Vision 2030 Blueprint for Mental Health and Suicide Prevention

Roadmap Key Concepts Consultation November 2020

CONTENTS

Vision 2030 is a long-term blueprint for a successful, connected and well-functioning mental health and suicide prevention system meeting the needs of all Australians.

In December 2019, the National Mental Health Commission (NMHC) completed initial work in producing a framework for the Vision 2030 Blueprint. Work on the Vision 2030 project continues with the refinement of this framework and development of an implementation Roadmap.

The development of the NMHC Vision 2030 Roadmap: Key Concepts Consultation Paper 2020 follows the 2019 Connections national conversation project, and has been informed by consultation with key stakeholders in the review of the Vision 2030 framework and work undertaken on other key strategic projects including the development of the National Mental Health and Wellbeing Pandemic Response Plan.

This document is intended to share the key concepts of the Vision 2030 Blueprint and Roadmap with those participating in the September 2020 online consultation process. It does not fully discuss each component of the Vision 2030 framework. It can be read in conjunction with the current Vision 2030 Blueprint document located on the National Mental Health Commission website.

This document does not represent the final content of the Vision 2030: Blueprint for Mental Health and Suicide Prevention or Roadmap. This consultation provides an opportunities to assess these priorities and opportunities, identify further actions to achieve them and address any gaps.

Feedback from this consultation, along with other research and consultation activities, will be considered and incorporated as appropriate in the final Vision 2030 Roadmap.

ACKNOWLEDGEMENT

The NMHC gratefully acknowledges the time, effort and insight provided by all the consumers, carers, professionals, and organisations who have been involved in sharing their experience with the Connections Project and Vision 2030.

Particular thanks also go to the Vision 2030 Roadmap Advisory Committee who have provided expert advice and input in the development of these key concepts.

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

VISION 2030 FRAMEWORK

Vision 2030 imagines an Australia in which:

✓ **Mental wellbeing across the lifespan** is promoted and addressed from pre-pregnancy to old age.

✓ **Everyone is supported** to be mentally well.

✓ Mental health is addressed in its full **social context.**

✓ Mental health is well **understood and acknowledged** as part of everyone's experience.

✓ When people experience a mental health issue, they are respected and can expect to **live a contributing life, without stigma or discrimination**.

✓ People with mental ill-health have **positive life experiences** and reach their potential.

✓ People suffer **less avoidable harm** as a result of mental health concerns.

✓ **Communities are at the centre** of identifying their needs, designing responses, and delivering care.

✓ Anyone at **risk of or living with a mental health issue** has access to affordable, evidence-based care in their community.

✓ Anyone at **risk of suicide** is connected to support, care and if necessary, intervention, as a matter of priority.

✓ Services are delivered in a **well-functioning, integrated system** with consistent, appropriate quality care available across all steps in the spectrum to every individual.

✓ **People play a central role in their care**, and in the choice, design and delivery of services that support them.

✓ **Mental health is prioritised by all levels and sectors** of government and receives parity and respect within the broader health and welfare systems.

✓ Service and system **successes are measured based on outcomes**, with a focus on continuous real-time monitoring and quality improvements.

Principles for Delivering Vision 2030

All aspects of Vision 2030 should be guided by a set of principles that promote quality and best practice consistency from system to individual interventions.

- **Recognition of lived experience knowledge is central to policy, planning and practice and participation** of those consumers and carers with a lived experience in all aspects of their care as well as leading, designing, delivering, and evaluating programs.

- **Partnership and collaboration** across health, other sectors and communities that enables the best use of resources to deliver cohesive and coordinated care and support.

- A **social and emotional wellbeing approach** which emphasises the social, emotional, spiritual and cultural, physical, economic and mental wellbeing of an individual.

- A **community-based approach** that acknowledges the varied contexts and needs of Australia's diverse communities.

- **Best practice care** (education, interventions and supports) across the spectrum of need that is accessible, appropriate, proportionate, consumer-centred, trauma-informed and evidence-based.

- **Equity and equality** through a rights-based approach to mental ill-health, acknowledging that equality and equity in health is a fundamental human right for all people.

- A **recovery-oriented approach** that acknowledges recovery is a non-linear journey, unique to each individual.

- Recognition of the **importance of intersectionality** in the development of mental health policy, as well as the impact of complex combinations of experiences and identities on people's wellness and their ability to engage with services.

- **Flexible solutions** that are responsive, adaptive, outcome-focused and relevant to local level needs.

- **Trauma-informed** approaches to systems and care that recognise the impact of trauma for individuals, families and communities and promote a culture of safety, empowerment and healing.

- **Innovation** encouraging and facilitating novel and effective ways of solving emerging problems and adapting new products and solutions to better meeting existing problems

New Approaches to Mental Health

These goals require new approaches to the way we deliver mental health care and suicide prevention in Australia.

