

National Mental Health Commission
January 2023

Submission to "Measuring What Matters" Consultation, Australian Treasury



Australian Government
National Mental Health Commission

A combined National Mental Health Commission and National Suicide Prevention Office response to the *Measuring What Matters* Treasury Consultation

The Commission and the NSPO welcome the opportunity to provide our perspectives on the importance of the Australian government's proposal to "measure what matters" and its development of a Wellbeing Budget Framework, as well as provide ideas to help shape recommendations for measuring and monitoring progress against key wellbeing objectives (domains) and indicators.

Considering the broad and high-level nature of the feedback offered in this submission, the Commission and the National Suicide Prevention Office would welcome further opportunities to provide additional in-depth advice and more detailed insights to treasury as this important work on a national Wellbeing Budget Framework progresses. Specifically, valuable contributions can be made as the work of the Commission and the NSPO in the development of our respective National outcomes frameworks progresses.

If you would like to discuss this submission in further detail, please contact Michael Copland, Executive Director at Michael.Copland@mentalhealthcommission.gov.au

About the National Mental Health Commission

The National Mental Health Commission (the Commission) provides cross-sectoral leadership on policy, programs, services, and systems (including education, housing, employment, human services, and social support), to support better mental health and social and emotional wellbeing in Australia. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention system; providing evidence-based policy advice to Government and the community and acting as a catalyst for change.

About the National Suicide Prevention Office

The National Suicide prevention Office's (NSPO) role is to advise and support all levels and parts of government to take coordinated, comprehensive, and consistent action to reduce suicide and suicidality. The NSPO is developing a National Suicide Prevention Strategy, which prioritises enhancing wellbeing as a protective factor for suicide.

The NSPO recognises that the drivers of suicide are diverse and encompass a broad range of economic, legal, social and health issues, and that enhancing wellbeing is foundational to suicide prevention. The NSPO is encouraged by the government's commitment to develop a Wellbeing Budget Framework.

Context to inform the joint submission

The 2022-25 National Mental Health and Suicide Prevention Agreement provides opportunities to advance and refine data collection, sharing, and linkage as well as monitoring and reporting against a suite of ongoing and new mental health priority indicators.

However, it is critical that broader wellbeing measures and indicators linked to mental, social, and emotional health, be identified, and incorporated into a national wellbeing framework to track overall progress on the quality of life for all Australians, including those impacted by mental ill-health.

This will help identify if progress is, or is not, being made and which policies and funding approaches are creating lasting impact. The Commission is particularly concerned that such monitoring and measurement captures information to identify what is working for whom, and under what circumstances.

To better inform policy priorities and funding approaches and ensure indicators are fit-for-purpose and relevant in the Australian context, it is important to establish a clear vision and objectives (domains) to inform the selection of indicators. Including measures related to mental, social, and emotional health and wellbeing is critical to meeting the treasury goal of identifying “...*whether certain groups are getting a fair share of national opportunities and prosperity.*”

Addressing the social determinants of health

It is well established that some of the most powerful root causes of inequities in mental health are the social conditions in which people are born, grow, work, live and age, as well as the systems that shape the conditions of daily life. There is considerable evidence that mental ill health and suicidal behaviours are related to socio-economic inequalities in a population.¹ Poverty is the single largest determinant of health and mental health and wellbeing with 10.7 per cent of the Australian population living in income poverty in 2020-21². Research highlights that social determinants accounts for 80 per cent of physical and mental health outcomes.³

The Productivity Commission estimates that reforms recommended in the Mental Health Inquiry Report⁴ could **contribute \$18 billion** to the Australian economy, mainly through improvements to people’s quality of life. Addressing social determinants is also critical for treatment and achieving long-term improvements in people’s mental health and recovery.

The current deficit-based measurement and reporting on mental health and suicide prioritises addresses mental ill-health at the level of the individual and their relationships rather than the broader social determinants that impact mental health. A shift to indicators measuring a range of social determinants of health and wellbeing such as rates of social cohesion and connectedness,

¹ Murali V, Oyebode F. Poverty. Social inequality and mental health. *Advances in Psychiatric Treatment*. 2004;10(3):216-24.

