



Introduction

The vision of the *National Mental Health Policy 2008* 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 *National Mental Health Policy 2008* provides a strategic vision for further whole-of-government mental health reform in Australia.

The aims of the *National Mental Health Policy 2008* are to:

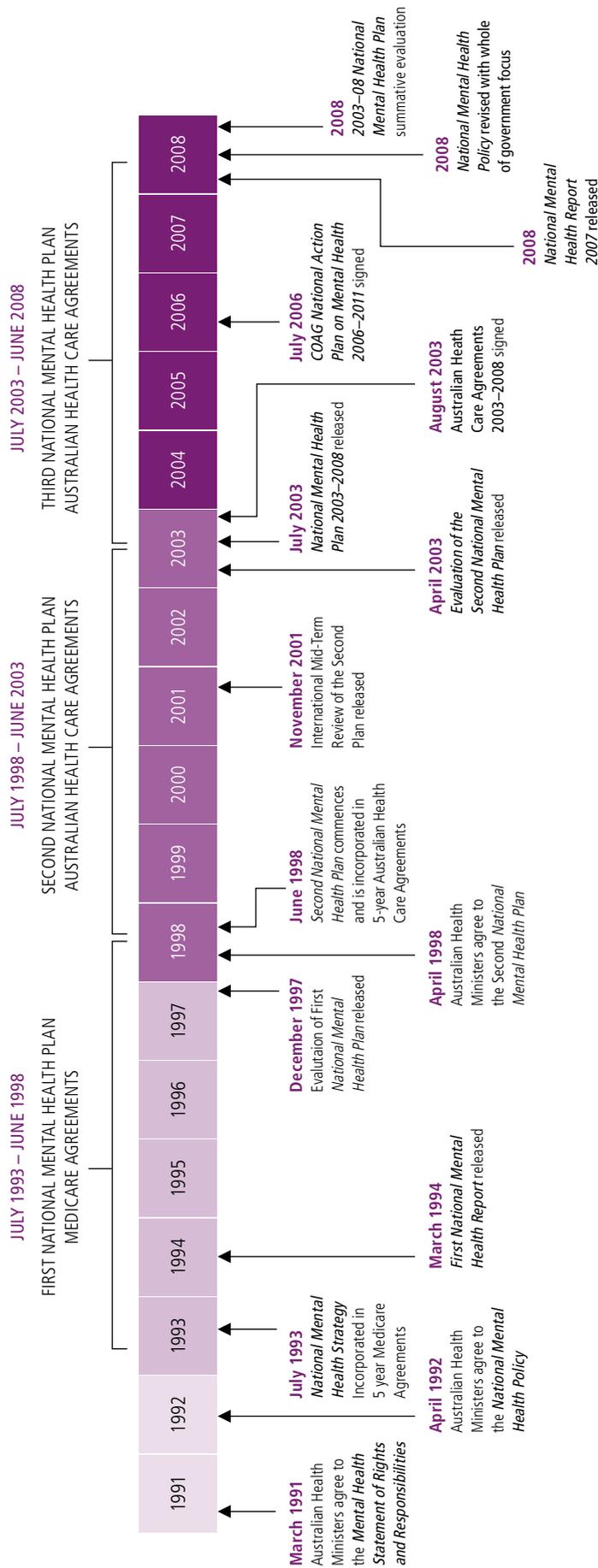
- promote the mental health and well-being of the Australian community and, where possible, prevent the development of mental health problems and mental illness
- reduce the impact of mental health problems and mental illness, including the effects of stigma on individuals, families and the community
- 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.

Australia has long been a leader in mental health policy and service development. Successive governments have recognised the need for continued effort, investment and reform, acknowledging the significant disability often associated with mental illness, and the burden it places on individuals and the community. The *National Mental Health Strategy* was agreed in 1992 and comprised:

- the National Mental Health Policy
- the First National Mental Health Plan
- the Mental Health Statement of Rights and Responsibilities
- a funding agreement between the Commonwealth and the states and territories.

As can be seen in the following diagram, the overarching vision and intent of the Policy has been operationalised through three National Mental Health Plans, the most recent being the 2003–08 Plan.