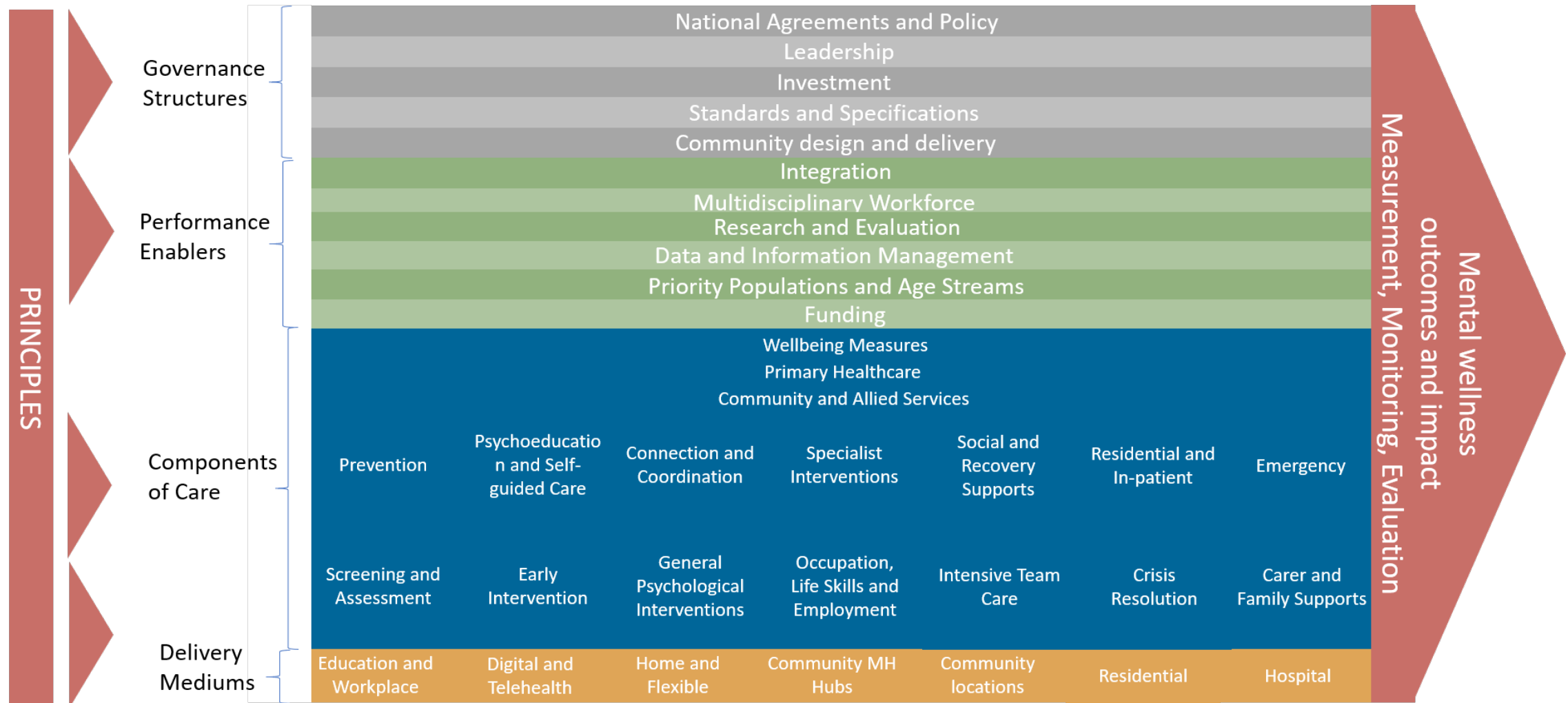| A balanced, community-based care approach	An integrated social and emotional wellbeing approach
A way of delivering all aspects of prevention, assessment, treatment and recovery at all levels of need which acknowledges the different context and needs of Australia's diverse communities and meets these in a cohesive, local way. Balanced community-based care means that everyone has access to care in their community in the least restrictive environment possible. This enables safe recovery while supporting a person's connections to family, culture, social supports, work, education and community. It puts the person at the centre of the process.	A social and emotional wellbeing approach emphasises the social, emotional, spiritual and cultural, physical, economic and mental wellbeing of an individual. This approach recognises the equitable impact of housing, employment, environment, economic and social trends alongside clinical approaches to mental ill-health and the need for functional integration of services which address mental health, physical health and social needs. A proactive approach to the general wellbeing of all Australians is key to reducing mental illness and preventing suicide. Long term approaches to promoting wellness will make lasting improvements to the health and quality of life of everyone.

A System to Deliver the Care that is Needed

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

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

National Foundations for Local Solutions: A System Overview

PRINCIPLES

Mental wellness outcomes and impact

Measurement, Monitoring, Evaluation

Governance Structures

- National Agreements and Policy
- Leadership
- Investment
- Standards and Specifications
- Community design and delivery

Performance Enablers

- Integration
- Multidisciplinary Workforce
- Research and Evaluation
- Data and Information Management
- Priority Populations and Age Streams
- Funding

Components of Care

- Wellbeing Measures
- Primary Healthcare
- Community and Allied Services

Prevention	Psychoeducation and Self-guided Care	Connection and Coordination	Specialist Interventions	Social and Recovery Supports	Residential and In-patient	Emergency
Screening and Assessment	Early Intervention	General Psychological Interventions	Occupation, Life Skills and Employment	Intensive Team Care	Crisis Resolution	Carer and Family Supports

Delivery Mediums

Education and Workplace	Digital and Telehealth	Home and Flexible	Community MH Hubs	Community locations	Residential	Hospital