² Wilkins R, Botha F, Vera-Toscano E, Wooden M. *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 18*. Melbourne: University of Melbourne; 2020.

³ Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. *Am J Prev Med*. 2016;50(2):129-135.

⁴ Productivity Commission. *Mental Health*. Report no. 95. 2020. Available at: www.pc.gov.au/inquiries/completed/mental-health/report (accessed 31 January 2023).

Loneliness, financial security, meaningful employment, secure housing, good physical and mental health, and safe and secure early childhood development should be considered in the proposed national wellbeing framework to better align with a move toward person-centred, recovery-focussed outcomes. An example of where a shift has been made away from deficit-focussed measures is the use of the Warwick-Edinburgh Mental Wellbeing Scale by the National Health Service (United Kingdom) which has been validated in a number of countries to measure mental wellbeing on a population level.⁵

Preventing suicide

The NSPO considers wellbeing to be a primary protective factor for suicide. As with the Final Advice, the National Suicide Prevention Strategy recognises that the social determinants of health and wellbeing are important for preventing suicide for several reasons:

Enhanced wellbeing, measured through social capital, social utility and life satisfaction, is associated with lower population suicide rates.^{1, 2} Building a baseline of wellbeing that helps people secure their own flourishing is a precursor to addressing the distress that requires people to seek help. This is because strengthening the social, economic, and environmental factors that foster healthy, safe, secure, and fulfilling lives, equips people to thrive and protects them from adversity.

There is ample evidence demonstrating that a person's suicidal distress can arise from social, personal, financial factors or other stressors, especially when they are challenged through life transitions. In other words, when a person's wellbeing is compromised, suicidal distress can arise. A key aspect of keeping people thriving and preventing the trajectory towards suicidal distress, is therefore to mitigate the known drivers of distress in a person's life.

The Importance of Consultation

The Commission and the NSPO cannot overstate the importance of consultation when developing indicators relevant to mental health and wellbeing. Broader consultation with consumers and carers, stakeholders, sector experts, and service providers is essential. Of particular importance, is consultation by those with lived experience of mental ill-health and those with lived and living experience of suicide. In addition, the consideration of diverse conceptualisations of wellbeing in collaboration with relevant communities, is critical where measures and indicators for culturally and linguistically diverse communities do not currently exist.

⁵ University of Warwick. Warwick Edinburgh Mental Wellbeing Scale. Available from: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

The Productivity Commission Report recommended broad consultation with consumers and carers, stakeholders, sector experts and service providers to inform a final set of indicators, emphasising the lack of national indicators to measure social and emotional wellbeing in Aboriginal and Torres Strait Islander people at the time of writing.⁶

Consultation with peak bodies⁷, the Commission, and the NSPO will help to ensure that the final set of indicators can measure what is meaningful to the relevant population groups. The Commission and NSPO note the commitment of the new Commonwealth government to conducting a referendum on a “Voice” and implementing the Uluru Statement from the Heart. The NSPO also notes the government commitment to reducing suicide in First Nations people through Gayaa Dhuwi’s development of a *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*.

The Commission and the NSPO acknowledge that such processes have the potential to strengthen the intersection of mental health and suicide prevention with broader structural, social, and cultural changes in Australian society that are necessary to advance improvements in wellbeing and quality of life for Aboriginal and Torres Strait islander peoples, including tracking the overall social and emotional wellbeing of Indigenous Australians. Targets such as those highlighted within the Closing the Gap strategy⁸ provide initial direction and avenue for further and more meaningful consultation, ensuring the First Nations community is heard.

Current Framework, Domains and Indicators Sets

As outlined within the Measuring what Matters statement, the OECD framework can be useful in general comparison from an international perspective. Highly generalised measures noted in the statement, such as the *life satisfaction* or *negative affect balance* indicators, are insufficient to capture broader dimensions of mental health, wellbeing, and suicide prevention specific to Australians. This absence of nuance is mentioned within the statement but does not include any further discussion related to health or mental health specifically.