Milestones in the development of the National Mental Health Strategy, 1991–2008



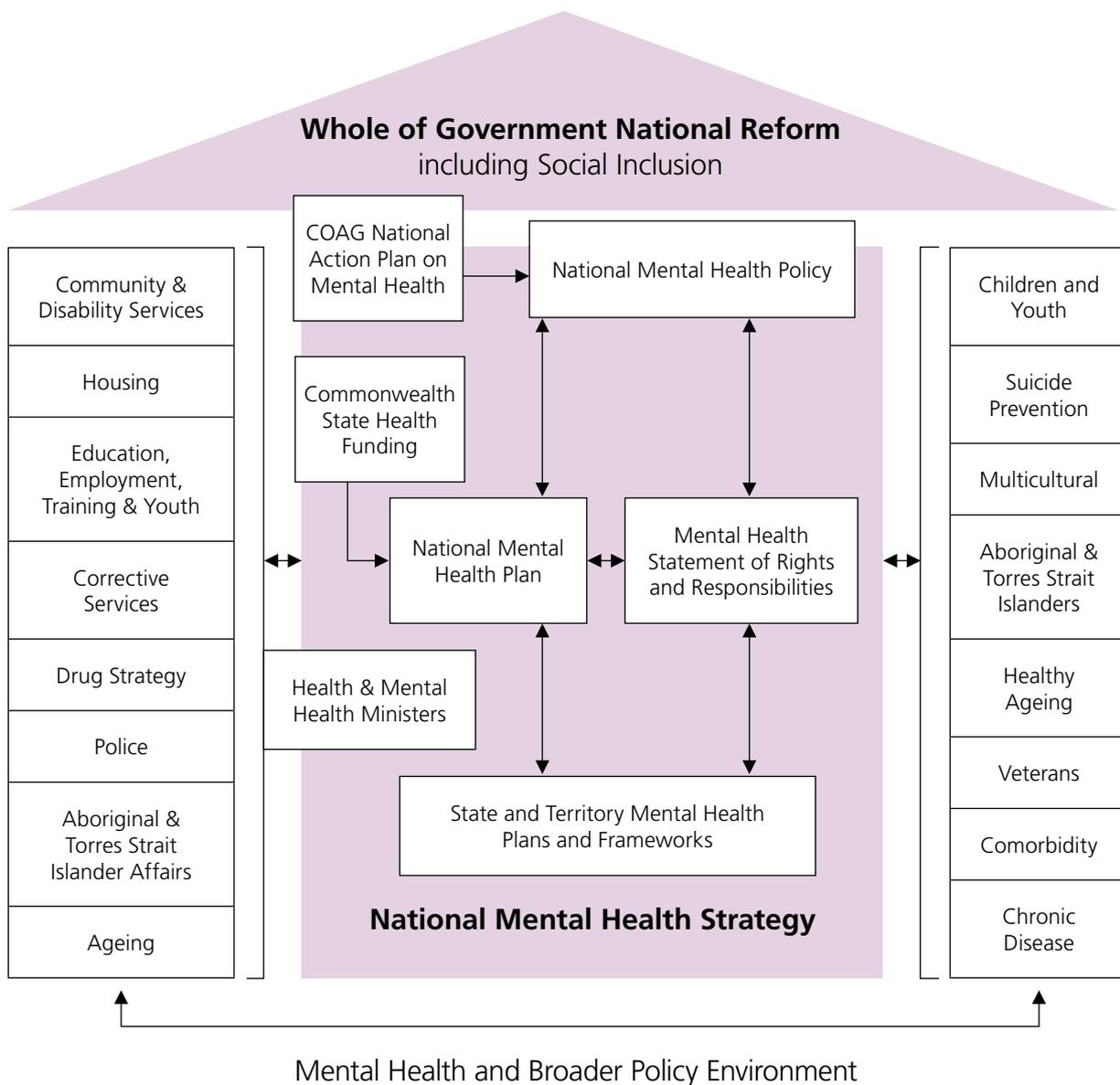
Note: COAG refers to Council of Australian Governments.

While the first plan emphasised structural changes in where and how mental health services were delivered, subsequent plans have broadened the approach to give a stronger focus on partnerships between different sectors, inclusion of promotion, prevention and early intervention activity, and a greater emphasis on the roles of consumers and carers. Workforce issues have been given greater prominence, as has the importance of research, innovation and sustainability. Previous plans have been linked to funding through the Australian Health Care Agreements. Each of the plans has undergone evaluation. In addition, the Strategy led to nationally endorsed safety priorities, an information development plan and development of *National Standards for Mental Health Services and Practice Standards for the Workforce*.