More detailed information on each of these core system components in the Vision 2030 Blueprint consultation document on the National Mental Health Commission website.
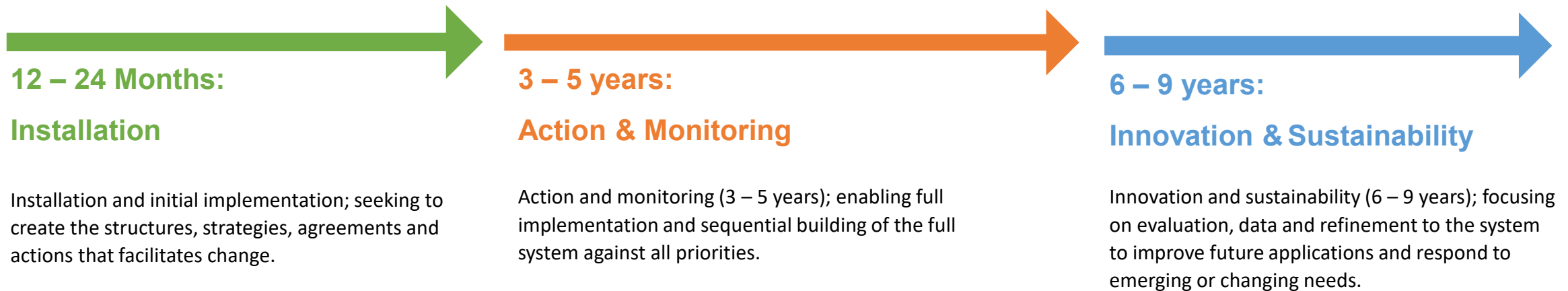
Vision 2030 seeks to focus on the strategies, resources, and research required to scale and disseminate effective prevention and intervention widely and effectively. Vision 2030 is intended to be an overarching strategy for change within the mental health sector, setting out a framework for the components of a successful system and bringing together the community or sector context in which interventions are implemented with the macro-level factors enabling nationally consistent approaches.

Implementation seeks to establish planned, intentional activities to address system, organisational and practice barriers to change and adoption of evidence-informed practice.

Implementation is identified as a key performance enabler within the Vision 2030 framework. It establishes the need to:

- create strong stakeholder partnerships that encourage active engagement and collaboration in the design and delivery of care;
- address challenges associated with the use of research to achieve more evidence-informed practice; and
- sufficiently resource evaluation and ongoing quality improvement as part of all programs and services with particular focus on effectiveness, return on investment, scalability and sustainability.

The Roadmap will explore each aspect of the Vision 2030 framework and identify actions needed across three distinct phases of change.

12 – 24 Months:
Installation

Installation and initial implementation; seeking to create the structures, strategies, agreements and actions that facilitates change.

3 – 5 years:
Action & Monitoring

Action and monitoring (3 – 5 years); enabling full implementation and sequential building of the full system against all priorities.

6 – 9 years:
Innovation & Sustainability

Innovation and sustainability (6 – 9 years); focusing on evaluation, data and refinement to the system to improve future applications and respond to emerging or changing needs.

Mental health is complex, and achieving Vision 2030 will require the sustained implementation of actions across all aspects of the system.

The final Roadmap will detail opportunities, actions and timeframes across all components of Vision 2030.

At this stage in the development of the Roadmap, six areas of priority have been identified that span across the framework. These cross-framework priorities bring together aspects of a successful system and establish the foundations needed to build and sustain Vision 2030. Each priority area also lists the opportunities raised by consultation and research to date. These opportunities for the basis of this stage of consultation but do not represent the final Vision 2030 Roadmap actions.

- **Improving wellbeing**
- **Working Together**
- **Harnessing Information**
- **Facilitating Access**
- **Building community-based care**
- **Delivering quality, personalised care**

IMPROVING WELLBEING

Vision 2030 promotes a new approach to integrated wellbeing, accommodating understandings of health for each individual, family and community which emphasises the connected social, emotional, spiritual and cultural, physical, nutritional, economic and mental wellbeing.

Valuing wellbeing and working to improve it promotes population wellbeing and mental wealth, prevention of mental ill-health, and meaningful recovery outcomes for those with mental illness.

Improving wellbeing as a priority requires action across several Vision 2030 components including investment, national agreements, integration, wellbeing measures and prevention.

✓ Social & emotional wellbeing approach

✓ Investment

✓ Population wellbeing measures

✓ Integration

How will mental wellbeing be prioritised?

A proactive approach to the general wellbeing of all Australians is key to reducing mental illness and preventing suicide. Long term approaches to promoting wellness and positive mental health will make lasting improvements to the health and quality of life for all. This requires a consistent and collaborative prioritising of mental health and wellbeing across jurisdictions and sectors and over time.

Implementing an integrated wellbeing approach

It is essential to have a system which values wellness; promoting good health, addressing the issues that contribute to poor mental health and maximising protective factors for everyone. Supporting individuals to create stable and safe environments, developing coping capabilities, problem-solving skills and resilience can promote more positive life experiences and capacity to self-manage challenges.

Experiences of mental ill-health and suicide are intimately linked to incidents of disadvantage, social exclusion and marginalisation. There are a large number of determinants of health and wellbeing that need to be addressed at population, community, family and individual levels.

IMPROVING WELLBEING

With social determinants impacting so strongly on risk, access to services and outcomes, it is essential that mental health is integrated with both physical health and social and human service systems. Interventions should impact notably on housing, education, employment, poverty, discrimination, family violence and adverse childhood events. This includes a focus on building protective factors as well as mitigating risk factors. Reducing the incidence and prevalence of mental ill-health requires targeted, joined-up efforts in cross-sector collaboration and coordination to build commitment and resources behind initiatives that address social and therefore, health inequality.

