

# Developing a National Mental Health and Suicide Prevention Monitoring and Reporting Framework - online consultation survey

This is the plain text version of the National Mental Health Commission's online survey. Please print off this document, write in your responses, scan the completed survey and email it to Nous Group at [nhmc.mrf@nousgroup.com.au](mailto:nhmc.mrf@nousgroup.com.au).

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## Introduction

Comments are invited on the potential features of the National Mental Health Commission's (Commission) Mental Health and Suicide Prevention Monitoring and Reporting Framework (the Framework). The Framework will monitor and report on mental health and suicide prevention over a multi-year timeframe and identify current and future data sources to be utilised and developed.

Nous Group are working with the Commission to develop the national Framework, which has involved a review of existing mental health and suicide prevention monitoring and reporting activities and consultation with stakeholders to understand what domains should be included in the Framework, and which domains should be priorities for the next five years (2018-22).

The potential features of the Framework are in the image on the next page.

# Potential features of the Mental Health and Suicide Prevention Monitoring and Reporting Framework



Australian Government  
National Mental Health Commission

Purpose	Report audiences	Guiding principles
To provide national independent monitoring and reporting on mental health and suicide prevention.	Consumers; carers, families and support people; service providers and the mental health workforce; and policy and decision makers.	Utilise data to tell a story; person-centred; outcomes focused; and inter-sectoral.

PRIORITY REFORM AREAS	DOMAIN CATEGORIES			PRIORITY GROUPS
	1. SOCIAL	2. SYSTEM	3. POPULATION	
Fifth Plan	<ul style="list-style-type: none"> <li>Community connections</li> <li>Employment</li> <li>Housing and homelessness</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility and equity</li> <li>Consumer and carer participation</li> <li>Continuity and integration of care*</li> <li>Safety, quality and responsiveness</li> </ul>	<ul style="list-style-type: none"> <li>Prevalence of mental ill health, suicide and suicide attempts*</li> <li>Mental health outcomes*</li> <li>Broader quality of life outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander people</li> <li>Children and young people</li> <li>People with a dual disability and dual diagnosis*</li> </ul>
Contributing Lives	<ul style="list-style-type: none"> <li>Community connections</li> <li>Education*</li> <li>Employment</li> <li>Housing and homelessness</li> <li>Disability*</li> <li>Drugs, alcohol and tobacco*</li> <li>Economic*</li> <li>Justice system*</li> <li>Technology and e-mental health*</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility and equity</li> <li>Consumer and carer participation</li> <li>Continuity and integration of care*</li> <li>Safety, quality and responsiveness*</li> <li>Capability*</li> <li>Sustainability*</li> </ul>	<ul style="list-style-type: none"> <li>Prevalence of mental ill health, suicide and suicide attempts*</li> <li>Mental health outcomes*</li> <li>Broader quality of life outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander people</li> <li>Culturally and linguistically diverse communities*</li> <li>Children and young people</li> <li>Older people*</li> <li>Defence personnel and veterans*</li> <li>Lesbian, gay, bisexual, transgender queer or questioning, and intersex people*</li> <li>Refugees*</li> <li>Rural and remote populations*</li> </ul>
NDIS	<ul style="list-style-type: none"> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility and equity</li> <li>Continuity and integration of care*</li> <li>Efficiency*</li> </ul>	<ul style="list-style-type: none"> <li>Mental health outcomes*</li> <li>Broader quality of life outcomes</li> </ul>	<ul style="list-style-type: none"> <li>People with dual disability and dual diagnosis*</li> <li>Aboriginal and Torres Strait Islander people</li> <li>Children and young people</li> </ul>
PHN		<ul style="list-style-type: none"> <li>Accessibility and equity</li> <li>Continuity and integration of care*</li> <li>Consumer and carer participation</li> <li>Safety, quality and responsiveness</li> <li>Capability*</li> <li>Efficiency*</li> <li>Sustainability*</li> </ul>	<ul style="list-style-type: none"> <li>Mental health outcomes*</li> <li>Broader quality of life outcomes</li> </ul>	<ul style="list-style-type: none"> <li>People with dual disability and dual diagnosis*</li> </ul>

Key: **Bold domains** are priority reform domains for 2018-2022 \* indicates areas for future development, likely for 2023 onwards

**Monitoring and reporting outcome:** Positive change in mental health and wellbeing for all Australians, enabling people to lead a contributing life and to be part of a thriving community.