However, the Commission and NSPO note that all of the wellbeing frameworks developed internationally based on the OECD framework have taken a multidimensional approach, incorporating indicators that consider a wide range of quality-of-life factors of country-specific

⁶ Productivity Commission. Mental Health. Report no. 95. 2020. Available at: www.pc.gov.au/inquiries/completed/mental-health/report (accessed 31 January 2023).

⁷ The Hon Mark Butler MP and Hon Emma McBride MP recently announced funding of \$7.5 million to establish and operate two independent national mental health lived experience peak bodies; one for people with lived and living experience and one for their carers, family and kin. - Elevating people with lived experience of mental ill-health to drive reform [media release]. Jan 2023. available from: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/elevating-people-with-lived-experience-of-mental-ill-health-to-drive-reform?language=en>

⁸ Closing the Gap targets and outcomes [Internet webpage]. Available from: [Closing the Gap targets and outcomes | Closing the Gap](#)

relevance, many including measures of subjective wellbeing as key components. The Household Income and Labour Dynamics in Australia (HILDA) survey⁹ (for example) contains equivalently defined variables to a number of international instruments used for this purpose, including the UK Annual Population Survey that forms the basis of the UK Measuring Wellbeing Program¹⁰ which strongly emphasises subjective wellbeing outcomes.

The Commission and NSPO note that in addition to the many well-established wellbeing frameworks internationally, recent years have seen the development of a range of jurisdictional initiatives in Australia, including frameworks specifically tailored to address the mental health needs and concerns of Aboriginal and Torres Strait Islander communities, that could be referenced to inform a national wellbeing indicator set.

Frameworks such as the Western Australia Mental Wellbeing Framework¹¹ appropriately capture environmentally specific needs and represent consultation between a range of priority populations (e.g., First Nations). Leveraging existing achievements would enable consolidation of indicators and social determinant information into a nationally relevant framework. Examples of relevant frameworks or supporting documents include:

- ACT wellbeing outcomes framework¹²
- NSW foundation paper for wellbeing budget¹³
- NSW Mental Health Commission, measuring change (wellbeing)¹⁴
- Western Australia mental wellbeing framework¹⁵
- Wellbeing index for South Australia¹⁶

⁹ The University of Melbourne. Melbourne Institute: Applied Economic and Social Research: HILDA Survey. Available from: <https://melbourneinstitute.unimelb.edu.au/hilda>.

¹⁰ Office for National Statistics. Measures of National Well-being Dashboard: Quality of Life in the UK; Nov 2022 Available from:

[https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuresofnationalwellbeingdashb](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuresofnationalwellbeingdashboardqualityoflifeintheuk/2022-08-)

[oardqualityoflifeintheuk/2022-08-12#:~:text=National%20well%20being%20is%20focused,into%2010%20areas%20\(domains\).](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuresofnationalwellbeingdashboardqualityoflifeintheuk/2022-08-12#:~:text=National%20well%20being%20is%20focused,into%2010%20areas%20(domains).)

¹¹ Western Australia Mental Health Commission. Western Australia Mental Wellbeing Framework. Available from: [Mental Wellbeing Framework \(mhc.wa.gov.au\)](https://mhc.wa.gov.au)

¹² The ACT office for Mental Health and Wellbeing. ACT wellbeing Framework. Available from: [Explore overall wellbeing - ACT Wellbeing Framework](#)

¹³ Parsons R, Centine W, Tarini K, Steven W, Bronagh B, Kelli N. A wellbeing budget for NSW: Foundation paper. NSW Department of Planning and Environment; 2022. Available from: [A wellbeing budget for NSW: Foundation paper \(andi.org.au\)](#)

¹⁴ NSW Mental Health Commission. Measuring change. Available from: <https://www.nswmentalhealthcommission.com.au/measuring-change>

