



## Introduction

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) is an integral part of the National Mental Health Strategy. Endorsed by the Australian Health Ministers' Conference in 1992, the National Mental Health Strategy is formed by a suite of documents, each with a specific purpose.

These documents include the National Mental Health Policy, the Mental Health Statement of Rights and Responsibilities and four successive National Mental Health Plans. The strategy has driven mental health reform over the last twenty-five years.

The National Mental Health Policy provides a strategic framework to guide coordinated government efforts in mental health reform and service delivery. Its vision, aims and policy directions provide a context for the development of national, state and territory mental health plans. The National Mental Health Policy was first endorsed in 1992 and most recently updated in 2008. The 2008 National Mental Health Policy emphasised the importance of collaboration across sectors, levels of government and government agencies to achieve improvements in mental health outcomes across the community. Its visions and aims are set out in **Figure 1**.

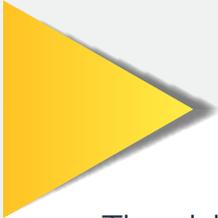
National Mental Health Plans set out national actions to achieve the intent of the National Mental Health Policy. The first National Mental Health Plan was a five-year document that commenced in 1993. It was renewed in 1998, in 2003, and via the Fourth National Mental Health Plan in 2009.

Previous National Mental Health Plans have prioritised particular areas of action consistent with the need and opportunity identified at that time. Like its predecessors, the Fifth Plan acknowledges that it is not possible to fix everything at once or for all population groups and that it is important to focus on significant issues that need to be addressed as part of a national approach. The Fifth Plan builds on the foundation established by previous reform efforts and sets out a national approach for collaborative government effort over the next five years. **Figure 2** outlines some of the priorities and achievements under the National Mental Health Strategy.

The Fifth Plan is underpinned by several targeted priority areas, which were developed taking into account feedback from key stakeholders, and includes supporting actions that enable change. The supporting actions are not intended to solve all problems within the five-year period of the Fifth Plan but are instead intended to set the direction for change and provide a foundation for longer-term system reform.

It also responds to calls for a national approach to address suicide prevention, acknowledging that, while considerable effort has been taken to develop strategic guidance to improve suicide prevention activity in Australia, there has not previously been a dedicated national suicide prevention plan. The Fifth Plan addresses that deficit by identifying key activities within the Health portfolio that can reduce the impact of suicide on our community. It also acknowledges that suicide prevention is the responsibility of all levels of government and government agencies and therefore provides mechanisms for the health portfolio to interact with other portfolios to drive preventive action in those domains.

The Fifth Plan also recognises that state and territory mental health and suicide prevention plans, and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, are important in terms of driving specific reform activities. It therefore seeks to complement these plans and focuses on areas where a national approach is needed and where outcomes are best achieved by governments working together.



**Figure 1: Vision and aims of the 2008 National Mental Health Policy**

The vision is for a mental health system that:

- enables recovery
- prevents and detects mental illness early
- ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The aims are to:

- promote the mental health and well-being of the Australian community and, where possible, prevent the development of mental health problems and mental illness
- reduce the impact of mental health problems and mental illness, including the effects of stigma on individuals, families and the community
- promote recovery from mental health problems and mental illness
- assure the rights of people with mental health problems and mental illness, and enable them to participate meaningfully in society.

The National Mental Health Strategy can be accessed at: <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-strat>



Figure 2: Priorities and achievements under the National Mental Health Strategy

NATIONAL MENTAL HEALTH STRATEGY

NATIONAL MENTAL HEALTH POLICY

NATIONAL MENTAL HEALTH PLAN

MENTAL HEALTH STATEMENT OF RIGHTS AND RESPONSIBILITIES

Creating mechanisms to incorporate consumer input into mental health policy

Linking mental health services to other services such as housing, social support, income security, employment and training

Embedding mental health promotion and prevention into services

Implementing ongoing mental health training for health professionals

Increasing service responsiveness and strengthening quality

Shifting focus from process measurement to outcome measurement

Strengthening accountability in mental health reform and service delivery

Driving integration of planning, services and treatments and improving coordination for people with severe and complex mental illness

Improving physical health of people living with mental illness

Improving safety and quality of mental health services and ensuring system enablers are in place

1993-1998 FIRST NATIONAL MENTAL HEALTH PLAN

1998-2003 SECOND NATIONAL MENTAL HEALTH PLAN

2004-2008 THIRD NATIONAL MENTAL HEALTH PLAN

2009-2014 FOURTH NATIONAL MENTAL HEALTH PLAN

2017-2022 FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN

Defining the relationship between mental health services and the general health sector

Increasing the quality and range of mental health services

Enhancing education, training and support programs for carers

Developing legislation consistent with UN Resolutions and Mental Health Statement of Rights and Responsibilities

Creating partnerships in service reform and delivery

Renewal of National Mental Health Policy

Driving a social inclusion and recovery focus

Building a coordinated national approach to suicide prevention

Improving Aboriginal and Torres Strait Islander mental health and suicide prevention

Reducing stigma and discrimination

## Priorities in the Fifth Plan to achieve the vision of the National Mental Health Policy

The Fifth Plan sets out to achieve outcomes in eight priority areas that align with specific aims and policy directions in the National Mental Health Policy. These priority areas do not reflect all the aims and policy directions in the National Mental Health Policy but align with those that are well positioned for change in terms of both need and opportunity. The eight priority areas of the Fifth Plan are:

- achieving integrated regional planning and service delivery
- effective suicide prevention
- coordinating treatment and supports for people with severe and complex mental illness
- improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- improving the physical health of people living with mental illness and reducing early mortality
- reducing stigma and discrimination
- making safety and quality central to mental health service delivery
- ensuring that the enablers of effective system performance and system improvement are in place.

Governments are committed to actions that are directed at achieving these outcomes and have identified indicators of progress that will be measured and reported on over the life of the Fifth Plan.

In achieving these outcomes, governments commit to the principle articulated in the National Mental Health Policy that acknowledges that consumers and carers have vital contributions to make and should be partners in planning and decision-making. Consumers and carers should be at the centre of, and enabled to take an active role in shaping, the way in which services are planned, delivered and evaluated. Governance and implementation of the Fifth Plan reflect the intent of the National Mental Health Policy regarding consumer and carer participation—that is, '**Nothing about us, without us**'.

## Recognising diverse experiences

Mental health problems and mental illness are widespread and have a substantial social and economic impact (refer to the key facts in **Figure 3**). Mental health needs vary across population groups. It is known that mental health experiences are influenced by age, gender, sexuality, family situation and cultural background.<sup>1</sup> Some of the specific considerations needed for certain population groups are outlined in **Figure 4**.

The actions in the Fifth Plan, and related activity being undertaken by individual governments, require specific and appropriate application to these groups. Governments commit to responding to the mental health and suicide prevention needs of these population groups through building effective and appropriate relationships with relevant population groups, addressing the drivers of the burden of mental illness, and understanding the actions that will facilitate effective access to services and overall improvements to mental health and wellbeing.