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National Mental Health and Suicide Prevention Information Priorities

3rd Edition

Acknowledgments

We acknowledge Aboriginal and Torres Strait Islander peoples as the first inhabitants of this nation and the traditional custodians of the lands where we live, learn and work. Governments pay respect to all Aboriginal and Torres Strait Islander Elders, past and present from every nation.

We acknowledge all people who have personal experience of mental illness or suicide. The voice of people with lived experience is essential in the development of this work.

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Contents

Foreword

Information is essential infrastructure for effective provision of health services. Like other infrastructure, it requires long-term planning and prioritisation of investment. This third edition of the National Mental Health and Suicide Prevention Information Priorities provides the strategic information development priorities for government-funded mental health care and support services over the next decade.

It builds on two previous national mental health information priorities documents, published in 1999[1] and 2005[2]. These documents guided significant information development in the mental health sector, particularly in relation to public health services. State and territory mental health services now collect detailed data which feeds into national mental health data assets. However, there have been many changes over the last decade. These include the recognition of important new policy priorities, increased complexity of mental health funding and services, greater community expectation about accountability and transparency, and dramatic changes in health data infrastructure and technology.

Whilst this priorities document is for all Australians, it includes a particular focus on Aboriginal and Torres Strait Islander people and people from specific communities such as culturally and linguistically diverse communities, recognising the particular risk of mental illness many people in these communities face. In addition, it places a focus on physical health, acknowledging the considerable impact that mental illness and treatments can have on physical health.

The information priorities have been developed by the Mental Health Information Strategy Standing Committee (MHISSC), under the governance of the Australian Health Ministers' Advisory Council's (AHMAC's) Mental Health Principal Committee, and have been informed by consultation with a broad range of stakeholder organisations. I would like to thank all those who contributed to the development of the information priorities for their generosity in sharing their opinions, feedback and wisdom.

Peake

Ms Kym Peake

Chair, Mental Health Principal Committee

Terminology

Key terminology used in this document was informed by advice from consumer and carer representatives and reflects terminology used in other policy documents, including the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan). However, the authors acknowledge there is a diversity of views in relation to preferred terminology in the mental health and suicide prevention sectors. Language evolves, and as this is a 10 year planning document, some of the language used in the document may no longer be in common usage by the end of the decade.

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

Carer: A person of any age who provides personal care, support and assistance to another person because the other person has a disability, a medical condition, mental illness or is frail. A carer may be a family member, kin, friend, neighbour or member of the broader community.

The term 'people with **lived experience of mental illness**' is also commonly used to encompass mental health consumers and carers.

Lived experience of suicide: Individuals with a lived experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way.

Mental illness, as used in this document, covers a broad spectrum of clinically diagnosable mental illnesses or disorders. Mental illness varies in severity and duration across the community and can be episodic in nature.

Purpose of this document

This document sets out a vision for national mental health information in Australia for the coming decade. It outlines key priorities for development and provides strategies to achieve this vision.

Development of this document is a commitment under the Fifth Plan[3]. These information priorities are intended to work alongside a range of other documents and strategies. Together they aim to ensure that mental health consumers and carers and people with lived experience of suicide are central to the way in which services are planned, delivered and evaluated.

This document is a statement of common national intent about priorities for information development over the next decade. It is an agreement to pursue agreed directions to the extent that is possible for each of the parties. It is not about how information systems will be constructed and implemented, nor is it a binding prescription for the parties on how to manage information and communication technology within their jurisdictions.

Scope

This document focuses on government-funded health systems and services in Australia, and the information used by those services in planning, service delivery, service improvement and reporting. This includes data about the health of the Australian population, and data on health services.

National information

National information encompasses information that can be compared nationally, is national in coverage or is nationally relevant[4]. This includes information that is:

- cross-jurisdictional (i.e. includes Australian, state and territory governments) and which may involve collaboration and coordination
- focused on the following domains:
  - mental health services and interventions that occur at an individual and population level, the consumers of those services, and their outcomes
  - the mental health of the population generally and of specific population groups
  - the determinants of the population's mental health, including those in the external environment and those internal to individuals
  - the relationship between these elements.

Vision

The key task of national information is to ensure that the mental health system is improving the lives of Australians with mental illness. National information development must continue to be guided by the voices of mental health consumers and carers to ensure that it 'measures what matters'. National information must reflect the diversity of modern Australia, particularly people who are at a higher risk of experiencing mental illness. These groups must be represented within national data assets in a way that is sensitive to their needs and protects their privacy.

Mental health information contributes to improved mental health outcomes and suicide prevention and is:

Personalised

Information supports shared decision-making and care that is recovery-oriented, evidence-informed, rights-based and focused on improving outcomes.

