



The Fourth National Mental Health Plan

Good mental health is a crucial aspect of good general health, and underpins a productive and inclusive society. For this reason, it is a priority area for all levels of government. This *Fourth National Mental Health Plan* (the Fourth Plan) sets an agenda for collaborative government action in mental health for the next five years. It offers a framework to develop a system of care that is able to intervene early and provide integrated services across health and social domains. It provides guidance to governments in considering future funding priorities for mental health.

A population health framework

The Fourth Plan adopts a population health framework. This framework recognises that mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic factors at all levels. The determinants of mental health status include factors such as income, education, employment and access to community resources. The population health framework acknowledges the importance of mental health issues across the lifespan from infancy to old age, and recognises that some people may be particularly vulnerable because of their demographic characteristics (e.g. age, cultural background) or their experiences (e.g. exposure to trauma or abuse). Services must be flexible to meet the specific needs of different groups with different needs. This means that a holistic response to mental health problems and mental illness is required—one that recognises the importance of community support services and accommodation, as well as expert and appropriate clinical services. Interventions must be evidence based, comprehensive and complementary, and cover the spectrum from prevention to relapse prevention and recovery. They must also recognise the importance of self determination, self care and self help. Service development should strive to ensure equitable access and

to achieve the best possible outcome. The Fourth Plan recognises effective linkages must be formed between different sectors for this holistic response to work.

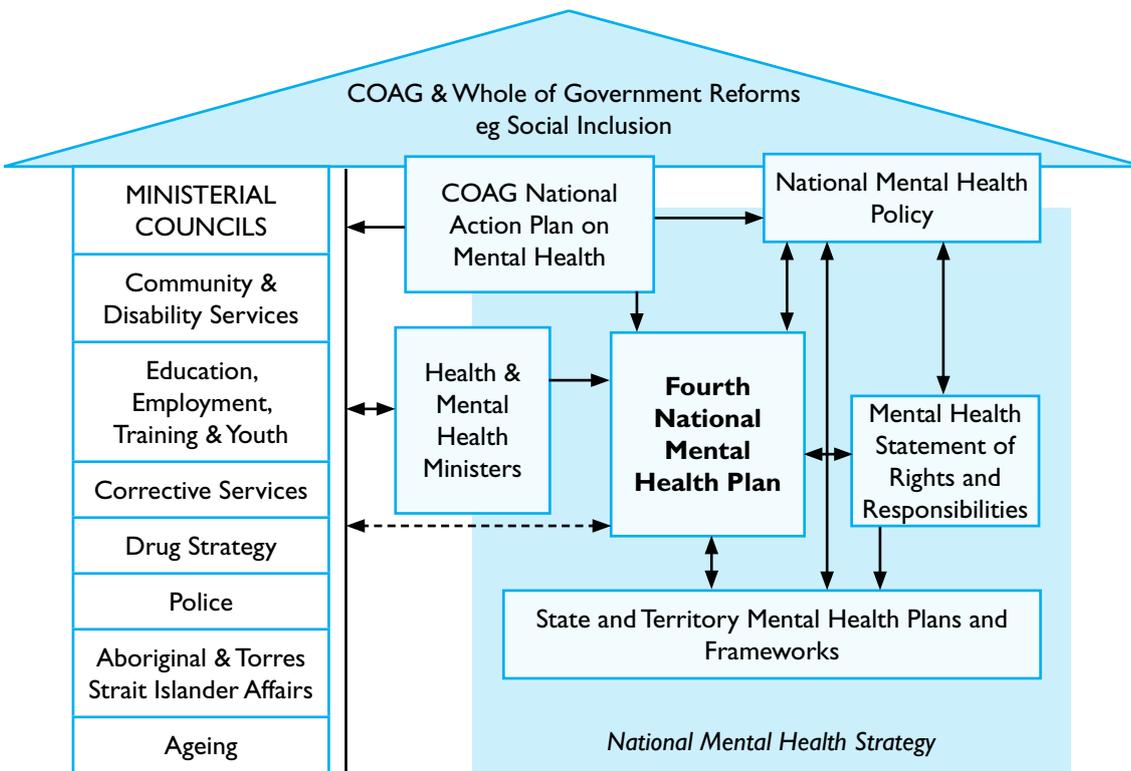
A whole of government approach

The Fourth Plan operationalises the population health framework through a whole of government approach to achieving change. The whole of government approach involves a national effort which operates across Commonwealth and state/territory levels of responsibility, and extends beyond the mental health sector, in recognition of the fact that the determinants of good mental health, and of mental illness, are influenced by factors outside the health system.

The Fourth Plan emphasises the way in which reforms in the mental health sector can inter-relate with policy directions of other government portfolios, with a view to ensuring that people with mental health problems and mental illness can benefit from them in the greatest way possible.

Ministerial Advisory Councils from beyond the health sector were involved in the development of the Fourth Plan. This enabled articulation of the current roles and responsibilities of other portfolios as they relate to improving mental health outcomes (see Appendix 1), and constitutes recognition of the responsibility that the health sector has in engaging with other sectors to achieve demonstrable gains in the mental health and wellbeing of the community. The Fourth Plan recognises that a number of other sectors have begun to make headway in this regard, and builds on current developments.

The relationships between relevant portfolio areas must continue to be developed. This Fourth Plan provides a basis for governments to emphasise mental health in a more



Fourth National Mental Health Plan and its relationship to the National Mental Health Strategy and a whole of government approach

Figure 1: A whole of government approach to mental health

integrated way, as represented in Figure 1. This figure shows how the Fourth Plan works within the existing *National Mental Health Strategy* and the new whole of government approach to mental health reform. At a basic level, it shows the relationship between areas of government and in doing so formally recognises that many sectors can contribute to better outcomes for people living with mental illness.

