Vision 2030

for Mental Health and Suicide Prevention in Australia

Australian Government

National Mental Health Commission

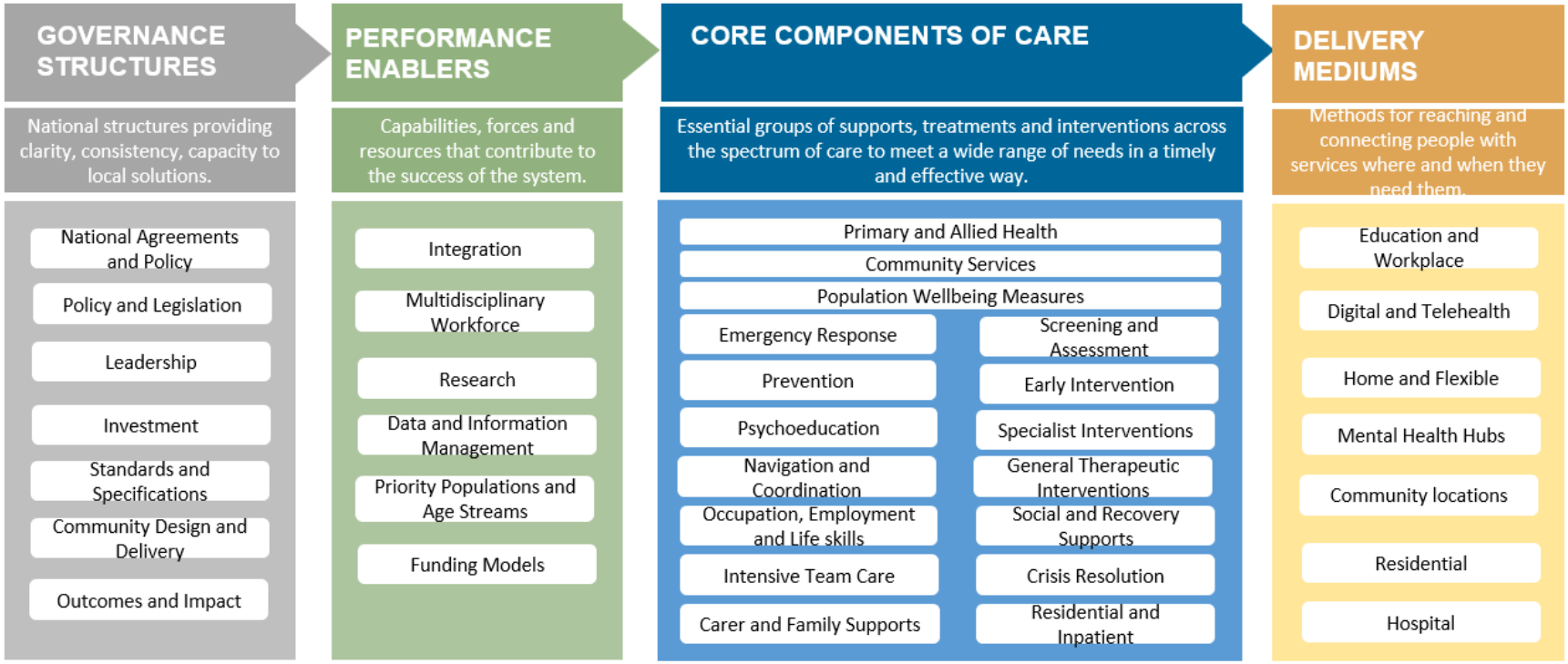
Contents

Vision 2030 is a connected, effective, person-centred and sustainable mental health and suicide prevention system designed to meet the needs of all individuals and their communities.

Outcome

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.

Framework



Principles

Vision 2030 is underpinned by principles that foster respect and understanding and connects to the broader rights and experiences of individuals and communities.

Message from the National Mental Health Commission

The need for significant reform of Australia's mental ill-health and suicide prevention systems has been recognised by Government. In addition to tasking the Productivity Commission in 2018 to investigate and quantify the costs of the gaps in the system, the Federal Minister for Health also tasked the National Mental Health Commission to undertake Vision 2030 - working with a diverse range of stakeholders to vision the look and experience of the system when optimised.

Public awareness of the challenges to accessing support and treatment for mental ill-health and suicide have been heightened during 2019-2022 with the impact of bushfires, floods, and the pandemic on the mental health of all Australians.

The need to prioritise and implement the reform agenda is indisputable and the focus of all governments.

The challenge of Vision 2030 was to identify and articulate the system and how it is used for all Australians to be supported to be mentally well irrespective of their age, where they live or their economic circumstances.

This report captures Vision 2030 and its core elements for inclusion in the reform agenda.

Central to successful reform is the ongoing commitment of all governments in Australia (federal, state and territory) to work collaboratively to reduce duplication, fill in service gaps, ensure affordability and accessibility, and invest across the spectrum of prevention, treatment, and sustainable recovery with an ongoing emphasis on ensuring the mental health and wellbeing of all Australians. The Vision is one that connects people with the system when, how and where they need treatment and support.

Many of the concepts in Vision 2030 are not new. The principles of person-centred care delivered in community have been advocated for many years. The purpose of Vision 2030 is to articulate the systemic changes required for these principles to be implemented.

Vision 2030 does not address services or programs. Rather, it identifies the essential elements of care and the way in which the system needs to work to ensure individuals can identify and connect with those services including all elements of primary, tertiary and community-based care, delivered consistently across all geographic and service settings.

This approach to mental health reform requires sustained multi-sector and multi-system approaches with a long-term commitment to implementing change across governments, systems and sectors. There are critical roles for individuals and communities, as well as governments, in implementing such an approach – a human rights-based approach that ensures evidence based, safe, effective treatment and support for individuals and their families, in the right place and at the right time.

ACKNOWLEDGEMENT

The Commission gratefully acknowledges the insights provided by people with lived and living experience of mental ill-health and suicide, carers, clinicians, academics and researchers, service providers and others who have been involved in sharing their experience with the Connections Project and Vision 2030.

Those who have shared their experiences and insights to inform Vision 2030 have shown incredible commitment, honesty and bravery. This has been fundamental to inform this work and has enabled us to formulate a vision for a system that ensures quality mental health care and suicide prevention for all.

The Vision 2030 Advisory Committee has provided expert advice for its development and their role and contribution has been critical.

The Commission's Advisory Board has provided strategic advice, content review and oversight which has helped ensure the consistency, integrity and robustness of the development process for Vision 2030.

Vision 2030 has sought and applied common themes. However, it also acknowledges that every person's experience is unique and shapes their needs and recovery pathway. Vision 2030 aims for a mental health and suicide prevention system in Australia that acknowledges, values and respond to the needs of every individual in their community.

VALUE STATEMENT

Vision 2030 is what success looks like with optimally functioning mental health and suicide prevention systems in Australia.

Vision 2030 seeks to inform and drive cross-sector leadership, governance, and accountability. It articulates a shared vision of reform from the perspective of all stakeholders.

Vision 2030 can guide both the interpretation of the findings of reform reports, including the Productivity Commission Inquiry into Mental Health, and mental health and suicide prevention investment spend at all levels of government.

Vision 2030 extends beyond government cycles to ensure sustainable long-term reform.

A note on language

The Commission acknowledges that language surrounding mental health and suicide can be powerful and, at times, contested. Preferences are often not homogenous across groups of people and there is no single consensus on preferred terminology. It is always the Commission's intent to be respectful and use language preferred by most people to whom it refers.

This report covers a broad range of topics in relation to mental health and suicide prevention. The language used to discuss these topics has adhered, where applicable, to the language conventions outlined in the *Life in Mind National Communications Charter*. *The National Communications Charter* represents a unified approach and promotes a common language in mental health, mental ill-health and suicide, with the intention of reducing stigma and promoting help-seeking behaviours. For this reason, and within the context of this report, the Commission aligns its use of mental health terminology with the conventions in the Charter.

Information on terms, their use and intended meaning within this document can be found in the glossary.

Executive Summary

Australia's commitment to mental health and preventive health is outlined in Australia's *Long Term National Health Plan.* The Vision 2030 project connected with people with lived experience of mental ill-health, their families, supporters, and communities, and with the service providers and clinical experts who deliver mental health care, to inform a shared vision for mental health and suicide prevention. Their voices provide a starting point for the ongoing work of investing in mental health and transforming mental health care.

Sustaining and developing a full spectrum of mental health services

This broad community feedback confirmed the well-established need for a full spectrum of mental health services delivered in collaboration with the person, their family and community, in a person-led and personal recovery-oriented approach. The consultation shone a spotlight on the need to build robust connections between these services and programs creating a strong network of support in which no one is at risk of 'falling through cracks'.

Developing an integrated understanding of mental health and social support

Feedback sharpened the focus on the intersection between mental health, physical health, social determinants of health, and trauma. It highlighted the connection between healthy communities and individual health. Mental ill-health can be both a consequence and a contributory cause of social isolation, economic distress, and physical illness. The people most at risk of poor mental health outcomes are also the people most at risk in other areas of life. Vision 2030 is based on a broad understanding of mental health that encompasses social and emotional health, community wellbeing and the social determinants of health. Integration between all these elements is key to building a strong, sustainable, and effective approach to mental health care.

Promoting mental health and earlier intervention

Feedback also placed understanding of mental ill-health in the bigger picture of mental health and thriving communities. Promoting mental health, including prevention strategies, creates a community environment in which stigma and discrimination are reduced and it is safe to seek help. Prioritising prevention contributes to early identification and intervention, reducing the impact of mental ill-health on individuals, families, and communities.

Vision

In 2030, mental health is well understood and acknowledged as part of everyone's experience, across a spectrum from mental health and wellbeing to mental ill-health. People know where to go to seek help and feel comfortable in doing so early. Services are delivered in a well-functioning, integrated system with consistent, appropriate, and quality care available to every individual and across all steps in the spectrum. This is a system that is accessible when and where it is needed; the services and programs work together to support the person and their family rather than the person struggling to navigate a complex system. Vision 2030 describes a mental health service system in which people are connected to services in their community, have a positive service experience, are not stigmatised, or discriminated against, and are empowered to care for their wellbeing.

Taking Action

Vision 2030 is a blueprint for a connected, effective, well-functioning and sustainable mental health and suicide prevention system designed to meet the needs of all individuals and their communities. Achieving this new approach requires an integrated, coordinated, and collaborative system.

Vision 2030 highlights five areas for focussed development at all levels in the mental health system:

1. Integrated approaches to mental health and social support
2. Co-development of regional and community mental health systems that address local needs
3. Care navigation services to support priority populations to access the support they need when they need it
4. Community hubs as focal points for mental health and access to integrated mental health and social support services
5. A national framework to guide consistent planning, funding, and development of mental health services at all levels with a robust data collection and evaluation strategy to support a balance between evidence-based services and flexible, innovative approaches.

The actions needed in each of these areas will vary depending on the status of services at each level and in each community. All these areas focus on integration: building the connections in people's lives and in communities; building the connections between services that are essential for a well-functioning system of care.

Vision 2030 includes:

Part 1: The Vision
An aspirational overview of an effective mental health system, with background details on the need for this simple but powerful motivator for change.

Part 2: An Integrated System of Care
Exploring the need to integrate mental health and social support initiatives with a focus on developing local systems of care to meet local needs.

Part 3: Leading the Way to 2030
Whole-of-government approaches to the collaborative development required to support Vision 2030 including consistent evaluation of outcomes and impact.

Part 4: A Future Framework
Foundational information for a national framework that confirms the continuing importance of core service elements, priority populations, partnering with lived experience, human rights and values-based approaches, and workforce development.

Consultation and Development Process for Vision 2030

Vision 2030 has been developed iteratively in consultation with stakeholders: from its commencement with the Connections project in 2019, the development of a Framework in 2020, and the amplification of the Framework in this report. *Opportunities for Implementation* is an appendix to this report.

A brief recap of the consultation process is outlined below to provide insight into the depth and breadth of this process, including the diversity of stakeholders who were consulted.

Step one: Connections Program (July – September 2019)

Connections was a national conversation undertaken via community conversations, stakeholder consultations and a national survey (over 3,200 touchpoints in total). This conversation explored the barriers, opportunities and needs of people in seeking support and treatment for their mental health. Input from those with lived and living experience, including carers and families, as well as service providers, researchers, community-based organisations and representatives from the mental health and health systems were critical contributions. Information about Connections including details of the 26 communities visited across Australia, the 17 stakeholder meetings and the public online survey (2,090 responses), distilled into the thematic findings is available on the Commission website.

Step two: Framework for Vision 2030

The Framework brought together the thematic findings of Connections, contextualising those findings with current and recent Australian and international principles, standards, plans and reviews; research evidence on effective mental health systems and service approaches; and information on potential future needs of mental health for all Australians. Where available, it also included input from the consultations undertaken for the various reform initiatives listed above. The consultation process for the Framework included a consensus building survey, ongoing stakeholder engagement, and meetings with each jurisdiction (representatives from Ministers' Offices, Departments and Mental Health Commissions)

Step three: Completed Vision 2030

Amplification of the Framework has included ongoing consultation with stakeholders and specific consultation with key subject experts. An Expert Advisory Committee provided oversight, with participants from governments, mental health peak bodies, Aboriginal and Torres Strait Islander organisations, clinicians, professional associations, Centres of Excellence in mental health research, lived and living experience including carers and families, and cultural expertise. Members of the Advisory Committee are listed in Appendix A.

The public consultation included webinars, roundtables, meetings with subject matter experts, and a guided online consultation to identify and prioritise issues and build consensus with peak bodies, the mental health sector, professional associations, private health groups, researchers, clinicians, Primary Health Networks (PHNs), service providers, those representing priority populations, and people with lived experience.

Vision 2030 articulates what is required to enable individuals to experience the mental health system in a way that meets their needs. The statement below describes this experience from the perspective of community members:

At the first sign of mental ill-health or suicidal thought, I know where I can go for help. I know I will be treated with respect and my experience taken seriously because I live in a community that really values mental and social wellbeing. Lots of agencies work together in my community, including the hospital, primary care, and non-government agencies, to provide a range of treatment and support options. I know I can quickly access the services I need and that I, and my family, will have choice in shaping and working collaboratively in the delivery of my care and support. Whatever my family and I need, the different services will work seamlessly together to support us. There is no risk that we will fall through cracks in the system. As I work towards my personal recovery, I will have support to help me to re-engage and move forward in my life with confidence.