Investing in Mental Health and Wellbeing

The system must have sufficient resources, targeted effectively, to enable implementation and ensure sustainability to meet future needs. Investment will require continuous consideration of service gaps, emerging issues and community disparities to enable the targeting of funding or changing funding mechanisms and models.

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

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

How will a focus on wellbeing interplay with the social determinants of mental health and suicide prevention?

Taking a wellbeing approach to mental health means building resilience and social support within communities. It also provides an opportunity to develop the points of commonality between existing systems. The mental health system needs to be integrated with social and human systems such as housing, education, justice, suicide prevention and alcohol and other drugs to create pathways between entry points.

The complex range of health and social experiences means that people can fall through the service system gaps when their specific combination of needs cannot be met. The intersection of mental health with other co-occurring health and social issues is a necessary consideration in enabling services to be delivered in a well-functioning, integrated system with consistent, appropriate quality care available across all steps in the spectrum to every individual.

IMPROVING WELLBEING: OPPORTUNITIES FOR ACTION

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Expand national agreements related to mental health to include a broad range of wellbeing considerations.	✓ Implement a national wellbeing framework that enables and incentivises the promotion of wellbeing and cooperation between sectors to deliver holistic mental health care. ✓ Development of National Mental Health and Suicide Agreement, aligned with a National Wellbeing Framework, between Australian, States and Territory Governments and endorsed for implementation by National Cabinet. ✓ Include cross-sector and cross-jurisdiction responsibilities in national agreements, the scope of leadership bodies, and legislative review. ✓ Develop a stand-alone National Suicide Prevention Strategy based to act as overarching policy and driver of whole of governance structures.	✓ Implement measurement, monitoring and reporting against wellbeing framework, National Suicide Prevention Strategy and National Mental Health and Suicide Agreement.	✓ Review wellbeing framework based on achieved outcomes and emerging needs.
Address stigma, discrimination and inappropriate care.	✓ Identify mechanisms for population communication to shift social norms and raise public awareness. ✓ Amend model work health and safety laws to elevate the importance of psychological health and safety.	✓ Workplace health and safety agencies to work with employers to collect and disseminate information on the effectiveness of workplace programs and interventions.	✓ Aboriginal and Torres Strait Islander organisations are preferred providers of local suicide prevention activities for Aboriginal and Torres Strait Islander peoples.
Invest in promotion of mental wellbeing and prevention of ill health and promote funding of wellbeing measures.	✓ Review insurance industry practices to promote more effective access to insurance for people with mental illness ✓ Establish transition strategies to increase funding to mental health and proportion of funding designated for prevention and health promotion activities.	✓ Implement funding transition strategies	✓ Continue to integrate social impact funding mechanisms in promoting mental wealth and preventing risk factors.

IMPROVING WELLBEING: OPPORTUNITIES FOR ACTION

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Implement measures to address social determinants.	✓ Governments commit to no discharges from care into homelessness. ✓ Additional supported housing places for people meeting care are provided regularly. ✓ Effective outreach for disengaged school students. ✓ Policy responses to strengthen the ability of schools to assist students and deliver an effective social and emotional learning curriculum.	✓ Decrease complexity and required cognitive load in programs and systems accessed jointly by those with or at risk of mental health concerns. ✓ Conduct impact assessments to determine risks to mental health of policies and decision making across all government sectors. ✓ Implement strategies to improve rigour or mental health screening in correctional facilities and actively plan for care continuity post-release. ✓ Staged rollout of Individual Placement and Support programs to job seekers with mental illness.	✓ Governments should continue to monitor and adapt strategies that address barriers to wellbeing across all portfolio areas.
Integrate the mental health sector with relevant physical health, social and community services.	✓ Develop a health, mental health, disability, and aged care partnership to explore opportunities to deliver mental health and wellbeing across the life span. ✓ Strengthen coordination between primary and acute care and alcohol/mental health services. Invest in strategies to allow the mental health and alcohol and other drugs sectors to strengthen coordination and resource coordinated care. ✓ Mental health training and expanded tenancy support services for frontline housing tenancy workers.	✓ 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. ✓ Advocate for a cross-sector working party which includes sectors such as but not limited to health, mental health, social services, education and policing and justice. ✓ Integration of suicide prevention interventions into key cross-portfolio settings, including justice, child protection, housing and homelessness services, alcohol and other drugs services, financial services.	

WORKING TOGETHER

Vision 2030 promotes a collaborative integration ensuring that all aspects of the system and stakeholders are working together seamlessly within and across communities. This integration requires:

- Mechanisms for information sharing in real-time
- Navigation and care pathways
- A commitment to a collaborative approach to care within and across communities
- A single, nationally and locally recognised process for care planning and coordination.

To achieve significant change, the responsibility for mental health must be across governments, sectors, services and communities with clearly defined roles and methods for collaboration.

✓ National Agreements

✓ Leadership

✓ Multidisciplinary workforce

✓ Integration

Who will be responsible for mental health and wellbeing?

The following components of the Vision 2030 Framework will create a structure of responsibility to facilitate and monitor the implementation of effective mental health promotion, intervention and support.

National Agreements

Vision 2030 identifies that the system should be clearly defined and implementable through formal agreement(s) between federal and state and territory governments that outline issues such as:

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

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

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

Agreements and administrative policy structures will decrease duplication of effort and system complexity while ensuring consistent, equitable access to care. This will include measures of accountability for delivering activity in line with agreements.

National Leadership

National coordination and oversight from a single agency are required to enable consistency across diverse sector, regional and community responses. This includes:

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

How will the workforce be supported?