This visual has been produced to aid the national consultation process on the Framework. The Framework will be developed following the national consultation process.

Background on the potential features of the Framework can be viewed in the online consultation materials by accessing this link:

<<https://drive.google.com/open?id=0B3MBdkCcuMtebkFPS3J3WmtHSFE>>

By its nature, the Framework is a technical document which assumes some knowledge of monitoring and reporting within mental health and suicide prevention. The Commission values feedback from a broad range of people in this consultation process. Should you or your organisation require further information to assist in understanding anything, please contact Nous Group at [nhmc.mrf@nousgroup.com.au](mailto:nhmc.mrf@nousgroup.com.au).

The online consultation provides you the opportunity to comment on:

1. Domains | You can provide feedback on the Framework's potential domains and their prioritisation
2. Priority groups | You can provide feedback on the Framework's potential priority groups for monitoring and reporting
3. Opportunities for the Commission to add value through analysis | You can provide feedback on how the Commission can add value through its reporting analysis
4. Flexible reporting | You can identify the reporting formats you would value most from the Commission
5. Any further comments | You can provide any other feedback on the draft Framework.

The Commission will refine and finalise the Framework by early 2018.

#### Consultation period

The online consultation is open until 11.59pm (AEST), Friday 17 November 2017

#### How to complete the online consultation

Please allow around 20 minutes to complete the online consultation.

All of the questions are optional, unless indicated.

1) The National Mental Health Commission will not publish individual responses, however de-identified information (for example quotes and aggregated results) may be used in National Mental Health Commission publications or on its website. Do you consent to your responses being used by the National Mental Health Commission for this purpose?\*

Yes

No

# Your information

2) Please provide your name.

3) Are you completing this survey on behalf of an organisation? (Yes/No)

4) If yes, please provide the name of your organisation.

5) Please describe the perspective you represent today of the following options (choose one or more):

- Academic
- Carer
- Consumer
- Government
- Health professional
- Representative body
- Service provider
- Other (please specify)

# Domains

The image on Page 2 lists the potential domains for the Commission to monitor and report on.

Note there are social, system, and population domain categories. The proposed domains align to four reform priorities:

- the Fifth National Mental Health and Suicide Prevention Plan
- the Contributing Lives Framework
- the National Disability Insurance Scheme (NDIS)
- the establishment of Primary Health Networks (PHNs).

Identified in the Framework in bold are priority reform areas proposed for monitoring and reporting over the next five years (2018 – 2022). Depending on policy directions, reform progress and changing areas of focus, additional domains may become priority areas for monitoring and reporting at a later stage. Domains with a \* indicate areas for future development, likely for 2023 onwards.

You can find more information on domains in Chapter 6, 7, and 8 of the consultation materials by accessing this link: <<https://drive.google.com/open?id=0B3MBdkCcuMtebkFPS3J3WmtHSFE>>

6) What are the key social domains for the Commission to report on in mental health and suicide prevention?

7) What are the highest priority social domains for the next 5 years?

8) What are the key system domains for the Commission to report on in mental health and suicide prevention?

9) What are the highest priority system domains for the next 5 years?

10) What are the key population domains for the Commission to report on in mental health and suicide prevention?

11) What are the highest priority population domains for the next five years?

## Priority groups

Priority groups will be specifically monitored and reported on. Due to levels of need, difficulties with service access or other concerns, these priority groups require a specific focus to supplement broader monitoring and reporting on the mental health status of the general population.

The image on Page 2 lists the priority groups for the Commission to report on.