Part 1: The Vision

Mental ill-health can affect all aspects of life including identity, personal relationships, and engagement in work, education, and leisure. It can disconnect people from their communities and from themselves. The way the journey into and through mental health care is experienced makes a profound difference to the distress experienced by individuals and families, and to personal recovery. Vision 2030 brings the experience of the people who use those services and their families and communities into focus. Its key feature is how people should experience care across this continuum.

In 2030, mental health is well understood and acknowledged as part of everyone's experience, across a spectrum from mental health and wellbeing to mental ill-health. People know where to go to seek help and feel comfortable in doing so early. Services are delivered in a well-functioning, integrated system with consistent, appropriate quality care available to every individual and across all steps in the spectrum.

People play a central role in their care and in the choice, design and delivery of services that support them. Everyone has access to affordable, evidence-based care in their local region, getting the right care at the right time irrespective of income, geography, or cultural background. People in distress and those experiencing suicidal thoughts are offered compassionate supports to address the things in their lives that are generating such distress and are provided with quality care that directly addresses their needs.

Goals for the Mental Health System in 2030

Vision 2030 articulates an Australia where every person is supported to be mentally well and to live a contributing life within a system that invests in prevention and early intervention and addresses social and emotional wellbeing across their lifespan.

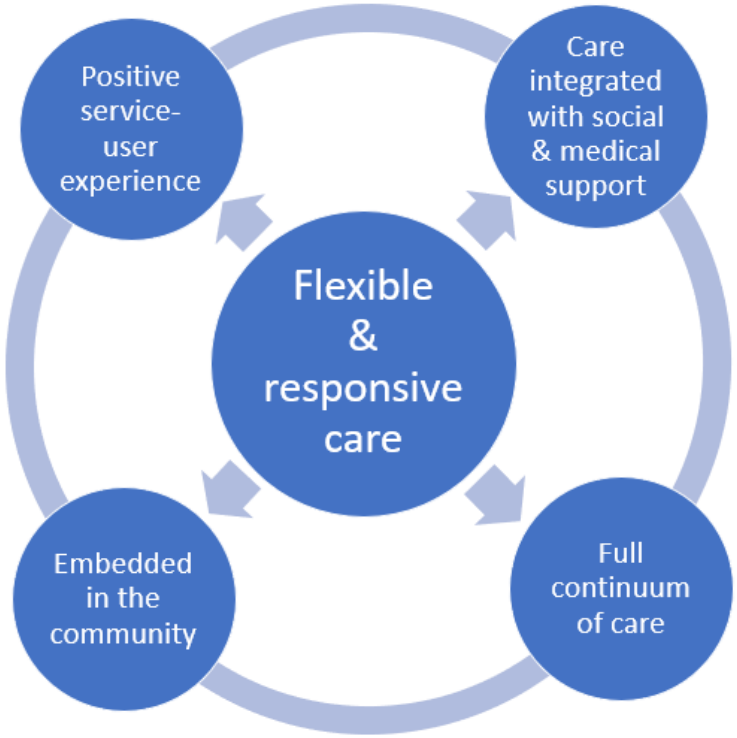
The Vision 2030 reality:

- ✓ **Mental wellbeing across a person's lifespan** is promoted and addressed from pre-pregnancy to old age
- ✓ Mental health is addressed in its full **social context**
- ✓ Mental health is well **understood and acknowledged** as part of everyone's experience, across a spectrum from mental health and wellbeing to mental ill-health
- ✓ 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 potential
- ✓ People suffer **less avoidable harm** because of mental health concerns
- ✓ **Communities are at the centre** of identifying people's needs, designing responses and delivering care
- ✓ Anyone at **risk of or living with a mental health challenge** has access to affordable, evidence-based care in their community
- ✓ Those people experiencing suicidal thoughts, or a suicidal crisis are offered **compassionate supports** to address the things in their lives that are generating such distress and are provided with **quality care** that directly addresses their suicidality
- ✓ Services have a culture of kindness and accountability
- ✓ Services are delivered in a **well-functioning, integrated system** with consistent, appropriate quality care available to every individual and across all steps in the spectrum
- ✓ **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 with 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.

Vision 2030 Mental Health Framework

- Immediate connection to the right level of care
- Safe and responsive
- Affordable
- Culturally appropriate
- Appropriate for age and stage of life
- Respectful and person-led
- Inclusive of family and supporters

- Available in all geographical locations and in all settings
- Consumer and community-led planning and development
- Supporting recovery in the local community
- Local monitoring and evaluation of outcomes with flexibility to adapt to changing needs



- Addressing social and environmental determinants
- Coordination between health and non-health services
- Integrated multi-disciplinary and multi-agency approaches
- Ongoing care coordination

- Prevention, education and stigma reduction
- Early intervention, proactive screening, and enhanced primary care
- Evidence-based treatments that are right for diagnosis and context
- Access to primary, community, acute and hospital-based care
- Support for carers and families
- Recovery aftercare, postvention and psychosocial supports
- Facilitated handover and data linkage between services on the continuum

Why do we need a Vision?

Vision 2030 enables purposeful, consistent, and effective change. A shared vision provides motivation to sustain the work of mental health reform. It can help all the people, services and jurisdictions involved to work with a consistent mutual understanding of the direction of reform, even when each service and community may be starting from a different position and need different action plans to achieve the vision.

There are several reform activities and strategies either recently completed or still in development that are relevant to the mental health and suicide prevention systems. In its final report, the Productivity Commission identified that many reforms would need to be implemented in stages, building towards systemic change. Each component of reform work serves an essential function within the shared landscape of Vision 2030.

Vision 2030 is not an action plan; it is a shared destination. Vision 2030 articulates what success will be once the reform process has been implemented. It helps in establishing the priority areas for action, providing a framework through which current recommendations, future strategies and plans can be viewed to ensure a consistent approach towards the same goals for the future mental health system of Australia.

The Case for Change

The people most in need of effective mental health services are also those most likely to be affected by other social and economic challenges. They are more likely to be marginalised by the intersection between factors such as culture and ethnicity, gender, sexual orientation, physical health and ability. Each challenge serves to reinforce the others, creating a complex self-sustaining pattern of illness, disadvantage and marginalisation.

One of the defining characteristics of the current mental health systems is its complexity, with service provision by the Commonwealth, States and Territories, non-government organisations (NGOs), private health services and private practitioners, and community-based service providers. People continue to experience challenges accessing and navigating the mental health system, especially the most vulnerable who use several services across multiple systems.

"Most people have tried to access help and become disillusioned, no one knows how to navigate the system."

"The system is confusing. There is a lack of communication between services and many wrong doors."

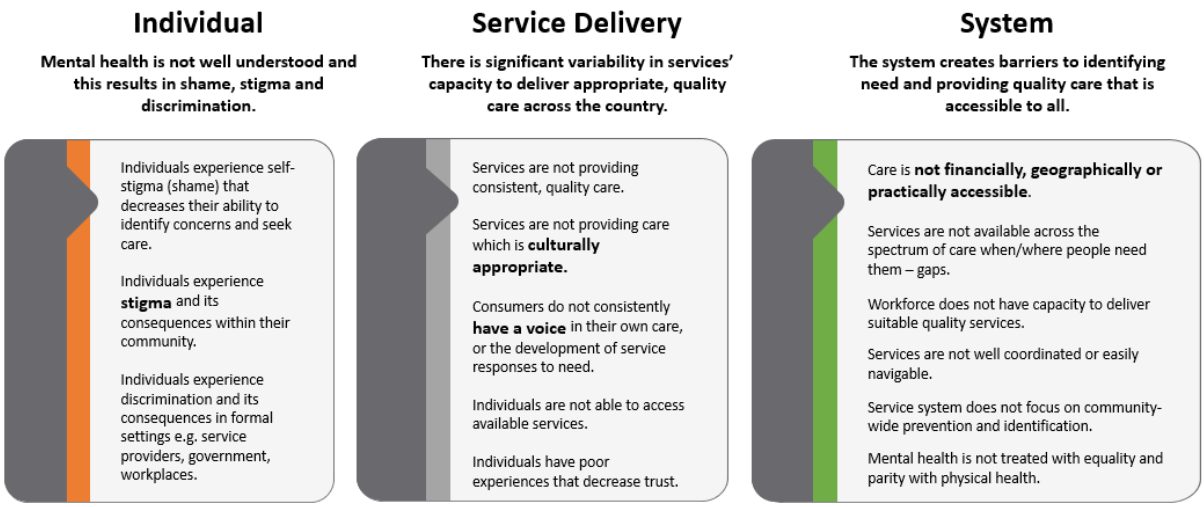
These challenges can be made worse by the sometimes long wait to access services. The responsibility to find care and meet the costs of care often falls to the individual or their family. Delayed or inadequate treatment, particularly for those with complex or chronic mental ill-health, results in overuse of the acute system and episodic rather than continuous care through to recovery. Undiagnosed or inadequately treated mental ill-health can exacerbate suicidal risk and ideation and may lead to escalation of suicidal behaviour. Suicide remains a leading cause of death in Australia and accounts for the highest number of years of potential life lost, particularly for those in younger age groups. The longer the delay in securing the right care, the greater the impact of illness on the person and their family.

"The support services available are designed to help people in absolute acute crisis not for early, proactive intervention. Patients aren't taken seriously until it's reached an extreme level."

While it is generally accepted that most of the mental health care and support needs to be delivered in communities, a lack of clarity about responsibility, particularly for the navigation of the space between services, results in disconnected programs and services that do not incorporate all the essential components of care.

Thematic analysis of feedback has identified common experiences and barriers to accessing care, what is needed within community-based care, and opportunities for improvement.

These themes, experienced differently across communities, are:



Flexible Systems for Changing Needs

All Australians experience the effects of mental ill-health, directly or indirectly. Data indicates that close to 50% of Australian adults meet the diagnostic criteria of a mental illness at some point in their lives, and close to 20% of Australian adults experience a mental ill-health each year.[1] Australia's geographic size and cultural diversity impacts on the complexity and reach of its mental health and suicide prevention systems. The case for change is informed by the cost of mental ill-health and suicide, the challenges of geographic and cultural diversity, and the issues associated with Australia's federated model of health services.

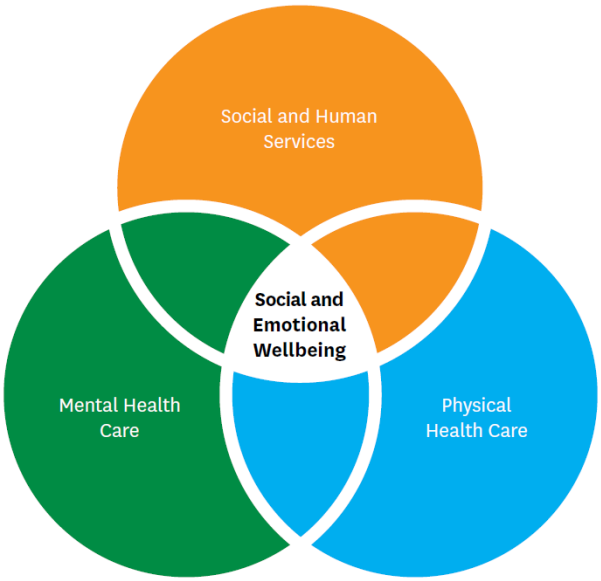
The needs of the Australian population are changing with an ageing population, projected growth[4], increased diversity[74] and movement into regional areas.[73] We need to develop a system that will be flexible and sustainable enough to meet emerging needs.

> "T*here is an urgent need to design a contemporary, responsive and effective mental health system, that learns from the past but is fit for Australia in the 21st century not the 20th.*"
> (Rosenberg, Hickie, Rock, 2020)

Part 2: An Integrated System of Care

A system of care is a response to a person, their family and supports; a coordinated network of mental health and other necessary services that can deliver the right support when it is needed and respond appropriately to a person's needs regardless of their geographic location, age, economic circumstances, or cultural group. With evidence-based models available for many mental health programs and services the spotlight is now on the vital connections between services and within communities that are essential for an effective mental health system. For Vision 2030, integration refers to bringing together people and services to align practices and policies to improve access to and quality of mental health care.

Integration requires a comprehensive approach to mental health, emphasising the connectedness of all aspects of mental wellbeing of individuals and communities, including social, emotional, spiritual, and cultural, physical, nutritional, and economic factors. This concept aligns with Aboriginal and Torres Strait Islander approaches to wellbeing which recognise the network of relationships between individuals, family, kin, and community, as well as the importance of connection to land, culture, spirituality, and ancestry, and how these affect the individual.[17]



"Not sure if it [the mental health system] can actually help me, the hospital can't fix what is happening in my family …' the answers are at a community level"

Disadvantage, social exclusion and marginalisation are closely linked to mental ill-health and suicide. A consequence of the complex interplay of health and social experiences is people falling through service system gaps.

The determinants of health include[16]:

- Societal factors (including culture, media, political structures)
- Environmental factors (including remoteness, the state of the natural environment, manmade / built environments)
- Socioeconomic factors (including education, wealth, housing, migration status, food security)
- Health and biological factors (including experiences of trauma, genetics, nutrition).

An integrated approach to mental and social health provides an opportunity to develop the points of commonality between existing systems to enable integration between the mental health system and

social systems including housing, education, justice, suicide prevention, and services for alcohol and other drugs. Integration of these systems enables pathways into the services a person needs, irrespective of the entry point from any part of any of those systems. Interventions can then target adverse experiences of poverty, discrimination, family violence and adverse childhood events. A national wellbeing approach focuses on building protective factors as well as mitigating risk factors. It ensures a life course approach to understanding and tackling mental and physical health inequalities, prioritises primary prevention and early intervention, and optimises wellbeing from the start of life.

To achieve Vision 2030, it is essential to have a system which promotes good health, addresses the issues that contribute to poor mental health, and maximises protective factors. Such a joined-up approach requires policy and program frameworks that enable and incentivise integration, collaboration and cooperation between the mental health and other sectors. This will ensure more holistic care and support to reduce the risk of people missing out on services or receiving contradictory therapeutic approaches in care.

2.1 Building Capacity in Local Communities

Vision 2030 highlights the need to build capacity in local mental health services, placing local clinical and service expertise, lived experience insight and community knowledge at the centre of identifying what is needed in the community, and designing locally effective responses. Being connected to care in the local area improves the opportunities for rapid access when it is needed, enables access to care in the least restrictive environment possible, and supports a safe recovery, sustaining connections to family, culture, work, education, and social supports.

In this context, local and community care are defined as services which are:

- Accessible within the region the person lives in, either in face-to-face or digital format, taking into consideration distance, transport, and access to technology
- Designed with knowledge of the local community reflecting the diversity of the community, the local social determinants of mental ill-health, existing resources, and gaps in the current system
- Integrated with other health, social and human services already available in the region and with tertiary services outside the region.