¹⁵ Western Australia Mental Health Commission. Western Australia Mental Wellbeing Framework. Available from: [Mental Wellbeing Framework \(mhc.wa.gov.au\)](https://mhc.wa.gov.au)

¹⁶ Wellbeing South Australia. Wellbeing index for South Australia. Available from: [Wellbeing Index for South Australia • Wellbeing SA](#)

Furthermore, the establishment of the two independent national mental health lived experience peak bodies for consumers, carers families and kin¹⁷ will support participatory engagement and advocacy in the public policy process surrounding indicator selection and supporting metrics.

Suicide related data and metrics

The traditional outcome measure for suicide prevention is *rates of suicide deaths*. However, this summative data point does not provide comprehensive measurement of the factors contributing to suicide. Measuring deaths alone is also a retrospective approach, making it difficult to identify and intervene early in suicide risk.

At a minimum, the indicators of suicidality must go beyond deaths, and include broader suicidal behaviours, such as suicide attempts, suicidal thoughts, and distress. However, to inform the development of prevention policy and corresponding budget decision making, a full suite of measures should include early indicators of suicidal distress, such as prolonged unemployment, financial distress, and loneliness, as well as lead indicators of wellbeing, such as social cohesion and connectedness, financial security and meaningful employment, secure housing, good physical and mental health, and safe and secure early childhood development.¹⁸

Current mental health indicators capture psychological distress and emotional difficulties, however, may not sufficiently capture data on infrequent event indicators such as suicide attempts and self-harm behaviours, early indicators of suicidal distress, or lead indicators of wellbeing. The inclusion of suicide related metrics is therefore critically important in a national wellbeing framework.

The NSPO recognises that certain populations experience a confluence of modifiable stressors and risk factors that contribute to disproportionately higher risks of suicide. Furthermore, there are many individuals who identify with and form part of multiple communities that are disproportionately impacted. To ensure suicide prevention efforts provide the greatest benefits across populations, it is important to have the capability to routinely identify these modifiable factors, common areas of disadvantage, and groups that are disproportionately impacted by suicide in data measures. Where this data is collected separately, it is also important to be able to link the data to provide this routine insight and disaggregation.

Data linkage and inclusion of indicators that can be disaggregated by factors such as Indigenous status, gender, geographic location, people experiencing or not experiencing mental illness and

¹⁷ Elevating people with lived experience of mental ill-health to drive reform [media release]. Jan 2023. available from:

<https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/elevating-people-with-lived-experience-of-mental-ill-health-to-drive-reform?language=en>

<https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/elevating-people-with-lived-experience-of-mental-ill-health-to-drive-reform?language=en>

¹⁸ These measures and indicators will be foreshadowed in the National Suicide Prevention Strategy and explored further in the national outcomes framework for suicide prevention, which will also be developed the NSPO.

suicidality will provide a clearer picture of where change is or is not occurring and inform policy levers and budget decision to address identified structural and other barriers to improving the overall wellbeing of the Australian population.

Children's wellbeing measures

It is estimated that 10–17% of children and young people aged 4–17 years meet criteria for a mental health condition¹⁹ and half of mental health conditions begin by the age of 14.²⁰

Considering the role that wellbeing plays in successful educational outcomes,²¹ monitoring progress in this space will be crucial in clarifying and guiding the strategic direction of government policy. Therefore, the inclusion of nationally consistent child wellbeing measures should be considered.

The Commission's National Children's Mental Health and Wellbeing Strategy²² identified the lack of key national population data to track the mental health and wellbeing of children. The strategy provides information on both the existing barriers and potential remedies to this lack of consistent monitoring and reporting on child wellbeing.²³

In addition, the Productivity Commission's recent review of the National School Reform Agreement (NSRA)³ has recommended the addition of 'improved student wellbeing' as an outcome of the agreement, as well as the development of a new national wellbeing indicator.