Vision 2030 identifies a robust and multidisciplinary workforce as being a key performance enabler to implementing a successful mental health and wellbeing system.

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

The skill mix necessary to provide essential components of care and meet the needs of communities and presenting clients may vary between individual professionals, services and communities. The workforce is also likely to need to change and adapt into the future, to meet changing needs and innovations in services and supports.

The system will include a practical definition of, and support for, critical roles across the spectrum of care, including:
- Lived experience workers"
- mental health nurses
- psychiatrists, particularly in areas of speciality such as paediatrics and aged care
- Primary healthcare professionals including general practitioners and allied health
- Therapeutic professions, including counsellors and therapists.

Vision 2030 identifies the following areas as being crucial to the success of a multidisciplinary workforce:
- Clearly identified roles and responsibilities which encourage professional recognition with flexibility in scope and a culture of collaborative practice and team approaches.
- Recruitment and career pathways in mental health specialisation across all aspects of the workforce.
- Appropriate mental health training from primary qualifications to ongoing or specialised professional development and in role training.
- Retention and incentivising taking up mental health specialisations
- Resourced to enable professions to work to their full scope of practice.

How will all stakeholders work together equitably?

The system will function as an integrated ecosystem in which the individual and their parents, carers, family or kin group are at the centre. Integration refers to bringing together people and organisations that represent different services to align relevant practices and policies and to improve access and quality of health care. Shared responsibilities connected information and interoperability of systems across services and sectors to provide consistent care and enable the sharing of information in real-time.

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

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

WORKING TOGETHER: OPPORTUNITIES FOR ACTION

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Develop clearly defined national roles and responsibilities for mental health and wellbeing.	✓ Review of legislation and recommendations on any required change to enable Vision 2030 implementation. ✓ Identify responsibilities for suicide prevention activities across different levels of government and portfolios. ✓ Establish a national statutory authority to monitor implementation and evaluate mental health, suicide prevention and prevention or mental wellbeing programs from all levels of government and across sectors. ✓ Integrate a Chief Mental Health Officer role with longer term focus on national leadership representation of varied mental health professions.	✓ Implementation of measurement, monitoring and reporting against the National Agreement.	✓ Continue to consider the roles and responsibilities of the Australian Government and state and territory governments in the delivery of mental health care. ✓ Evaluate the National Mental Health Workforce Strategy.
Create an interconnected system that facilitates collaboration.	✓ Enhance cooperative administrative arrangements to provide a 'warm referral' system between jurisdictions and services across the spectrum of need. ✓ Implement funding incentives that appropriately fund individual practitioners to spend time in collaborative care planning.	✓ Establish programs of funding that develop and support collaboration, co-commissioning, co-design and coordination. ✓ Consistency in policy filters through to providers in mental health and non-mental health sectors to ensure joined-up care. ✓ Implementation of digital enablers to promote interoperability of systems and sharing of information.	✓ Review of structures used to commission and deliver mental health services across all levels of government based on evaluation of Vision 2030 implementation. ✓ Ensure program governance and accountability reforms to enable ongoing flexibility in activity with agreed outcomes.

WORKING TOGETHER: OPPORTUNITIES FOR ACTION

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Implement a competency-based framework for those working in health or with at risk communities.	✓ Improve the capability of non-health workers in customer-facing roles to identify distress and connect individuals to mental health and other health and community services as appropriate. ✓ National Cabinet to endorse strategic policy on social and emotional learning in the education system, including the development of national standards for teacher training.	✓ Include mental health education as a requirement for undergraduate and postgraduate level of health-related education. ✓ Further develop and increase access to online education programs, including mental health and wellbeing training programs specifically for social services providers.	
Create a cohesive, flexible and supported multidisciplinary workforce with recognition of professions and expertise within mental health.	✓ Strengthen partnerships between community-managed organisations, and state and territory and federal services to enable agile mobilisation of trained workforce to meet gaps and surges as they occur. ✓ Explore opportunities for new cadres of workers relevant to local communities, not limited to the following: the peer workforce, wellbeing coaches and cultural advisors. ✓ Develop a framework and structures which enable a specialist workforce to provide support and consultation to other providers such as the primary care and rural and remote workforces. ✓ Invest in staff wellbeing through the development of robust workplace health and safety policies, the inclusion of clinical supervision and mentoring as a core support strategy, and the provision of professional mentorship programs to support the workforce and increase job support and satisfaction. ✓ Clarify the role and professional scope of the peer workforce, and connection with consumer and carer lived experience. ✓ Explore barriers and enablers to allow the professional workforce to work 'to top of scope' of practice. ✓ Address accreditation, including the development of accreditation standards, amongst a number of professions such as social workers and mental health nurses. ✓ The National Mental Health Workforce Strategy must include consideration of allied professionals including Occupational Therapists and Social Workers.	✓ Develop career structures and pathways for mental health professionals, including the peer workforce and the Indigenous mental health workforce.	✓ Maintain adequate staffing and resources for high-level needs care. ✓ Develop a workforce that embraces the psychosocial model of mental health care and explore the skills and knowledge required for a future mental health workforce.

HARNESSING INFORMATION

Vision 2030 identifies that information and its collection, analysis and distribution, is key to creating a responsive, accountable and useful system.

Information helps to:

- Empower those with a lived experience
- Support decision making
- Drive system transformation
- Forecast need and plan for services
- Set and measure outcomes from individual to national.