In Vision 2030, balanced community-based care results in people having access to the care they need in their community or equivalent context. While these communities may be geographically based around where a person lives, works, or connects, they may also relate to communities based on culture, identity, interest or experience. The emphasis is on the care being provided rather than who provides it or where it is delivered.

Vision 2030 acknowledges the important role of specialist and tertiary services located outside the local community. Integration between these services and local services is a vital part of Vision 2030. However, the greater the distance between the person and the services they need, the greater the risk of falling through the cracks, disconnecting people from their roles and relationships, increasing

the challenges of recovery and the distress and disruption experienced by the person and their family. Disadvantage, social exclusion and marginalisation are closely linked to mental ill-health and suicide. These social determinants are also linked to challenges in accessing services outside the local community.

Vision 2030 highlights three focus areas for development at the local level that will make a difference to the effectiveness and sustainability of the mental health system.

2.1.1. Local Community Solutions

The services people need most often are available in their community

Effective mental health services are in communities, closely linked or co-located with primary health care services and functionally integrated with hospital-based services. Achieving Vision 2030 will require mental health and social supports to be built within communities, with a focus on people at high risk. A balanced local care approach will address local needs and gaps in the current system. It will emphasise the type of service needed rather than focussing on specific service models.

Key elements of this capacity building include:

- Co-design at the community level, bringing people with lived experience, representatives of diverse communities, and clinical experts together, to make best use of available resources and to develop local solutions to address gaps in the current system

- Developing a continuum of care including prevention and early intervention services, enhanced local or community connected treatment, and longer-term care for those with severe, complex or persistent illness

- Prioritising services that can be mobilised quickly for those entering an episode of acute illness; and financially accessible, low intensity general psychological interventions as a front line primary mental health care service without the need for referral

- Community hubs and home-based care, including enhanced community treatment teams for those with moderate to high intensity needs, digital delivery of specialist treatment, and integrated services within local community settings, such as schools and local government area (LGA) community services.

In Vision 2030, community hub models deliver services through centralised, coordinated locations, often complemented by a secondary suite of services through outreach, satellite or virtual connection. While implementation of such a model in different regions will vary, the common principles include an emphasis on early intervention and access to care, higher levels of specialisation and/or intensity, affordability of services, ensuring community-based approaches, building and maintaining partnerships and collaboration between stakeholders, and overall capacity building.

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 needs to begin with identifying local needs within a national framework of priority populations, principles, and core service components (see Part 4 of this report for details). This is critical to ensuring people can access 'the right care, in the right place, at the right time'. Community accessibility must be a factor in service planning at all levels of care, from prevention to tertiary clinical care.

While this needs to be informed by best practice and international knowledge, local and traditional knowledge is critical in determining a specific community's needs. This is particularly important for Aboriginal and Torres Strait Islander communities, and rural and remote communities.

Communities need to be resourced to meet the needs of their populations as locally as possible. This includes prevention services, social supports and through to the delivery of hospital-based care. In addition to services, the resources must include infrastructure and capacity building needs to enable the delivery of a full suite of essential components of care.

Finally, mental health and wellbeing 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 their people.

In a balanced community-based care approach, services across the spectrum of need are accessible in the person's community and people with mental ill-health are supported to live contributing lives in their homes or other environments within their community.

This approach requires investment in capacity building and infrastructure to deliver care through community-based mediums. Such mediums include community hubs and home-based care, enhanced community treatment teams for those with moderate to high intensity needs, [26] digital delivery of specialist treatment, and integrated services within local community settings, such as schools and LGAs.

Hospitals have an important role in delivering balanced community-based care. To meet the requirements of such an approach, tertiary mental health services need to be provided in settings close to the population they serve, hospital stays need to be as brief as possible, and only used when necessary.

Care planning and coordination services also need to be provided locally to ensure continuity of care in that community, and integration with services that need to be accessed outside that community.

All services need to be safe and culturally competent.

Co-design at the community level means communities lead their own decisions, solutions, and activities.[30] The inclusion of diversity within communities is also reflected in policy and services.

For Aboriginal and Torres Strait Islander communities, it means the design of policy, services and solutions are Indigenous-led and respect traditional law, customs and culture.

2.1.2. A connected and integrated system of care

Services in communities are connected and easy to navigate

Connections between services and within communities are a vital part of an effective mental health system. For Vision 2030, integration refers to bringing together people and services to align practices and policies to improve access to and quality of mental health care. A system of care is a response to a person and their family and supports; a coordinated network of mental health and other necessary services that can deliver the right support when it is needed and respond flexibly to changes in the person's needs regardless of the person's geographic location, age, economic circumstances, or cultural group.

A consequence of the complex interplay of health and social experiences is people falling through service system gaps. An integrated approach to mental and social wellbeing emphasises the connectedness of all aspects of wellbeing of individuals and communities. It recognises the impact of the social determinants of mental health, including social connection, housing, economic circumstances, employment, physical security and the intersect with physical health issues.

In Vision 2030, mental health care is integrated with physical health care and social and human services such as housing, education, justice, suicide prevention, and services for alcohol and other drugs. Integration of these systems enables pathways into the services a person needs, irrespective of the entry point from any part of any of those systems. This will reduce the risk of people missing out on services or receiving contradictory therapeutic approaches in care.

Key elements of connected and integrated local service systems include:

- Policy and program frameworks that enable and incentivise integration, collaboration and cooperation between the mental health and other sectors
- Care planning and coordination services provided locally to ensure continuity of care in that community, and integration with tertiary health settings – providing clear pathways to ongoing and specific care beyond the limitations of the local system
- Multiple points of engagement - community accessibility is a factor in service planning at all levels of care, from prevention to tertiary clinical care. Points of engagement include digital portals and self-guided care programs, and key community services including physical health care, education, childcare, workplaces, aged care facilities and prisons.

In 2030, all aspects of the mental health system work together seamlessly within and across communities. This approach prioritises care that is comprehensive, linked to and functionally integrated with primary and hospital care, provided alongside allied health and social services.[27] This integration requires:

- Mechanisms for sharing information in real-time, including interoperability of information systems within and across sectors
- Clarity of pathways and how they are to be navigated
- A collaborative approach to care within and across professions, sectors and communities
- A single, nationally and locally recognised process for care planning coordination with sufficient flexibility to meet local need
- Capacity building within connected allied and physical health systems to enable effective collaboration and implementation of multidisciplinary approaches.

2.1.3. Investing in early identification

Communities promote mental and social wellbeing

Earlier intervention enables more people to receive treatment and support in their own community rather than increasing the need for tertiary and out-of-area services. Local service development prioritises:

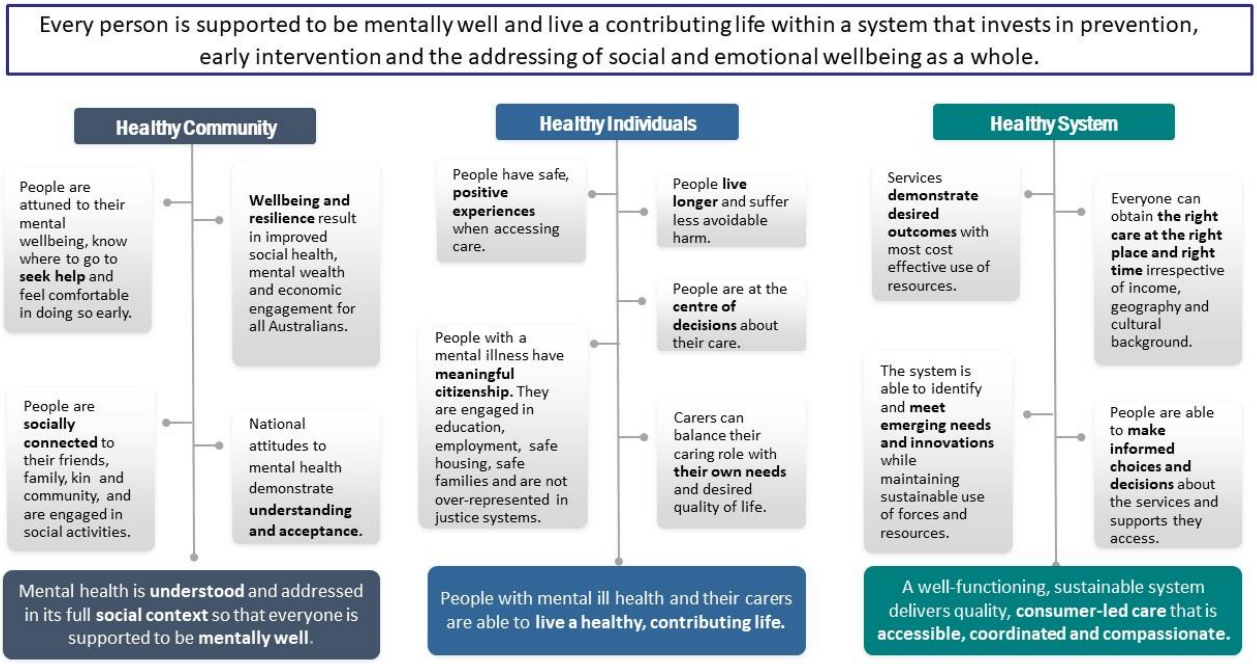
- Early identification and intervention, providing access to coordinated multidisciplinary care early in the onset or early in episode of mental health concerns with a focus on the needs of children and young people and early first episodes of illness such as psychosis
- Easy access to self-guided programs that link seamlessly with local face-to-face treatment when needed. Supporting people to develop coping capabilities and problem-solving skills contributes to more positive life experiences and the capacity to self-manage challenges.

To be effective, people must feel confident to engage early in the development of illness. This requires strategies to reduce the risks associated with shame, stigma and discrimination. In Vision 2030, the focus is on promoting mental wellbeing and reducing the prevalence of mental ill-health.

2.2 Supporting Local Community Solutions

To support local approaches to mental ill-health, it is essential to have a system which promotes good health, addresses the issues that contribute to poor mental health, and maximises protective factors. Service development includes community education and awareness of mental, social, and emotional wellbeing, and population wellbeing measures to indicate the overall wellbeing of the community.

The ‘local community solutions’ approach of Vision 2030 recognises that the wellbeing of communities is also a determinant of the wellbeing of people within that community. Taking this holistic view values the important role of communities, and the families and individuals they comprise, in addressing mental health and wellbeing.



This approach includes:

- **A system which acknowledges the different context and needs of Australia's diverse communities and meets these in a cohesive, local way**. Current services are not sufficiently attuned to what local communities and their people need
- **A way of seamlessly delivering all aspects of prevention, assessment, treatment, and recovery at all levels of need.** Mental health comprises a wide range of conditions (in the same way that physical health does) but this is not reflected in the design or delivery of services, or how funding is invested
- **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. While person-centred care is not a new concept, it is not well recognised by or included in mental health services. Accessibility to services includes affordability, which relates to the intersect between public and private mental health services and gap payments under the Medicare system
- **Integration with tertiary health settings.** While primary care is often the entry point to the mental health system the pathways to ongoing and specific care past that point are unclear and uncoordinated
- **A continuum of care provided through community mental health services.** Such a continuum includes prevention and early intervention services, enhanced local or community connected treatment, and longer-term care for those with severe, complex, or persistent illness.

Part 3: **Leading the Way to 2030**

The Vision's shift in focus to flexible local services and promoting mental wellness needs to be supported by targeted, cross-sector collaboration and coordination. Such a joined-up approach requires policy and program frameworks that enable and incentivise integration, collaboration and 3cooperation between the mental health and other sectors. Integration requires consistency across policies and legislation, cross-sectoral partnerships and collaborations, protocols for sharing information, joint administrative arrangements and, where necessary, capacity building.

There is no agreed definition of integration currently, with the term often meaning different things to people with lived experience of mental ill-health and service providers.[33] For Vision 2030, integration refers to bringing together people and services to align practices and policies to improve access to and quality of mental health care. The emphasis is on collaborative approaches and partnerships and not on the amalgamation of services or sectors. Essential components are shared responsibilities, connected information shared in real time, and interoperability of systems across services and sectors. An integrated system provides services that are accessible, easy to navigate, flexible and responsive to needs.

3.1 Primary Health Networks

Facilitating coordinated local care so that people in the region can access care when and where they need it, and streamlining health services, especially for those at risk of poor health outcomes, is key to the role of Primary Health Networks (PHNs). Their work in assessing the needs of their community, ensuring coordinated primary health care, collaborating with hospital health services, and commissioning services to address gaps in the local service spectrum, aligns with the need to develop local mental health care systems. PHNs have a key role to play in realising Vision 2030 in their regions.

3.2 Whole-of-Government Leadership

Mental health and social and emotional wellbeing are vital for all Australians. Around half of all Australian adults will meet the diagnostic criteria of a mental illness at some point in their lives and many more will be affected by the mental health of family or friends. As our population grows and changes, mental health and suicidal risk are also expected to grow and diversify. A mental health system is needed that is flexible and responsive to changing needs.

Flexible development at the local level and integrated services requires a strong national framework, and whole-of-government leadership. Local development is supported by a set of principles to ensure consistent standards and quality of mental health services. A national framework provides a mechanism for communicating the common vision, prioritising social and emotional wellbeing at the national level, and holding everyone to account.

Vision 2030 seeks to inform and drive cross-sector leadership, governance, and accountability. It articulates a shared vision of reform from the perspective of all stakeholders. It can guide both the

interpretation of the findings of reform reports, including the Productivity Commission Inquiry into Mental Health, and mental health and suicide prevention investment spend at all levels of government. Vision 2030 offers a system framework outlining five pillars that underpin achievement of the vision: foundational principles, governance structures, performance enablers, core components of care and delivery mediums.

Leadership

Strong leadership at the political and administrative level is critical to ensure all parties work towards a common goal and take collective responsibility from policy development to service delivery. It needs to be sustained over many government terms at all jurisdictional levels. It includes empowered leadership from the private and non-government mental health sectors, priority population groups including Aboriginal and Torres Strait Islander communities and people with lived experience.

A national agency with responsibility for coordination and oversight would be another leadership mechanism ensuring consistency across diverse communities and sectors, including:

- Management of standards and specifications for service delivery
- Identifying best practice
- Monitoring implementation, outputs and outcomes to measure effectiveness of prevention, treatment, and recovery activities
- Advice on mental health and models of mental health care within and between government and non-government sectors.

3.3 Investment

The system must be sufficiently resourced to enable targeted development, sustainability and accessibility. Funding needs to be at a level commensurate with prevalence and cost of mental ill-health based on the recognised value of investing in prevention and early intervention.