State and territory jurisdictions have child and student wellbeing strategies in place and hold detailed and up-to-date data on student wellbeing to support this initiative; for example, the Tasmanian Government runs the Annual Student Wellbeing and Engagement Survey across years 4 to 12 in government schools.²⁴

¹⁹ Lawrence D, Johnson S, Hafekost J, Boterhoven de Haan K, Sawyer M, Ainley J, et al. The mental health of children and adolescents: Report on the second Australian child and adolescent survey of mental health and wellbeing; 2015.

²⁰ Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry*. 2007 Jul;20(4):359-64. doi: 10.1097/YCO.0b013e32816ebc8c.

²¹ Hancock KJ, Shepherd CC, Lawrence D, Zubrick SR. Student attendance and educational outcomes: Every day counts. Canberra: Australian Government Department of Education; 2013.

²² National Mental Health Commission. National Children's Mental Health and Wellbeing Strategy. 2021. Available from: <https://www.mentalhealthcommission.gov.au/getmedia/9f2d5e51-dfe0-4ac5-b06a-97dbba252e53/National-children-s-Mental-Health-and-Wellbeing-Strategy-FULL>

²³ See Objective 4.1 Meaningful Data Collections - National Mental Health Commission. National Children's Mental Health and Wellbeing Strategy. 2021. 84-88p. Available from: <https://www.mentalhealthcommission.gov.au/getmedia/9f2d5e51-dfe0-4ac5-b06a-97dbba252e53/National-children-s-Mental-Health-and-Wellbeing-Strategy-FULL>

²⁴ Tasmanian Government Department for Children, Education and Young People. Annual Student Wellbeing and Engagement Survey. Available from: <https://www.decyp.tas.gov.au/about-us/projects/child-student-wellbeing/student-wellbeing-survey-3/>

References and framing documents

¹ Case A, Deaton A. Suicide, age, and well-being: An empirical investigation. *Insights in the Economics of Aging* 2015 Jun 17 (pp. 307-334). University of Chicago Press.

² Helliwell, J.F. Well-Being and Social Capital: Does Suicide Pose a Puzzle?. *Soc Indic Res* 81, 455–496 (2007).
<https://doi.org/10.1007/s11205-006-0022-y>

³ Productivity Commission. Review of the National School Reform Agreement, Study Report. Canberra. 2022. Available from:
<https://www.pc.gov.au/inquiries/completed/school-agreement/report/school-agreement.pdf>

The Commission and the National Suicide Prevention Office key framing documents

The Contributing Life Framework

The Commission’s underpinning principle is the Contributing Life Framework. Five elements underpin the framework

1. Thriving, not just surviving
2. Ensuring effective care, support, and treatment
3. Engaged in meaningful activity
4. Connections with family, friends, culture, and community
5. Feeling safe, stable, and secure.

As identified in the Productivity Commission Report, a range of indicators would be required to track progress against the Contributing Life Framework outcomes, noting that for many proposed indicators, reliable data sources are currently tracked or could be derived from source datasets.

Vision 2030

Vision 2030 is the Commission’s blueprint for a successful, connected mental health and suicide prevention system to meet the needs of all Australians.

Vision 2030 has included substantial consideration of the domains and indicators that could be used to measure progress and change in the wellbeing and mental health of all Australians. Vision 2030 suggests that improved mental and social wellbeing of individuals, families and communities could be demonstrated across a range of domains linked to the Contributing Life Framework.

National Suicide Prevention Strategy

The National Suicide Prevention Strategy will guide coordinated action across all governments, government agencies and organisations, and communities to prevent suicide.

The National Suicide Prevention Strategy will build upon the recommendations for suicide prevention reform outlined by the Final Advice, recognising the extensive consultation and broad endorsement for those actions.

The National Suicide Prevention Strategy is currently under development, and the NSPO has released a public scoping paper outlining the key concepts and strategic direction underpinning the Strategy, which can be found here: <https://haveyoursay.mentalhealthcommission.gov.au/nspo-strategy-scoping-paper>