✓ Data and Information Management

✓ Research and Evaluation

✓ Outcomes and Impact

How will the system support informed decision making at all levels?

The system must facilitate and promote informed decision making, from individual care concerns to policy and ongoing revision and reform.

Informed decision making describes a crucial process designed to help those with a lived experience understand the nature of their condition, the services available including their benefits, risks, limitations, alternatives and uncertainties, to support choice and collaboration between individuals, families and treating clinicians and services. The principles identified in Vision 2030 support informed decision making as the implementation of crucial consumer rights and participation and a core component of best-practice care. These principles guide the implementation of all aspects of Vision 2030.

The following elements of the Vision 2030 framework support the creation of systems that facilitate strategy, policy, practice and development decisions that are based on best available information and research.

Data and Information Management

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

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

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

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

Research and Evaluation

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

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

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

Outcomes and Impact

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

This focus means that:

- National or comparable datasets are collected on mental health attitudes, treatment and outcomes as well as related health and wellbeing outcomes in physical health, housing, employment, education, child protection and justice.
- Methods for demonstrating achievement of standards and agreed outcomes and reporting on these.
- Monitoring frameworks review the implementation of agreements, community-led approaches and service outcomes and include reporting back to the 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.

How will we know if outcomes are being achieved?

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

This focus means that:

- National or comparable datasets are collected on mental health attitudes, treatment and outcomes as well as related health and wellbeing outcomes in physical health, housing, employment, education, child protection and justice.
- Methods for demonstrating achievement of standards and agreed outcomes and reporting on these.
- Monitoring frameworks review the implementation of agreements, community-led approaches and service outcomes and include reporting back to the 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.

HARNESSING INFORMATION : OPPORTUNITIES FOR ACTION

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Create national data-sets widely available to research, policy and service delivery.	✓ Integrate collection tools designed to address pandemic mental health concerns into ongoing national data collection mechanisms. ✓ Make data timely and ensure data submission, collation, and reporting reflect the urgency of current needs and where possible data cycles provide recent, regular analysis and reporting that align with policy and system needs. ✓ Make data available for a wide range of issues including community resilience and wellbeing, experiences of distress, supports and protective factors, economic and social problems, health behaviours, the development of symptoms or illness, access to care, processes, outcomes and experiences of care. Data is on health and wellbeing outcomes in physical health, housing, employment, education, child protection and justice is made available. ✓ Identify data needed to understand potential impacts on self-harm or suicide in the Australian community. Equally, data is required to understand wellbeing, resilience and hope, and to measure the links between social and economic factors, physical health and mental health. Consumer, carer and lived experience voices need to be represented in defining priorities and designing measures and reports. ✓ Facilitate access to data in the rollout of new mental health initiatives to support empirical research.	✓ Develop robust modelling for estimating future demand. ✓ The Australian, State and Territory Governments should develop and adequately fund strategies to address identified data gaps and information priorities. ✓ The National Cabinet should agree on a set of targets that specify critical mental health and suicide prevention outcomes that Australia should achieve over a defined period. ✓ Implement and commence reporting against agreed targets.	✓ Integrate machine learning and Artificial Intelligence to embed modelling and real-time data in decision making. ✓ Review of all mental health and wellbeing standards and agreed outcomes.
Align information gathering with outcomes.	✓ Commissioning agencies (Primary Health Networks or Regional Commissioning Authorities) should establish mechanisms for monitoring the use of services that they fund to ensure that consumers are receiving the right level of care. ✓ Invest in data and reporting and ensure program and policy evaluation is resourced.	✓ Use data collections to evaluate what works well, encourage continuous improvement, and inform funding decisions and consumer choices.	✓ Monitor and evaluate targets and reported outcomes. ✓ Re-assess targets and incorporate emerging evidence as appropriate.

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Invest in knowledge.	✓ Support innovative research in new and emerging areas of evidence-based practice. ✓ Focus on innovation and emerging evidence as well as translation and real-world effectiveness.		Fill critical gaps and break down barriers to information sharing, use and reporting as they occur. Continue to bring data together from all areas of the health and social support systems and make it available to all key stakeholders. Better sharing of incident reporting at state and federal levels may help to understand emerging demands.

FACILITATING ACCESS

Access to care for people with mental ill health is the outcome of a complex system and combination of processes working together. Accessibility was the most commonly raise concern during the NMHC 2019 Connections consultation project.

Vision 2030 asserts that anyone at risk of or living with a mental health issue or at risk of suicide has access to affordable, evidence-based care in their community.

Accessibility addresses issues such as affordability, appropriateness, geography, individual rights, eligibility and service gaps as well as a range of individual circumstances and experiences.

✔ Funding Models

✔ Delivery Mediums

✔ National Agreements

✔ Integration

How will care be funded?