Investment is an important component of a whole-of-government approach. Investment will lessen the burden of illness nationally and should include social spending to address social determinants and other risk factors across housing, employment, trauma and crisis events, marginalisation, poor physical health and nutrition, adverse childhood events and the specific needs of vulnerable communities.

Balanced investment addresses sustainability of services including trials beyond pilot phase, closing of service gaps, achievement of impact outcomes not just outputs, and addressing inequities in meeting the needs of vulnerable individuals and communities.

Funding Models

Funding models need to fit the model of care being delivered and require multiple approaches. Current payment models (episodic, fee-for-service and activity-based funding) frequently conflict with, and impede, the effective delivery of the appropriate model of care. They also create financial

barriers to people accessing and using services. Shifts are needed to establish innovative and responsive funding and remuneration models which improve accessibility for all people. Funding models need to drive outcomes including sustainable recovery.

Consideration should be given to a balanced, mixed model approach which appropriately uses program, activity, and person-centred funding packages to ensure services are capable of meeting need and achieving outcomes while maximising flexibility and consumer choice.

'Well aligned' funding models and mechanisms will:

- Provide for the delivery of the full spectrum of services across prevention, treatment, and sustainable recovery
- Ensure all services are affordable and available to everyone in an evidence-based manner
- Enable long term funding cycles to facilitate consistency, sustainability, and quality improvement
- Be based on and respond to population distribution, community need and local gaps in service accessibility
- Link funding to demonstration of standards of service and achievement of outcomes
- Reduce duplication of services
- Facilitate integration across all levels of care.

Funding mechanisms should be linked to the delivery of outcomes based on national standards and specifications with enforceable processes addressing non-performance.

"While more funding is needed in some areas, reforms are also needed to the way that funds are allocated, and services are delivered to ensure that the available funding is put to best use." (Productivity Commission Final Report)

3.4 Outcome Measures

To meet the goals and principles and adhere to the approaches and frameworks outlined in Vision 2030, we need to develop consistent, systematic measures of impact and outcomes on individuals and communities. Impact measures identify how outcomes will be monitored and evaluated from the perspective of individuals and communities. They also enable implementation of emerging evidence and continuous quality improvement of services and integration of emerging evidence.

Information collection, analysis and distribution is critical for informed decisions, system transformation, accurate forecasting of future needs, and measurement of outcomes. This information includes mental health and social determinants data at all points in time and longitudinally.

A systematic approach to monitoring, evaluation and research for Vision 2030 includes:

- National clinical governance and coordination structures

- Collaborative approaches across discipline specific and translational research
- Support for innovative research including the intersection of mental health and social determinants
- Prioritisation of Lived Experience research
- Mechanisms to identify diverse needs and whether these needs are being met for individuals and communities, including national datasets
- Evaluation as a core component of funding for all components of care, including trials
- Equitable balance of research evidence, clinical expertise and lived experience in the design, delivery and evaluation of services and supports.

Shifting to a focus on outcomes will require investment in data and reporting. Outcomes will need to be universal and co-designed. Services should be underpinned by 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, and for those population groups where data is not currently collected or available
- Methods for demonstrating achievement of standards and agreed outcomes are developed, and reporting on these is intitiated
- Monitoring frameworks review the implementation of agreements, community-led approaches and service outcomes and include reporting back 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.

First Steps

The first steps in facilitating change will be to build on current plans and priorities and make best use of all currently collected data. The Fifth National Mental Health and Suicide Prevention Plan identified that whilst data and reporting is mostly available for state and territory public mental health services, significant development is required to ensure comparable data is available and reported for community managed, Commonwealth funded and privately funded care.[31]

Leadership and governance are the first pillar in a system framework to support achievement of Vision 2030.

Part 4: A Framework for Change

Vision 2030 envisages a person-led and person-centred system with national foundations to deliver community co-designed and based services that are sufficiently resourced and adequately integrated.

To achieve the goals of Vision 2030 a multifaceted, multi-layered system is required. In this section, the core elements of a consistent system framework for the on-going development of the mental health system are outlined. Much of this information is already well established in research and policy. Vision 2030 confirms that it all continues to be essential to achieve an effective and sustainable mental health system. The information in Part 3 provides the foundations for a national framework to guide ongoing development of the mental health system.

A Vision 2030 framework will address:

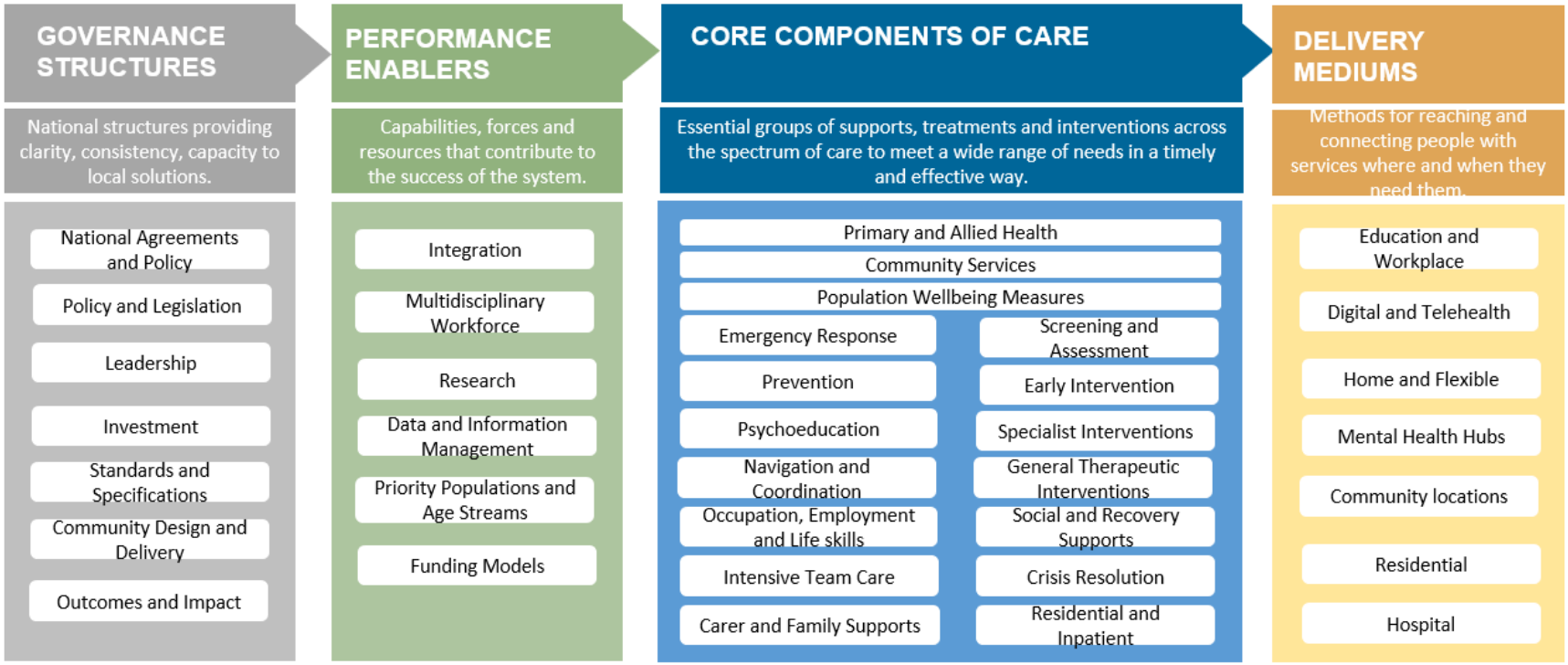
- Roles and responsibilities relating to mental health of a wide range of sectors including physical health and nutrition, disability, housing and homelessness, justice and corrections, child protection, welfare, education, aged care, and employment
- Mechanisms for information and communication to shift social norms and raise public awareness
- Inclusion of cross-sector responsibilities in mental health system mechanisms like agreements and leadership
- Mechanisms for the sharing of information and services required for high risk and vulnerable populations including children and young people at risk, Australians of multicultural backgrounds, and LGBTQIA+ individuals
- 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 support that will improve their wellbeing and will allow them to contribute to their communities
- National indicators aligned with the national socioeconomic targets that are currently agreed and measured including the National Agreement on Closing the Gap.

Vision 2030 is a connected, effective, person-centred and sustainable mental health and suicide prevention system designed to meet the needs of all individuals and their communities.

Outcome

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.

Framework



Principles

Vision 2030 is underpinned by principles that foster respect and understanding and connects to the broader rights and experiences of individuals and communities.

4.1 Governance Structures

For Vision 2030 governance structures need to be national, enable the delivery of balanced community-based care, ensure accessibility, and foster diversity, specialisation, and integration. They need to incorporate the roles of government and non-government stakeholders, including the community managed sector, academia, the media, the private sector and industry, individuals, families and communities.[29]

The essential components of the Vision 2030 governance structures are:

- National agreements and policies
- Consistency of language
- Legislation
- Leadership
- Investment
- National standards and specifications
- Community design and delivery
- Outcomes and impact.

National Agreement(s) and Policy

National agreement(s) are a foundational mechanism for establishing roles and responsibilities. Such agreements, together with appropriate administrative policy structures, will decrease duplication of effort and system complexity while ensuring consistent, equitable access to care measured against agreed outcomes. They should include:

- Outcomes and performance indicators for mental health and wellbeing
- Delineation of roles and responsibilities in identifying needs and delivering the core components of care across the spectrum of prevention, treatment, and sustainable recovery
- Joint administrative, planning and funding arrangements
- Mechanisms for outcome reporting and oversight
- Data collection and information sharing
- Connection with all relevant sectors including suicide prevention and social services.

Each jurisdiction will use its own governance structures to achieve the shared national goals and agreed outcomes. This will include working with local government and regional entities noting that regional planning and integration is a priority.

The inclusion of suicide prevention in national agreements should reflect the intersections and differences with mental health services and include the responsibilities that sit across government portfolios.

Language

The variability in language and understanding of terminology between jurisdictions and stakeholders is a current roadblock to collaboration and achieving integrated care. It hinders people in navigating the system, particularly with different service providers or when receiving care in different jurisdictions. It is biased towards being medicalised. It is not accessible, especially for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities. A common ‘language’ needs to be agreed and implemented.

Legislation

Vision 2030 has identified the following areas which would benefit from legislation to ensure consistency and enable national implementation across jurisdictions:

- Provision of voluntary and non-voluntary care
- Workplace health and safety
- Stigma and discrimination reduction
- Support of vulnerable populations
- Defining and resourcing community-based mental health care
- Sharing and transfer of information.

National standards and specifications

National standards and specifications across all the essential components of care provide clear outcomes and benchmarks for the delivery of consistent, quality care nationally. These will identify:

- Evidence-based models for all components of care
- Key elements of best practice from community co-design
- Practice requirements for professionals within the mental health workforce
- Requirements for implementation of services including performance enablers such as integration and information management
- Measurement tools and processes.

4.2 Principles

The essential principles and components of care include:

Partnership and Collaboration

A collaborative approach is required recognising the collective responsibility of governments, private and public organisations, and individuals in promoting wellbeing and maximising outcomes in the community. Collaboration will enable an integrated ecosystem with the individual and their parents, carers, family, or kin group at the centre supported by consistency across policies and legislation, cross-sectoral partnerships, and collaborative administrative arrangements.

The qualitative experiential insights of people with lived experience, their families and support people are crucial at all levels in the mental health system. Partnering with lived and professional experience is essential to ensure all aspects of service design and delivery are co-designed and addressed including tools for modelling, needs analysis, implementation, evaluation, and, where necessary, capacity building. A commitment to co-production of services means people with lived experience and communities lead their own decisions, solutions and activities. The inclusion of diversity within communities is also reflected in policy and services. For Aboriginal and Torres Strait Islander communities, it means the design of policy, services and solutions are Indigenous-led and respect traditional law, customs and culture.

Integrated mental health and social wellbeing

Personal recovery incorporates social, personal, clinical, and functional domains. A broad understanding of mental health includes social wellbeing and a commitment to prevention, early intervention, evidence-based treatments and supports for sustainable recovery, and focuses on building protective factors as well as mitigating risk factors.

Intersectionality focuses on the interactions between individual factors to shape a mental health response across population groups and geographical contexts.[28] Many experiences including biology, culture, socioeconomic status, sex, gender, and race heighten people's vulnerabilities, highlighting the importance of intersectionality and the interplay of different circumstances and experiences in a person's life. Strategies recognise the impact of the social determinants of mental health, including social connection, housing, economic circumstances, employment, physical security and the intersect with physical health issues.

Equity of access

Planning and funding strategies prioritise the development of sufficient accessible and affordable services to meet community needs, with reference to disadvantaged communities and those most at risk of poor health outcomes.

Values-based approaches

Recovery is a non-linear journey, unique to everyone, and requires a person-led approach with

a commitment to personal recovery, human rights, and compassionate care. Each person is acknowledged and supported in their context.

Person-centred care is critical and requires:

- A human rights-based approach, acknowledging each person's autonomy in determining their goals and in choosing and managing their own care
- A recovery-oriented and trauma-informed approach
- As appropriate for the person, inclusion of their parents, families, carers and/or connected kin in care planning and delivery as equal team members
- Continuity of care within a person's community
- Culturally appropriate and safe care
- Individualised care plans
- Recognition that recovery and healing is inclusive of a person's relationships and communities and enhancing their connections to their families, kin, social and community networks
- Incorporation of lived experience and carer participation at all levels of policy and service development and delivery.

In summary, under this approach each person has their needs met in their community in which they live[25] with a focus on person-led care that upholds and promotes their human rights to choice and control. A human rights-based approach allows for equitable rights, ensuring the protection of autonomy, agency, active citizenship, and dignity of people experiencing mental ill-health. Vision 2030 acknowledges the United Nations Human Rights Council's resolution 32/18 on mental health and human rights as a key framework to realise the human rights of people with mental ill-health.

Evidence informed, flexible and innovative

All components of care must start from best practice standards, incorporate evidence-based treatment models, be trauma informed, culturally appropriate, person-led, and delivered by appropriately skilled and trained staff. Policy responses and service delivery need to be able to adapt in response to future need with a solutions focused approach based on flexibility, outcomes and suitability to local capacity and needs. Monitoring, evaluation and research enable continuous knowledge development and translation to practice improvements. The system is an iterative learning one, prioritising outcomes. Collection and analysis of reliable, comparable data is prioritised, including measures of population wellbeing, the impact of social determinants on mental health, and the outcomes of prevention and early intervention strategies.

Vision 2030 Principles

These principles must proactively drive design and implementation. This requires the principles to be the foundation of frameworks, agreements, outcomes, standards and specifications. Monitoring and reporting should then be within that principles framework. Vulnerable communities may need additional support to ensure principles are implemented fairly and consistently.