In 2006 the Council of Australian Governments (COAG) responded to the growing recognition of the scale and significance of mental health issues and the importance of areas such as housing, employment, justice, community and disability support to enhance recovery from mental illness. The Council agreed that further effort was required to overcome historical boundaries between jurisdictions, and to better engage government portfolios to bring a whole-of-government focus to mental health reform. The resulting *National Action Plan on Mental Health 2006–2011* brought a whole-of-government approach to mental health and included significant new investment and an emphasis on care coordination and governments working together. A number of jurisdictions have created new ministerial portfolios or departmental responsibilities to support this renewed emphasis on reform in mental health. Individual jurisdictions have developed mental health plans tailored to local issues or challenges, but consistent with the overarching directions of reform set by the national strategy. There has also been increased policy attention to related areas such as homelessness, social inclusion, and employment support.

As illustrated in the figure below, there is a complex interplay between areas of government endeavour in the provision of mental health services, and other services that impact on the lives of those with mental illness and contribute to their stability and recovery. This figure does not include detail regarding areas of additional work that has occurred over the life of the National Mental Health Strategy, and which continues to inform policy and service development. These areas include work on:

- National Mental Health Service Standards
- National Practice Standards
- Promotion, Prevention and Early Intervention
- Forensic Mental Health Principles.



It is in this context that the *National Mental Health Policy 2008* has been developed. It recognises the need for ongoing national reform. It recognises the importance of maintaining the momentum created by the COAG process to support a vision of a seamless and connected care system which is consumer focussed and recovery oriented and where people are supported to engage with the community and participate to their full potential. It recognises that attention to promotion, prevention, and early intervention across the life span will benefit the whole community. It recognises the need for collaboration across a range of services provided or funded by different government and private sectors, non-government agencies, individuals and organisations in the community to improve the mental health of Australians. Most importantly, it recognises that to achieve the desired outcomes there must be ongoing development and support of a skilled workforce delivering quality services that are based on the best evidence and are continually monitored and evaluated.

The *National Mental Health Policy 2008* acknowledges our Indigenous heritage and the unique contribution of Indigenous people's culture and heritage to our society. Furthermore, it recognises Indigenous people's distinctive rights to status and culture, self-determination and the land. It acknowledges that this recognition and identity is fundamental to the well-being of Indigenous Australians. It recognises that mutual respect, respect and responsibility are required to close the gap on indigenous disadvantage and to improve mental health and well-being.

The strategic framework provided by the *National Mental Health Policy 2008* is deliberately aspirational. It should be viewed as a broad agenda to guide coordinated efforts in mental health reform over the next decade. The Policy will be operationalised and implemented through the development of national plans and those developed by individual jurisdictions.

1.1 Aims

The aims of the *National Mental Health Policy 2008* 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 to enable them to participate meaningfully in society.

These aims provide a context for the plans developed at a state and national level. They recognise a continuum between mental health, mental health problems and mental illness. Some people may experience episodes of mental illness that require clinical treatment and community services. Others may face emotional or mental health problems which affect their ability to fulfil their social roles and require specific services to help them overcome these problems. People at risk of developing mental health problems or mental illness can benefit from preventive or early intervention activities. Community awareness from mental health promotion efforts can reduce stigma and discrimination and increase opportunities for prevention and early intervention.

1.2 Scope

The *National Mental Health Policy 2008* provides a strategic framework to support improved mental health outcomes for people at risk of or experiencing mental health problems or mental illness. It recognises that certain groups in the community, including homeless and disadvantaged people, those exposed to traumatic events, and those with serious or chronic health problems are at heightened risk of mental health problems and mental illness. Aboriginal and Torres Strait Islander peoples face unique issues in terms of social and emotional well-being, and experience higher rates of mental health problems and mental illness than other Australians.

The *National Mental Health Policy 2008* also recognises that certain life stages such as adolescence and old age may be associated with increased risk. It does not seek to replace existing policies, plans and frameworks that target particular groups. Policy directions for individual groups have not been identified. However, specific groups are mentioned by example. The *National Mental Health Policy 2008* recognises that the approach for any group should be based on the best available evidence for that group and tailored to their particular needs.