Comprehensive

Information is available on all parts of the mental health system and enables high quality, evidence-informed care.

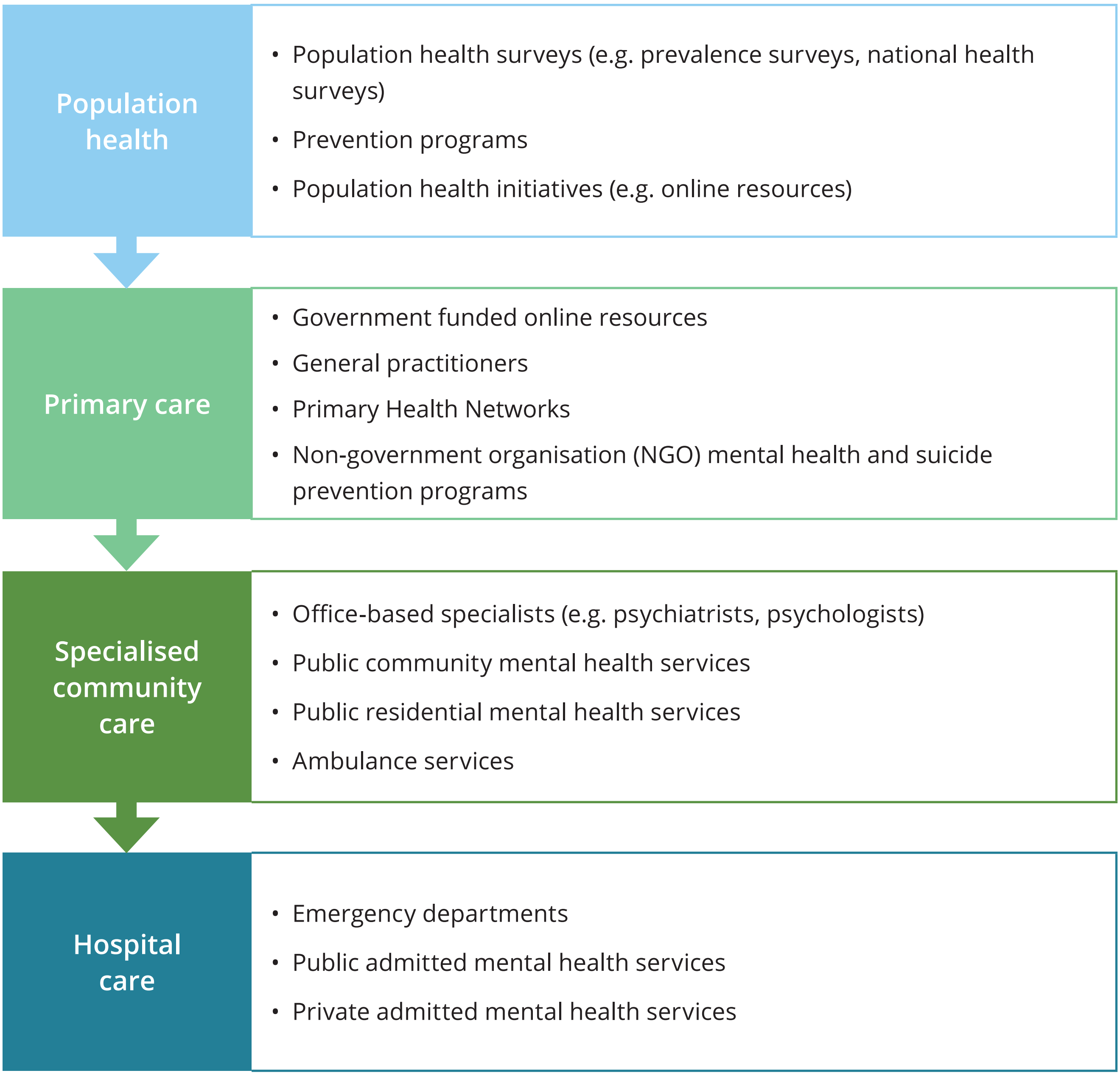
Connected

Information is user-friendly, linked and accessible to: provide new insights; inform service planning and delivery; and improve public understanding of the mental health system.

National mental health information

The Australian mental health system is primarily funded by state, territory and national governments across four main settings: population health, primary care, specialised community care and hospital care (Figure 1). The system includes state and territory public mental health services, state and territory general health services, private specialists such as psychiatrists and psychologists, general practitioners (GPs), non-government organisation managed services, and specialist suicide prevention programs funded and run by government and non-government organisations (Figure 2).