4.3 Priority Populations

There are many experiences related to culture and identity that heighten people's vulnerabilities, highlighting the importance of intersectionality and the interplay of different circumstances and experiences in a person's life. The needs of priority populations must be met in ways that are accessible, safe and with consideration to specific inequities. Priority populations may change over time, and ongoing monitoring of changing needs is critical. The system needs of priority populations include definitions, processes and care pathways unique to each group or community.

Aboriginal and Torres Strait Islander peoples

The disparity in health outcomes for Indigenous people compared to the general Australian population is well established. The leadership of Aboriginal and Torres Strait Islander people in the planning, delivery, evaluation, and measurement of emotional and social wellbeing programs is critical in fostering greater trust, connectivity, culturally appropriate care, and effective outcomes. Cultural healing is recognised as a resilience and protective factor in addressing the intergenerational and community trauma experienced by Aboriginal and Torres Strait Islander peoples and, as such, should be a core component of care. In addition to specific services, when Aboriginal and Torres Strait Islander people choose to access mainstream services, those services should be culturally competent and safe.

LGBTQIA and other sexuality, gender, and bodily diverse people

LGBTQIA+ individuals experience discrimination, stigma, peer and sexual victimisation, intimate partner violence and violence generally, along with high rates of depression, drug and alcohol use, and suicide.[40-44] All of these factors are associated with adverse mental health outcomes and suicidality. System changes to address the needs of LGBTQIA+ people require a focus on these factors. Early interventions aimed at reducing known psychosocial risk factors while enhancing protective and resilience factors should be prioritised.

Culturally and linguistically diverse communities

People from culturally and linguistically diverse backgrounds experience significantly lower access to mental healthcare and support than the wider community.[45] Different cultures have different conceptual and explanatory models of mental ill-health that professionals need to understand and respond to appropriately. Services also need to recognise and respond to challenges associated with translation requirements, cultural norms, the impact of trauma, and the ability to build trust.

Veterans and their families

Veterans experience significantly higher rates of mental health issues, including anxiety, post-traumatic stress and affective disorders.[46] There are ongoing concerns about suicide in ex-serving Australian Defence Force personnel, with age-adjusted rates of suicide in ex-serving men reported at 18 per cent higher than in Australian men.[47] The rate of suicide in ex-serving women is also higher than in Australian women.[47] There are unique barriers which may make veterans less likely to seek help[48] and unique experiences which result in individual requirements from health services.[49] In addition to addressing these needs, mental health care services are needed to support active duty officers and veterans and those communities with significant veteran and defence family populations, incorporating those 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.[50] These communities in Australia have an overall lower rate of service provision (lower number of mental health service encounters),[51] as well as more limited access to specialist psychological care.[50] Barriers to care that need to be addressed include low rates of access to services, workforce shortage, higher rates of suicide, cultural realities, language barriers, the need for the development of trust and community acceptance, and the social determinants of mental health. The 18 recommendations of the 2018 Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia are supported by Government and provide the roadmap to achieve change.

People affected by disasters

As in many parts of the world, Australia is experiencing increased frequency, severity, and impact of natural disasters.[52] All disasters, including fire, flood, storm, drought, violence or conflict, and 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.[53] Effective social and emotional recovery for people affected by natural disasters is based on an understanding of the community context, including its history, values and dynamics, and the establishment of local partnerships to deliver relevant, timely and effective support. The

National Disaster Mental Health Framework provides guidance on responses for those who have experienced natural disasters.

Age Streams

There is significant evidence that both children[54,55] and older adults[56,57] are vulnerable to mental ill-health and require specialised care approaches. Mental health needs change across the lifespan, as do the appropriate and effective prevention, treatment and support responses to address them. Age streams should separately focus on children (0-12 years), young people (13-24 years), general adult populations (25-64 years), and older Australians (65 years and over). Implementation of the *National Children's Mental Health and Wellbeing Strategy* and consideration of findings and recommendations from the Royal Commission into Aged Care Quality and Safety are important in addressing these needs.

People with mental and physical comorbidity

People living with mental ill-health are significantly more likely than the general population to have a chronic health condition.[58] People with severe mental ill-health have a shortened life expectancy and are likely to die 20 years earlier than the general population.[59] Experiences of stigma, discrimination, and diagnostic overshadowing mean that people living with mental ill-health are not receiving equity of access to evidence-based physical health screening and treatment.

In 2030 systems addressing these inequities include prioritisation of the physical health of people living with mental ill-health, and a focus on prevention and early intervention to support people to improve and maintain their physical health, including promotion of nutrition, sleep and exercise. When medications are prescribed for those with mental ill-health they will be adequately informed about risks and benefits including side effects that may impact their physical health

4.4 Core Components of Care

A stepped care system identifies and matches need with timely care at the right level to meet that need. Care occurs along a spectrum of intensity and a person is able to move between different levels of intensity of care as required. The person-centred approach includes recovery supports, focusing on that person's whole journey rather than just episodes of specific acute care.

Essential components of a person-centred stepped care system address an individual's needs for:

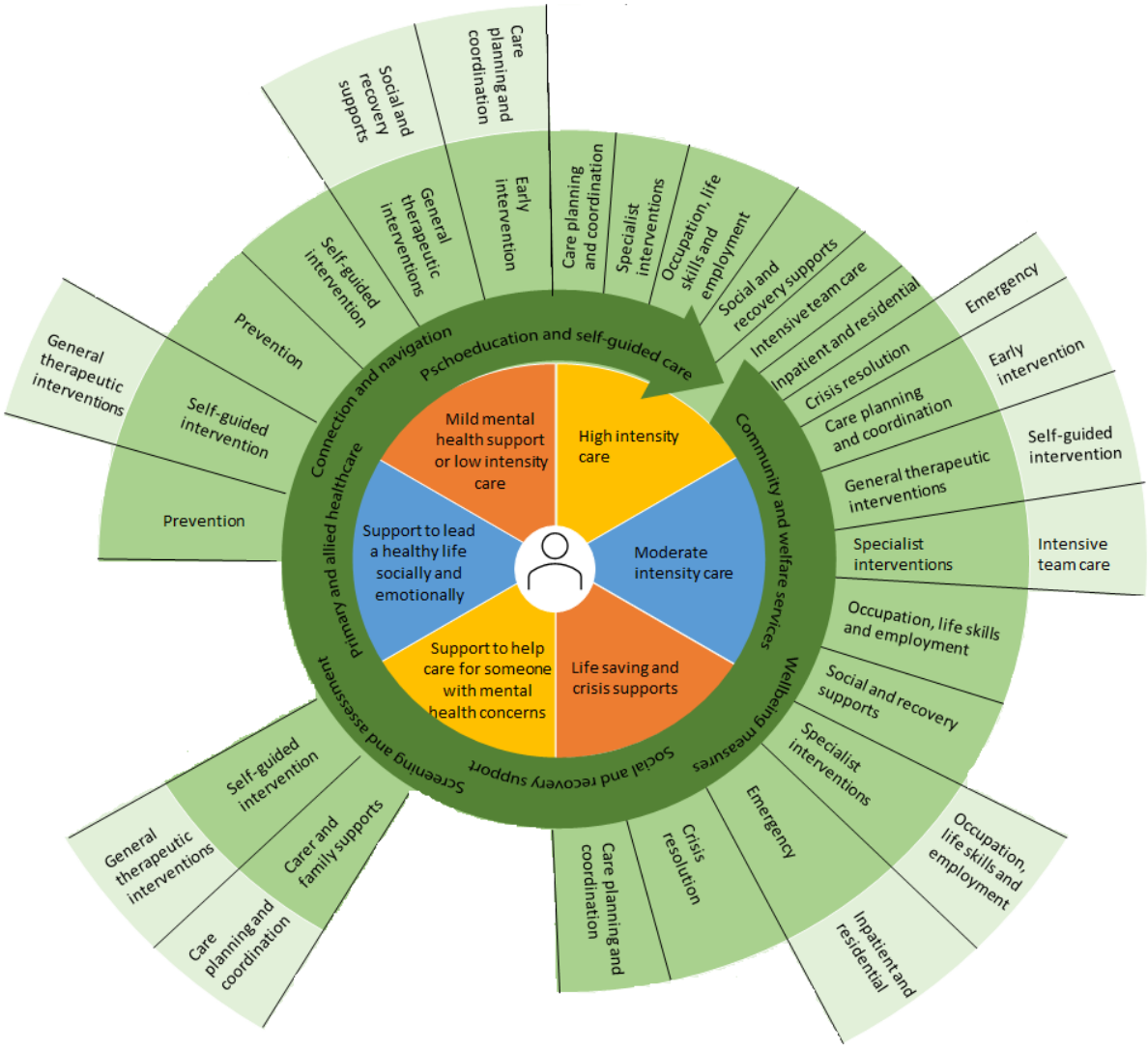
- Support to lead a healthy life socially and emotionally (prevention)
- Support to help care for someone with mental health concerns
- Low-intensity care
- Moderate intensity care
- High-intensity care
- Life-saving and crisis support
- Recovery and support to stay well.

A recovery based approach encompasses meeting current need, preventing mental ill-health deteriorating and providing long term recovery supports. As such, it requires ongoing monitoring, assessment, and feedback on the effectiveness of interventions to inform future interventions.

The **essential components of care** are the interventions and supports required across the spectrum of stepped care to ensure that every individual can access timely, personalised and effective treatment in a coordinated way.

This diagram details how the essential components of care relate to the stepped model of care:

- **Dark green** components identify services required across all levels of intensity or need
- **Mid green** components identify the core services of this level of need; many people with this kind of need will require some of this 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

1. Prevention

Prevention aims to reduce the incidence, prevalence and recurrence of mental health disorders and their associated disability.[61] Preventive interventions are based on modifying risk exposure and strengthening the coping mechanisms of the individual.[62] It invests in mental health literacy, self-management skills and resilience resources, aiming to ensure people:

- are equipped with the knowledge and skills to build resilience to cope with, and are supported throughout, the stages of their life, particularly at key transition points;
- learn about their mental health from a young age to enable them to manage their wellbeing and be familiar with accessing help as early as possible;
- who are 'at risk' are identified early and supported through targeted prevention programs;
- who receive support for their mental health are linked to ongoing recovery supports in their community to prevent relapse or deterioration in their mental ill-health; and

- are supported to manage their mental ill-health to prevent chronicity and psychosocial disability by coordinating mental health programs with recovery supports social supports and integrated treatment approaches.

Activities in this area include:

- Universal programs that promote mental wellness and address social determinants and risk factors
- Investment in childhood wellbeing and early child development across psychological, physical health and activity, nutritional, family/relational, and educational domains
- Communication strategies, behavioural change initiatives and structural changes 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 who have or are experiencing adverse childhood events, and those at risk of suicide
- Secondary prevention programs aimed at reducing the prevalence of relapse, negative impacts, or escalating intensity of need
- Tertiary prevention programs aimed at preventing chronicity and psychosocial disability. Tertiary programs are closely linked to recovery supports, social supports and integrated treatment approaches.

2. Primary healthcare

Primary healthcare is often the first point of contact for people seeking support for their mental health, or where their need for such support is identified. Primary care includes general practitioners, nurses, allied health professionals, midwives, pharmacists, dentists, dietitians, and Aboriginal and Torres Strait Islander health workers. The primary healthcare workforce's role includes promoting health and wellbeing, recognising distress, conducting assessments, delivering primary mental health interventions, and connecting people with specialists and mental health services as required.

Screening and assessment

Screening and assessment, whether self-conducted or undertaken by a professional, identifies opportunities for targeted prevention, early intervention, and treatment. It enables a proactive outreach approach for mental health services. In 2030, people are screened for physical, social, and mental health measures across their lifespan and at critical transition points including pregnancy, early childhood, and parenting, commencing primary and secondary school, retirement, transitioning to residential aged care facilities or accessing aged care assistance in their own homes, applying for income benefits, engaging with the family court, and when seeking allied healthcare.

3. Early intervention

Early intervention refers to coordinated multidisciplinary care programs provided early in onset or early in 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;
- early first episode of illness such as psychosis;
- services that can be mobilised quickly for those entering an episode of acute illness; and

- access to financially accessible, low intensity general psychological interventions as a front line primary mental health care service without the need for referral.

Psychoeducation and self-guided care

Psychoeducation and self-guided care are low intensity interventions for mild to moderate presentations. In 2030, access is through digital means or key community points of engagement such as 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 integrated into the mental health care system, enabling users to engage in assessment, navigation, and connection with other essential components of care. In addition to ease of access, it is also important that all resources are evidence-based.

4. Therapeutic Intervention

These are a range of evidence-based psychological, pharmacological, biomedical, and allied therapies provided or supported by suitably qualified practitioners to meet mild, moderate, or high needs. They can be delivered by an individual practitioner or care team, digitally, or face-to-face in settings that suit the needs of people in their context and within their community. People will be provided with the option to access a range of therapies that support all facets of their wellbeing. They have choice in how they access these services to best suit their needs.

5. Acute and complex care

Emergency care

There will be occasions when emergency care provided in hospitals has a necessary role in mental health care. At these times, it is critical that mental health presentations to hospital emergency departments receive timely assessment and response by staff with expertise in mental health. In 2030 all emergency departments have appropriately trained mental health practitioners, people are assisted quickly, in an environment that is suitable and as least restrictive as possible.

Crisis resolution

Not all people experiencing crisis will present to a hospital. Crisis resolution services are those provided in response to a mental health emergency, such as acute psychosis or illness episode, and risk or attempt of suicide. They are provided in community settings.[63] This care and support needs to extend beyond the crisis period to include support for safe recovery.

These services include:

- Immediate stabilisation and medical response as required
- Risk assessment and psychosocial evaluation to determine immediate needs, 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
- Facilitation and encouragement of connection between individuals and between individuals and their communities to reduce isolation in a crisis.

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.

6. Inpatient and residential

This care ensures people can access immediate intensive 24/7 care, delivered in a community home-like or hospital setting in their locality. Depending on the person's individual needs, intensive care is for the least amount of time possible and delivered in the least restrictive environment. In 2030, there is sufficient availability of inpatient and residential care to enable immediate access. This care could be for a specific period or treatment, or as a long-term support that addresses independent living and housing in combination with mental health care needs. Workforce and services provided within residential and inpatient settings consider a person's needs holistically, including the availability of lived experience and peer support.