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

Funding models and mechanisms will:

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

FACILITATING ACCESS : OPPORTUNITIES FOR ACTION

Opportunity	✓ Installation	✓ Action & Monitoring	Innovation & Sustainability
Reform funding models and arrangements	✓ Review proposed activity-based funding classification for mental healthcare. ✓ Evaluate new investments in mental health in the wake of the Productivity and Royal Commission Inquiries, and subsequent changes in mental health funding flows and funding levers. ✓ Identify persisting service and integration gaps; and real-time assessment of community services and supports. This would require a review of population to service planning frameworks, ecosystem modelling, and the mapping of mental health outcomes. ✓ Invest in substantial data collection for funding model realignment. Complex blended models, e.g. for bundling require granular data to inform costs, resource use classification from prior utilisation patterns to predict pricing, data linkage between Commonwealth and States and clinical consensus of best practice across the jurisdictions. Accurate predictive modelling would be needed to create normative capitation pricing mechanisms and to evaluate these for risk of over or under-servicing. ✓ Review current legislative arrangements for governance, funding models, and payments in light of Vision 2030 aspirations. Existing arrangements in governance produce artificial and perverse incentives, and new models can create practical and efficient funding flows and innovative advances in practice.	✓ Develop a principles framework for funding reform to guide the process of change. ✓ Capture opportunities for diagonal accounting that could inform willingness to pay thresholds and budget forecasts for Treasury. ✓ Test innovations and new schemes using pilot, phased rollout to scale or shadow pricing approaches.	✓ Carry out legislative changes required to implement funding reform. ✓ Evaluate funding reform.
Focus funding on outcomes	✓ Investigate the feasibility of outcomes-focused contracting in mental health. ✓ Evaluate current interventions, programs, and models of care. Evaluate for cost-effectiveness, opportunity cost, system integration, perverse incentives, viability, and scalability. Specifically evaluate programs where funding models are likely to change, such as block or activity based funded arrangements that intend to shift incentives from acute or hospital care back into the community. ✓ Collect consistent, whole of system mental health outcomes data that could progress reform into the next stage, towards value-based care that combines investment with mental health outcomes instead of activity. Include where possible, opportunities to collect Patient Reported Outcome Measures (PROMS), Patient Reported Experience Measures (PREMS), evidence-informed care and clinical perspectives.	✓ Shift funding towards outcome-focussed. ✓ Adapt funding models and flows to incorporate a proactive lens to resolving equity issues and social determinants.	

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Drive collaboration and localised delivery through funding reform.	✓ Identify co-commissioning arrangements and challenges, innovative emergent models of care, and data systems that support integration.	✓ Design governance frameworks for new funding models and funding flows that ensure transparency in arrangements across jurisdictions and care continuums. ✓ Link regional mental health funding to volume of regional Medicare Benefits Schedule (MBS) rebates for allied mental healthcare.	

BUILDING COMMUNITY BASED CARE

Central to Vision 2030 is a balanced community-based approach that acknowledges and different contexts and needs of Australia's diverse communities. This includes:

- A system which acknowledges the different context and needs of Australia's diverse communities and meets these in a cohesive, local way
- A way of delivering all aspects of prevention, assessment, treatment and recovery at all levels of need
- 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.
- Integration with tertiary health settings.

✔ Community Design & Delivery

✔ Standards and Specifications

✔ Delivery Mediums

✔ Funding Models

How will we create a national foundation for locally-based solutions?

Vision 2030 will establish the foundations and mechanisms for monitoring that enable a diverse and personalised ecosystem of care. Consistent policies and approaches support regional delivery and enable the system to be responsive to changing circumstances and emerging evidence.

Standards and Specifications

The system will be underpinned by standards and specifications that provide clear benchmarks for the delivery of consistent, quality care nationally. Demonstration of standards and evidence-based models of care will be linked to the achievement of agreed performance outcomes and funding. These will identify:
- Key elements of best practice from community co-design to delivery of individual care
- Practice requirements for key professionals within the mental health workforce
- Evidence-based models for essential components of care
- Tools for measurement and reporting with processes in place to address non-performance against standards which improve outcomes for individuals and communities.

Community Design and Delivery

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

FACILITATING ACCESS : OPPORTUNITIES FOR ACTION

Opportunity	✓ Installation	✓ Action & Monitoring	Innovation & Sustainability
Develop capacity and communities to undertake design and delivery of services.	✓ Lived-experience knowledge is prioritised in planning, design and delivery across different levels of government and portfolios. ✓ Implement specifications or standards that create a nationally consistent foundation for local solutions. ✓ Identify collaborative approaches to cross-discipline and translational research.	✓ Incorporate evaluation in funding models for all essential components of care and the trialling of new models and specifications.	✓ Continue to monitor non-performance against standards and address barriers to local solutions.

DELIVERING QUALITY, PERSONALISED CARE

Vision 2030 reflects what we heard from Australians with a lived or living experience of mental illness, suicidality and those who love and care for them. It proposes a person-led system, where our social and emotional wellbeing is front and centre of every decision, and where we, as consumers and carers, partner and have choice in the shaping and delivery of our care and support.

Vision 2030 imagines an Australia where every person is supported to be mentally well and live a contributing life within a system that invests in prevention, early intervention and the addressing of social and emotional wellbeing as a whole.

Our mental wellbeing is unique to each of us. Accessing mental health care is also a different individual experience. It is essential that services are provided that are personalised and packaged in a quantity and quality to meet the needs of each individual.

✓ Priority Populations and Age Streams

✓ Core Components of Care

✓ Delivery Mediums

✓ Outcomes and Impact

How people's unique needs be supported?

Vision 2030 framework facilitates a person-led approach to mental health, providing easily navigated, coordinated and balanced community-based and community-integrated services that meet each individual's needs. People play a central role in their care and in the choice, design and delivery of services that support them.

The following components of the Vision 2030 Framework will facilitate each aspect of the system supporting individuals within their context and community, from prevention through to longer-term support for those with severe and persistent illness.

Priority Populations

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

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

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

Age Streams

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

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

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

Spectrum of Stepped Care

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

Core Components of Care Along The Stepped Spectrum

Care Planning and Coordination

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

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

What support will be available and how will this be delivered?