Figure 1: Australian mental health system and services



Population health

- Population health surveys (e.g. prevalence surveys, national health surveys)
- Prevention programs
- Population health initiatives (e.g. online resources)

Primary care

- Government funded online resources
- General practitioners
- Primary Health Networks
- Non-government organisation (NGO) mental health and suicide prevention programs

Specialised community care

- Office-based specialists (e.g. psychiatrists, psychologists)
- Public community mental health services
- Public residential mental health services
- Ambulance services

Hospital care

- Emergency departments
- Public admitted mental health services
- Private admitted mental health services

This document is concerned specifically with the development of information for the mental health and suicide prevention sectors. Australian governments also fund a range of programs and services outside the mental health sector that provide essential support for Australians with mental illness, including income support, social and community support, and disability services. These are critical to population mental health. However, planning for the information development needs of those sectors is beyond the scope of this document.

Figure 2: Information in the national mental health data assets

National mental health data

		Who receives	what services	from whom	why	at what cost	to what effect		
		Consumer demographics	Interventions	Workforce	Diagnosis	Government expenditure	Consumer outcomes	Experience	Consumer safety
Population health	Population surveys	█	▄	▁	█	⬚	⬚	█	⬚
	Australian Government-funded online resources (e.g. Head to Health)	⬚	NA	NA	NA	NA	⬚	⬚	NA
Primary care	General practitioners	█	⬚	█	⬚	█	⬚	⬚	⬚
	Primary Health Networks	▆	▄	▆	█	█	▆	▄	⬚
	Non-government organisations	⬚	▁	⬚	⬚	▄	⬚	▁	⬚
Specialised community care	Office-based specialists	█	⬚	▆	⬚	▆	⬚	⬚	⬚
	Public community mental health services	█	⬚	█	▆	█	█	▄	⬚
	Public residential mental health services	█	⬚	█	▆	█	█	▄	⬚
	Ambulance services	▁	⬚	⬚	▁	⬚	⬚	⬚	⬚
Hospital care	Emergency departments	█	⬚	▄	▆	▄	⬚	⬚	⬚
	Public admitted mental health services	█	▆	█	█	█	█	▄	▆
	Private admitted mental health services	█	▆	█	█	▄	▆	▄	⬚

Key: ⬚ No information available ▁ Initial information development ▄ Partial information available nationally

▆ National information available, improvements in data quality required █ National information of high quality available NA Not applicable

Information priorities at a glance

Vision	*Mental health information contributes to improved mental health outcomes and suicide prevention and is:*		
	Personalised	**Comprehensive**	**Connected**
	Information supports shared decision-making and care that is recovery-oriented, evidence-informed, rights-based and focused on improving outcomes.	Information is available on all parts of the mental health system and enables high quality, evidence-informed care.	Information is user-friendly, linked and accessible to: provide new insights; inform service planning and delivery; and improve public understanding of the mental health system.
Themes	**Promoting personalised care and support**	**Expanding the evidence base**	**Bringing it all together**
Priority areas	Consumer and carer voices	Suicide prevention	Connect the data
	Personalised care	Service planning	Service delivery
	Specific communities	Workforce	Measure what matters
	Aboriginal and Torres Strait Islander people	Primary care	Public reporting
	Physical health	Office-based specialists	Harness technological advances
	Safety	Non-government organisations	

Personalised

Information supports shared decision-making and care that is recovery-oriented, evidence-informed, rights-based and focused on improving outcomes.

Promoting personalised care and support

Promoting personalised care and support

Personalised care takes into account the specific circumstances of the individual to provide more targeted support, interventions and care, and to achieve better outcomes for mental health consumers and their family, kin, friends and carers. National information should aim to create an enabling environment to facilitate shared decision-making between consumers, carers and clinicians. People living with mental illness, particularly those from communities who have historically been poorly represented and identified in the national data assets, must continue to be an integral part of information development.

Promoting personalised care and support includes stakeholders working collaboratively to further develop nationally consistent instruments, including more flexible and personally relevant outcome measures, and measures of consumer and carer experience for use across all mental health service settings. It includes collecting and publishing consumer experience data at a range of levels, from national key performance indicators to local service metrics, to embed consumer experience of care at the heart of discussions about mental health services.

This first theme relates to the experiences and outcomes of the individual and includes a focus on areas of concern identified by consumers and carers. Many of these are also key priorities for national policy, such as the Fifth Plan[3]. To build on progress to date, national mental health data assets must facilitate analysis, monitoring and reporting in these areas.

Consumer and carer voices: Consumer and carer experience surveys are a key component of efforts to embed and amplify the voices of mental health consumers and carers and people with a lived experience of suicide in service improvement.

