent) conditions that are not confined to specific diagnostic categories. While incorporating severely disabled people (that is, people with persistent illness with complex multi-agency needs), it also includes people who have complexities that are not disability related— for example, people who have a severe mental illness comorbid with a chronic physical illness; people who may have no functional impairment arising from their mental illness but whose illness is adversely impacted on by complex social factors; people with multiple recurrent acute episodes that require frequent hospital care; people who present a high suicide risk; or people who have a need for coordinated assistance across a range of health and disability support agencies.

Tertiary care:
Tertiary health care refers to highly specialised or complex services provided by specialists or allied health professionals in a hospital or primary health care setting [53].

Prevention (mental illness): Action taken to prevent the development of mental illness, including action to promote mental health and wellbeing and action to reduce the risk factors for mental illness.

Stepped care:
An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition up to higher-intensity services or transition down to lower-intensity services as their needs change.

Stigma:
A negative opinion or judgment that excludes, rejects, shames or devalues a person or group of people on the basis of a particular characteristic. Stigma may include self-stigma, social stigma and structural stigma. Stigma against people living with mental illness involves perceptions or representations of them as violent, unpredictable, dangerous, prone to criminality, incompetent, undeserving or weak in character.

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