7. Support

Community and welfare services

Community and welfare services provide access to a range of human and social supports for those with mental health concerns, including:

- Access to affordable and stable accommodation
- Employment opportunities, training and vocational activities
- Child protection and support services for adverse childhood events
- Supports for parents and children experiencing vulnerability
- Supports for people released from prison or detention
- Income support and benefits
- Disability supports.

In Vision 2030, mental health services connect with such human and social services, including sharing information between providers outside the mental health system.

Carer and family supports

In Vision 2030 these services provide psychological and psychosocial supports and respite specific to the needs of carers, families and kinship groups. In addition to ensuring that carers have the education and tools they need to look after the person in their care, they are also supported to look after their own wellbeing.

Peer support, recovery and social supports

These are services which provide support to enable recovery with a focus on person's strengths and goals to assist them 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.

4.5 Delivery Mediums

The delivery mediums are the means by which services can reach the people who need them at the time of such need.

There are many ways the essential components of care can be delivered to meet each community's capacities, needs and strengths. The choice of delivery method may relate to appropriateness, 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, tertiary education institutions and workplaces can be the first point of contact for people who otherwise may not have any interaction with the mental health system. Early learning services and schools have a significant role in supporting children and young people with emotional and behavioural problems. These environments are often where symptoms of mental health issues are first identified. Equipping these environments with knowledge of early warning signs, appropriate referral pathways and how to support recovery assists in early identification and intervention for mental ill-health.

Within schools, there is the opportunity to provide:

- curriculum integrated prevention programs focused on positive mental wellbeing and resilience using 'whole-of-school' approaches;
- psychoeducation and mental health information to children, young people and parents or carers;
- early intervention;
- connection and navigation support;
- parent and carer support services; and
- psychosocial and occupational therapy supports.

Mentally healthy workplaces require consideration of:

- the role of the workplace as a risk component to mental wellbeing;
- the role of the workplace in supporting people with mental health challenges; and
- the protective nature of work in mental health and wellbeing generally and specifically, its role in assisting someone with severe or chronic mental ill-health to live a contributing life.

There is growing evidence to support the success of workplace programs in preventing or reducing the incidence of depression and post-traumatic stress disorder, as well as reducing work-related risk factors. Workplace supports need to consider the diversity of workplace environments and the changing nature of the workforce and workplaces, including self-employment and sessional employment.

Digital and telehealth

Technology should be well utilised across all levels of care, including:

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

Key issues that need to be addressed to ensure the most effective use of technology include:

- Accessibility of individuals and communities to the internet and telecommunications, particularly regional and remote locations
- Integration of digital and face-to-face service delivery
- Information management including self-management by people with mental ill-health
- Usability of programs and the overall experience of using digital mental healthcare for individuals.

As the use of digital technologies increases, there is an urgent need to educate people as to when digital solutions are effective, when or where they are not, and how to maximise the effectiveness of a mixed delivery of digital and face-to-face. Specific actions also are needed to bridge equity gaps, noting that people in remote and very remote locations, and those without access to adequate platforms or data, are more likely to experience digital inequity.

Community hubs

Coordinated delivery of mental health care in single service centres can be 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 alongside treatment resources. Hubs may be related to geographic location, meeting specific age or life-stage needs, providing culturally supported services or addressing specialist needs of illnesses or circumstances.

Community integrated services

These are services which are delivered using organisations, services and spaces operating in a community, including:

- Community managed organisations
- Individual practitioners or groups offering private and public services
- Local government community spaces such as libraries
- Local physical healthcare services

- Community institutions such as places of worship or sporting clubs
- Aged care residential and day facilities
- Community clubs
- Transport to access services
- Other government institutions such as correctional facilities.

Home and flexible care

Home visits may be an important means of providing connected care, particularly for people who are isolated in the community. Home and flexible services should be considered across the spectrum of stepped care. Examples of this translated into practice include:

- Visiting programs providing social support, and occupational and life skills programs to people in their homes and or community settings such as shopping or recreational centres
- Home-based crisis resolution services including the use of first responder teams
- Hospital at home programs as an alternative to in-patient care
- Incorporation of mental health screening in other community home visiting programs such as maternal and childhood nursing services, family support services, and disability and aged care assessments
- Assertive outreach strategies.

Residential

This delivery medium comprises community home-like environments which provide 24/7 care and support on either a short or long-term basis. The programs within these residential settings may be generalist or diagnosis specific and include the provision of in-house components of care and coordination with external services.

Hospital

Hospital care for mental health needs includes emergency, general medical and mental health in-patient care. In Vision 2030, hospital beds should be available as locally as possible with well provisioned local hospitals as well as major centres.

4.6 Multidisciplinary Workforce

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

As such, this workforce includes clinicians (psychological, allied health, nursing, midwifery, general practice and medical), community support professionals, Lived Experience professionals, front line or emergency responders, and those working in community institutions more broadly including sporting, cultural and religious organisations. There needs to be practical definitions of, and support for, critical roles, including:

- Lived Experience workers[35-37]
- Mental health nurses[38]
- Psychiatrists, particularly in areas of speciality such as paediatrics and aged care
- Primary healthcare professionals including general practitioners, nurses, midwives and allied health[39]
- Therapeutic professions, including counsellors and therapists.

Adequate levels of mental health training are required for all parts of the workforce, together with team approaches, appropriate supervision and tertiary consultation supports.

The priorities for workforce development supported by the evidence include:

- Professionalisation of the peer workforce with the same supports and accountabilities as other disciplines
- Broadening the current focus on the medical model of health care and traditional professions, such as the medicine and nursing professions
- Facilitating mental health being a profession of choice

An example of this expanded multidisciplinary approach to the mental health and wellbeing workforce is below, adapted from the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. This work originally created in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* represents the workforces needed to address a person's needs at different points of their life. The diagram has been adapted to include some additional workforces and is not intended to limit the multidisciplinary workforce to only those represented below.

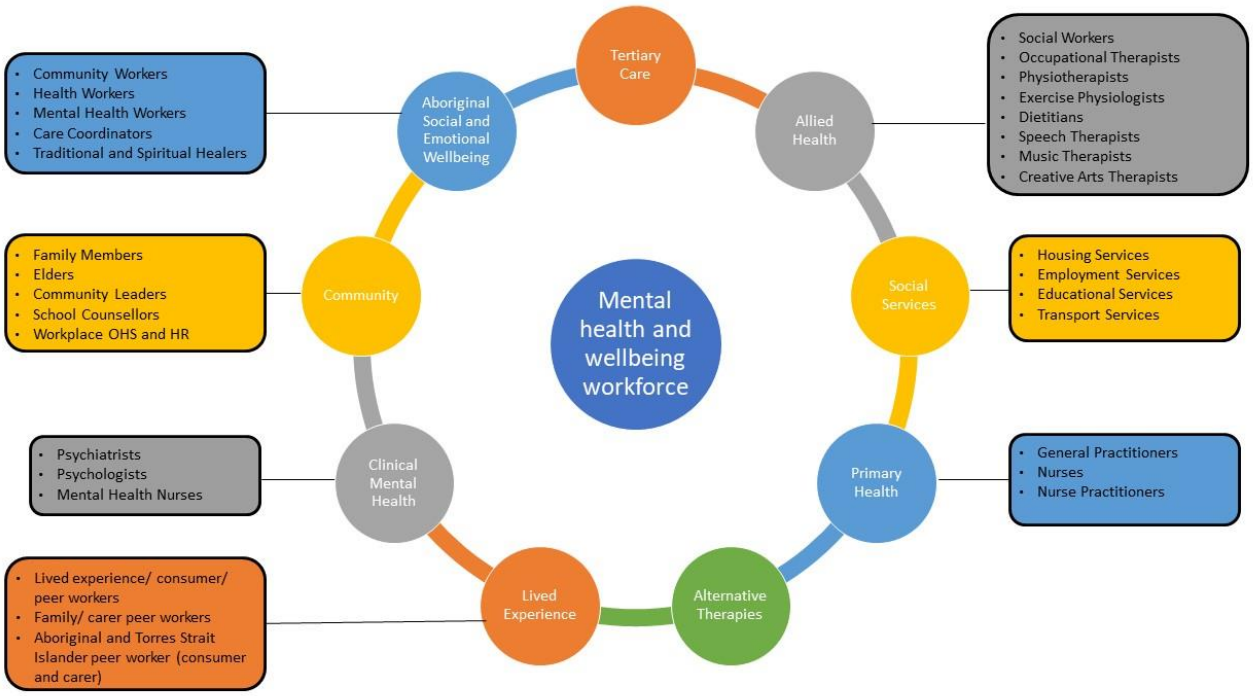


Image adapted from Schultz C, Walker R, Bessarab D, McMillan F, MacLeod J and Marriott R, 'Potential Members of an Interdisciplinary SEWB Team'[34]
Note: Lived Experience workforces are defined differently in different jurisdictions.

In assessing the efficacy of current service models and the challenges of an integrated system, the need for a frontline role equipped to do the following has been identified as a key service gap:

- Empower individuals to self-manage their mental health through information, motivation and support
- Oversee entry assessment and screening
- Support individuals using self-guided interventions and self-management applications
- Ensure case planning and development of mental health plans is undertaken
- Oversee 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 needs
- Advocate for individual's needs within the broader health and human services systems and provide advice on an individual's mental health needs to connected services.

There are two key strategies in development which will address issues pertaining to the mental health workforce. These are the National Medical Workforce Strategy, which will include considerations for psychiatrists and general practice; and the National Mental Health Workforce Strategy which will address many of the barriers and opportunities for the broader mental health workforce into 2030. The completion of these strategies is a key step in achieving a multidisciplinary workforce.

The critical components which need to be addressed are:

- Clearly identified roles and responsibilities with professional recognition, flexibility in scope

- A culture of collaborative practice and team approaches
- Professions working to their full scope of practice; focusing on their top of scope in a multidisciplinary environment
- Recruitment, retention, incentivising career pathways in mental health specialisation
- Appropriate mental health training from primary qualifications to ongoing or specialised professional development, including in-role training
- Work and life supports built into employment contracts for people working in rural and remote settings
- Innovative ways to use workforces where a local workforce is not available
- Multidisciplinary training to build collaboration and understanding of different roles and responsibilities
- Mandatory training in cultural competence, trauma and human rights.

Workforces also need to work in a more integrated way across all community sectors including housing, alcohol and other drugs, justice, health and employment, with these health and social services sector workforces being supported with mental health literacy, education and skills training.

4.7 Outcome Measures

Outcome measures, benchmarks and indicators will be agreed at a national level with flexibility for community-specific interpretation. To align with Vision 2030, these outcomes will focus on:

HEALTHY COMMUNITY

Mental health is understood and addressed in its full social context so that everyone is supported to be mentally well.

Priority Themes	Outcomes	Example Indicators
Early intervention This includes early intervention in life and early intervention in the course of illness.	People are mentally healthy and resilient. Improved determinants of health, community mental wealth and economic engagement for all Australians.	• Decreased prevalence of mental ill-health • Decreased rates of suicide and suicide attempts • Decreased proportion of children developmentally vulnerable in the Australian Early Development Index • Improved child development and wellbeing measures. • Demonstrated wellbeing at work.
Workplaces This includes workplaces as an avenue to reach beyond the health system and into the wider community, as well as building local workforce capacity.	People are attuned to their mental wellbeing, know where to go to **seek help** and feel comfortable in doing so early.	• Decreased proportion of adults with very high levels of psychological distress • Earlier identification of distress or anxiety • Increased early help seeking and access to early intervention treatments.
	People feel socially connected to their family, friends and community, and are engaged in social activities	• Self reported measures indicate sense of connectedness and engagement • Decreased rates of loneliness • Increased rate of social/community participation amongst people with mental ill-health • Increased social engagement • Improved self-reported quality of life for those with mental ill-health and their carers.
	National attitudes to mental health are positive and people demonstrate understanding and acceptance.	• Improved national attitudes to mental health demonstrate mental health understanding and acceptance • Eliminated adverse consequences for those who disclose mental ill-health in justice, school, work, employment, insurance, travel and other settings. • Decreased reports of stigma and discrimination. • Increase in the uptake of psychological health and safety standards in the workplace.

HEALTHY INDIVIDUALS

People with mental ill-health and their carers are able to live a healthy, contributing life.

Priority/Theme	Outcomes	Example Indicators
Integrated and coordinated care within and beyond the health system This includes integration within services and the provision of coordinated care within mental health, as well as all governments beyond health working towards a common goal and taking a whole-of-government approach to mental health and wellbeing.	People have safe, positive **experiences** when accessing care.	• YES survey (Your Experiences of Service Survey) • Change in mental health consumers clinical outcomes • National Mental Health Service Standards compliance • Decreased restraint rate • Decreased seclusion rate • An increased proportion of consumers reporting positive experiences of care • Improved clinical outcomes • Reduced use of restrictive practices such as restraint and seclusion • Decrease in use of involuntary and emergency services. • Post-discharge community mental health care • Better continuity of care, including improved follow-up after hospital admission.
	People suffer less avoidable harm because of mental health concerns. People look after their physical health and live longer.	• Decreased early mortality of people diagnosed with mental ill-health • Decreased rate of long-term physical health conditions in people with mental ill-health • Reduced avoidable hospitalisations for physical illness in people with mental ill-health • Reduced rate of substance misuse in people with mental ill-health • People who are seen in emergency departments are provided with follow-up care and connected to services in their community. • Decrease in engagement with child protection. • Decrease in safety incidences reported in health settings.
	Carers can balance their caring role with their own needs and desired quality of life.	• Proportion of carers of people with mental ill-health in employment (of their choice) • Better support for carers, leading to increased carer participation in employment • Improved self-reported quality of life for carers.
	People with a mental ill-health have **meaningful citizenship.** They are engaged in a contributing life, achieving goals that are meaningful to them.	• Increased proportion of mental health consumers in suitable housing • Decreased rate of people with mental ill-health in contact with the family court and other court systems and processes • Increased proportion of people with mental ill-health in employment • Increase in housing stability for those with mental ill-health

		• Decreased engagement with corrections and the justice system for those with mental ill-health • Increased rates of recovery.
	People play a central role in their care, and in the choice, design and delivery of services that support them	• Improved change in mental health consumers' clinical outcomes • Increased rates of professional peer workers in the workforce • An increased proportion of consumers reporting positive experiences of care • An increased proportion of total mental health workforce accounted for by the mental health peer workforce • A more positive overall experience of service • Increased rates of recovery.
Lived experience This includes the integration of lived experience knowledge, co-design and participation as well as lived experience in the workforce (i.e., the peer workforce).	People are at the centre of decisions about their care.	• Increased inclusion of consumers and carers in care planning, coordination, and review. • Lived experience representation at all levels of system and service leadership or oversight. • Inclusion of co-design methodologies of policy and programs at national, state/territory and local levels. • Increased use of peer workforce across spectrum of care.