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

Steps address an individual's needs for:

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

Age Streams

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

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

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

Spectrum of Stepped Care

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

The goal is to effectively treat and support at the current level of need, prevent illness progression and promote recovery into lowering steps of intensity as appropriate. Stepped care requires continuous monitoring, assessment, and feedback on the effectiveness of interventions to make decisions on and plan for future interventions.

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

All essential components of care should meet best practice standards, incorporate evidence-based treatment models, and be delivered by appropriately skilled and trained staff. This includes specific consideration of providing trauma-informed, culturally appropriate, person-led care.

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

DELIVERING QUALITY PERSONALISED CARE: OPPORTUNITIES FOR ACTION

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
✓ Provide specialised, dedicated services to meet the needs of different communities and groups.	✓ Specific approaches for the sharing of information and services required for high risk and vulnerable populations, including children and young people at risk. ✓ Establish sub-strategies that specifically address the unique needs of each priority population with a focus on self-determination, leadership and design within those communities and lived experiences. ✓ Ensure residential aged care facility staff can identify and compassionately respond to the mental health needs of residents. ✓ Early mental health support and robust, proactive referral processes for both victims and perpetrators of domestic, family and sexual violence. ✓ Develop a National Youth Mental Health and Wellbeing Strategy.	✓ Provide accessible entry points to mental health services, which are culturally appropriate. ✓ Ensure that children in mental distress have early access to programs that meet their needs, including their families. ✓ Empower Aboriginal and Torres Strait Islander organisations to lead the development of trauma-informed responses specific to Aboriginal communities.	✓ Continue to monitor and address the needs of priority populations and any barriers to access they experience.
Connect services to meet needs holistically.	✓ Provide care coordinators for consumers with the most complex needs. ✓ Integrate innovations and improvements identified through the National Mental Health and Wellbeing Pandemic Response Plan and upcoming National Natural Disaster Mental Health Framework into ongoing business practice. ✓ Mental health and wellbeing services and policies within schools and workplaces and in other community sites such as aged care facilities should be made more accessible as required. ✓ Include alcohol and other drugs in mental health assessments.	✓ Integrate learnings from the COVID-19 pandemic family, domestic and sexual violence response to proactively address the known driver of violence against women – systemic sexism and gender inequality – which will likely be amplified in recovery and ensure this experience informs the next National Plan to Reduce Violence Against Women and their Children and other related policy initiatives. ✓ Implement single care plans with electronic sharing of information. ✓ Build on existing activities by all jurisdictions to further develop community-based services that decrease inappropriate reliance on primary or tertiary care.	

DELIVERING QUALITY PERSONALISED CARE: OPPORTUNITIES FOR ACTION

Opportunity	Installation	Action & Monitoring	Innovation & Sustainability
Diversify and expand services available.	✓ Expand clinician-supported online treatment options. ✓ Provision of acute and non-acute beds and ambulatory services that reflect regionally assessed needs. ✓ Complete the delivery of adult mental health community hubs. ✓ Embed proactive outreach processes into primary and allied health care, community mental health services and the work of specialist clinicians to ensure continued treatment and medication provision to those with mental health concerns. ✓ The National Disability Insurance Agency should complete the evaluations of the psychosocial disability stream trial sites in Tasmania and South Australia, and incorporate improvements into the stream.	✓ Ensure specialist crisis accommodation, case management and perpetrator intervention services can provide timely services to women and children experiencing family, domestic and sexual violence. ✓ Expanded online portal for consumers with timely and linked-up referral processes. ✓ Incentivise family-focused and carer inclusive care. ✓ Fund opportunities to support the development of blended digital health services. ✓ Investigate new models of assertive community-based treatment using evidence-based models or consider continuing with new models of care developed during the COVID-19 pandemic. ✓ Facilitate employment services (especially disability employment services) having a substantial role in supporting people with established and emergent mental health conditions to access work. ✓ Roll out of a national screening and assessment framework. ✓ Implement actions for carer support services to support unpaid carers.	✓ Continue to build the evidence base for community-based supports. ✓ Monitor and evaluate the effectiveness of system reform.

References

Silva M, Loureiro A, Cardoso G. Social determinants of mental health: A review of the evidence. Eur J Psychiatry. 2016;30(4):259–92.

Cabassa LJ, Camacho D, Vélez-Grau CM, Stefancic A. Peer-based health interventions for people with serious mental illness: A systematic literature review [Internet]. Vol. 84, Journal of Psychiatric Research. Elsevier Ltd; 2017. 80–89 p. Available from: http://dx.doi.org/10.1016/j.jpsychires.2016.09.021

Fuhr DC, Salisbury TT, De Silva MJ, Atif N, van Ginneken N, Rahman A, et al. Effectiveness of peer-delivered interventions for severe mental illness and depression on clinical and psychosocial outcomes: a systematic review and meta-analysis. Soc Psychiatry Psychiatr Epidemiol. 2014;49(11):1691–702.

Stein CH, Aguirre R, Hunt MG. Social networks and personal loss among young adults with mental illness and their parents: A family perspective. Psychiatr Rehabil J. 2013;36(1):15–21.

Happell B, Platania-Phung C, Scott D. Placing physical activity in mental health care: A leadership role for mental health nurses. Int J Ment Health Nurs. 2011;20(5):310–8.

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 [Internet]. Canberra; 2009. Available from: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-inaustralia/report-contents/summary/overview#references