Scope and directions

The Fourth Plan targets the full spectrum of people living with mental health problems and mental illness, as well as their carers and families.

The Fourth Plan is underpinned by eight key principles (see Box 1) and focuses on the following five priority areas for national action, identified through a series of national consultations:

- Social inclusion and recovery;
- Prevention and early intervention;
- Service access, coordination and continuity of care;
- Quality improvement and innovation; and
- Accountability—measuring and reporting progress.

For each priority area, key outcomes have been identified as well as actions to achieve these outcomes. The actions have been agreed to by all governments and encompass

Commonwealth and state/territory areas of responsibility. The actions require collaborative national effort across different levels of government. They build on national reforms which are already in place, and complement activities being undertaken or planned in different jurisdictions under existing state and territory mental health plans. The actions primarily relate to service planning and delivery in the health arena, but they also rely on investment by other areas of government and community.

Health ministers will lead implementation of the Fourth Plan. The actions will be progressed by governments both independently and nationally through the Australian Health Ministers' Advisory Council. Some of the actions will require commitments of time and effort rather than financial investment to navigate the shared issues within and across sectors; others will require new or re-focused funding.

Not all actions may be able to be fully implemented within a five year framework, but many will, particularly with the commitment of government and the community. Advancing many of the actions related to service reform will require consideration of funding and governance arrangements, operational issues, and cross portfolio and cross government structures.

Improving accountability for both mental health reform and service delivery are central to the Fourth Plan. The Fourth Plan explicitly outlines indicators against which to measure progress. For some of these indicators, data are already available; for others, further development work is required and will occur during the first 12 months of the Fourth Plan. Specific targets have not yet been set for any indicators, but this will also be given priority during the first year of the Fourth Plan. Collaboration between governments will be needed to fill data gaps and develop appropriate targets.

Box I: Principles underlying the *Fourth National Mental Health Plan*

Respect for the rights and needs of consumers, carers and families

Consumers, their carers and families should be actively engaged at all levels of policy and service development. They should be fully informed of service options, anticipated risks and benefits. Consumers and carers should be able to access information in a language they understand or have access to interpreters. Mental health legislation should be regularly reviewed to ensure compliance with relevant national and international obligations and charters.

Families and carers should be informed to the greatest extent consistent with the requirements of privacy and confidentiality about the treatment and care provided to the consumer; the services available and how to access those services. They need to know how to get relevant information and necessary support. The different impacts and burdens on paid and unpaid carers need to be acknowledged.

Services delivered with a commitment to a recovery approach

Mental health service providers should work within a framework that supports recovery (refer to definitions of recovery on page 26)—both as a process and as an outcome to promote hope, wellbeing and autonomy. They should recognise a person's strengths including coping skills and resilience, and capacity for self determination. This may require a significant cultural and philosophical shift in mental health service delivery.

Social inclusion

Recognition of the importance of social, cultural and economic factors to mental health and wellbeing means that both health and social issues should be included in the development of mental health policy and service development. The principle includes support to live and participate in the community, and effort to remove barriers which lead to social exclusion such as stigma, negative public attitudes and discrimination in health and community settings. The National Social Inclusion Principles should underpin reform in mental health.

Recognition of social, cultural and geographic diversity and experience

Our community is rich in diversity. It embraces cultural and religious differences. This brings many strengths and opportunities, but we also need to recognise the challenges faced at times by some within our community. There should be demonstrated cultural competency in the planning and delivery of responsive mental health services.

There are particular issues faced by women in mental health services who may have previously experienced sexual abuse or other trauma as a child or adult. The mental health workforce needs to be aware of such issues and services provided to ensure a safe and respectful environment.

Indigenous communities and individuals require all providers to demonstrate cultural competency in the planning and delivery of culturally safe, responsive and respectful mental health services. It should be recognised that remote Indigenous communities face very different challenges from those in urban communities and that both face challenges that differ to other community groups.

Rural and remote communities face particular challenges. Workforce development and support, and equitable access to services, are difficult to achieve in some parts of Australia and require recognition that communities may have different priorities that rely on local knowledge and need a whole of community response. They need innovative service development that enables use of new technology and flexible models to support the provision of access to specialist assessment and advice.

Recognition that the focus of care may be different across the life span

Mental health services, whether in the primary care or specialist sector, cannot be provided as a 'one size fits all' across the age range. The family will play a different role where an infant or child is the focus of care. Mental health care for older people may involve greater support to their family or to staff of residential facilities.

Services delivered to support continuity and coordination of care

While recognising that different service types and locations are important, services across the spectrum of age and need should be developed and delivered in a way that reduces the risk of people falling through gaps, reduces unnecessary duplication and complexity and promotes information sharing. This depends on both collaboration between services at all levels, and integrated models of service delivery.

Service equity across areas, communities and age groups

Mental health should be provided at a standard at least equal to that provided in other areas of health. Services should be informed by the available evidence and look to innovative models as examples of service improvement.

While it is not appropriate or possible that uniform service provision exists in every area or across all age groups, we should strive for equity of access and equity of quality. Services should strive to be accessible and responsive. The level of service provision and the outcomes of care should be transparent to consumers and carers.

Consideration of the spectrum of mental health, mental health problems and mental illness

Mental health promotion, prevention and interventions need to include consideration of the spectrum from health and wellbeing to mental health problems to mental illness. The range of service options needs to include those illnesses that are most often managed within the primary care sector, as well as those that may require greater specialist involvement. Services should be provided on the basis of need, not diagnosis or whether an illness is common or uncommon. Service options need to be responsive to the needs of different age groups, including young children and older people, and to the differing needs of those who suffer particular illnesses such as perinatal mental health problems and eating disorders.