Personalised care: The emerging field of precision medicine is an approach to treatment that takes into account the individual’s lifestyle and environment. National information should be flexible enough to allow a more individual approach to outcome measurement and sufficiently detailed to enable deeper analysis to identify effective interventions for particular cohorts.

Specific communities: Current data cannot identify particular communities more at risk for mental illness (e.g. people from culturally and linguistically diverse backgrounds and people identifying as lesbian, gay, bisexual, transgender, gender diverse, intersex and queer). Improving data on specific communities is a key step in informing service delivery, identifying trends and gaps, and evaluating service access and program effectiveness.

Aboriginal and Torres Strait Islander people: Better data, including on rates of mental illness, services delivered and outcomes, are needed to support efforts to improve the mental health of Aboriginal and Torres Strait Islander people.

Physical health: Performance measurement and reporting can help drive improvements to services to ensure that quality physical care is included in the treatment of people with mental illness.

Safety: Ensuring the safety of people using mental health and suicide prevention services is fundamental to a rights-based approach to treatment, care and support. Reporting has a key role to play in improving safety in clinical settings.

Priority areas	Strategies	Outcomes
Consumer and carer voices	• Implement consumer and carer experience measures across all mental health services, including specialised public services, primary health networks, non-government organisations and private office-based care. • Ensure experience surveys are appropriate for all mental health consumers and carers, particularly Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. • Use results of consumer and carer experience measures to improve service performance.	**Consumer and carer voices are embedded within mental health services**
Personalised care	• Develop flexible outcome measures that support personalised care. • Include outcomes that matter to consumers and carers (such as housing, employment and education outcomes, independent living, social connectedness and meaning in life) in outcome measurement.	**National measures support a focus on the individual’s outcomes**
	• Collect consistent data on interventions across mental health services, including specialised public services, primary health networks, non-government organisations and private office-based care. • Use national data to identify and evaluate effective interventions for specific cohorts and mental health conditions.	**Effective interventions can be identified**
Specific communities	• Ensure communities particularly at risk of mental illness are represented on decision-making bodies at local, state and national level. • Co-design public reporting to ensure reporting is useful, accessible and culturally sensitive.	**Strengthened engagement with specific communities**
	• Improve mechanisms to identify specific cohorts within national data. • Develop flexible outcome measurement tools that are suitable for consumers from all backgrounds. • Investigate the impacts of stigma and discrimination as barriers for consumers and carers in seeking care and support, particularly for at risk communities.	**Improved national data on specific communities and cohorts**
Aboriginal and Torres Strait Islander people	• Include Aboriginal and Torres Strait Islander specific mental health settings, such as Aboriginal Community Controlled Health Services, in national data. • Co-design performance monitoring and reporting of mental health care for Aboriginal and Torres Strait Islander people. • Develop outcome and experience measures that are flexible and appropriate for Aboriginal and Torres Strait Islander communities, and include important concepts such as kinship relationships and cultural safety.	**Comprehensive and culturally appropriate data on mental health services is available for Aboriginal and Torres Strait Islander people**

Priority areas	Strategies	Outcomes
Physical health	• Develop nationally consistent instruments and measures for monitoring of physical health in people with mental illness across all settings of the mental health system. • Implement physical health monitoring activity in national data, including from specialised public mental health services, primary health networks, non-government organisations and private office-based care. • Use physical health monitoring to prompt active intervention by services and practitioners to prevent and rectify deterioration of physical health in consumers.	**National data actively drives interventions to improve the physical health of people with mental illness**
Safety	• Routinely monitor key safety priorities—including medication safety, physical and sexual assault, and staff safety—across the entire mental health system. • Design flexible incident management data collections that support monitoring of emerging safety priorities.	**Systems are flexible and able to adapt quickly to emerging safety issues**
	• Monitor the use of restrictive practices—physical, mechanical and chemical—on people with mental illness in key areas of the health system, such as emergency departments and ambulance services. • Use national data and reporting to drive reductions in the use of restrictive practices.	**The use of restrictive practices is reduced across all parts of the mental health system**

Comprehensive

Information is available on all parts of the mental health system and enables high quality, evidence-informed care.

Expanding the evidence base

Expanding the evidence base

While there has been substantial information development in mental health and broader health data over the last 25 years, there are still a number of important gaps in what the existing data can tell us about parts of the mental health and suicide prevention systems. The majority of development in national information has focused on state and territory specialised mental health services; the national health information landscape diagram (Figure 2) illustrates the clear disparity in available information across the mental health system.

Expanding the evidence base relates to the system and focuses on expanding current data assets and filling key information gaps in order to facilitate planning of services to better meet the mental health needs of Australians. The mental health system has changed over time with the Australian Government increasingly involved in service delivery. In 2015, in recognition of the importance of primary care in improving mental health consumer outcomes, the Australian Government established 31 Primary Health Networks (PHNs) across the country.