HEALTHY SYSTEM

A well-functioning, sustainable system delivers quality, consumer-led care that is accessible, coordinated, and compassionate.

Priority/Theme	Outcomes	Example Indicators

Measurement of outcomes
 	
This includes better collection and use of data, and consistent national monitoring and reporting for improved outcomes.
	Service and system successes are measured based on outcomes, with a focus on continuous real-time monitoring and quality improvements.
	
	Services demonstrate desired outcomes with most cost-effective use of resources.
	
	The system can identify and meet emerging needs and innovations while maintaining sustainable use of forces and resources.
		• Better collection and monitoring of data including:
		  ○ health status and needs, such as the proportion of the local population with high levels of psychological distress
		  ○ the quality of mental health care
		  ○ Effectiveness of services in changing clinical outcomes
		  ○ increasing social participation
		  ○ Accessibility and integration of health care, including population access
		  ○ Satisfaction with services accessed using standardised measures
		• Better identification of suicide attempts in routine health data collections and better measurement of integrated care and follow-up after suicide attempts
		• Program evaluation findings are used in future planning, development, and funding.

Accessibility Most prominently, this includes geographical and financial accessibility. But also refers to supports being designed to suit the needs of key groups.	Everyone can obtain the right care at the right place and right time irrespective of income, geography, and cultural background. Anyone at risk of or living with a mental health issue has access to affordable, evidence-based care in their community. People can make informed choices and decisions about the services and supports they access.	• Universal population access to mental health care across socioeconomic groups • Reduced rate of involuntary hospital treatment and emergency services • Increased rates of follow-up for people seen in emergency departments after a suicide attempt or self-harm, or people discharged from hospital after care for a mental health condition • Increased rates of recovery • Decrease in suicide and self-harm • Decrease in early mortality for those with mental ill-health • Findings of evaluations and research are made publicly available and accessible.

If successfully implemented, a national framework and vision will provide the foundation for a mental health and suicide prevention system that is supportive, accessible and delivers effective care of benefit to all Australians.

Mapped against all the system framework for Vision 2030, this means:

Principles	All aspects of mental health and suicide prevention are guided by a set of principles that promote equality, quality, and consistency from system to individual interventions. Principles are embedded in practice and form part of required outcomes, standards, and specifications.
Governance structures	There is a strong national foundation for mental health agreed to across governments and other governance partners. This ecosystem encourages and supports diversity, specialisation, and integration, and creates the basis for journeys that are personalised and without gaps. It offers a well-resourced system with clear roles and responsibilities across all governance stakeholders.
Performance enablers	The system is supported with sufficient forces and resources to enable sustainable, successful delivery. The well led, well trained, and well supported multidisciplinary workforce can work collaboratively with broad scope to achieve outcomes. Decision making is informed by meaningful data in real time. Sustainable balanced funding models ensure accessibility while encouraging diversity, choice, and innovation.
Core components of care	Everyone has access to the supports, services and treatments they need across a spectrum of care. This spectrum ranges from support to be mentally and socially healthy through to support for crisis resolution. These supports will provide safe, quality care, with a focus on personalised connections and coordination. Regardless of cultural background, sexuality, life circumstance, or geographical or other location, people can access the support they need.
Delivery mediums	Everyone can access services and supports in their own context and connected to their community. Sites of services delivery are designed with communities and facilitate accessibility of services across the lifespan.
Outcomes framework	Services are underpinned by evidence and committed to cycles of continuous quality improvement. Emerging evidence is integrated in ways that are meaningful to the people they service. Services report on outcomes and impact and can share information on achievements in real time. Innovation and flexibility are supported with funding focused on the achievement of outcomes.

Part 5: Additional Information

Glossary of Key Terms

Words change meaning depending on the circumstances and frequency of their use. 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 ill-health. A carer has a close relationship with the person living with mental ill-health and may be a family member, friend, neighbour, or member of a broader community.

Co-design

A process of identifying and creating an entirely new plan, initiative, or service, that reflects the needs, expectations, and requirements of all those who participated in, and will be affected by, the plan, initiative, or service.[64] Such services should be sustainable and cost effective. Co-design processes should include people who are directly affected by an issue but can also include other stakeholders and the general community.[65]

- **Lived experience co-design** refers to the process of identifying and creating an entirely new plan, initiative, or service, which reflects the needs, expectations, and requirements of people with lived experience. People with lived experience are the drivers of change and design.
- **Community co-design** refers to the community as the drivers of change and design. It also incorporates lived experience.

Collaboration

A mutually beneficial and well-defined relationship entered by two or more organisations to achieve common goals. The relationship includes a commitment to mutual relationships and purposes, a jointly developed structure and shared responsibility, mutual authority, and accountability for success, and sharing of resources and rewards.[66]

Community

Vision 2030 takes a broad interpretation of community. A community could be the place a person lives or works; it could be where a person interacts in their daily life, for example, school or sports; and it could be the group of people with which a person shares a common culture, identity, values, beliefs, behaviours, or experiences.

Consumer

A person living with mental ill-health or experiencing mental ill-health who is a direct user of services or supports related to their mental health.

Context

Vision 2030 specifically references providing supports and resources to individuals and families in their context. This means considering a wide range of circumstances and experiences including but

not limited to, geographic location, culture, identity, relationships, socioeconomic status, trauma history, abilities, goals, and other social and physical health issues.

Diagnostic overshadowing

Occurs when a person's physical health symptoms are overlooked and misattributed as symptoms of their mental ill-health.

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 ill-health or mental ill-health. It aims to prevent or reduce the incidence, severity, and impact of mental ill-health.

Governance

In Vision 2030, governance refers to the structures and processes such as leadership, decision making, legislation, standards and funding that are designed to ensure accountability, transparency, responsiveness, and broad-based participation.

Integration

The bringing together of people and organisations that represent different services to align relevant practices and policies and to improve access to and quality of mental health care. The concept of vertical and horizontal integration is used. Vertical integration refers to the way clinical services are integrated, whilst horizontal integration refers to the integration of all other supports, including outside the mental health sector.

Lived experience

The knowledge and expertise gained by a person or community through their life experiences. Lived experience may mean different things depending on the group being considered and lived experience may refer to any range of health, caring, cultural or identity related circumstances. Some examples and definitions of lived experience are included below:

- **Lived experience (for Aboriginal and Torres Strait Islander communities):**
  The following definition has been provided by the Black Dog Institute's Aboriginal and Torres Strait Islander Lived Experience Centre.
  "*A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional, and mental wellbeing of the individual, family, or community.*

  People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or have a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander people's ways of understanding social and emotional wellbeing."[67]

- **Lived experience (mental ill-health):**

People with lived experience are people who identify either as someone who is living with (or has lived with) mental ill-health. When accessing services and supports, a person with lived experience may also be referred to as a consumer.

- **Lived experience (carer):**
  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 ill-health. People with this lived experience are sometimes referred to as carers and may also be considered consumers of carer and family services and supports.

Mental health nurse

A Registered Nurse, Enrolled Nurse or Nurse Practitioner who predominately works with people with mental ill-health.

Mental wellbeing

A state of wellbeing in which every individual can cope with the normal stresses of life, can work productively and is able to contribute to their community.

Mental ill-health or ill-health

A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional, or social abilities. The experience of mental ill-health ranges across a wide spectrum and is often categorised as mild, moderate, or severe. This classification is based on many factors, including the types of symptoms experienced, their severity, impact, and frequency.

The level of severity is usually based on diagnosis-specific criteria, however, in broad terms:

- **Mild mental ill-health:** characterised by a number of sustained symptoms, thoughts or behaviours that are noticeable enough to interfere with a person's daily life. This level of illness usually requires low intensity support or treatment needs and may be self-managed, depending on the circumstances of the individual.
- **Moderate mental ill-health:** characterised by significant symptoms that may cause disruption to several domains in a person's life, for example social connections, home or work. This level of illness usually requires professional intervention through treatment, management, or support, depending on the circumstances of the individual.
- **Severe mental ill-health:** characterised by a severe level of clinical symptoms and often some degree of disruption to social, personal, family, and occupational functioning. Severe mental ill-health is often described as comprising three subcategories:
  - *Severe and episodic mental ill-health*—refers to people who experience 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 ill-health.
  - *Severe and persistent mental ill-health*—refers to people with a severe mental ill-health 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 ill-health.
  - *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 the adult population, or 60,000 Australians).

- **Severe and complex mental ill-health** is a broad term not directly aligned to any one of the above subcategories of severe mental ill-health. It may include episodic or chronic (persistent) conditions that are not confined to specific diagnostic categories. It is used to describe the experience of individuals whose mental ill-health has resulted in significant functional, physical, or social impairment or complications including but not limited to those with; psychosocial disability, significant chronic physical illness comorbidities, frequent hospitalisations, high suicide risk, and circumstances that require coordination across a range of health and social service agencies.

Peer worker

Workers who have a lived experience of mental ill-health and who provide contributions by sharing their experience of mental ill-health 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. Person-centred care should be person-led.

Person-led

Acknowledges the autonomy and choice a person has over their decision-making and emphasises informed decision-making and efficacy.

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.[26]

Respite care

Temporary professional care for a sick, elderly, or disabled person which provides relief for the usual caregiver (often a family member).[68]

Social and emotional wellbeing

Social and emotional wellbeing draws on various social factors and acknowledges that a person's health is more than the occurrence or absence of illness or ill-health. While not mutually exclusive, social and emotional wellbeing problems are distinct from mental health problems and mental ill-health. Even with good social and emotional wellbeing, people can still experience mental ill-health or ill-health.[69]

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.[70]

Trauma

The experience of real or perceived threat to life, bodily integrity and/or sense of self which may arise from single or repeated adverse events which may be cumulative across the lifespan and that can interfere with a person's ability to cope or to integrate the experience.[71]

Trauma informed approach/care

A program, organisation or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.[72]

Prevention (mental ill-health)

Action taken to prevent the development of mental ill-health, including action to promote mental health and wellbeing and action to reduce the risk factors for mental ill-health.

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 based on a particular characteristic. Stigma may include self-stigma, social stigma, and structural stigma. Stigma against people living with mental ill-health involves perceptions or representations of them as violent, unpredictable, dangerous, prone to criminality, incompetent, undeserving or weak in character.

Wellbeing

Vision 2030 takes a broad approach to wellbeing, seeing it as being more than the absence of mental ill-health. The NSW Mental Health Commission has produced a Wellbeing language and definitions guide which considers wellbeing at the community, organisational and individual levels. This resource articulates the domains of personal wellbeing as well as the broader concepts of community, workplace, and population wellbeing.

Supporting Documentation

While producing Vision 2030 the following reports and supporting materials were developed.

- '*Exploring the place of alcohol and other drug services in the mental health system*' report by 360Edge
- *'Exploring the role of mental health nurses in a successful mental health system*' report by Niels Buus, Brendan Clifford, Sophie Isobel, Lauren King, ShinEn Wong and Andrea McCloughen
- '*Addressing mental health workforce for the future'* paper by Kim Ryan
- *'Funding models in mental health care'* Issues paper prepared for the Vision 2030 Advisory Committee by Macquarie University Centre for the Health Economy
- *'Current and recent reforms in mental health care'* Issues paper prepared for the Vision 2030 Advisory Committee by Macquarie University Centre for the Health Economy

These materials are available on the Commission website here.

References

1. Productivity Commission. Mental Health, Inquiry Report no. 95. Canberra; 2020. Available from: https://www.pc.gov.au/inquiries/completed/mental-health/report.
2. Australian Bureau of Statistics. Causes of Death, Australia, 2019. Cat. No. 3303.0. Canberra: ABS; 2020. Available from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#key-statistics.
3. Australian Bureau of Statistics. Population projections, Australia, 2017 (base) to 2066. ABS Cat. No. 3222.0. Canberra: ABS; 2018. Available from: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3222.0Main+Features12017 (base) - 2066?OpenDocument#.
4. Australian Government Department of Health and Ageing. Report on the Audit of Health Workforce in Rural and Regional Australia. Canberra: DoHA; 2008. Available from: https://www1.health.gov.au/internet/publications/publishing.nsf/Content/work-res-ruraud-toc.
5. Department of the Prime Minister and Cabinet. Planning for Australia's future population. Canberra: PMC; 2019. Available from: https://www.pmc.gov.au/sites/default/files/publications/planning-for-australia%27s-future-population.pdf.
6. Hajkowicz SA, Reeson A, Rudd L, Bratanova A, Hodgers L, Mason C, Boughen N. Tomorrow's Digitally Enabled Workforce: Megatrends and scenarios for jobs and employment in Australia over the coming twenty years. Brisbane: CSIRO; 2016.
7. Jobs for NSW. Jobs for the future: Adding 1 million rewarding jobs in NSW by 2036. NSW Government; 2016. Available from: https://www.jobsfornsw.com.au/__data/assets/pdf_file/0020/90740/Jobs-for-the-future-full-report-August-2016.pdf.
8. Australian Bureau of Statistics. Household and family projections, Australia, 2016 to 2041. Cat. No. 3236.0. Canberra: ABS; 2019. Available from: https://www.abs.gov.au/ausstats/abs@.nsf/mf/3236.0#.
9. CSIRO. Case study: Climate change information for Australia. 2019. Available from: https://www.csiro.au/en/Research/OandA/Areas/Oceans-and-climate/Climate-change-information.
10. The Hon Greg Hunt MP Minister for Health. Immediate mental health services deployed into fire affected communities [press release]. 12 January 2020.
11. Australian Institute of Health and Welfare. Australia's health 2018. Australia's health series no. 16. US 221. Canberra: AIHW; 2018. Available from: https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true.
12. CSIRO. Future of Health: Shifting Australia's focus from illness treatment to health and wellbeing management. 2018.
13. Hayes AJ LT, Bauman A, Howard K. Modelling obesity trends in Australia: Unravelling the past and predicting the future. International Journal of Obesity. 2016;41(1).
14. Diabetes Australia. Diabetes in Australia. 2020. Available from: https://www.diabetesaustralia.com.au/about-diabetes/diabetes-in-australia/.
15. World Health Organization. Mental Health Action Plan: 2013-2020. Geneva, Switzerland: WHO; 2013.
16. Silva M, Loureiro A, Cardoso G. Social determinants of mental health: A review of the evidence. The European Journal of Psychiatry. 2016;30(4):259-92.
17. Gee G, Dudgeon P, Schultz C, Hart A, Kelly K. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In: Dudgeon P, Milroy H, Walker R, editors. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. Canberra: Commonwealth of Australia; 2014.
18. Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. The Lancet. 2008;372(9650):1661-9.
19. Alegría M NA, Falgàs Bagué I, Wang Y, Alvarez K. Social determinants of mental health: where we are and where we need to go. Current psychiatry reports. 2018;20(11).
20. Allen J, Balfour R, Bell R, Marmot M. Social determinants of mental health. International Review of Psychiatry. 2014;26(4):392-407.
21. Braveman P, Egerter S, Williams DR. The social determinants of health: coming of age. Annual review of public health. 2011;32:381-98.