**You can find more information on priority groups in Chapter 9 of the consultation materials by accessing this link: <<https://drive.google.com/open?id=0B3MBdkCcuMtebkFPS3J3WmtHSFE>>**

12) Who are the priority groups the Commission should monitor and report on?

13) Priority groups are aligned to priority reform areas: the Fifth National Mental Health Plan, the Contributing Lives Framework, the National Disability Insurance Scheme and the establishment of primary health networks. Are any groups missing in each of the priority reform areas?

14) Which of these groups are the highest priority for the Commission to monitor and report on in the next 5 years?

## Opportunities for the Commission to add value through analysis

The table below outlines a number of opportunities for the Commission to add value through analysis.

Opportunity	Detail
The Commission should leverage the Framework to guide further data linkage activities to link existing datasets	Many experts and organisations in the mental health and broader health system recognise the potential for data linkage to increase the value of existing data. The Commission has previously explored data linkage activities with the Australian Bureau of Statistics (ABS). The Framework could aim to strategically guide future linkage activities promoting further efforts to link existing datasets (including housing, ageing, disability, labour force, private health insurance, and mental health service provision).
The Commission should encourage others to address	As a secondary user of data, the Commission could enhance monitoring and reporting on mental health and suicide prevention

data gaps and linkage	through working with data custodians to consider further work to utilise longitudinal data, cross-sectional data, qualitative data, consumer and carer data, and outcome data. The Commission could also consider commissioning other organisations to directly address priority data gaps and explore data linkage.
The Commission should add value by analysing data at a national, jurisdictional and sub-jurisdictional level as appropriate	The Commission will provide an aggregated national picture of mental health and suicide in Australia, but can also provide information on what is occurring at the jurisdictional and sub jurisdictional levels. This analysis could serve to provide comparisons, highlight areas of best practice, as well as identify opportunities to drive improvements at the regional level.
The Commission should use unique primary data sources	There may be opportunities for the Commission to use unique, technology-enabled data sources to support future monitoring and reporting. These data sources may include social media data and google search analytics. These potential data sources will be explored and assessed further once the draft Framework is finalised. Further, a majority of data analyses in the current monitoring and reporting landscape focus on quantitative data. The Commission could include qualitative analyses and case studies including stories of lived experiences from consumers, carers, families and support people.

15) How can the Commission add value to existing analysis of mental health and suicide prevention data?

## Flexible reporting

There is a range of monitoring and reporting formats that the Commission can use to appeal to different audiences. Please see some examples in the table below.

<b>Media release:</b> overview of key information	<b>Topical reports (online/hard copy):</b> provides detailed findings on specific topics within mental health and suicide
<b>Visuals and infographics (online/hard copy):</b> to help communicate findings through social media	<b>Annual report (online/hard copy):</b> provides detailed findings
<b>Videos:</b> auditory and visual way to convey insights from analysis and reports	<b>Data cube:</b> Downloadable data that allows data manipulation and personal use
<b>Interactive data:</b> allows users to customise their own graphs	<b>Technical note:</b> describes the method and technical terms used reports

You can find more information on monitoring and reporting formats in Chapter 11 of the consultation materials by accessing this link:

<<https://drive.google.com/open?id=0B3MBdkCcuMtebkFPS3J3WmtHSFE>>

16) What types of reporting formats would be helpful to you/your organisation?

## Any further comments

17) Please provide any further comments on the potential features of the Commission's framework for monitoring and reporting on mental health and suicide prevention.

## Thank you and next steps

Thank you for your feedback.

We will consider your suggestions as we refine the Framework. Following a national consultation process, Nous and the Commission will refine and finalise the Framework by early 2018.

Should you or your organisation require further information to assist in understanding anything, please contact Nous Group at [nhmc.mrf@nousgroup.com.au](mailto:nhmc.mrf@nousgroup.com.au).

Further information about the National Mental Health Commission and its current projects may be found at: <http://www.mentalhealthcommission.gov.au/>