Mental health information development over the next decade will need to reflect an evolving mental health system and capture the full range of mental health services. A key challenge is to connect with private providers—GPs and office-based specialists—and non-government organisations to develop national data collections in areas where information has traditionally been more difficult to capture.

Suicide prevention: While there is significant suicide prevention activity underway in Australia, national data on suicide and suicide prevention is limited. Better data on self-harm and suicide has the potential to shed light on these issues, to identify effective interventions and to drive improvements in coordination of care and outcomes.

Service planning: Data to inform service planning is crucial if consumers are to receive appropriate treatment, care and support. Service planners need accurate data on the prevalence of mental illness, workforce and activity, and classifications to underpin funding models.

Workforce: Maintaining an informed, committed and supported workforce is an important component of ensuring a responsive and effective mental health system. Additional data on the workforce, particularly involving mental health workers with lived experience (peer workers) and the experiences of mental health workers, will support efforts to plan and deliver quality services.

Primary care: Over two million Australians saw a GP for their mental health in 2018–19, yet little is known about their needs, experience or outcomes. As a key provider in the mental health system, the work of GPs should be better represented in national data assets.

Office-based specialists: While considerable national information is available on private hospital services, there is little information available on the care Australians receive from office-based specialists (such as psychiatrists and psychologists) outside of hospitals. Data on this activity is necessary to monitor the quality and safety of all services as well as to ensure the work of these specialists is included in efforts to better understand what works in mental health treatment.

Non-government organisations: In Australia, non-government organisations provide valuable services to people with mental illness. However, this activity is not currently included in national data collections. Filling this data gap will result in a more comprehensive picture of the effectiveness of the Australian mental health system.

Priority areas	Strategies	Outcomes
Suicide prevention	• Include information about suicide-related activity in national data collections, with a focus on emergency departments, primary health and first responders. • Implement regular national monitoring of suicide and suicide attempts of people in health settings, such as suicide in emergency departments and other parts of the hospital system.	**National data supports efforts to understand what works in suicide prevention**
Service planning	• Collect accurate and up-to-date prevalence information, such as through national surveys of health and wellbeing. • Make available prevalence data to support both national and local uses, through prevalence estimates for local areas and specific communities (such as Aboriginal and Torres Strait Islander children and adults).	**Improved data on prevalence of mental health conditions**
	• Further improve the Australian Mental Health Care Classification. • Continue the development of the National Mental Health Service Planning Framework.	**Accurate tools underpin mental health planning and funding**
Workforce	• Expand national data on the mental health workforce, with a focus on consumer and carer peer workers, Aboriginal and Torres Strait Islander mental health workers and the broader NGO workforce. • Monitor the 'workplace health' of mental health services, through methods such as staff satisfaction surveys, staff safety measures and human resources data.	**Expanded information on the mental health workforce**
Primary care	• Develop national patient-reported and clinician-reported outcome and experience measures that are suitable for use in primary health care. • Facilitate GPs contribution to national mental health data assets. • Ensure the mental health sector contributes to the development of the GP data assets in the broader health sector.	**Better insight into primary mental health care**
Office-based specialists	• Identify a method for collecting nationally consistent outcomes data for private (Medicare funded/subsidised) office-based specialists. • Support and encourage private providers to contribute to national mental health data activities. • Use existing and emerging data to monitor the safety and quality of office-based care.	**Deeper understanding into care delivered by office-based specialists**

Priority areas	Strategies	Outcomes
Non-government organisations	• Implement the Mental Health National Non-government Organisation Establishments National Best Endeavours Data Set. • Develop mechanisms for routine supply of mental health activity data from NGO services. • Monitor and publicly report on the activity, expenditure and workforce of non-government organisations. • Develop mechanisms for understanding the full spectrum of investment, care and outcomes associated with services delivered to mental health consumers through the National Disability Insurance Scheme.	**Consistent, accurate data on the work of non-government organisations in mental health**

Connected

Information is user-friendly, linked and accessible to: provide new insights; inform service planning and delivery; and improve public understanding of the mental health system.

Bringing it all together

Bringing it all together

Over two decades of information development has resulted in large national data assets in some areas of the mental health system, most notably state and territory managed services. There is now significant work to be undertaken to leverage from these existing national collections and adapt to the continually changing health environment. Data integration holds potential for more efficient use of these existing data sets. With advances in data analytics, there is potential to gain deeper insight into the functioning of the mental health system, the experiences of people interacting with the system and the effectiveness of treatments, care and support.