1.3 A renewed approach to mental health

There have been many gains during the life of the National Mental Health Strategy. These have been seen in better access to a wider range of services, improved quality in service delivery and more robust and accountable legislation. However, it is now widely recognised that an approach which incorporates a number of different areas of clinical and community support across sectors of government is necessary to reduce the prevalence of mental health problems and mental illness, maximise the mental health of all Australians and deliver health equality across all groups.

In this context the Policy brings together a range of sectors that impact on the mental health of individuals and their families and communities, including, health, aged and community care, housing, education, employment, welfare, justice and Indigenous affairs. Together, these sectors have an important role to play in promoting the mental health and well-being of the general population, and contribute to prevention and early intervention, and the recovery of those experiencing mental health problems and mental illness.

Across many areas of government, effort is being directed to achieve greater social inclusion for all of the community – but especially for those groups most at risk of social exclusion, such as those who experience homelessness, Aboriginal and Torres Strait Islander peoples and disadvantaged children. The goal of social inclusion recognises that good mental health is fundamental to the well-being of individuals, families and communities. Conversely, mental health problems and mental illness can cause high levels of disability and reduced quality of life for those who experience them, impact on their families and friends, and can have significant societal and economic consequences.

In a 12 month period, one in five Australians will experience a mental health problem or mental illness. Reducing this will not only have benefits for individuals, but will benefit the whole community through increased well-being and productivity.

Mental health problems and mental illness are influenced by a complex interplay of biological, psychological, social, environmental and economic factors. This is true for all Australians, but may have particular significance in the case of Aboriginal and Torres Strait Islander peoples who view social and emotional well-being holistically.

A population health framework should underpin mental health policy and practice. Such a framework recognises the complex range of determinants and consequences of mental health and illness. In addition, it acknowledges the importance of mental health issues throughout the lifespan, and across diverse population groups. It also recognises the two-way relationship between physical health and mental health, acknowledging that each has an impact on the other. It recognises that many mental illnesses are comorbid with drug and alcohol problems and other conditions. A population health framework also stresses the importance of a strong evidence base, including epidemiological data on mental health problems and mental illnesses and evaluative data on access to and outcomes of interventions.

Central to the population health framework is a range of high quality, effective interventions that target those at different levels of risk or with different levels of need. The interventions should be comprehensive, ranging from prevention and early intervention through treatment to continuing care and prevention of relapse. There is a major focus on recovery which emphasises the development of new meaning and purpose, and the ability to pursue personal goals within the community. Mental health promotion should target the whole population and promote mental health and well-being among people with mental illness, their carers and families.

Some interventions are clearly the responsibility of the specialist mental health sector, or other parts of the health sector. For example, a mix of community-based and inpatient clinical treatment services designed to provide crisis, acute, non-acute and ongoing care should be provided by public and private sector mental health services, psychiatrists, general practitioners, mental health nurses, psychologists and other allied health professionals. Other interventions might be provided by the mental health sector or by other sectors outside health, depending on their specific approach. For example, some elements of care might be provided through ongoing contact with and support from a community mental health team, but other, equally important elements of support might be provided through a housing or employment service. Integration and coordination between these areas will enable services to be 'wrap around' the person accessing services.

Services should be responsive to the differing needs of people with mental health problems and mental illness and must be equipped to promote optimal individual and family outcomes and to assist recovery. In the mental health sector, this translates into providing appropriately-tailored, culturally-respectful, evidence-based service delivery. Services need to provide coordinated care and to respond flexibly to individual needs. These interventions should address biological, psychological and social factors and aim to intervene early to prevent or reduce individuals' symptoms, improve their functioning and increase quality of life. It is important that people with mental health problems and mental illness have a significant say in their individual treatment, and, more broadly, in how the mental health service system is organised and run. Services must be accountable, able to demonstrate how they are achieving a desired level of quality and access, and open to review.

Beyond the mental health sector, this may involve ensuring that a person with mental illness has access to non-government services, peer support or secure long-term housing options, or can participate fully in a vocational training program. Alternatively, it may involve ensuring that a person with mental illness is no more likely than any other member of the community to be arrested or jailed. Working together in a coordinated manner will maximise the mental health of all Australians.

This Policy reaffirms the importance of good mental health, not just the absence or reduction in mental illness, for our whole community. It sets a vision for the continuing reform of mental health service delivery across all sectors. Those experiencing, or at risk of experiencing, mental health problems or illness will receive services that meet their clinical and support needs. They will be actively involved in their own care and recovery, in a system that promotes participation and collaboration across multiple sectors, levels of government and government agencies.