22. Australian Institute of Health and Welfare. Mental Health Services in Australia. 2019. Available from: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia.
23. Eime RM, Young JA, Harvey JT, Charity MJ, Payne WR. A systematic review of the psychological and social benefits of participation in sport for adults: Informing development of a conceptual model of health through sport. The international journal of behavioral nutrition and physical activity. 2013;10(98).
24. The Royal Australian and New Zealand College of Psychiatrists. The relevance of religion and spirituality to psychiatric practice. 2018. Available from: https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/the-relevance-of-religion-and-spirituality-to-psyc.
25. Office of the High Commissioner for Human Rights. Principles for the protection of persons with mental illness and the improvement of mental health care. 1991. Available from: https://www.who.int/mental_health/policy/en/UN_Resolution_on_protection_of_persons_with_mental_illness.pdf
26. Rosen A, Gurr R, Fanning P. The future of community-centred health services in Australia: lessons from the mental health sector. Australian health review. 2010;34(1).
27. Thornicroft G, Tansella M. What Are the Arguments for Community-Based Mental Health Care? Copenhagen; 2003.
28. Kapilashrami A, Hankivsky O. Intersectionality and why it matters to global health. The Lancet. 2018;391:2589-91.
29. United Nations General Assembly. Resolution adopted by the General Assembly. A/RES/66/2 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. 2012. Available from: https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf.
30. Government of Western Australia Mental Health Commission. Working together: mental health and alcohol and other drug engagement framework 2018-2025. 2018.
31. Council of Australian Governments Health Council. The fifth national mental health and suicide prevention plan. Canberra: Australian Government Department of Health; 2017. Available from: http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf.
32. National LGBTI Health Alliance. Natonal Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy. In: DoH, editor. Canberra: Australian Government Department of Health; 2016.
33. Tasmanian Department of Health. The Mental Health Integration Taskforce Report. Hobart: Tasmanian Government; 2019. Available from: https://www.dhhs.tas.gov.au/mentalhealth/rethink_mental_health_project.
34. Schultz C, Walker R, Bessarab D, McMillan F, and MJ, R. M. Interdisciplinary Care to Enhance Mental Health and Social and Emotional Wellbeing. In: Dudgeon P, Milroy H, Walker R, editors. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. Canberra: Commonwealth of Australia; 2014.
35. Cabassa LJ, Camacho D, Vélez-Grau CM, Stefancic A. Peer-based health interventions for people with serious mental illness: A systematic literature review. Journal of Psychiatric Research. 2017;84:9.
36. Fuhr DC, Salisbury TT, De Silva MJ, Atif N, van Ginneken N, Rahman A, Patel V. Effectiveness of peer-delivered interventions for severe mental illness and depression on clinical and psychosocial outcomes: a systematic review and meta-analysis. Social psychiatry and psychiatric epidemiology. 2014;49(11).
37. Stein CH, Aguirre R, Hunt MG. Social networks and personal loss among young adults with mental illness and their parents: A family perspective. Psychiatric Rehabilitation Journal. 2013;36(1):7.
38. Happell B, Platania-Phung C, Scott D. Placing physical activity in mental health care: A leadership role for mental health nurses. International journal of mental health nursing. 2011;20(5):8.
39. Slade T, Johnston A, Teesson M, Whiteford H, Burgess P, Pirkis J, et al. The mental health of Australians 2. Report on the 2007 national survey of mental health and wellbeing. Canberra: Australian Government Department of Health and Ageing; 2009.
40. Hatchel T, Polanin JR, Espelage DL. Suicidal Thoughts and Behaviors Among LGBTQ Youth: Meta-Analyses and a Systematic Review. Archives of Suicide Research. 2019:1-37.
41. Coulter R, Bersamin, M., Russell, S. T., & Mair, C. The Effects of Gender- and Sexuality-Based Harassment on Lesbian, Gay, Bisexual, and

Transgender Substance Use Disparities. The Journal of adolescent health. 2018;62(6):688–700.
42. Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington; 2011.
43. Marshal MP, Dietz LJ, Friedman MS, Stall R, Smith HA, McGinley J, Thoma BC, Murray PJ, D'Augelli AR, Brent DA. Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. The Journal of adolescent health. 2011;49(2):115-23.
44. Friedman MS, Marshal MP, Guadamuz TE, Wei C, Wong CF, Saewyc E, Stall R. A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. American journal of public health. 2011;101(8):1481–94.
45. Department of Health. Factsheet: mental health services for people of culturally and linguistically diverse (CALD) backgrounds. In: DoH, editor. 2014.
46. Hooff MV, McFarlance AC, Davies CE, Searle AK, Fairweather-Schmidt AK, Verhagen A, Benassi H, Hodson SE. The Australian Defence Force Mental Health Prevalence and Wellbeing Study: design and methods. European journal of psychotraumatology. 2014.
47. Australian Institute of Health and Welfare. National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update. Canberra: AIHW; 2019. Available from: https://www.aihw.gov.au/reports/veterans/national-veteran-suicide-monitoring/contents/summary.
48. Hodson S, McFarlane A. Australian veterans - Identification of mental health issues. Australian family physician. 2016;45(3):98–101.
49. Australian Institute of Health and Welfare. Australia's health 2018: Chapter 5.6 Veterans. Canberra: AIHW; 2018. Available from: https://www.aihw.gov.au/getmedia/5ba48a05-220f-43c9-b2e6-d7aa9485135f/aihw-aus-221-chapter-5-6.pdf.aspx.
50. National Rural Health Alliance. Fact sheet: mental health in rural and remote Australia. Canberra: National Rural Health Alliance; 2017.
51. Australian Bureau of Statistics. National survey of mental health and wellbeing 2007: Summary of results. Cat. No. 4326.0. Canberra: ABS; 2008.
52. Zander KK, Wilson T, Garnett ST. Understanding the role of natural hazards in internal labour mobility in Australia. Weather and Climate Extremes. 2020;29:100261.
53. Department of the Environment and Energy. Climate change impacts in Australia. 2019. Available from: http://www.environment.gov.au/climate-change/climatescience-data/climate-science/impacts.
54. Australian Institute of Health Welfare. Australia's children. Canberra: AIHW; 2020. Available from: https://www.aihw.gov.au/reports/children-youth/australias-children.
55. Guy S, Furber G, Leach M, Segal L. How many children in Australia are at risk of adult mental illness? Australian New Zealand Journal of Psychiatry. 2016;50(12):1146-60.
56. Creighton AS, Davison TE, Kissane DW. The prevalence of anxiety among older adults in nursing homes and other residential aged care facilities: a systematic review. International Journal of Geriatric Psychiatry. 2016;31:555-66.
57. Australian Institute of Health and Welfare. GEN fact sheet 2016–17: People's care needs in aged care. Canberra: AIHW; 2018.
58. Harris B, Nichols T. Improving Australia's Mental Health and Physical Health – a connected approach. Melbourne; 2019.
59. Roberts R. The physical health of people living with mental illness: A narrative literature review.: Charles Sturt University; 2019.
60. Mental Health Foundation. What is wellbeing, how can we measure it and how can we support people to improve it? 2015. Available from: https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it.
61. Arango C, Diaz-Caneja CM, McGorry PD, Rapoport J, Sommer IE, Vorstman JA, et al. Preventive strategies for mental health. Lancet Psychiatry. 2018;http://dx.doi.org/10.1016/S2215-0366(18)30057-9.
62. World Health Organization. Prevention of mental disorders: Effective interventions and policy: Summary report. World Health Organization; 2004.
63. Sjølie H, Karlsson B, Kim HS. Crisis resolution and home treatment: structure, process, and outcome - a literature review. Journal of psychiatric and mental health nursing. 2010;17(10):881–92.
64. National Mental Health Consumer and Carer Forum. Advocacy brief: Co-design and co-production. 2017. Available from: https://nmhccf.org.au/sites/default/files/docs/nm

hccf_-_co-design_and_co-production_ab_-_final_-_october_2017_0.pdf.
65. National Mental Health Commission. Monitoring mental health and suicide prevention reform: National Report 2019. Canberra: NMHC; 2019. Available from: https://www.mentalhealthcommission.gov.au/getmedia/f7af1cdb-d767-4e22-8e46-de09b654072f/2019-national-report.
66. Halligan J, Buick F, O'Flynn J. Experiments with joined-up, horizontal and whole of government in Anglophone countries. In: Massey A, editor. International Handbook on Civil Service Systems. Cheltenham: Edward Elgar Publishing Ltd; 2011.
67. Black Dog Institute. Lived experience definition released for Aboriginal and Torres Strait Islander communities. 2020. Available from: https://www.blackdoginstitute.org.au/media-releases/lived-experience-definition-released-for-aboriginal-and-torres-strait-islander-communities/#:~:text=A%20lived%20experience%20recognises%20the,the%20individual%2C%20family%20or%20community.
68. Oxford University Press. Oxford Dictionary of English. 2015.
69. Commonwealth of Australia. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023. Canberra: DPMC; 2017. Available from: https://pmc.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf.
70. Australian Government Department of Health. Aboriginal and Torres Strait Islander Health Performance Framework (HPF). Canberra: Department of Health; 2012. Available from: https://www.health.gov.au/internet/main/publishing.nsf/Content/psychosocial-support-mental-illness.
71. Bateman J, Henderson C, Mental Health Coordinating Council (MHCC), NSW Australia, Authors: Kezelman, C, Adults Surviving Child Abuse (ASCA),. Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, a national strategic direction. Sydney: MHCC; 2013. Available from: https://www.mhcc.org.au/wp-content/uploads/2018/05/nticp_strategic_direction_journal_article__vf4_-_jan_2014_.pdf.
72. Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Rockville, MD: SAMHSA; 2014.
73. Australian Bureau of Statistics. Regional Population (updated March 2022). Catalogue number 3218.0. Available from https://www.abs.gov.au/statistics/people/population/regional-population/latest-release
74. Centre for Population. Population Statement, National projects. [updated 04 December 2020]. Available from: https://population.gov.au/publications/statements/2021-population-statement

Appendix A: Advisory Committee Membership

Name	Position	Organisation
Ms Kym Peake **Chair (to 12 November 2020)**	Secretary Chair	Victorian Department of Health and Human Services COAG Mental Health Principal Committee
Ms Christine Morgan **Chair (from 12 November 2020)**	CEO National Suicide Prevention Adviser to Prime Minister Scott Morrison	National Mental Health Commission
Ms Fay Jackson	Lived experience representative	National Mental Health Consumer and Carer Forum
Ms Lynette Anderson	Carer representative	National Mental Health Consumer and Carer Forum
Adjunct Professor (Practice) Alison McMillan	Chief Nursing and Midwifery Officer	Commonwealth Department of Health
Associate Professor Elizabeth-Ann Schroeder	Commissioner	National Mental Health Commission
Associate Professor John Allan	President	Royal Australian and New Zealand College of Psychiatrists
Mr Mark Roddam	First Assistant Secretary	Mental Health Division, Commonwealth Department of Health
Dr Leanne Beagley	CEO	Mental Health Australia
Ms Patricia Turner AM	CEO	National Aboriginal Community Controlled Health Organisation
Mr Bill Gye OAM	CEO	Community Mental Health Australia
Ms Jariah Kaissis	Aboriginal and Torres Strait Islander Clinician (psychologist)	
Dr Walid Jamal	Co-Chair	Commonwealth Primary Health Reform Steering Group
Dr Jaelea Skehan OAM	Special Advisor	National Suicide Prevention Taskforce
Dr Paul Martin	Executive Manager PHN Cooperative representative	Mental Health, Alcohol and Other Drugs, Brisbane North PHN
Dr Steven Hambleton	Co-Chair	Commonwealth Primary Health Reform Steering Group
Dr Marshall Watson (from July 2020)	Aboriginal and Torres Strait Islander Clinician (psychiatrist)	
Ms Kerryn Pennell (from July 2020)	Director of Strategic Relations and Policy	Orygen
Ms Vivienne Browne (to end June 2020)	Associate Director, Government relations and Policy	Orygen

Appendix B: Landscape of Reform

There are several reform activities and strategies either recently completed or still in development that are relevant to the mental health and suicide prevention systems. They include:

- Existing Aboriginal and Torres Strait Islander strategies and frameworks, specifically the National Partnership Agreement for Closing the Gap, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023, the Gayaa Dhuwi (Proud Spirit) Declaration, and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2020
- The National Mental Health and Wellbeing Pandemic Response Plan
- Reform recommendations of the Productivity Commission, the Royal Commission into Victoria's Mental Health System, and the Royal Commission into Aged Care Quality and Safety using Vision 2030 to inform responses.
- The reform agenda overseen by National Cabinet and the work of the new Health Reform Committee and associated agreements concerning mental health.
- The National Suicide Prevention Adviser's Final Advice
- The National Children's Mental Health and Wellbeing Strategy
- The National Mental Health Workforce draft Strategy
- The National Disaster Mental Health Framework which focusses on supports required to ensure the mental health and wellbeing of Australians during and after natural disasters
- The National Digital Mental Health Framework and work to address continuing gaps in, and the accessibility, of data and information
- The National Disability Insurance Agency (NDIA) reform and strategy work for the National Disability Insurance Scheme (NDIS) participants with a psychosocial disability. In July 2020, psychosocial recovery coaches became available under the NDIS to provide participants with psychosocial disabilities with more control and support to live a contributing life. The NDIA is now working on the development of a five-year plan which will detail the next steps required to address psychosocial disability and the barriers that currently exist in the Scheme
- The roll-out and evaluation of new innovative programs such as the Adult Mental Health Centres and residential eating disorder clinics
- The National Stigma and Discrimination Reduction Strategy.
- The Report of the Interim National Commissioner for Defence and Veteran Suicide Prevention
- The Royal Commission into Defence and Veteran Suicides
- State and territory governments' actions to fulfil their obligations under the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) including changes to governance structures and activities to implement Priority Area 1: Achieving integrated regional planning and service delivery.

In its final report, the Productivity Commission identified that many reforms would need to be implemented in stages, requiring short term actions that build towards systemic change. Each component of reform work serves an essential function within this landscape.