Bringing it all together encompasses more sophisticated use of existing data assets to plan and deliver personalised, evidence-informed care. This theme also envisions more publicly accessible information which is easy to navigate and understand for a range of stakeholders. In order to achieve this, we will need to improve connections and engagement with key stakeholders, to ensure that data collection, use, reporting and sharing are in line with the needs and expectations of the data users while safeguarding the privacy of individuals.

Connect the data: Data integration presents a powerful opportunity to understand patient pathways to care and the effectiveness of treatment. National mental health information should take advantage of advances in broader health data while ensuring processes and governance are in place to protect the privacy of individuals[5].

Service delivery: Data can be mined to inform decisions around service delivery models, such as patterns of access to, and use of, services; experience and outcomes for specific cohorts; service use and risk factors related to self-harm and suicide; and effectiveness of specific interventions.

Measure what matters: Monitoring outcomes that matter to consumers and carers is a key component of developing a system that meets the needs of people living with mental illness, including ensuring that outcomes are reported in ways that are meaningful.

Public reporting: Performance monitoring and reporting can drive improvements in safety and quality. Improvements in data analytics and visualisation applications offer opportunities to present information in accessible and easily understood formats at a range of levels, from high-level national indicators of performance to local level service data.

Harness technological advances: Mental health does not sit alone in Australia's health system. Harnessing the technological advances underway in the broader health system, such as electronic medical records, will also require active involvement in broader implementation processes to ensure that the unique aspects of mental health service delivery are represented.

Priority areas	Strategies	Outcomes
Connect the data	• Support efforts to develop enduring national linked data assets from existing data. • Use more sophisticated analytical techniques to deepen insights from existing data. • Connect to health classification and terminology development to ensure these accurately encompass mental illness, current and emerging treatments and models of care. • Explore opportunities to link mental health data with other sectors (e.g. justice, education, emergency services, social support, housing, alcohol and other drugs) to investigate broader outcomes and experiences of mental health consumers and carers. • Ensure that appropriate governance structures, and privacy and security safeguards, are in place and appropriately communicated to protect consumers' privacy and maintain public trust, while enabling access to data to support research projects.	**A national information landscape that enables deeper analysis of existing assets and access to data to support policy and research work**
Service delivery	• Use linked data to inform service delivery, for example: o examine how mental health consumers access and use the mental health system to deliver better integrated services o analyse outcomes and patient pathways for selected clinical cohorts o explore the use and effectiveness of e-mental health therapies o analyse service utilisation prior to self-harm and suicide, factors associated with a high risk of suicide and outcomes for people provided with mental health care following a suicide attempt. • Develop methods for evaluating effectiveness of interventions and treatments across the continuum of mental illness and across the range of treatments.	**Connected data is used to improve services for people living with mental illness and suicide**
Measure what matters	• Work with consumer and carer organisations to identify key areas for performance reporting that are meaningful and important to consumers and carers. • Develop more targeted reporting and performance monitoring to support personalised care, such as reporting of outcomes and experiences for specific cohorts. • Harness improvements in technology to allow data collections to more quickly reflect advances in knowledge and emerging priorities.	**Reporting is more meaningful for consumers and carers**

Public reporting	• Aim to achieve faster data supply to national data assets to enable more timely public reporting. • Publish data at a more granular level, such as by region, mental health service organisation, individual service, and service provider. • Publish timely data on suicide and self-harm. • Use data visualisation and related technology to publish data in accessible formats that are easy to navigate and interpret.	**Public reporting is more timely and data is locally-relevant**
Harness technological advances	• Develop protocols and agreed approaches in relation to harnessing technology to address interoperability considerations. • Investigate opportunities for using anonymised data from the My Health Record. • Support efforts in the broader health system to facilitate streamlining of data systems and processes to avoid duplication.	**Data is more easily shared whilst privacy and confidentiality of individuals is preserved**
	• Investigate the utility of emerging data analytics techniques such as free text analytics. • Learn from other sectors to identify alternative approaches to mental health data analytics. • Explore opportunities presented by the uptake and rollout of new technologies such as personally controlled health records, wearable devices and mobile technology.	**Innovative approaches to data analytics improves the evidence base**

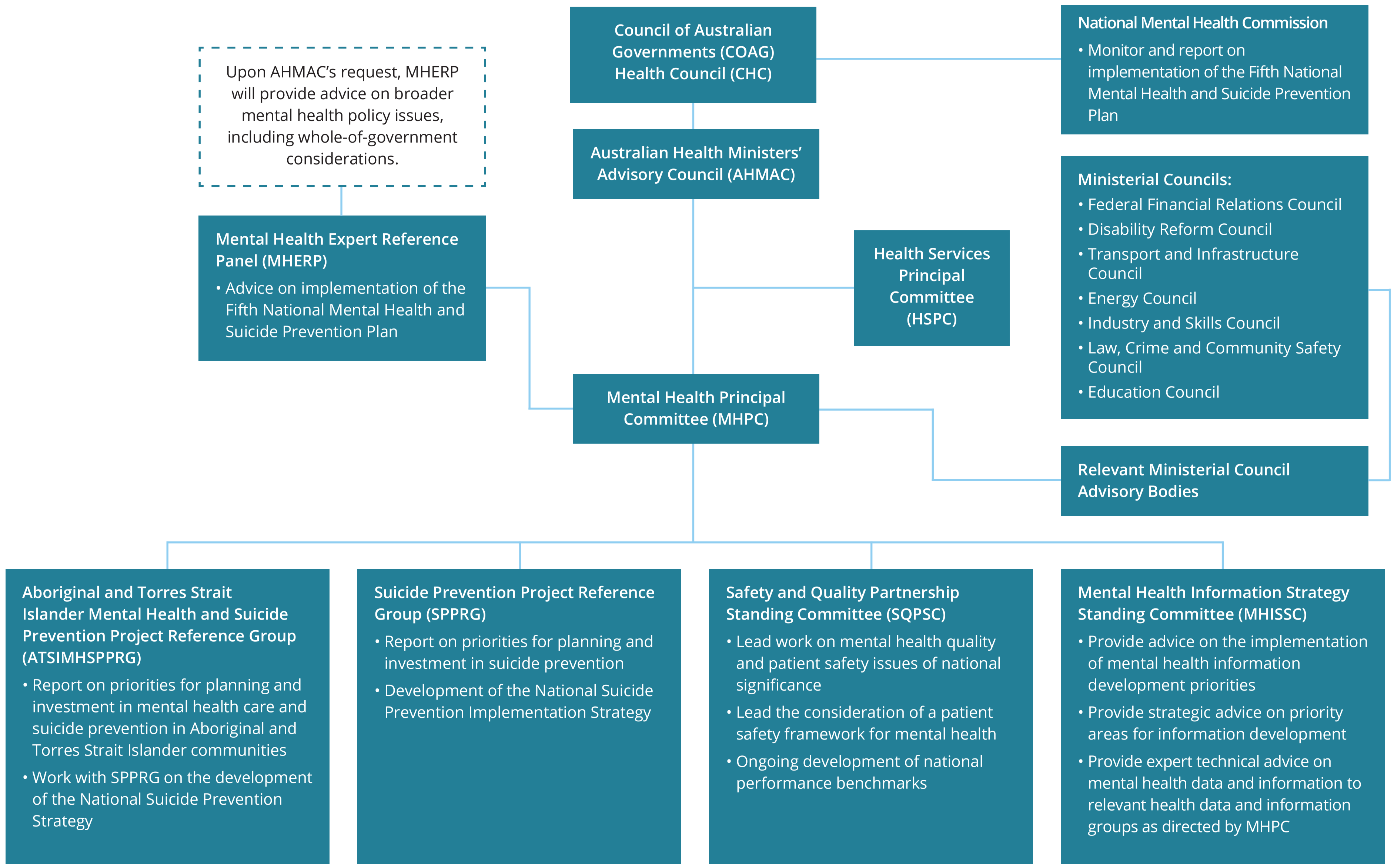
Making it happen

Advancing these priorities will require cooperation between key parties to develop a coherent national approach. Ongoing collaboration between Australian, state, and territory governments will be fundamental to success. The established mental health committees under the Australian Health Ministers’ Advisory Council (AHMAC) provide the structure for national efforts to work towards the vision outlined in this document.

The priorities include activities that will need to be jointly managed by multiple stakeholders as well as activities that will need to be solely managed by each party. In summary:

- Collectively, all parties will need to work together in setting directions, developing the framework for action and investing the necessary resources required by the work program.
- States and territories will carry responsibility for the implementation of agreed concepts and systems within public mental health services under their control. Additionally, individual jurisdictions will need to take the lead role on one or more national initiatives.
- The Australian Government’s role is to create an enabling environment by establishing national infrastructure, contributing funding to priority projects and facilitating coordination and action where a national approach is required.
- The Australian Institute of Health and Welfare will have a key role in taking forward any changes to the national data assets and developing new data collections.
- Mental health consumer and carer groups, the National Mental Health Commission and expert reference groups will have a key role in ensuring the needs of consumers and carers and specific communities are being represented and addressed.

Figure 3: National mental health governance arrangements



Council of Australian Governments (COAG) Health Council (CHC)

Australian Health Ministers' Advisory Council (AHMAC)

Health Services Principal Committee (HSPC)

Mental Health Principal Committee (MHPC)

National Mental Health Commission
- Monitor and report on implementation of the Fifth National Mental Health and Suicide Prevention Plan

Ministerial Councils:
- Federal Financial Relations Council
- Disability Reform Council
- Transport and Infrastructure Council
- Energy Council
- Industry and Skills Council
- Law, Crime and Community Safety Council
- Education Council

Relevant Ministerial Council Advisory Bodies

Upon AHMAC's request, MHERP will provide advice on broader mental health policy issues, including whole-of-government considerations.

Mental Health Expert Reference Panel (MHERP)
- Advice on implementation of the Fifth National Mental Health and Suicide Prevention Plan

Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group (ATSIMHSPPRG)
- Report on priorities for planning and investment in mental health care and suicide prevention in Aboriginal and Torres Strait Islander communities
- Work with SPPRG on the development of the National Suicide Prevention Strategy

Suicide Prevention Project Reference Group (SPPRG)
- Report on priorities for planning and investment in suicide prevention
- Development of the National Suicide Prevention Implementation Strategy

Safety and Quality Partnership Standing Committee (SQPSC)
- Lead work on mental health quality and patient safety issues of national significance
- Lead the consideration of a patient safety framework for mental health
- Ongoing development of national performance benchmarks

Mental Health Information Strategy Standing Committee (MHISSC)
- Provide advice on the implementation of mental health information development priorities
- Provide strategic advice on priority areas for information development
- Provide expert technical advice on mental health data and information to relevant health data and information groups as directed by MHPC

Glossary

For the purposes of this document, the key terms below have the following meanings.

Carer A person of any age who provides personal care, support and assistance to another person because the other person has a disability, a medical condition, mental illness or is frail. A carer may be a family member, kin, friend, neighbour or member of the broader community.

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

Cultural safety Identifies that consumers are safest where health professionals have considered power relations, cultural differences and consumer rights. Culturally safe services are respectful, inclusive and enable specific populations and communities to participate in decision making. Most importantly, cultural safety is defined by the experience of the consumer, not the health professional.

Data integration Data integration involves bringing together multiple datasets, generally at the unit record level (i.e. for a person or organisation) or micro level (e.g. information for a small geographic area), to provide new datasets for statistical or research purposes. Data integration refers to the full range of management and governance practices around the process, including project approval, data transfer, linking and merging the data, and dissemination.

Indicator A quantitative measure that is used to assess the extent to which a given objective has been achieved.

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

Lived experience (suicide) Individuals with a lived experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way.

Mental health The World Health Organization defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.

Mental health service sector Comprises services and programs in which the primary function is to provide promotion, prevention, early intervention, medical and psychosocial treatments and recovery support for people who experience mental health issues or mental illness, and/or their families, carers and support networks.

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

Non-government organisation (NGO) sector The non-government organisation sector provides community-based support services that help keep people well in the community. They provide prevention, early intervention and rehabilitation programs and psychosocial services that support recovery from mental illness. Some also provide treatment-related and counselling services.

National Disability Insurance Scheme (NDIS) Provides eligible participants with permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life. The NDIS also connects people with disability and their carers, including people who are not NDIS participants and their carers, to supports in their community.

National Mental Health Service Planning Framework A framework to guide evidence-based decision-making about the mix and level of mental health services and workforce needed to meet local circumstances.

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

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

Prevention (suicide) Action taken to reduce the incidence of suicide.

Primary Health Networks (PHNs) Entities contracted by the Australian Government to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Primary care Generally the first point of contact for people living with mental health problems or mental illness and their carers. Primary care providers include general practitioners, nurses, allied health professionals, pharmacists, and Aboriginal and Torres Strait Islander health workers.

Recovery The National Framework for Recovery-oriented Mental Health Services: Guide for Practitioners and Providers outlines that there is no single description or definition of recovery, because recovery is different for everyone[6]. It notes that central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination. Some characteristics of recovery commonly cited are that it is a unique and personal journey; a normal human process; an ongoing experience and not the same as an end point or cure; a journey rarely taken alone; and nonlinear, with it being frequently interspersed with both achievement and setbacks. It defines personal recovery as being able to create and live a meaningful and contributing life in a community of choice, with or without the presence of mental illness.

Self-harm Any behaviour that involves the deliberate causing of pain or injury to oneself[7].

Social and emotional wellbeing Refers to the Aboriginal and Torres Strait Islander view of health. This view is holistic and includes mental health and other factors such as the social, spiritual and cultural wellbeing of people and the broader community.

Specialised mental health services Services provided by mental health hospitals, mental health units or wards in hospitals, community mental health care services and residential mental health services.

Suicide Deliberately ending one's life.

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